Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Header	**ISA**	**Interchange Control Header**		**Process-ing**	**green for Tahoma**	**blue - ACS**	**turquoise for gaps**		
Header	ISA01	Authorization Information Qualifier	ID2		"00"-No Authorization Information Present		Literal	Required	
Header	ISA02	Authorization Data Identification	AN10		"00"-No Meaningful Information		Literal	Required	
Header	ISA03	Security Information Qualifier	ID2		"00"-No Security Information Present		Literal	Required	
Header	ISA04	Security Information	AN10		"00"-No Meaningful Information		Literal	Required	
Header	ISA05	Interchange ID Qualifier	ID2					Required	See Guide for valid values
Header	ISA06	Interchange Sender ID	AN15					Required	
Header	ISA07	Interchange ID Qualifier	ID2					Required	See Guide for valid values
Header	ISA08	Interchange Receiver ID	AN15					Required	
Header	ISA09	Interchange Date	DT6					Required	YYMMDD
Header	ISA10	Interchange Time	TM4					Required	HHMM
Header	ISA11	Interchange Control Standards Identifier	ID1		"U"-U.S. EDI		Literal	Required	
Header	ISA12	Interchange Control Version Number	ID5		"00401"		Literal	Required	
Header	ISA13	Interchange Control Number	N9				Use this to validate unique transmission	Required	
Header	ISA14	Acknowledgment Requested	ID1				use this to determine type of ack to send	Required	"0"-No Ack Requested, "1"-Interchange Ack Requested
Header	ISA15	Usage Indicator	ID1					Required	"P"-Production, "T"-Test
Header	ISA16	Component Element Separator	1		":"=Component Delimiter		Literal	Required	
Header	**GS**	**Functional Group Header**							**One functional group for each set of same transactions**
Header	GS01	Functional Identifier Code	ID2		"HC"-Health Care Claim (837)		Literal	Required	Depends on transaction

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Header	GS02	Application Sender's Code	AN15					Required	<ID for sub-div of ISA06>
Header	GS03	Application Receiver's Code	AN15					Required	<ID for sub-div of ISA08>
Header	GS04	Date	DT8					Required	CCYYMMDD
Header	GS05	Time	TM8					Required	HHMM(SSDD)
Header	GS06	Group Control Number	N9					Required	Batch Number
Header	GS07	Responsible Agency Code	ID2		"X"-ASC X12		Literal	Required	
Header	GS08	Version/Release/Industry Identifier Code	AN12				Literal	Required	"004010X098" or "004010X098A1"
Header	**ST**	**Transaction Set Header**							
Header	ST01	Transaction Set Identifier Code	ID3		"837"-Health Care Claim		Literal	Required	
Header	ST02	Transaction Set Control Number	AN9					Required	
Header	**BHT**	**Beginning of Hierarchical Transaction**							
Header	BHT01	Hierarchical Structure Code	ID4		"0019"-Info Source, Subscr., Dependent		Literal	Required	
Header	BHT02	Transaction Set Purpose Code	ID2				If "18" - reissue, handle as reversal and correction	Required	"00"-original, "18"-resubmit
Header	BHT03	Originator Application Transaction Identifier	AN30					Required	unique ID for all 837s from original system
Header	BHT04	Transaction Set Creation Date	DT8					Required	Claim date
Header	BHT05	Transaction Set Creation Time	TM8					Required	HHMMSSDD
Header	BHT06	Claim or Encounter Identifier	ID2				whether FFS or encounter	Required	"RP"-Reporting (encounter), "CH"-Chargeable (FFS)
Header	**REF**	**Transmission Type Identification**							
Header	REF01	Reference Identification Qualifier	ID3		"87"-Functional Category		Literal	Required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Header	REF02	Transmission Type Code	AN30					Required	"004010X098" = prod.; "004010X098D" = test; "004010X098A1" = prod.; "004010X098DA1" = test
1000A	**NM1**	**Submitter Name**							
1000A	NM101	Entity Identifier Code	ID3		"41"-Submitter		Literal	Required	
1000A	NM102	Entity Type Qualifier	ID1					Required	"1"-Person, "2"-Non-Person
1000A	NM103	Submitter Last or Organization Name	AN35					Required	
1000A	NM104	Submitter First Name	AN25					Required if a person	
1000A	NM105	Submitter Middle Name	AN25					Not required	
1000A	NM108	Identification Code Qualifier	ID2		"46"-ETIN (local code)		Literal	Required	
1000A	NM109	Submitter Identifier	AN80	Prov-File	PROV-NUMBER	9(10)	Verify that submitter is approved for billing provider	Required	local ID for submitter
1000A	**PER**	**Submitter EDI Contact Information**							
1000A	PER01	Contact Function Code	ID2		"IC"-Information Contact		Literal	Required	
1000A	PER02	Submitter Contact Name	AN60					Required	
1000A	PER03	Communication Number Qualifier	ID2					Required	"TE"-Telephone, "FX"-Fax, "EM"-Email, "ED"-EDI
1000A	PER04	Communication Number	AN80					Required	
1000A	PER05	Communication Number Qualifier	ID2					Not required	"TE"-Telephone, "FX"-Fax, "EM"-Email, "ED"-EDI, "EX"-Phone Extension
1000A	PER06	Communication Number	AN80					Not required	
1000A	PER07	Communication Number Qualifier	ID2					Not required	
1000A	PER08	Communication Number	AN80					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
1000B	**NM1**	**Receiver Name**							
1000B	NM101	Entity Identifier Code	ID3		"40"-Receiver		Literal	Required	
1000B	NM102	Entity Type Qualifier	ID1		"2"-Non-Person		Literal	Required	
1000B	NM103	Receiver Name	AN35					Required	<payer's name>
1000B	NM108	Identification Code Qualifier	ID2		"46"-ETIN (local ID)		Literal	Required	
1000B	NM109	Receiver Primary Identifier	AN80				Validate WA DSHS ID; if not, error response	Required	<payer's Fed Tax ID>
2000A	**HL**	**Billing/Pay-to Provider Hierarchical Level**							
2000A	HL01	Hierarchical ID Number	AN12					Required	increment from 1 by 1 for each HL segment in tx
2000A	HL03	Hierarchical Level Code	ID2		"20"-Information Source		Literal	Required	
2000A	HL04	Hierarchical Child Code	ID1		"1"-child HL follows		Literal	Required	
2000A	**PRV**	**Billing/Pay-to Provider Specialty Information**							
2000A	PRV01	Provider Code	ID3					Not required	"BI"-billing, "PT"-pay-to
2000A	PRV02	Reference Identification Qualifier	ID3		"ZZ"-prov taxonomy code		Literal	Not required	
2000A	PRV03	Provider Taxonomy Code	AN30					Not required	for valid values see www.wpc-edi.com
2000A	**CUR**	**Foreign Currency Information**							
2000A	CUR01	Entity Identifier Code	ID3		"85"-Billing Provider		Literal	Required if not using receiver's currency	
2000A	CUR02	Currency Code	ID3					Required if not using receiver's currency	See Guide for valid values
2010AA	**NM1**	**Billing Provider Name**							**If billing prov = pay-to prov, enter here**
2010AA	NM101	Entity Identifier Code	ID3		"85"-Billing Provider		Literal	Required	
2010AA	NM102	Entity Type Qualifier	ID1					Required	"1"-Person, "2"-Non-Person

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010AA	NM103	Billing Provider Last or Organizational Name					Don't store incoming name	Required	May be a provider or a 3rd party biller
2010AA	NM104	Billing Provider First Name					Don't store incoming name	Required if a person	
2010AA	NM105	Billing Provider Middle Name					Don't store incoming name	Not required	
2010AA	NM107	Billing Provider Name Suffix					Don't store incoming name	Not required	
2010AA	NM108	Identification Code Qualifier	ID2					Required	"24"-Empl.ID, "34"-SSN, or "XX"-NPI (future)
2010AA	NM109	Billing Provider Identifier	AN80					Required	std ID for billing provider
2010AA	**N3**	**Billing Provider Address**							
2010AA	N301	Billing Provider Address Line	AN55					Required	
2010AA	N302	Billing Provider Address Line	AN55					Not required	
2010AA	**N4**	**Billing Provider City/State/ZIP Code**							
2010AA	N401	Billing Provider City Name	AN30					Required	
2010AA	N402	Billing Provider State or Province Code	ID2					Required	
2010AA	N403	Billing Provider Postal Zone or ZIP Code	ID15					Required	
2010AA	N404	Country Code	ID3					Required if outside U.S.	
2010AA	**REF**	**Billing Provider Secondary Identification**							
2010AA	REF01	Reference Identification Qualifier	ID3		"1D" - Medicaid number			Not required	See Guide for valid values
2010AA	REF02	Billing Provider Additional Identifier	AN30	Medical-Claim	PAY-TO-PROV-NUM	9(10)		Not required	
2010AA	**REF**	**Credit/Debit Card Billing Information**							
2010AA	REF01	Reference Identification Qualifier	ID3					Not required: only between provider and submitter	See Guide for valid values
2010AA	REF02	Billing Provider Credit Card Identifier	AN30					Not required: only between provider and submitter	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010AA	**PER**	**Billing Provider Contact Information**							
2010AA	PER01	Contact Function Code	ID2		"IC"-Information Contact		Literal	Required if billing <> submitter	
2010AA	PER02	Billing Provider Contact Name	AN60					Required if billing <> submitter	
2010AA	PER03	Communication Number Qualifier	ID2					Required if billing <> submitter	See Guide for valid values
2010AA	PER04	Communication Number	AN80					Required if billing <> submitter	
2010AA	PER05	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2010AA	PER06	Communication Number	AN80					Not required	
2010AA	PER07	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2010AA	PER08	Communication Number	AN80					Not required	
2010AB	**NM1**	**Pay-to Provider Name**					Pay-to is used if present, instead of Billing Prov		
2010AB	NM101	Entity Identifier Code	ID3		"87"-Pay-To Provider		Literal	Required if billing <> pay-to prov	
2010AB	NM102	Entity Type Qualifier	ID1					Required if billing <> pay-to prov	"1"-Person, "2"-Non-Person
2010AB	NM103	Pay-to Provider Last or Organizational Name	AN35				Don't store incoming name	Required if billing <> pay-to prov	
2010AB	NM104	Pay-to Provider First Name	AN25				Don't store incoming name	Required if a person	
2010AB	NM105	Pay-to Provider Middle Name	AN25				Don't store incoming name	Not required	
2010AB	NM107	Pay-to Provider Name Suffix	AN10				Don't store incoming name	Not required	
2010AB	NM108	Identification Code Qualifier	ID2					Required if billing <> pay-to prov	"24"-EIN, "34"-SSN, "XX"-NPI (future)
2010AB	NM109	Pay-to Provider Identifier	AN80					Required if billing <> pay-to prov	
2010AB	**N3**	**Pay-to Provider Address**							
2010AB	N301	Pay-to Provider Address Line	AN55					Required if billing <> pay-to prov	
2010AB	N302	Pay-to Provider Address Line	AN55					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010AB	**N4**	**Pay-to Provider City/State/ZIP Code**							
2010AB	N401	Pay-to Provider City Name	AN30					Required if billing <> pay-to prov	
2010AB	N402	Pay-to Provider State Code	ID2					Required if billing <> pay-to prov	
2010AB	N403	Pay-to Provider Postal Zone or ZIP Code	ID15					Required if billing <> pay-to prov	
2010AB	N404	Country Code	ID3					Required if outside U.S.	
2010AB	**REF**	**Pay-to-Provider Secondary Identification**							
2010AB	REF01	Reference Identification Qualifier	ID3		"1D" - Medicaid number			Not required	See Guide for valid values
2010AB	REF02	Pay-to Provider Identifier	AN30	Medical-Claim	PAY-TO-PROV-NUM	9(10)		Not required	
2000B	**HL**	**Subscriber Hierarchical Level**							
2000B	HL01	Hierarchical ID Number	AN12		"2"-this is 2nd HL			Required	increment by 1 for each HL segment in tx
2000B	HL02	Hierarchical Parent ID Number	AN12		"1"-parent is 1st HL		Derive	Required	parent HL01 value
2000B	HL03	Hierarchical Level Code	ID2		"22"-Subscriber		Literal	Required	
2000B	HL04	Hierarchical Child Code	ID1					Required	"0"-if patient is subscriber, else "1"
2000B	**SBR**	**Subscriber Information**							
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1				Literal	Required	"P"-Primary, "S"-Secondary, "T"-Tertiary
2000B	SBR02	Individual Relationship Code	ID2		If patient = subscr, then "18"-Self, else nothing		If not "18", handle as baby on Mom's PIC	Required if subscr = patient	"18"-Self, or nothing
2000B	SBR03	Insured Group or Policy Number	AN30					Not required	
2000B	SBR04	Insured Group Name	AN60					Not required	
2000B	SBR05	Insurance Type Code	ID3		"MC"-Medicaid			**Required if Medicare is 2nd or 3rd payer**	See Guide for valid values

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2000B	SBR09	Claim Filing Indicator Code	ID2		"MC"-Medicaid		Literal	**Required if no PlanID (future) yet**	See Guide for valid values: "MC"-Medicaid, "HM"-HMO, etc.
2000B	**PAT**	**Patient Information**							
2000B	PAT05	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD			Not required	
2000B	PAT06	Insured Individual Death Date	AN35					Not required	May use as notice of death
2000B	PAT07	Unit or Basis for Measurement Code	ID2					Required if PAT08 is used	"01"-Actual Pounds (addendum)
2000B	PAT08	Patient Weight	R10					Required if dialysis EPO or DMERC CMN	
2000B	PAT09	Pregnancy Indicator	ID1					Not required	Y/N
2010BA	**NM1**	**Subscriber Name**							
2010BA	NM101	Entity Identifier Code	ID3		"IL"-Insured		Literal	Required	
2010BA	NM102	Entity Type Qualifier	ID1					Required	"1"-Person, "2"-Non-Person
2010BA	NM103	Subscriber Last Name	AN35				Don't store incoming name	Required	
2010BA	NM104	Subscriber First Name	AN25				Don't store incoming name	Required	
2010BA	NM105	Subscriber Middle Name	AN25				Don't store incoming name	Required if a person	
2010BA	NM107	Subscriber Name Suffix	AN10					Not required	
2010BA	NM108	Identification Code Qualifier	ID2		"MI"-Member ID		Literal	Required if subscr = patient	
2010BA	NM109	Subscriber Primary Identifier	AN80	Medical-Claim	RECIP-IDENT-NUMBER	X(14)	DSHS PIC	Required if subscr = patient	
2010BA	**N3**	**Subscriber Address**							
2010BA	N301	Subscriber Address Line	AN55					Required if subscr = patient	
2010BA	N302	Subscriber Address Line	AN55					Not required	
2010BA	**N4**	**Subscriber City/State/ZIP Code**							
2010BA	N401	Subscriber City Name	AN30					Required if subscr = patient	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010BA	N402	Subscriber State Code	ID2				External Code Set	Required if subscr = patient	
2010BA	N403	Subscriber Postal Zone or ZIP Code	ID15				External Code Set	Required if subscr = patient	
2010BA	N404	Country Code	ID3				External Code Set	Required if outside U.S.	
2010BA	**DMG**	**Subscriber Demographic Information**							
2010BA	DMG01	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD			Required if subscr = patient	
2010BA	DMG02	Subscriber Birth Date	AN35					Required if subscr = patient	
2010BA	DMG03	Subscriber Gender Code	ID1					Required if subscr = patient	"M", "F", "U"
2010BA	**REF**	**Subscriber Secondary Identification**							
2010BA	REF01	Reference Identification Qualifier	ID3					Not required	"1W"-Member ID, "23"-Client # (IHS), "IG"-Policy #, "SY"-SSN
2010BA	REF02	Subscriber Supplemental Identifier	AN30					Not required	
2010BA	**REF**	**Property and Casualty Claim Number**							
2010BA	REF01	Reference Identification Qualifier	ID3		"Y4"-Agency Claim Number		Literal	Not required	
2010BA	REF02	Property Casualty Claim Number	AN30					Not required	
2010BB	**NM1**	**Payer Name**							
2010BB	NM101	Entity Identifier Code	ID3		"PR"-payer		Literal	Required	
2010BB	NM102	Entity Type Qualifier	ID1		"2"-organization		Literal	Required	
2010BB	NM103	Payer Name	AN35					Required	<payer's name>
2010BB	NM108	Identification Code Qualifier	ID2					Required	"PI"-payer's ID, "XV"-Nat'l Plan ID
2010BB	NM109	Payer Identifier	AN80					Required	<payer's ID>
2010BB	**N3**	**Payer Address**							
2010BB	N301	Payer Address Line	AN55					Not required	
2010BB	N302	Payer Address Line	AN55					Not required	
2010BB	**N4**	**Payer City/State/ZIP Code**							
2010BB	N401	Payer City Name	AN30					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010BB	N402	Payer State Code	ID2					Not required	
2010BB	N403	Payer Postal Zone or ZIP Code	ID15					Not required	
2010BB	N404	Country Code	ID3					Not required	
2010BB	**REF**	**Payer Secondary Identification**							
2010BB	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2010BB	REF02	Payer Additional Identifier	AN30					Not required	
2010BC	**NM1**	**Responsible Party Name**							
2010BC	NM101	Entity Identifier Code	ID3		"QD"-Resp Party		Literal	Required if Medicare & no signature	e.g., guardian, guarantor, case worker
2010BC	NM102	Entity Type Qualifier	ID1					Required if Medicare & no signature	"1"-Person, "2"-Non-Person
2010BC	NM103	Responsible Party Last or Organization Name	AN35					Required if Medicare & no signature	
2010BC	NM104	Responsible Party First Name	AN25					Not required	
2010BC	NM105	Responsible Party Middle Name	AN25					Not required	
2010BC	NM107	Responsible Party Suffix Name	AN10					Not required	
2010BC	**N3**	**Responsible Party Address**							
2010BC	N301	Responsible Party Address Line	AN55					Required if Medicare & no signature	
2010BC	N302	Responsible Party Address Line	AN55					Not required	
2010BC	**N4**	**Responsible Party City/State/ZIP Code**							
2010BC	N401	Responsible Party City Name	AN30					Required if Medicare & no signature	
2010BC	N402	Responsible Party State Code	ID2				External Code Set	Required if Medicare & no signature	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010BC	N403	Responsible Party Postal Zone or ZIP Code	ID15				External Code Set	Required if Medicare & no signature	
2010BC	N404	Country Code	ID3				External Code Set	Required if outside U.S.	
2010BD	**NM1**	**Credit/Debit Card Holder Name**							
2010BD	NM101	Entity Identifier Code	ID3		"AO"-Account Of		Literal	Not required: only from provider to billing service	
2010BD	NM102	Entity Type Qualifier	ID1					Not required: only from provider to billing service	"1"-Person, "2"-Non-Person
2010BD	NM103	Credit or Debit Card Holder Last or Organizational Name	AN35					Not required: only from provider to billing service	
2010BD	NM104	Credit or Debit Card Holder First Name	AN25					Not required: only from provider to billing service	
2010BD	NM105	Credit or Debit Card Holder Middle Name	AN25					Not required: only from provider to billing service	
2010BD	NM107	Credit or Debit Card Holder Name Suffix	AN10					Not required: only from provider to billing service	
2010BD	NM108	Identification Code Qualifier	ID2		"MI"-Member ID		Literal	Not required: only from provider to billing service	
2010BD	NM109	Credit or Debit Card Number	AN80					Not required: only from provider to billing service	
2010BD	**REF**	**Credit/Debit Card Information**							
2010BD	REF01	Reference Identification Qualifier	ID3				Literal	Not required: only from provider to billing service	See Guide for valid values
2010BD	REF02	Credit or Debit Card Authorization Number	AN30					Not required: only from provider to billing service	
2000C	**HL**	**Patient Hierarchical Level**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2000C	HL01	Hierarchical ID Number	AN12		"3"-this is third HL			Required if subscr <> patient	"3"-this is third HL
2000C	HL02	Hierarchical Parent ID Number	AN12		"2"-parent is second HL			Required if subscr <> patient	"2"-parent is second HL
2000C	HL03	Hierarchical Level Code	ID2		"23"-Dependent		Literal	Required if subscr <> patient	
2000C	HL04	Hierarchical Child Code	ID1		"0"-No child HL		Literal	Required if subscr <> patient	
2000C	**PAT**	**Patient Information**							
2000C	PAT01	Individual Relationship Code	ID2					Required if subscr <> patient	see valid values in Impl.Gde.
2000C	PAT05	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2000C	PAT06	Patient Death Date	AN35					Not required	
2000C	PAT07	Unit or Basis for Measurement Code	ID2					Required if PAT08 is used	"01"-Actual Pounds (addendum)
2000C	PAT08	Patient Weight	R10					Required if dialysis EPO or DMERC CMN	
2000C	PAT09	Pregnancy Indicator	ID1	Medical-Claim	RECIP-PREGNANCY-IND	X(1)		Not required	Y/N
2010CA	**NM1**	**Patient Name**							
2010CA	NM101	Entity Identifier Code	ID3		"QC"-Patient		Literal	Required if subscr <> patient	
2010CA	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Required if subscr <> patient	
2010CA	NM103	Patient Last Name	AN35				Don't store incoming name	Required if subscr <> patient	
2010CA	NM104	Patient First Name	AN25				Don't store incoming name	Required if subscr <> patient	
2010CA	NM105	Patient Middle Name	AN25				Don't store incoming name	Not required	
2010CA	NM107	Patient Name Suffix	AN10				Don't store incoming name	Not required	
2010CA	NM108	Identification Code Qualifier	ID2		"MI"-member ID		Literal	Not required	
2010CA	NM109	Patient Primary Identifier	AN80	Medical-Claim	RECIP-IDENT-NUMBER	X(14)	DSHS PIC	Not required	
2010CA	**N3**	**Patient Address**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2010CA	N301	Patient Address Line	AN55					Required if subscr <> patient	
2010CA	N302	Patient Address Line	AN55					Not required	
2010CA	**N4**	**Patient City/State/ZIP Code**							
2010CA	N401	Patient City Name	AN30					Required if subscr <> patient	
2010CA	N402	Patient State Code	ID2				External Code Set	Required if subscr <> patient	
2010CA	N403	Patient Postal Zone or ZIP Code	ID15				External Code Set	Required if subscr <> patient	
2010CA	N404	Country Code	ID3				External Code Set	Required if outside U.S.	
2010CA	**DMG**	**Patient Demographic Information**							
2010CA	DMG01	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if subscr <> patient	
2010CA	DMG02	Patient Birth Date	AN35					Required if subscr <> patient	CCYYMMDD
2010CA	DMG03	Patient Gender Code	ID1					Required if subscr <> patient	see valid values in Impl.Gde.
2010CA	**REF**	**Patient Secondary Identification**							
2010CA	REF01	Reference Identification Qualifier	ID3					Not required	"1W"-Member ID, "23"-Client # (IHS), "IG"-Policy #, "SY"-SSN
2010CA	REF02	Patient Secondary Identifier	AN30					Not required	
2010CA	**REF**	**Property and Casualty Claim Number**							
2010CA	REF01	Reference Identification Qualifier	ID3		"Y4"-Agency Claim Number		Literal	Not required	
2010CA	REF02	Property Casualty Claim Number	AN30					Not required	
2300	**CLM**	**Claim Information**							
2300	CLM01	Patient Account Number	AN38	Medical-Claim	PATIENT-ACCT-NUMBER	X(38)	**Store for use in 835**	**Required**	provider's unique ID for claim (or acct#)

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	CLM02	Total Claim Charge Amount	R18	Medical-Claim	TOTAL-CLAIM-CHARGE	S9(7)V99		**Required**	sum of line item charge amounts, SV102
2300	CLM05	Health Care Service Location Information							
2300	CLM05-1	Facility Type Code	AN2	Medical-Claim	PLACE-OF-SERVICE	X(2)	**Store for use in 835**	**Required**	See Guide for valid values
2300	CLM05-3	Claim Frequency Code	ID1				**MMIS will use to determine processing action**	**Required**	"1"-orig, "6"-corrected, "7"-replace, "8"-void
2300	CLM06	Provider or Supplier Signature Indicator	ID1					**Required**	Y/N whether provider certifies claim
2300	CLM07	Medicare Assignment Code	ID1					**Required**	See Guide for codes indicating whether provider accepts Medicare assignment
2300	CLM08	Benefits Assignment Certification Indicator	ID1					**Required**	Y/N whether insured authorizes benefits be paid to provider
2300	CLM09	Release of Information Code	ID1					**Required**	See Guide for codes indicating whether patient releases medical data to other orgs
2300	CLM10	Patient Signature Source Code	ID1					**Required unless CLM09="N"**	See Guide for valid values, e.g., "C"-signed HCFA claim form on file
2300	CLM11	Related Causes Information							
2300	CLM11-1	Related Causes Code	ID3	Medical-Claim	RELATED-CAUSE IND (1)	X(2)		**Required if accident or work related**	AA-auto, AP-another party, EM-employement, OA-other

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	CLM11-2	Related Causes Code	ID3	Medical-Claim	RELATED-CAUSE IND (2)	X(2)		Required if accident or work related	AA-auto, AP-another party, EM-employement, OA-other
2300	CLM11-3	Related Causes Code	ID3	Medical-Claim	RELATED-CAUSE IND (3)	X(2)		Required if accident or work related	AA-auto, AP-another party, EM-employement, OA-other
2300	CLM11-4	Auto Accident State or Province Code	ID2				External Code Set	**Required if auto accident**	
2300	CLM11-5	Country Code	ID3				External Code Set	Required if auto accident outside U.S.	ISO 3166 codes
2300	CLM12	Special Program Indicator	ID3	Medical-Claim	EPSDT-IND	X(1)	If "01", map to EPSDT; see guide	Required if codes apply	See guide, e.g., disabled, EPDST/CHAP, handicapped child, etc.
				Medical-Claim	FED-AID-CAT	X(1)	**MAA needs to store these**		
				Medical-Claim	ITA-BLIND-IND	X(1)	**MAA needs to store these**		
				Medical-Claim	SPECIAL-PROG-CODE	X(2)			
2300	CLM16	Participation Agreement	ID1					Required if non-participating provider sending participating claim	"P"
2300	CLM20	Delay Reason Code	ID2					**Required if late**	See Guide for list of valid values, e.g., "11"-Other
2300	**DTP**	**Date - Initial Treatment**							
2300	DTP01	Date Time Qualifier	ID3		"454"-Initial Treatment		Literal	Required if spinal manipulation & Medicare Pt.B	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if spinal manipulation & Medicare Pt.B	
2300	DTP03	Initial Treatment Date	AN35					Required if spinal manipulation & Medicare Pt.B	(first rendering of the same service)
2300	**DTP**	**Date - Date Last Seen**							
2300	DTP01	Date Time Qualifier	ID3		"304"-Latest Visit or Consultation		Literal	Not required	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2300	DTP03	Last Seen Date	AN35					Not required	
2300	**DTP**	**Date - Onset of Current Illness/Symptom**							
2300	DTP01	Date Time Qualifier	ID3		"431"-Onset of Illness			Not required	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD			Not required	
2300	DTP03	Onset of Current Illness or Injury Date	AN35					Not required	previous occurrance of the same symptoms ('injury' is a 'typo' here; see accident date)
2300	**DTP**	**Date - Acute Manifestation**							
2300	DTP01	Date Time Qualifier	ID3		"453"-Acute Manifestation		Literal	Required if Medicare, acute & spinal manip	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if Medicare, acute & spinal manip	
2300	DTP03	Acute Manifestation Date	AN35					Required if Medicare, acute & spinal manip	
2300	**DTP**	**Date - Similar Illness/Symptom Onset**							
2300	DTP01	Date Time Qualifier	ID3		"438"-Similar Illness		Literal	Required if previously reported similar symptoms	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if previously reported similar symptoms	
2300	DTP03	Similar Illness or Symptom Date	AN35					Required if previously reported similar symptoms	
2300	**DTP**	**Date - Accident**							
2300	DTP01	Date Time Qualifier	ID3		"439"-Accident		Literal	Required if accident related	
2300	DTP02	Date Time Period Format Qualifier	ID3				Coded Values	Required if accident related	"D8"-CCYYMMDD, "DT"-CCYYMMDDHHMM
2300	DTP03	Accident Date	AN35	Medical-Claim	DATE-OF-ACCIDENT	9(5) comp	Date	Required if accident related	
2300	**DTP**	**Date - Last Menstrual Period**							
2300	DTP01	Date Time Qualifier	ID3		"484"-Last Menstrual Period		Literal	Required if pregnancy involved	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if pregnancy involved	
2300	DTP03	Last Menstrual Period Date	AN35					Required if pregnancy involved	
2300	**DTP**	**Date - Last X-ray**							
2300	DTP01	Date Time Qualifier	ID3		"455"-Last X-Ray		Literal	Required if spinal manipulation X-ray	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if spinal manipulation X-ray	
2300	DTP03	Last X-Ray Date	AN35					Required if spinal manipulation X-ray	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	**DTP**	**Date - Hearing and Vision Prescription Date**							
2300	DTP01	Date Time Qualifier	ID3		"471"-Prescription		Literal	Required for vision prescriptions	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required for vision prescriptions	
2300	DTP03	Prescription Date	AN35					Required for vision prescriptions	
2300	**DTP**	**Date - Disability Begin**							
2300	DTP01	Date Time Qualifier	ID3		"360"-Disability Begin		Literal	Not required	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2300	DTP03	Disability From Date	AN35					Not required	
2300	**DTP**	**Date - Disability End**							
2300	DTP01	Date Time Qualifier	ID3		"361"-Disability End		Literal	Not required	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2300	DTP03	Disability To Date	AN35					Not required	
2300	**DTP**	**Date - Last Worked**							
2300	DTP01	Date Time Qualifier	ID3		"297"-Date Last Worked		Literal	Not required	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2300	DTP03	Last Worked Date	AN35					Not required	
2300	**DTP**	**Date - Authorized Return to Work**							
2300	DTP01	Date Time Qualifier	ID3		"296"-Return to Work		Literal	Not required	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2300	DTP03	Work Return Date	AN35					Not required	
2300	**DTP**	**Date - Admission**							
2300	DTP01	Date Time Qualifier	ID3		"435"-Admission		Literal	Required if inpatient or ambulance admit	
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if inpatient or ambulance admit	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	DTP03	Related Hospitalization Admission Date	AN35					Required if inpatient or ambulance admit	
2300	**DTP**	**Date - Discharge**							
2300	DTP01	Date Time Qualifier	ID3		"096"-Discharge		Literal	Not required	"096"-Discharge
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2300	DTP03	Related Hospitalization Discharge Date	AN35					Not required	
2300	**DTP**	**Date - Assumed and Relinquished Care Dates**							
2300	DTP01	Date Time Qualifier	ID3					Required if Medicare & assumed or relinquished care	"091"-Report end; "090"-Report start
2300	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if Medicare & assumed or relinquished care	
2300	DTP03	Assumed or Relinquished Care Date	AN35					Required if Medicare & assumed or relinquished care	
2300	**PWK**	**Claim Supplemental Information**							
2300	PWK01	Attachment Report Type Code	ID2	Medical-Claim	ATTACH-TYPE-CODE	X(2)		Required if there's an attachment	See Guide for valid values
2300	PWK02	Attachment Transmission Code	ID2	Medical-Claim	ATTACH-TRANS-CODE	X(2)		Required if there's an attachment	See Guide for valid values
2300	PWK05	Identification Code Qualifier	ID2		"AC"-Attachment Control Number		Literal	Required if there's an attachment	
2300	PWK06	Attachment Control Number	AN80	Medical-Claim	ATTACH-CONTROL-NUM	X(20)		Required if there's an attachment	
2300	**CN1**	**Contract Information**							
2300	CN101	Contract Type Code	ID2					Not required	See Guide for valid values

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	CN102	Contract Amount	R18					Not required	
2300	CN103	Contract Percentage	R6					Not required	
2300	CN104	Contract Code	AN30					Not required	
2300	CN105	Terms Discount Percentage	R6					Not required	
2300	CN106	Contract Version Identifier	AN30					Not required	
2300	**AMT**	**Credit/Debit Card Maximum Amount**							
2300	AMT01	Amount Qualifier Code	ID3		"MA"-Maximum Amount		Literal	Not required: only from provider to billing service	
2300	AMT02	Credit or Debit Card Maximum Amount	R18					Not required: only from provider to billing service	
2300	**AMT**	**Patient Amount Paid**							
2300	AMT01	Amount Qualifier Code	ID3		"F5"-Patient Amount Paid		Literal	Required if the patient has paid part	
2300	AMT02	Patient Amount Paid	R18	Medical-Claim	CLM-RECIP-PMT-AMT	S9(7)V99		Required if the patient has paid part	e.g., co-pay
2300	**AMT**	**Total Purchased Service Amount**							
2300	AMT01	Amount Qualifier Code	ID3		"NE"-Net Billed		Literal	Required if purchased services from an outside entity	
2300	AMT02	Total Purchased Service Amount	R18					Required if purchased services from an outside entity	
2300	**REF**	**Service Authorization Exception Code**							
2300	REF01	Reference Identification Qualifier	ID3		"4N"-Special Payment Reference Number		Literal	Not required	
2300	REF02	Service Authorization Exception Code	AN30					Not required	See Guide for valid values
2300	**REF**	**Mandatory Medicare (Section 4081) Crossover Indicator**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	REF01	Reference Identification Qualifier	ID3		"F5"-Medicare Version Code		Literal	Not required	
2300	REF02	Medicare Section 4081 Indicator	AN30				**Used for processing logic**	Not required	Y-4081, N-regular
2300	**REF**	**Mammography Certification Number**							
2300	REF01	Reference Identification Qualifier	ID3		"EW"-Mammography Certification Number		Literal	Required if certified mammog. Prov	
2300	REF02	Mammography Certification Number	AN30					Required if certified mammog. Prov	
2300	**REF**	**Prior Authorization or Referral Number**							
2300	REF01	Reference Identification Qualifier	ID3		"G1"-Prior Authorization		Literal	Required if prior authorization involved	"G1"-Prior Authorization, "9F"-Referral Number
2300	REF02	Referral Number	AN30	Medical-Claim	PRIOR-AUTH-NUM	9(9)		**Required if prior authorization involved**	
2300	**REF**	**Prior Authorization or Referral Number**							
2300	REF01	Reference Identification Qualifier	ID3		"9F"-Referral Number		Literal	Required if referral involved	
2300	REF02	Referral Number	AN30					**Required if referral involved**	
2300	**REF**	**Original Reference Number (ICN/DCN)**							
2300	REF01	Reference Identification Qualifier	ID3		"F8"-Original Reference Number		Literal	Required if resubmitting	
2300	REF02	Claim Original Reference Number	AN30	Medical-Claim	TCN-TO-CREDIT	9(17)	**When CLM05-3=7-replacement, this can be used to justify timelines.**	Required if resubmitting	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
				Medical-Claim	RELATED-TCN	9(17)	**Return in 835**		
				Medical-Claim	ACCOUNTING CODE	X(1)	**Return in 835**		
2300	**REF**	**Clinical Laboratory Improvement Amendment (CLIA) Number**							
2300	REF01	Reference Identification Qualifier	ID3		"X4"-Clinical Laboratory Improvement Amendment Number		Literal	Required if Medicare/Medicaid & CLIA	
2300	REF02	Clinical Laboratory Improvement Amendment Number	AN30					Required if Medicare/Medicaid & CLIA	
2300	**REF**	**Repriced Claim Number**							
2300	REF01	Reference Identification Qualifier	ID3		"9A"-Repriced Claim Reference Number		Literal	Not required	
2300	REF02	Repriced Claim Reference Number	AN30					Not required	
2300	**REF**	**Adjusted Repriced Claim Number**							
2300	REF01	Reference Identification Qualifier	ID3		"9C"-Adjusted Repriced Claim Reference Number		Literal	Not required	
2300	REF02	Adjusted Repriced Claim Reference Number	AN30					Not required	
2300	**REF**	**Investigational Device Exemption Number**							
2300	REF01	Reference Identification Qualifier	ID3		"LX"-Qualified Products List		Literal	Required if FDA investigational device exemption	
2300	REF02	Investigational Device Exemption Identifier	AN30					Required if FDA investigational device exemption	
2300	**REF**	**Claim Identification Number for Clearing Houses and Other Transmission Intermediaries**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	REF01	Reference Identification Qualifier	ID3		"D9"-Claim Number		Literal	Not required	
2300	REF02	Clearinghouse Trace Number	AN30	Medical-Claim	TRANS-TRACE-NUM	X(30)		Not required	ID number for translator store & forward
2300	**REF**	**Ambulatory Patient Group (APG)**							
2300	REF01	Reference Identification Qualifier	ID3		"1S"-Ambulatory Patient Group (APG) Number		Literal	Not required	
2300	REF02	Ambulatory Patient Group Number	AN30					Not required	
2300	**REF**	**Medical Record Number**							
2300	REF01	Reference Identification Qualifier	ID3		"EA"-Medical Record Number		Literal	Not required	
2300	REF02	Medical Record Number	AN30	Medical-Claim	MEDICAL-RECORD-NUM	X(38)		Not required	
2300	**REF**	**Demonstration Project Identifier**							
2300	REF01	Reference Identification Qualifier	ID3		"P4"-Project Code		Literal	Not required	
2300	REF02	Demonstration Project Identifier	AN30					Not required	
2300	**K3**	**File Information**							
2300	K301	Fixed Format Information	AN80	Medical-Claim	LEGIS-MANDATE-OVER	X(80)	**Can use for state mandates**	Not required	
2300	**NTE**	**Claim Note**							
2300	NTE01	Note Reference Code	ID3					Not required	see valid values in Impl.Gde, e.g., "ADD"-Additional Information
2300	NTE02	Claim Note Text	AN80	Medical-Claim	COMMENT-LINE	X(72)	May find diag in claim note; & service facility name	Not required	
2300	**CR1**	**Ambulance Transport Information**							
2300	CR101	Unit or Basis for Measurement Code	ID2		"LB"-Pound		Literal	Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	CR102	Patient Weight	R10	Medical-Claim	PATIENT-WEIGHT	9(4)V99		Not required	
2300	CR103	Ambulance Transport Code	ID1	Medical-Claim	AMBULANCE-TRANS-CODE	X(1)		Required if used ambulance	See Guide for valid values
2300	CR104	Ambulance Transport Reason Code	ID1					Required if used ambulance	See Guide for valid values
2300	CR105	Unit or Basis for Measurement Code	ID2		"DH"-Miles			Required if used ambulance	
2300	CR106	Transport Distance	R15					Required if used ambulance	
2300	CR109	Round Trip Purpose Description	AN80					Required if ambulance round trip	
2300	CR110	Stretcher Purpose Description	AN80					Not required	
2300	**CR2**	**Spinal Manipulation Service Information**							
2300	CR208	Patient Condition Code	ID1					Not required	See Guide for valid values
2300	CR210	Patient Condition Description	AN80					Not required	
2300	CR211	Patient Condition Description	AN80					Not required	
2300	CR212	X-ray Availability Indicator	ID1					Required if before Jan. 1, 2000	Yes/No
2300	**CRC**	**Ambulance Certification**							
2300	CRC01	Code Category	ID2		"07"-Ambulance Certification		Literal	Required if used ambulance	
2300	CRC02	Certification Condition Indicator	ID1					Required if used ambulance	"Y"-following conditions apply, "N"-following conditions do not apply
2300	CRC03	Condition Code	ID2					Required if used ambulance	See Guide for valid values
2300	CRC04	Condition Code	ID2					Not required	See Guide for valid values
2300	CRC05	Condition Code	ID2					Not required	See Guide for valid values
2300	CRC06	Condition Code	ID2					Not required	See Guide for valid values

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	CRC07	Condition Code	ID2					Not required	See Guide for valid values
2300	**CRC**	**Patient Condition Information: Vision**							
2300	CRC01	Code Category	ID2					Not required	See Guide for valid values
2300	CRC02	Certification Condition Indicator	ID1					Not required	"Y"-following conditions apply, "N"-following conditions do not apply
2300	CRC03	Condition Code	ID2					Not required	See Guide for valid values
2300	CRC04	Condition Code	ID2					Not required	See Guide for valid values
2300	CRC05	Condition Code	ID2					Not required	See Guide for valid values
2300	CRC06	Condition Code	ID2					Not required	See Guide for valid values
2300	CRC07	Condition Code	ID2					Not required	See Guide for valid values
2300	**CRC**	**Homebound Indicator**							
2300	CRC01	Code Category	ID2		"75"-Functional Limitations		Literal	Required if Medicare & independent lab EKG or specimen & homebound or inpatient	
2300	CRC02	Certification Condition Indicator	ID1		"Y"-the following conditions apply		Literal	Required if Medicare & independent lab EKG or specimen & homebound or inpatient	"Y"-following conditions apply

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	CRC03	Homebound Indicator	ID2					Required if Medicare & independent lab EKG or specimen & homebound or inpatient	If homebound, put "IH" here
2300	**CRC**	**EPSDT Referral**							
2300	CRC01	Code Category	ID2		"ZZ"-EPSDT Screening referral information		Literal	Required if EPSDT	
2300	CRC02	Certification Condition Indicator	ID1				Literal	Required if EPSDT	"Y"-following conditions apply, "N"-following conditions do not apply
2300	CRC03	Condition Code	ID2					Required if EPSDT	
2300	CRC04	Condition Code	ID3					Not required	
2300	CRC05	Condition Code	ID4					Not required	
2300	**HI**	**Health Care Diagnosis Code**							gather diagnoses for service lines here
2300	HI01	Health Care Code Information							
2300	HI01-1	Diagnosis Type Code	ID3		"BK"-principal diagnosis		Literal	Required unless there is no diagnosis, e.g., taxi claims	
2300	HI01-2	Diagnosis Code	AN30	Medical-Claim	DIAG-CODE-ICD-9	X(7)	**MMIS has 2 per service line; put 12 unique ICD9s here**	Required unless there is no diagnosis, e.g., taxi claims	ICD9 code
2300	HI02	Health Care Code Information							
2300	HI02-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI02-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	HI03	Health Care Code Information							
2300	HI03-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI03-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	HI04	Health Care Code Information							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	HI04-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI04-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	HI05	Health Care Code Information							
2300	HI05-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI05-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	HI06	Health Care Code Information							
2300	HI06-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI06-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	HI07	Health Care Code Information							
2300	HI07-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI07-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	HI08	Health Care Code Information							
2300	HI08-1	Diagnosis Type Code	ID3		"BF"-diagnosis		Literal	Not required	
2300	HI08-2	Diagnosis Code	AN30				External Code Set	Not required	ICD9 code
2300	**HCP**	**Claim Pricing/Repricing Information**							
2300	HCP01	Pricing Methodology	ID2					Not required	See Guide for valid values
2300	HCP02	Repriced Allowed Amount	R18					Not required	
2300	HCP03	Repriced Saving Amount	R18					Not required	
2300	HCP04	Repricing Organization Identifier	AN30					Not required	
2300	HCP05	Repricing Per Diem or Flat Rate Amount	R9					Not required	
2300	HCP06	Repriced Approved Ambulatory Patient Group Code	AN30					Not required	
2300	HCP07	Repriced Approved Ambulatory Patient Group Amount	R18					Not required	
2300	HCP13	Reject Reason Code	ID2					Not required	See Guide for valid values
2300	HCP14	Policy Compliance Code	ID2					Not required	See Guide for valid values

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2300	HCP15	Exception Code	ID2					Not required	See Guide for valid values
2305	**CR7**	**Home Health Care Plan Information**							
2305	CR701	Discipline Type Code	ID2					Required for home health visits	See Guide for valid values
2305	CR702	Total Visits Rendered Count	N09					Required for home health visits	
2305	CR703	Certification Period Projected Visit Count	N09					Required for home health visits	
2305	**HSD**	**Health Care Services Delivery**							"<HSD02-qty> <HSD01-unit> per every <HSD04-#period> <HSD03-period> for <HSD06-#durations><HSD05-durations>"
2305	HSD01	Visits	ID2		"VS"-Visits			Not required	DY-days, FI-units, HS-hours, MN-months, VS-visits
2305	HSD02	Number of Visits	R15					Not required	<service quantity>
2305	HSD03	Frequency Period	ID2					Not required	DA-days, MO-months, WK-weeks
2305	HSD04	Frequency Count	R6					Not required	<delivery period>
2305	HSD05	Duration of Visits Units	ID2					Not required	See Guide for valid values
2305	HSD06	Duration of Visits, Number of Units	N03					Not required	<duration>
2305	HSD07	Ship, Delivery or Calendar Pattern Code	ID2					Not required	See Guide for valid values
2305	HSD08	Delivery Pattern Time Code	ID1					Not required	See Guide for valid values

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310A	**NM1**	**Referring Provider Name**							
2310A	NM101	Entity Identifier Code	ID3		"DN"-Referring Provider		Literal	Required if referral involved	"DN"-Referring Provider (1st occur.), "P3"-PCP (2nd occur.)
2310A	NM102	Entity Type Qualifier	ID1					Required if referral involved	"1"-person, "2"-org.
2310A	NM103	Referring Provider Last Name	AN35					Required if referral involved	May maintain in a provider look up table
2310A	NM104	Referring Provider First Name	AN25					Required if referral & a person	May maintain in a provider look up table
2310A	NM105	Referring Provider Middle Name	AN25					Not required	
2310A	NM107	Referring Provider Name Suffix	AN10					Not required	
2310A	NM108	Identification Code Qualifier	ID2					Not required	"24"-EIN (Fed Tax ID), "34"-SSN, "XX"-NPI (future)
2310A	NM109	Referring Provider Identifier	AN80					Not required	
2310A	**PRV**	**Referring Provider Specialty Information**							
2310A	PRV01	Provider Code	ID3		"RF"-Referring Provider		Literal	Not required	
2310A	PRV02	Reference Identification Qualifier	ID3		"ZZ"-Prov Taxonomy		Literal	Not required	
2310A	PRV03	Provider Taxonomy Code	AN30					Not required	
2310A	**REF**	**Referring Provider Secondary Identification**							
2310A	REF01	Reference Identification Qualifier	ID3		"1D" = Medicaid number			Not required	See Guide for valid values
2310A	REF02	Referring Provider Secondary Identifier	AN30	Medical-Claim	REFERRING-PROV-NUM	9(10)		Not required	
2310B	**NM1**	**Rendering Provider Name**							
2310B	NM101	Entity Identifier Code	ID3		"82"-Rendering Provider		Literal	Required if rendering <> billing/pay-to	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310B	NM102	Entity Type Qualifier	ID1				Coded Values	Required if rendering <> billing/pay-to	"1"-Person, "2"-Non-Person
2310B	NM103	Rendering Provider Last or Organization Name	AN35					Required if rendering <> billing/pay-to	
2310B	NM104	Rendering Provider First Name	AN25					Required if a person	
2310B	NM105	Rendering Provider Middle Name	AN25					Not required	
2310B	NM107	Rendering Provider Name Suffix	AN10					Not required	
2310B	NM108	Identification Code Qualifier	ID2					Required if rendering <> billing/pay-to	"24"-EIN, "34"-SSN, "XX"-NPI (future)
2310B	NM109	Rendering Provider Identifier	AN80					Required if rendering <> billing/pay-to	
2310B	**PRV**	**Rendering Provider Specialty Information**							
2310B	PRV01	Provider Code	ID3		"PE"-Performing		Literal	Not required	
2310B	PRV02	Reference Identification Qualifier	ID3		"ZZ"-Taxonomy Code		Literal	Not required	
2310B	PRV03	Provider Taxonomy Code	AN30					Not required	
2310B	**REF**	**Rendering Provider Secondary Identification**							
2310B	REF01	Reference Identification Qualifier	ID3		"1D" = Medicaid number			Not required	See Guide for valid values
2310B	REF02	Rendering Provider Secondary Identifier	AN30	Medical-Claim	PERFORMING-PROV-NUM	9(10)	**Store for use in 835**	Not required	
2310C	**NM1**	**Purchased Service Provider Name**							
2310C	NM101	Entity Identifier Code	ID3		"QB"-Purchase Service Provider		Literal	Required if purchased services from an outside entity	
2310C	NM102	Entity Type Qualifier	ID1					Required if purchased services from an outside entity	1-person, 2-org.

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310C	NM103	Name Last or Organization Name	AN35					Required if purchased services from an outside entity	
2310C	NM104	Name First	AN25					Required if person	
2310C	NM105	Name Middle	AN25					Not required	
2310C	NM108	Identification Code Qualifier	ID2					Not required	"24"-Fed Tax ID, "34"-SSN, "XX"-NPI (future)
2310C	NM109	Purchased Service Provider Identifier	AN80					Not required	
2310C	**REF**	**Purchased Service Provider Secondary Identification**							
2310C	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2310C	REF02	Purchased Service Provider Secondary Identifier	AN30					Not required	
2310D	**NM1**	**Service Facility Location**							
2310D	NM101	Entity Identifier Code	ID3					Required if location <> billing address	See Guide for valid values
2310D	NM102	Entity Type Qualifier	ID1		"2"-Non-Person		Literal	Required if location <> billing address	
2310D	NM103	Laboratory or Facility Name	AN35					Not required	
2310D	NM108	Identification Code Qualifier	ID2					Not required	"24"-Fed Tax ID, "34"-SSN, "XX"-NPI (future)
2310D	NM109	Laboratory or Facility Primary Identifier	AN80					Not required	
2310D	**N3**	**Service Facility Location Address**							
2310D	N301	Laboratory or Facility Address Line	AN55					Required if location <> billing address	
2310D	N302	Laboratory or Facility Address Line	AN55					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310D	**N4**	**Service Facility Location City/State/ZIP**							
2310D	N401	Laboratory or Facility City Name	AN30					Required if location <> billing address	
2310D	N402	Laboratory or Facility State or Province Code	ID2				External Code Set	Required if location <> billing address	
2310D	N403	Laboratory or Facility Postal Zone or ZIP Code	ID15					Required if location <> billing address	
2310D	N404	Country Code	ID3					Required if outside U.S.	
2310D	**REF**	**Service Facility Location Secondary Identification**							
2310D	REF01	Reference Identification Qualifier	ID3					Not required	see valid values in Impl.Gde.
2310D	REF02	Laboratory or Facility Secondary Identifier	AN30					Not required	
2310E	**NM1**	**Supervising Provider Name**							
2310E	NM101	Entity Identifier Code	ID3		"DQ"-Supervising		Literal	Required if rendering is supervised by a physician	
2310E	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Required if rendering is supervised by a physician	
2310E	NM103	Supervising Provider Last Name	AN35					Required if rendering is supervised by a physician	
2310E	NM104	Supervising Provider First Name	AN25					Required if rendering is supervised by a physician	
2310E	NM105	Supervising Provider Middle Name	AN25					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2310E	NM107	Supervising Provider Name Suffix	AN10					Not required	
2310E	NM108	Identification Code Qualifier	ID2					Not required	"24"-Fed Tax ID, "34"-SSN, "XX"-NPI (future)
2310E	NM109	Supervising Provider Identifier	AN80					Not required	
2310E	**REF**	**Supervising Provider Secondary Identification**							
2310E	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2310E	REF02	Supervising Provider Secondary Identifier	AN30					Not required	
2320	**SBR**	**Other Subscriber Information**							
2320	SBR01	Payer Responsibility Sequence Number Code	ID1	W14710 91 (TPL)	PAYER-SEQUENCE	X(1)	10 occurences	**Required if loop 2320 is used**	"P"-Primary, "S"-Secondary, "T"-Tertiary
2320	SBR02	Individual Relationship Code	ID2	W14710 91 (TPL)	RELATIONTION-CODE	X(2)	10 occurences	**Required if loop 2320 is used**	See Guide for valid values
2320	SBR03	Insured Group or Policy Number	AN30	W14710 91 (TPL)	GROUP-POLICY	X(30)	10 occurences	Not required	
2320	SBR04	Other Insured Group Name	AN60	W14710 91 (TPL)	POLICY-NAME	X(60)	10 occurences	Not required	
2320	SBR05	Insurance Type Code	ID3	W14710 91 (TPL)	INS-TYPE-CODE	X(2)		**Required if loop 2320 is used**	A crosswalk table may be created to link each Policy to a type code.
2320	SBR09	Claim Filing Indicator Code	ID2	W14710 91 (TPL)	CLAIM-FILING-INDICATOR	X(2)	10 occurences	**Required if no PlanID yet (plan type)**	See Guide for valid values
2320	**CAS**	**Claim Level Adjustments**							
2320	CAS01	Claim Adjustment Group Code	ID2		<Derived from CAS02>			Required if 835 from prior payer with service adjusts	CO-Contractual, "CR"-Correction, "OA"-Other, "PI"-Payor Reduction, "PR"-Patient Responsibility

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2320	CAS02	Adjustment Reason Code	ID5		"1"-Deductible, "2"-Coinsurance			Required if sent in other payer's 835	See www.wpc-edi.com
2320	CAS03	Adjustment Amount	R18	Medical-Claim	MCARE-COMPUTED-COINS	S9(7)V99	with CAS02 = 2	Required if sent in other payer's 835	
				Medical-Claim	MCARE-COMPUTED-DED	S9(7)V99	with CAS02 = 1		
2320	CAS04	Adjustment Quantity	R15	W1471091 (TPL)	ADJUST-REASON	X(5)	3 occurences	Not required	
2320	CAS05	Adjustment Reason Code	ID5	W1471091 (TPL)	ADJUST-AMOUNT	S9(9)V99	3 occurences	Not required	
2320	CAS06	Adjustment Amount	R18	W1471091 (TPL)	ADJUST-QUANTITY	S9(6)	3 occurences	Not required	
2320	CAS07	Adjustment Quantity	R15	W1471091 (TPL)	ADJUST-REASON	X(5)	3 occurences	Not required	
2320	CAS08	Adjustment Reason Code	ID5	W1471091 (TPL)	ADJUST-AMOUNT	S9(9)V99	3 occurences	Not required	
2320	CAS09	Adjustment Amount	R18	W1471091 (TPL)	ADJUST-QUANTITY	S9(6)	3 occurences	Not required	
2320	CAS10	Adjustment Quantity	R15	W1471091 (TPL)	ADJUST-REASON	X(5)	3 occurences	Not required	
2320	CAS11	Adjustment Reason Code	ID5	W1471091 (TPL)	ADJUST-AMOUNT	S9(9)V99	3 occurences	Not required	
2320	CAS12	Adjustment Amount	R18	W1471091 (TPL)	ADJUST-QUANTITY	S9(6)	3 occurences	Not required	
2320	CAS13	Adjustment Quantity	R15					Not required	
2320	CAS14	Adjustment Reason Code	ID5					Not required	
2320	CAS15	Adjustment Amount	R18					Not required	
2320	CAS16	Adjustment Quantity	R15					Not required	
2320	CAS17	Adjustment Reason Code	ID5					Not required	
2320	CAS18	Adjustment Amount	R18					Not required	
2320	CAS19	Adjustment Quantity	R15					Not required	
2320	**AMT**	**Coordination of Benefits (COB) Payer Paid Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"D"- (Other) Payer Paid Amount			Required if adjudicated by other payer	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2320	AMT02	Payer Paid Amount	R18	Medical-Claim	AMT-PAID-BY-MCARE	S9(7)V99		Required if adjudicated by other payer	
				Medical-Claim	THIRD-PARTY-PMT-AMT	S9(7)V99			
2320	**AMT**	**Coordination of Benefits (COB) Approved Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"AAE"-Approved Amount		Literal	Not required	
2320	AMT02	Approved Amount	R18	Medical-Claim	MCARE-ALLOWED-AMT	S9(7)V99		Not required	Amount approved by current payer, before paying percentage
				COB	APPROVED-AMT	S9(7)V99			
2320	**AMT**	**Coordination of Benefits (COB) Allowed Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"B6"-Actual Allowed Amount		Literal	Not required	
2320	AMT02	Allowed Amount	R18	Medical-Claim	MCARE-ALLOWED-AMT	S9(7)V99		Not required	Amount allowed to be paid by current payer; may be a percentage
				COB	ALLOWED-AMT	S9(7)V99			
2320	**AMT**	**Coordination of Benefits (COB) Patient Responsibility Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"F2"-Patient Responsibility - Actual			Required if sent in other payer's 835	
2320	AMT02	Other Payer Patient Responsibility Amount	R18	COB	PATIENT-RESP-AMT	S9(7)V99		Required if sent in other payer's 835	
2320	**AMT**	**Coordination of Benefits (COB) Covered Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"AU"-Coverage Amount		Literal	Not required	
2320	AMT02	Other Payer Covered Amount	R18	COB	COVERED-AMT	S9(7)V99		Not required	Amount covered by current payer

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2320	**AMT**	**Coordination of Benefits (COB) Discount Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"D8"-Discount Amount			Required if sent in other payer's 835	
2320	AMT02	Other Payer Discount Amount	R18	COB	DISCOUNT-AMT	S9(7)V99		Required if sent in other payer's 835	
2320	**AMT**	**Coordination of Benefits (COB) Per Day Limit Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"DY"-Per Day Limit			Required if sent in other payer's 835	
2320	AMT02	Other Payer Per Day Limit Amount	R18	COB	PER-DAY-AMT	S9(7)V99		Required if sent in other payer's 835	
2320	**AMT**	**Coordination of Benefits (COB) Patient Paid Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"F5"-Patient Paid Amount			Required if sent in other payer's 835	
2320	AMT02	Other Payer Patient Paid Amount	R18	COB	PATIENT-PAID	S9(7)V99		Required if sent in other payer's 835	
2320	**AMT**	**Coordination of Benefits (COB) Tax Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"T"-Tax Amount			Required if sent in other payer's 835	
2320	AMT02	Other Payer Tax Amount	R18	COB	TAX-AMT	S9(7)V99		Required if sent in other payer's 835	
2320	**AMT**	**Coordination of Benefits (COB) Total Claim Before Taxes Amount**							
2320	AMT01	Amount Qualifier Code	ID3		"T2"-Total Claim Before Taxes			Required if sent in other payer's 835	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2320	AMT02	Other Payer Pre-Tax Claim Total Amount	R18	COB	PRE-TAX-CLM-AMT	S9(7)V99		Required if sent in other payer's 835	
2320	**DMG**	**Subscriber Demographic Information**							
2320	DMG01	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if other subscriber is a person	
2320	DMG02	Other Insured Birth Date	AN35		<Store from prior payer 835>			**Required if other subscriber is a person**	
2320	DMG03	Other Insured Gender Code	ID1		<Store from prior payer 835>			**Required if other subscriber is a person**	
2320	**OI**	**Other Insurance Coverage Information**							
2320	OI03	Benefits Assignment Certification Indicator	ID1		<From prior 837 CLM08 or OI03>			**Required if loop 2320 is used**	Y/N
2320	OI04	Patient Signature Source Code	ID1		<From prior 837 CLM10 or OI04>			Required if ROI allowed	See Guide for valid values
2320	OI06	Release of Information Code	ID1		<From prior 837 CLM09 or OI06>			**Required if loop 2320 is used**	See Guide for valid values
2320	**MOA**	**Medicare Outpatient Adjudication Information**							
2320	MOA01	Reimbursement Rate	R10	COB	REIMB-RATE	X(10)		Required if sent in other payer's 835	
2320	MOA02	HCPCS Payable Amount	R18	COB	HCPCS-PAY-AMT	S9(7)V99		Required if sent in other payer's 835	
2320	MOA03	Remark Code	AN30	COB	REMARK-CODE	X(30)		Required if sent in other payer's 835	
2320	MOA04	Remark Code	AN30	COB	REMARK-CODE	X(30)		Required if sent in other payer's 835	
2320	MOA05	Remark Code	AN30	COB	REMARK-CODE	X(30)		Required if sent in other payer's 835	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2320	MOA06	Remark Code	AN30	COB	REMARK-CODE	X(30)		Required if sent in other payer's 835	
2320	MOA07	Remark Code	AN30		<Store from prior payer 835>			Required if sent in other payer's 835	
2320	MOA08	End Stage Renal Disease Payment Amount	R18		<Store from prior payer 835>			Required if sent in other payer's 835	
2320	MOA09	Non-Payable Professional Component Billed Amount	R18		<Store from prior payer 835>			Required if sent in other payer's 835	
2330A	**NM1**	**Other Subscriber Name**							
2330A	NM101	Entity Identifier Code	ID3		"IL"-Insured or Subscriber			Required if loop 2320 is used	
2330A	NM102	Entity Type Qualifier	ID1		"1"-Person			Required if loop 2320 is used	1-person, 2-org.
2330A	NM103	Other Insured Last Name	AN35	COB	INSURED-LAST-NAME	X(35)		**Required if loop 2320 is used**	
2330A	NM104	Other Insured First Name	AN25	COB	INSURED-FIRST-NAME	X(25)		Required if a person	
2330A	NM105	Other Insured Middle Name	AN25	COB	INSURED-MIDDLE-NAME	X(25)		Not required	
2330A	NM107	Other Insured Name Suffix	AN10	COB	INSURED-SUFFIX	X(20)		Not required	
2330A	NM108	Identification Code Qualifier	ID2		"MI"=Member ID			Required if loop 2320 is used	
2330A	NM109	Other Insured Identifier	AN80	COB	INSURED-IDENTIFIER	X(80)		**Required if loop 2320 is used**	
2330A	**N3**	**Other Subscriber Address**							
2330A	N301	Other Insured Address Line	AN55					Not required	
2330A	N302	Other Insured Address Line	AN55					Not required	
2330A	**N4**	**Other Subscriber City/State/ZIP Code**							
2330A	N401	Other Insured City Name	AN30					Not required	
2330A	N402	Other Insured State Code	ID2					Not required	
2330A	N403	Other Insured Postal Zone or ZIP Code	ID15					Not required	
2330A	N404	Country Code	ID3					Not required	
2330A	**REF**	**Other Subscriber Secondary Identification**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2330A	REF01	Reference Identification Qualifier	ID3	COB	REF-IDENT-QUAL	X(2)		Not required	see valid values in Impl.Gde.
2330A	REF02	Other Insured Additional Identifier	AN30	COB	OTHER-INS-ADD-IDENT	X(30)		Not required	
2330B	**NM1**	**Other Payer Name**							
2330B	NM101	Entity Identifier Code	ID3		"PR"-Payer		Literal	Required if loop 2320 is used	
2330B	NM102	Entity Type Qualifier	ID1		"2"-Non-Person		Literal	Required if loop 2320 is used	
2330B	NM103	Other Payer Last or Organization Name	AN35	COB	OTHER-PAYER-LAST-ORG-NAME	X(35)		**Required if loop 2320 is used**	
2330B	NM108	Identification Code Qualifier	ID2		"PI"-Payer's ID			Required if loop 2320 is used	"PI"-Payer's ID, "XV"-PlanID (future)
2330B	NM109	Other Payer Primary Identifier	AN80	COB	OTHER-PAYER-PRIMARY-ID	X(80)		**Required if loop 2320 is used**	
2330B	**PER**	**Other Payer Contact Information**							
2330B	PER01	Contact Function Code	ID2		"IC"-Informational Contact		Literal	Not required	
2330B	PER02	Other Payer Contact Name	AN60					Not required	
2330B	PER03	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2330B	PER04	Communication Number	AN80					Not required	
2330B	PER05	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2330B	PER06	Communication Number	AN80					Not required	
2330B	PER07	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2330B	PER08	Communication Number	AN80					Not required	
2330B	**DTP**	**Claim Adjudication Date**							
2330B	DTP01	Date Time Qualifier	ID3		"573"-Date Claim Paid		Literal	Required if other payer adjudicated	
2330B	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if other payer adjudicated	
2330B	DTP03	Adjudication or Payment Date	AN35	Medical-Claim	DATE-PAID-BY-MCARE	S9(5)		Required if other payer adjudicated	
				COB	DATE-CLAIM-PAID	S9(5)			
2330B	**REF**	**Other Payer Secondary Identifier**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2330B	REF01	Reference Identification Qualifier	ID3		"2U"-Payer ID Num			Not required	See Guide for valid values
2330B	REF02	Other Payer Secondary Identifier	AN30	COB	OTHER-PAYER-SEC-ID	X(30)		Not required	
2330B	**REF**	**Other Payer Prior Authorization or Referral Number**							
2330B	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2330B	REF02	Other Payer Prior Authorization or Referral Number	AN30					Not required	
2330B	**REF**	**Other Payer Claim Adjustment Indicator**							
2330B	REF01	Reference Identification Qualifier	ID3		"T4"-Adjustment Indicator		Literal	Required if other payer has re-adjudicated	
2330B	REF02	Other Payer Claim Adjustment Indicator	AN30					Required if other payer has re-adjudicated	
2330C	**NM1**	**Other Payer Patient Information**							
2330C	NM101	Entity Identifier Code	ID3		"QC"-Patient		Literal	Not required	
2330C	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Not required	
2330C	NM108	Identification Code Qualifier	ID2		"MI"-Member ID		Literal	Not required	Other payer's patient ID
2330C	NM109	Other Payer Patient Primary Identifier	AN80					Not required	
2330C	**REF**	**Other Payer Patient Identification**							
2330C	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2330C	REF02	Other Payer Patient Secondary Identifier	AN30					Not required	
2330D	**NM1**	**Other Payer Referring Provider**							
2330D	NM101	Entity Identifier Code	ID3					Not required	"DN"-Referring Provider (1st occur.), "P3"-PCP (2nd occur.)

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2330D	NM102	Entity Type Qualifier	ID1					Not required	1-person, 2-org.
2330D	**REF**	**Other Payer Referring Provider Identification**							
2330D	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2330D	REF02	Other Payer Referring Provider Identifier	AN30					Not required	
2330E	**NM1**	**Other Payer Rendering Provider**							
2330E	NM101	Entity Identifier Code	ID3		"82"-Rendering		Literal	Not required	82
2330E	NM102	Entity Type Qualifier	ID1					Not required	1-person, 2-org.
2330E	**REF**	**Other Payer Rendering Provider Secondary Identification**							
2330E	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2330E	REF02	Other Payer Rendering Provider Secondary Identifier	AN30					Not required	
2330F	**NM1**	**Other Payer Purchased Service Provider**							
2330F	NM101	Entity Identifier Code	ID3		"QB"-Purchased Service Provider		Literal	Not required	
2330F	NM102	Entity Type Qualifier	ID1					Not required	1-person, 2-org.
2330F	**REF**	**Other Payer Purchased Service Provider Identification**							
2330F	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2330F	REF02	Other Payer Purchased Service Provider Identifier	AN30					Not required	
2330G	**NM1**	**Other Payer Service Facility Location**							
2330G	NM101	Entity Identifier Code	ID3					Not required	See Guide for valid values
2330G	NM102	Entity Type Qualifier	ID1		"2"-Non-Person		Literal	Not required	
2330G	**REF**	**Other Payer Service Facility Location Identification**							
2330G	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2330G	REF02	Other Payer Service Facility Location Identifier	AN30					Not required	
2330H	**NM1**	**Other Payer Supervising Provider**							
2330H	NM101	Entity Identifier Code	ID3		"DQ"-Supervising		Literal	Not required	
2330H	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Not required	
2330H	**REF**	**Other Payer Supervising Provider Identification**							
2330H	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2330H	REF02	Other Payer Supervising Provider Identifier	AN30					Not required	
2400	**LX**	**Service Line**							
2400	LX 01	Assign Number	N06				**Assume same as MMIS line item; no bundling**	Required	<Must derive sequential # from 1 by 1 for each service line>
2400	**SV1**	**Professional Service**							
2400	SV101	Composite Medical Procedure Identifier							
2400	SV101-1	Product or Service ID Qualifier	ID2		"HC"-HCPCS		Literal	Required	"HC"-HCPCS, "ZZ"-state codes
2400	SV101-2	Procedure Code	AN48	Medical-Claim	PROC-CODE	X(5)	**map local codes to HCPCS**	Required	
2400	SV101-3	Procedure Modifier	AN2	Medical-Claim	PROC-CODE-MODIFIER (1)	X(1)		Not required	
2400	SV101-4	Procedure Modifier	AN2	Medical-Claim	PROC-CODE-MODIFIER (2)	X(1)	**store 4 all modifiers**	Not required	
2400	SV101-5	Procedure Modifier	AN2	Medical-Claim	PROC-CODE-MODIFIER (3)	X(1)	**store 4 all modifiers**	Not required	
2400	SV101-6	Procedure Modifier	AN2	Medical-Claim	PROC-CODE-MODIFIER (4)	X(1)	**store 4 all modifiers**	Not required	
2400	SV102	Line Item Charge Amount	R18	Medical-Claim	PROCEDURE-CHARGE	S9(7)V99		Required	
2400	SV103	Unit or Basis for Measurement Code	ID2		"UN"-unit		Literal	Required	"F2"-drug IU, "MJ"-min, "UN"-unit (default)
2400	SV104	Service Unit Count	R15	Medical-Claim	UNITS-OF-SERVICE	S9(3)V99	**Store for use in 835**	Required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	SV105	Place of Service Code	AN2	Medical-Claim	PLACE-OF-SERVICE	X(2)	**Store for use in 835**	Required if <> claim level (CLM05-1)	See Guide for valid values
2400	SV107	Composite Diagnosis Code Pointer							ICD9 codes in loop 2300 HI with ptrs here
2400	SV107-1	Diagnosis Code Pointer	N02	Medical-Claim	DIAG-CODE-ICD-9	X(7)	Convert to pointer to claim level diagnoses	Required unless there's no diagnosis	pointer to primary diag for this service line
2400	SV107-2	Diagnosis Code Pointer	N02	Medical-Claim	DIAG-CODE-ICD-9	X(7)		Not required	pointer to other diag for this service line
2400	SV107-3	Diagnosis Code Pointer	N02					Not required	pointer to other diag for this service line
2400	SV107-4	Diagnosis Code Pointer	N02					Not required	pointer to other diag for this service line
2400	SV109	Emergency Indicator	ID1	Medical-Claim	EMERG-TRMNT-IND	X(1)		Required if emergency	Y
2400	SV111	EPSDT Indicator	ID1	Medical-Claim	SPECIAL-PROG-CODE	X(2)		**Required if Medicaid services are result of screening referral**	Y
2400	SV112	Family Planning Indicator	ID1	Medical-Claim	FAMILY-PLANNING-COD	X(1)	Literal	Required if applicable for Medicaid claims.	Y
2400	SV115	Co-Pay Status Code	ID1				Literal	Required if patient was exempt from co-pay	0
2400	**SV5**	**Durable Medical Equipment Service**							
2400	SV501	Composit Medical Procedure Identifier							
2400	SV501-1	Procedure Identifier	ID2		"HC"-HCPCS		Literal	Required if DME	
2400	SV501-2	Procedure Code	AN48				External Code Set	Required if DME	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	SV502	Unit or Basis for Measurement Code	ID2		"DA"-Days		Literal	Required if DME	
2400	SV503	Length of Medical Necessity	X15					Required if DME	
2400	SV504	DME Rental Price	R18					Not required	
2400	SV505	DME Purchase Price	R18					Not required	
2400	SV506	Rental Unit Price Indicator	ID1					Not required	
2400	**PWK**	**DMERC CMN Indicator**							
2400	PWK01	Attachment Report Type Code	ID2		"CT"-Certification		Literal	Required if Medicare & DMERC CMN	
2400	PWK02	Attachment Transmission Code	ID2					Required if Medicare & DMERC CMN	See Guide for valid values
2400	**CR1**	**Ambulance Transport Information**							
2400	CR101	Unit or Basis for Measurement Code	ID2		"LB"-Pound		Literal	Not required	
2400	CR102	Patient Weight	R10					Not required	
2400	CR103	Ambulance Transport Code	ID1					Required if <> claim level	See Guide for valid values
2400	CR104	Ambulance Transport Reason Code	ID1					Required if <> claim level	See Guide for valid values
2400	CR105	Unit or Basis for Measurement Code	ID2		"DH"-Miles		Literal	Required if <> claim level	
2400	CR106	Transport Distance	R15					Required if <> claim level	
2400	CR109	Round Trip Purpose Description	AN80					Not required	
2400	CR110	Stretcher Purpose Description	AN80					Not required	
2400	**CR2**	**Spinal Manipulation Service Information**							
2400	CR208	Patient Condition Code	ID1					Not required	See Guide for valid values
2400	CR210	Patient Condition Description	AN80					Not required	
2400	CR211	Patient Condition Description	AN80					Not required	
2400	CR212	X-ray Availability Indicator	ID1					Not required	See Guide for valid values
2400	**CR3**	**Durable Medical Equipment Certification**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	CR301	Certification Type Code	ID1					Not required	See Guide for valid values
2400	CR302	Unit or Basis for Measurement Code	ID2		"MO"-Month		Literal	Not required	
2400	CR303	Durable Medical Equipment Duration	R15					Not required	
2400	**CR5**	**Home Oxygen Therapy Information**							
2400	CR501	Certification Type Code	ID1					Required for home oxygen therapy	See Guide for valid values
2400	CR502	Treatment Period Count	R15					Required for home oxygen therapy	
2400	CR510	Arterial Blood Gas Quantity	R15					Required: Either CR510 or CR511	
2400	CR511	Oxygen Saturation Quantity	R15					Required: Either CR510 or CR511	
2400	CR512	Oxygen Test Condition Code	ID1					Required for home oxygen therapy	See Guide for valid values
2400	CR513	Oxygen Test Findings Code	ID1				Literal	Not required (requirement is clinically incorrect)	
2400	CR514	Oxygen Test Findings Code	ID1				Literal	Not required (requirement is clinically incorrect)	
2400	CR515	Oxygen Test Findings Code	ID1				Literal	Not required (requirement is clinically incorrect)	
2400	**CRC**	**Ambulance Certification**							
2400	CRC01	Code Category	ID2		"07"-Ambulance Certification		Literal	Required if <> claim level	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	CRC02	Certification Condition Indicator	ID1					Required if <> claim level	"Y"-following conditions apply, "N"-following conditions do not apply
2400	CRC03	Condition Code	ID2					Required if <> claim level	See Guide for valid values
2400	CRC04	Condition Code	ID2					Not required	
2400	CRC05	Condition Code	ID2					Not required	
2400	CRC06	Condition Code	ID2					Not required	
2400	CRC07	Condition Code	ID2					Not required	
2400	**CRC**	**Hospice Employee Indicator**							
2400	CRC01	Code Category	ID2		"70"-Hospice		Literal	Required if Medicare & hospice	
2400	CRC02	Hospice Employed Provider Indicator	ID1					Required if Medicare & hospice	"Y"-following conditions apply, "N"-following conditions do not apply
2400	CRC03	Condition Indicator	ID2		"65"-Open		Literal	Required if Medicare & hospice	
2400	**CRC**	**DMERC Condition Indicator**							
2400	CRC01	Code Category	ID2					Not required	See Guide for valid values
2400	CRC02	Certification Condition Indicator	ID1					Not required	"Y"-following conditions apply, "N"-following conditions do not apply
2400	CRC03	Condition Indicator	ID2					Not required	See Guide for valid values
2400	CRC04	Condition Indicator	ID2					Not required	
2400	CRC05	Condition Indicator	ID2					Not required	
2400	CRC06	Condition Indicator	ID2					Not required	
2400	CRC07	Condition Indicator	ID2					Not required	
2400	**DTP**	**Date - Service Date**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	DTP01	Date Time Qualifier	ID3		"472"-Date of Service		Literal	Required	
2400	DTP02	Date Time Period Format Qualifier	ID3				If it's a date range, use format: CCMMYYDD-CCMMYYDD	Required	"D8"-CCYYMMDD, "RD8"-CCYYMMDD-CCYYMMDD
2400	DTP03	Service Date	AN35	Medical-Claim	FIRST-DATE-OF-SVC_service_level	9(5)	**Store for use in 835**	Required	
				Medical-Claim	LAST-DATE-OF-SVC_service_level	9(5)	**Store for use in 835**		
2400	**DTP**	**Date - Certification Revision Date**							
2400	DTP01	Date Time Qualifier	ID3		"607"-Certification Revision		Literal	Required if not iniital DMERC Certific.	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if not iniital DMERC Certific.	
2400	DTP03	Certification Revision Date	AN35					Required if not iniital DMERC Certific.	
2400	**DTP**	**Date - Begin Therapy Date**							
2400	DTP01	Date Time Qualifier	ID3		"463"-Begin Therapy		Literal	Not required	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2400	DTP03	Begin Therapy Date	AN35					Not required	
2400	**DTP**	**Date - Last Certification Date**							
2400	DTP01	Date Time Qualifier	ID3		"461"-Last Certification		Literal	Not required	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2400	DTP03	Last Certification Date	AN35					Not required	
2400	**DTP**	**Date - Date Last Seen**							
2400	DTP01	Date Time Qualifier	ID3		"304"-Latest Visit or Consultation		Literal	Not required	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Not required	
2400	DTP03	Last Seen Date	AN35					Not required	
2400	**DTP**	**Date - Test**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	DTP01	Date Time Qualifier	ID3				Coded Values	Required on initial EPO test results	"738"-HGB/HCT, "739"-serum creatine
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required on initial EPO test results	
2400	DTP03	Test Performed Date	AN35					Required on initial EPO test results	
2400	**DTP**	**Date - Oxygen Saturation/Arterial Blood Gas Test**							
2400	DTP01	Date Time Qualifier	ID3				Coded Values	Required if initial oxygen therapy & CMN	"119"-test performed, "480"-arterial blood gas, "481"-oxygen saturation
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if initial oxygen therapy & CMN	
2400	DTP03	Oxygen Saturation Test Date	AN35					Required if initial oxygen therapy & CMN	
2400	**DTP**	**Date - Shipped**							
2400	DTP01	Date Time Qualifier	ID3		"011"-Shipped		Literal	Required if shipped	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if shipped	
2400	DTP03	Shipped Date	AN35					Required if shipped	
2400	**DTP**	**Date - Onset of Current Symptom/Illness**							
2400	DTP01	Date Time Qualifier	ID3		"431"-Onset of Current Illness		Literal	Required if <> claim level	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if <> claim level	
2400	DTP03	Onset Date	AN35					Required if <> claim level	
2400	**DTP**	**Date - Last X-ray**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	DTP01	Date Time Qualifier	ID3		"455"-Last X-Ray		Literal	Required if <> claim level	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if <> claim level	
2400	DTP03	Last X-Ray Date	AN35					Required if <> claim level	
2400	**DTP**	**Date - Acute Manifestation**							
2400	DTP01	Date Time Qualifier	ID3		"453"-Acute Manifestation		Literal	Required if <> claim level	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if <> claim level	
2400	DTP03	Acute Manifestation Date	AN35					Required if <> claim level	
2400	**DTP**	**Date - Initial Treatment**							
2400	DTP01	Date Time Qualifier	ID3		"454"-Initial Treatment		Literal	Required if <> claim level	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if <> claim level	
2400	DTP03	Initial Treatment Date	AN35					Required if <> claim level	
2400	**DTP**	**Date - Similar Illness/Symptom Onset**							
2400	DTP01	Date Time Qualifier	ID3		"468"-Similar Illness Onset		Literal	Required if <> claim level	
2400	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if <> claim level	
2400	DTP03	Similar Illness or Symptom Date	AN35					Required if <> claim level	
2400	**MEA**	**Test Result**							
2400	MEA01	Measurement Reference Identification Code	ID2					Required if codes apply	"OG"-starting dosage, "TR"-test results
2400	MEA02	Measurement Qualifier	ID3					Required if codes apply	See Guide for valid values
2400	MEA03	Test Results	R20					Required if codes apply	
2400	**CN1**	**Contract Information**							
2400	CN101	Contract Type Code	ID2					Not required	See Guide for valid values
2400	CN102	Contract Amount	R18					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	CN103	Contract Percentage	R6					Not required	
2400	CN104	Contract Code	AN30					Not required	
2400	CN105	Terms Discount Percentage	R6					Not required	
2400	CN106	Contract Version Identifier	AN30					Not required	
2400	**REF**	**Repriced Line Item Reference Number**							
2400	REF01	Reference Identification Qualifier	ID3		"9B"-Repriced Line Item Reference Number		Literal	Not required	
2400	REF02	Repriced Line Item Reference Number	AN30					Not required	
2400	**REF**	**Adjusted Repriced Line Item Reference Number**							
2400	REF01	Reference Identification Qualifier	ID3		"9D"-Adjusted Repriced Line Item Reference Number		Literal	Not required	
2400	REF02	Adjusted Repriced Line Item Reference Number	AN30					Not required	
2400	**REF**	**Prior Authorization or Referral Number**							
2400	REF01	Reference Identification Qualifier	ID3		"1G"-PA#			Required if <> claim level	9F or G1
2400	REF02	Prior Authorization or Referral Number	AN30	Medical-Claim	LINE-PRIOR-AUTH-NUM	9(9)		Required if <> claim level	
2400	**REF**	**Line Item Control Number**							
2400	REF01	Reference Identification Qualifier	ID3		"6R"-Provider Control Number		Literal	Not required	
2400	REF02	Line Item Control Number	AN30				**Xlate: Store and send back in 835 2110 REF "6R"-provider control number**	Not required	
2400	**REF**	**Mammography Certification Number**							
2400	REF01	Reference Identification Qualifier	ID3		"EW"-Mammography Certification Number		Literal	Required if certified mammog. prov.	
2400	REF02	Mammography Certification Number	AN30					Required if certified mammog. prov.	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	**REF**	**Clinical Laboratory Improvement Amendment (CLIA) Identification**							
2400	REF01	Reference Identification Qualifier	ID3		"X4"-CLIA Number		Literal	Required if <> claim level	
2400	REF02	Clinical Laboratory Improvement Amendment Number	AN30					Required if <> claim level	
2400	**REF**	**Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification**							
2400	REF01	Reference Identification Qualifier	ID3		"F4"-Referring CLIA Number		Literal	Required if Medicare & CLIA lab	
2400	REF02	Referring CLIA Number	AN30					Required if Medicare & CLIA lab	
2400	**REF**	**Immunization Batch Number**							
2400	REF01	Reference Identification Qualifier	ID3		"BT"-Immunization Batch Number		Literal	Not required	
2400	REF02	Immunization Batch Number	AN30					Not required	
2400	**REF**	**Ambulatory Patient Group (APG)**							
2400	REF01	Reference Identification Qualifier	ID3		"1S"-Ambulatory Patient Group N		Literal	Not required	
2400	REF02	Ambulatory Patient Group Number	AN30					Not required	
2400	**REF**	**Oxygen Flow Rate**							
2400	REF01	Reference Identification Qualifier	ID3		"TP"-Oxygen Flow Rate		Literal	Required on oxygen therapy CMN	
2400	REF02	Oxygen Flow Rate	AN30					Required on oxygen therapy CMN	
2400	**REF**	**Universal Product Number (UPN)**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	REF01	Reference Identification Qualifier	ID3					Not required	"OZ"-Univ Prod Code, "VP"-HIBCC vendor product num
2400	REF02	Universal Product Number	AN30					Not required	
2400	**AMT**	**Sales Tax Amount**							
2400	AMT01	Amount Qualifier Code	ID3		"T"-Sales Tax Amount		Literal	Not required	
2400	AMT02	Sales Tax Amount	R18					Not required	
2400	**AMT**	**Approved Amount**							
2400	AMT01	Amount Qualifier Code	ID3		"AAE"-Approved Amount		Literal	Not required	
2400	AMT02	Approved Amount	R18	Medical-Claim	MCARE-ALLOWED-AMT	S9(7)V99		Not required	
2400	**AMT**	**Postage Claimed Amount**							
2400	AMT01	Amount Qualifier Code	ID3		"F4"-Postage Claimed		Literal	Required if postage amount claimed	
2400	AMT02	Postage Claimed Amount	R18					Required if postage amount claimed	
2400	**K 3**	**File Information**							
2400	K 301	Fixed Format Information	AN80					Not required	
2400	**NTE**	**Line Note**							
2400	NTE01	Note Reference Code	ID3					Required if "not otherwise classified" procedure	see valid values in Impl.Gde, e.g., "ADD"-Additional Information
2400	NTE02	Line Note Text	AN80				**DDE has line level comment? Needed here?**	Required if "not otherwise classified" procedure	
2400	**PS1**	**Purchased Service Information**							
2400	PS101	Purchased Service Provider Identifier	AN30					Not required	
2400	PS102	Purchased Service Charge Amount	R18					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	**HSD**	**Health Care Services Delivery**							"<HSD02-qty> <HSD01-unit> per every <HSD04-#period> <HSD03-period> for <HSD06-#durations><HSD05-durations>"
2400	HSD01	Visits	ID2		"VS"-Visits		Literal	Not required	DY-days, FI-units, HS-hours, MN-months, VS-visits
2400	HSD02	Number of Visits	R15					Not required	<service quantity>
2400	HSD03	Frequency Period	ID2					Not required	DA-days, MO-months, WK-weeks
2400	HSD04	Frequency Count	R6					Not required	<delivery period>
2400	HSD05	Duration of Visits Units	ID2					Not required	See Guide for valid values
2400	HSD06	Duration of Visits, Number of Units	N03					Not required	<duration>
2400	HSD07	Ship, Delivery or Calendar Pattern Code	ID2					Not required	See Guide for valid values
2400	HSD08	Delivery Pattern Time Code	ID1					Not required	See Guide for valid values
2400	**HCP**	**Line Pricing/Repricing Information**							
2400	HCP01	Pricing Methodology	ID2					Not required	See Guide for valid values
2400	HCP02	Repriced Allowed Amount	R18					Not required	
2400	HCP03	Repriced Saving Amount	R18					Not required	
2400	HCP04	Repricing Organization Identifier	AN30					Not required	
2400	HCP05	Repricing Per Diem or Flat Rate Amount	R9					Not required	
2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN30					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	R18					Not required	
2400	HCP09	Product or Service ID Qualifier	ID2					Not required	See Guide for valid values
2400	HCP10	Procedure Code	AN48					Not required	
2400	HCP11	Unit or Basis for Measurement Code	ID2					Not required	See Guide for valid values
2400	HCP12	Repriced Approved Service Unit Count	R15					Not required	
2400	HCP13	Reject Reason Code	ID2					Not required	See Guide for valid values
2400	HCP14	Policy Compliance Code	ID2					Not required	See Guide for valid values
2400	HCP15	Exception Code	ID2					Not required	See Guide for valid values
2410	**LIN**	**Drug Identification**							
2410	LIN02	Product/Service ID Qualifier	ID2		"N4"-National Drug Code		Literal	Not required	
2410	LIN03	National Drug Code	AN48	Medical-Claim	NDC-UPN-CODE	X(12)		Not required	
2410	**CTP**	**Drug Pricing**							
2410	CTP03	Drug Unit Price	R17					Not required	
2410	CTP04	National Drug Unit Count	R15					Not required	
2410	CTP05	Unit/Basis of Measurement					External Code Set	Not required	See Guide for valid values
2410	CTP05-1	Code qualifier	ID2					Not required	See Guide for valid values
2410	**REF**	**Prescription Number**							
2410	REF01	Code Qualifier	ID3					Required if drug has Rx #	
2410	REF02	Prescription Number	AN30					Required if drug has Rx #	
2420A	**NM1**	**Rendering Provider Name**							
2420A	NM101	Entity Identifier Code	ID3		"82"-Rendering		Literal	Required if <> claim level	
2420A	NM102	Entity Type Qualifier	ID1					Required if <> claim level	1-person, 2-org
2420A	NM103	Rendering Provider Last or Organization Name	AN35					Required if <> claim level	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2420A	NM104	Rendering Provider First Name	AN25					Required if a person	
2420A	NM105	Rendering Provider Middle Name	AN25					Not required	
2420A	NM107	Rendering Provider Name Suffix	AN10					Not required	
2420A	NM108	Identification Code Qualifier	ID2					Required if <> claim level	"24"-EIN, "34"-SSN, "XX"-NPI (future)
2420A	NM109	Rendering Provider Identifier	AN80					Required if <> claim level	
2420A	**PRV**	**Rendering Provider Specialty Information**							
2420A	PRV01	Provider Code	ID3		"PE"-Rendering		Literal	Not required	
2420A	PRV02	Reference Identification Qualifier	ID3		"ZZ"-Provider Taxonomy		Literal	Not required	
2420A	PRV03	Provider Taxonomy Code	AN30					Not required	
2420A	**REF**	**Rendering Provider Secondary Identification**							
2420A	REF01	Reference Identification Qualifier	ID3		1D = Medicaid number			Not required	see valid values in Impl.Gde, e.g., "N5"-Plan's ID for Provider
2420A	REF02	Rendering Provider Secondary Identifier	AN30	Medical-Claim	PERFORMING-PROV-NUM	9(10)	**Need to add Rendering at line level**	Not required	
2420B	**NM1**	**Purchased Service Provider Name**							
2420B	NM101	Entity Identifier Code	ID3		"QB"-Purchased Service Provider		Literal	Required if purchased services	
2420B	NM102	Entity Type Qualifier	ID1					Required if purchased services	1-person, 2-org
2420B	NM108	Identification Code Qualifier	ID2					Not required	"24"-EIN, "34"-SSN, "XX"-NPI (future)
2420B	NM109	Purchased Service Provider Identifier	AN80					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2420B	**REF**	**Purchased Service Provider Secondary Identification**							
2420B	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2420B	REF02	Purchased Service Provider Secondary Identifier	AN30					Not required	
2420C	**NM1**	**Service Facility Location**							
2420C	NM101	Entity Identifier Code	ID3					Required if <> claim level	See Guide for valid values
2420C	NM102	Entity Type Qualifier	ID1		"2"-Non-Person			Required if <> claim level	
2420C	NM103	Laboratory or Facility Name	AN35					Not required	
2420C	NM108	Identification Code Qualifier	ID2					Not required	24-EIN, 34-SSN, XX-NPI (future)
2420C	NM109	Laboratory or Facility Primary Identifier	AN80					Not required	
2420C	**N3**	**Service Facility Location Address**							
2420C	N301	Laboratory or Facility Address Line	AN55					Required if <> claim level	
2420C	N302	Laboratory or Facility Address Line	AN55					Not required	
2420C	**N4**	**Service Facility Location City/State/ZIP**							
2420C	N401	Laboratory or Facility City Name	AN30					Required if <> claim level	
2420C	N402	Laboratory or Facility State or Province Code	ID2					Required if <> claim level	
2420C	N403	Laboratory or Facility Postal Zone or ZIP Code	ID15					Required if <> claim level	
2420C	N404	Country Code	ID3					Required if outside U.S.	
2420C	**REF**	**Service Facility Location Secondary Identification**							
2420C	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2420C	REF02	Service Facility Location Secondary Identifier	AN30					Not required	

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2420D	**NM1**	**Supervising Provider Name**							
2420D	NM101	Entity Identifier Code	ID3		"DQ"-Supervising Provider		Literal	hard code if <> claim level	
2420D	NM102	Entity Type Qualifier	ID1					hard code if <> claim level	1-person, 2-org
2420D	NM103	Supervising Provider Last Name	AN35					hard code if <> claim level	
2420D	NM104	Supervising Provider First Name	AN25					hard code if <> claim level	
2420D	NM105	Supervising Provider Middle Name	AN25					Not required	
2420D	NM107	Supervising Provider Name Suffix	AN10					Not required	
2420D	NM108	Identification Code Qualifier	ID2					Not required	24-EIN, 34-SSN, XX-NPI (future)
2420D	NM109	Supervising Provider Identifier	AN80					Not required	
2420D	**REF**	**Supervising Provider Secondary Identification**							
2420D	REF01	Reference Identification Qualifier	ID3				Coded Values	Not required	See Guide for valid values
2420D	REF02	Supervising Provider Secondary Identifier	AN30					Not required	
2420E	**NM1**	**Ordering Provider Name**							
2420E	NM101	Entity Identifier Code	ID3		"DK"-Ordering Provider		Literal	Required if <> claim level	
2420E	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Required if <> claim level	
2420E	NM103	Ordering Provider Last Name	AN35					Required if <> claim level	
2420E	NM104	Ordering Provider First Name	AN25					Required if <> claim level	
2420E	NM105	Ordering Provider Middle Name	AN25					Not required	
2420E	NM107	Ordering Provider Name Suffix	AN10					Not required	
2420E	NM108	Identification Code Qualifier	ID2					Not required	24-EIN, 34-SSN, XX-NPI (future)
2420E	NM109	Ordering Provider Identifier	AN80					Not required	
2420E	**N3**	**Ordering Provider Address**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2420E	N301	Ordering Provider Address Line	AN55					Required if Medicare DMERC CNM	
2420E	N302	Ordering Provider Address Line	AN55					Not required	
2420E	**N4**	**Ordering Provider City/State/ZIP Code**							
2420E	N401	Ordering Provider City Name	AN30					Required if Medicare DMERC CNM	
2420E	N402	Ordering Provider State Code	ID2					Required if Medicare DMERC CNM	
2420E	N403	Ordering Provider Postal Zone or ZIP Code	ID15					Required if Medicare DMERC CNM	
2420E	N404	Country Code	ID3					Required if outside U.S.	
2420E	**REF**	**Ordering Provider Secondary Identification**							
2420E	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2420E	REF02	Ordering Provider Secondary Identifier	AN30					Not required	
2420E	**PER**	**Ordering Provider Contact Information**							
2420E	PER01	Contact Function Code	ID2		"IC"-Information Contact		Literal	Not required	
2420E	PER02	Ordering Provider Contact Name	AN60					Not required	
2420E	PER03	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2420E	PER04	Communication Number	AN80					Not required	
2420E	PER05	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2420E	PER06	Communication Number	AN80					Not required	
2420E	PER07	Communication Number Qualifier	ID2					Not required	See Guide for valid values
2420E	PER08	Communication Number	AN80					Not required	
2420F	**NM1**	**Referring Provider Name**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2420F	NM101	Entity Identifier Code	ID3		"DN"-Referring Provider		Literal	Required if <> claim level	"DN"-Referring Provider (1st occur.), "P3"-PCP (2nd occur.)
2420F	NM102	Entity Type Qualifier	ID1		"1"-Person		Literal	Required if <> claim level	
2420F	NM103	Referring Provider Last Name	AN35					Required if <> claim level	
2420F	NM104	Referring Provider First Name	AN25					Required if <> claim level	
2420F	NM105	Referring Provider Middle Name	AN25					Not required	
2420F	NM107	Referring Provider Name Suffix	AN10					Not required	
2420F	NM108	Identification Code Qualifier	ID2					Not required	24-EIN, 34-SSN, XX-NPI (future)
2420F	NM109	Referring Provider Identifier	AN80					Not required	
2420F	**PRV**	**Referring Provider Specialty Information**							
2420F	PRV01	Provider Code	ID3		"RF"-Referring Provider		Literal	Not required	
2420F	PRV02	Reference Identification Qualifier	ID3					Not required	
2420F	PRV03	Provider Taxonomy Code	AN30					Not required	
2420F	**REF**	**Referring Provider Secondary Identification**							
2420F	REF01	Reference Identification Qualifier	ID3		1D = Medicaid number			Not required	See Guide for valid values
2420F	REF02	Referring Provider Secondary Identifier	AN30				**Need to add Referring at line level**	Not required	
2420G	**NM1**	**Other Payer Prior Authorization or Referral Number**							
2420G	NM101	Entity Identifier Code	ID3		"PR"-Payer		Literal	Not required	
2420G	NM102	Entity Type Qualifier	ID1		"2"-Non-Person		Literal	Not required	
2420G	NM103	Payer Name	AN35					Not required	
2420G	NM108	Identification Code Qualifier	ID2					Not required	"PI"-Payer ID, "XV"-PlanID (future)

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2420G	NM109	Other Payer Identification Number	AN80					Not required	
2420G	**REF**	**Other Payer Prior Authorization or Referral Number**							
2420G	REF01	Reference Identification Qualifier	ID3					Not required	See Guide for valid values
2420G	REF02	Other Payer Prior Authorization or Referral Number	AN30					Not required	
2430	**SVD**	**Line Adjudication Information**							
2430	SVD01	Other Payer Primary Identifier	AN80					Required if other payer did service line adjustments	
2430	SVD02	Service Line Paid Amount	R18	Medical-Claim	TPL-LINE-AMOUNT	S9(9)V99		Required if other payer did service line adjustments	
2430	SVD03	Composite Medical Procedure Identifier							
2430	SVD03-1	Product or Service ID Qualifier	ID2		<Store from prior payer 835>			Required if other payer did service line adjustments	"HC"-HCPCS, "ZZ"-state codes
2430	SVD03-2	Procedure Code	AN48					Required if other payer did service line adjustments	
2430	SVD03-3	Procedure Modifier	AN2					Not required	
2430	SVD03-4	Procedure Modifier	AN2					Not required	
2430	SVD03-5	Procedure Modifier	AN2					Not required	
2430	SVD03-6	Procedure Modifier	AN2					Not required	
2430	SVD03-7	Procedure Code Description	AN80					Not required	
2430	SVD05	Paid Service Unit Count	R15					Required if other payer did service line adjustments	
2430	SVD06	Bundled Line Number	N06					Required if payer bundled this service line	
2430	**CAS**	**Line Adjustment**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2430	CAS01	Claim Adjustment Group Code	ID2		<Derive from CAS02>		Derive	Required if 835 from prior payer with service adjusts	CO-Contractual, "CR"-Correction, "OA"-Other, "PI"-Payor Reduction, "PR"-Patient Responsibility
2430	CAS02	Adjustment Reason Code	ID5	TPL rec	ADJUST-PAY-REASON	X(5)		Required if other payer did service line adjustments	
2430	CAS03	Adjustment Amount	R18	TPL rec	ADJUST-DOLLARS	S9(9)V99		Required if other payer did service line adjustments	
2430	CAS04	Adjustment Quantity	R15	TPL rec	ADJUST-UNITS	S9(6)		Not required	
2430	CAS05	Adjustment Reason Code	ID5	TPL rec	ADJUST-PAY-REASON	X(5)		Not required	
2430	CAS06	Adjustment Amount	R18	TPL rec	ADJUST-DOLLARS	S9(9)V99		Not required	
2430	CAS07	Adjustment Quantity	R15	TPL rec	ADJUST-UNITS	S9(6)		Not required	
2430	CAS08	Adjustment Reason Code	ID5	TPL rec	ADJUST-PAY-REASON	X(5)		Not required	
2430	CAS09	Adjustment Amount	R18	TPL rec	ADJUST-DOLLARS	S9(9)V99		Not required	
2430	CAS10	Adjustment Quantity	R15	TPL rec	ADJUST-UNITS	S9(6)		Not required	
2430	CAS11	Adjustment Reason Code	ID5	TPL rec	ADJUST-PAY-REASON	X(5)		Not required	
2430	CAS12	Adjustment Amount	R18	TPL rec	ADJUST-DOLLARS	S9(9)V99		Not required	
2430	CAS13	Adjustment Quantity	R15	TPL rec	ADJUST-UNITS	S9(6)		Not required	
2430	CAS14	Adjustment Reason Code	ID5	TPL rec	ADJUST-PAY-REASON	X(5)		Not required	
2430	CAS15	Adjustment Amount	R18	TPL rec	ADJUST-DOLLARS	S9(9)V99		Not required	
2430	CAS16	Adjustment Quantity	R15	TPL rec	ADJUST-UNITS	S9(6)		Not required	
2430	CAS17	Adjustment Reason Code	ID5	TPL rec	ADJUST-PAY-REASON	X(5)		Not required	
2430	CAS18	Adjustment Amount	R18	TPL rec	ADJUST-DOLLARS	S9(9)V99		Not required	
2430	CAS19	Adjustment Quantity	R15	TPL rec	ADJUST-UNITS	S9(6)		Not required	
2430	**DTP**	**Line Adjudication Date**							

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
2430	DTP01	Date Time Qualifier	ID3		"573"- Adjudication Date		Literal	Required if other payer did service line adjustments	
2430	DTP02	Date Time Period Format Qualifier	ID3		"D8"-CCYYMMDD		Literal	Required if other payer did service line adjustments	
2430	DTP03	Adjudication or Payment Date	AN35	Medical-Claim	DATE-PAID-BY-MCARE	S9(5)		Required if other payer did service line adjustments	
2440	**LQ**	**Form Identification Code**							**One LQ for each supporting form, up to 5**
2440	LQ01	Code List Qualifier Code	ID3					Not required	"UT"-DMERC CMN, "AS"-home health
2440	LQ02	Form Identifier	AN30					Not required	
2440	**FRM**	**Supporting Documentation**							**One FRM for every field/question on form**
2440	FRM01	Question Number/Letter	AN20					Not required	
2440	FRM02	Question Response	ID1					Not required	See Guide for valid values
2440	FRM03	Question Response	AN30					Not required	
2440	FRM04	Question Response	DT8					Not required	
2440	FRM05	Question Response	R6					Not required	
Trailer	**SE**	**Transaction Set Trailer**							
Trailer	SE01	Transaction Segment Count	N10		<Derive number of segs in tx>		Derive	Required	count number of segments in trans
Trailer	SE02	Transaction Set Control Number	AN9		<Derive: same as ST02>		Derive	Required	same as ST02
Trailer	**GE**	**Functional Group Trailer**							
Trailer	GE01	Number of Transaction Sets Included	N6		"1"-one tx in group		Derive	Required	Count number of transactions in gorup
Trailer	GE02	Group Control Number	N9		<Derive: same as GS06>		Derive	Required	Unique ID for each GS/GE from this sender

Loop	Seg-ment	HIPAA Name	Data Type	Legacy Record	Legacy Field / Literal	Data Type	Comment / Gap	HIPAA Requirement	HIPAA Content
Trailer	**IEA**	**Interchange Control Trailer**							
Trailer	IEA01	Number of Included Functional Groups	N5		"1"-one func group in interchange		Derive	Required	
Trailer	IEA02	Interchange Control Number	N9		<Derive: same as ISA13>		Derive	Required	Unique ID for each ISA/IEA from this sender

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