REPORT - HIPAA 837P to CSDB

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Professional						CSDB wants only certain claim level data from 837. Only 837P is mapped since 837I and 837D would be the same for these fields (but 837D doesn't have diagnoses).	Translation
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R					
	ST 02	Transaction Set Control Number	AN9	R					
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT01	Hierarchical Structure Code	ID4	R					
	BHT02	Transaction Set Purpose Code	ID2	R					
	BHT03	Originator Application Transaction Identifier	AN30	R					
	BHT04	Transaction Set Creation Date	DT8	R					
	BHT05	Transaction Set Creation Time	TM8	R					
	BHT06	Claim or Encounter Identifier	ID2	R					
	REF	**Transmission Type Identification**		**R**					
	REF01	Reference Identification Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
	REF02	Transmission Type Code	AN30	R					
1000A	***NM1***	***Submitter Name***		***R***					
1000A	**NM1**	**Submitter Name**		**R**					
1000A	NM101	Entity Identifier Code	ID3	R					
1000A	NM102	Entity Type Qualifier	ID1	R					
1000A	NM103	Submitter Last or Organization Name	AN35	R					
1000A	NM104	Submitter First Name	AN25	S					
1000A	NM105	Submitter Middle Name	AN25	S					
1000A	NM108	Identification Code Qualifier	ID2	R					
1000A	NM109	Submitter Identifier	AN80	R					
1000A	**N 2**	**Additional Submitter Name Information**		**S**					
1000A	N 201	Additional Submitter Name	AN60	R					
1000A	**PER**	**Submitter EDI Contact Information**		**R**					
1000A	PER01	Contact Function Code	ID2	R					
1000A	PER02	Submitter Contact Name	AN60	R					
1000A	PER03	Communication Number Qualifier	ID2	R					
1000A	PER04	Communication Number	AN80	R					
1000A	PER05	Communication Number Qualifier	ID2	S					
1000A	PER06	Communication Number	AN80	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	PER07	Communication Number Qualifier	ID2	S					
1000A	PER08	Communication Number	AN80	S					
1000B	***NM1***	***Receiver Name***		***R***					
1000B	**NM1**	**Receiver Name**		**R**					
1000B	NM101	Entity Identifier Code	ID3	R					
1000B	NM102	Entity Type Qualifier	ID1	R					
1000B	NM103	Receiver Name	AN35	R					
1000B	NM108	Identification Code Qualifier	ID2	R					
1000B	NM109	Receiver Primary Identifier	AN80	R					
1000B	**N 2**	**Receiver Additional Name Information**		**S**					
1000B	N 201	Receiver Additional Name	AN60	R					
2000A	***HL***	***Billing/Pay-to Provider Hierarchical Level***		***R***					
2000A	**HL**	**Billing/Pay-to Provider Hierarchical Level**		**R**					
2000A	HL 01	Hierarchical ID Number	AN12	R					
2000A	HL 03	Hierarchical Level Code	ID2	R					
2000A	HL 04	Hierarchical Child Code	ID1	R					
2000A	**PRV**	**Billing/Pay-to Provider Specialty Information**		**S**					
2000A	PRV01	Provider Code	ID3	R					
2000A	PRV02	Reference Identification Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	PRV03	Provider Taxonomy Code	AN30	R				Use this prov specialty, if rendering prov is omitted.	Translation
2000A	**CUR**	**Foreign Currency Information**		**S**					
2000A	CUR01	Entity Identifier Code	ID3	R					
2000A	CUR02	Currency Code	ID3	R					
2010AA	***NM1***	***Billing Provider Name***		***R***					
2010AA	**NM1**	**Billing Provider Name**		**R**					
2010AA	NM101	Entity Identifier Code	ID3	R					
2010AA	NM102	Entity Type Qualifier	ID1	R					
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	R					
2010AA	NM104	Billing Provider First Name	AN25	S					
2010AA	NM105	Billing Provider Middle Name	AN25	S					
2010AA	NM107	Billing Provider Name Suffix	AN10	S					
2010AA	NM108	Identification Code Qualifier	ID2	R					
2010AA	NM109	Billing Provider Identifier	AN80	R				Use billing prov ID if rendering prov and pay-to prov are omitted.	Translation
2010AA	**N 2**	**Additional Billing Provider Name Information**		**S**					
2010AA	N 201	Billing Provider Additional Name	AN60	R					
2010AA	**N 3**	**Billing Provider Address**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	N 301	Billing Provider Address Line	AN55	R					
2010AA	N 302	Billing Provider Address Line	AN55	S					
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**					
2010AA	N 401	Billing Provider City Name	AN30	R					
2010AA	N 402	Billing Provider State or Province Code	ID2	R					
2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R					
2010AA	N 404	Country Code	ID3	S					
2010AA	**REF**	**Billing Provider Secondary Identification**		**S**					
2010AA	REF01	Reference Identification Qualifier	ID3	R					
2010AA	REF02	Billing Provider Additional Identifier	AN30	R					
2010AA	**REF**	**Credit/Debit Card Billing Information**		**S**					
2010AA	REF01	Reference Identification Qualifier	ID3	R					
2010AA	REF02	Billing Provider Credit Card Identifier	AN30	R					
2010AA	**PER**	**Billing Provider Contact Information**		**S**					
2010AA	PER01	Contact Function Code	ID2	R					
2010AA	PER02	Billing Provider Contact Name	AN60	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	PER03	Communication Number Qualifier	ID2	R					
2010AA	PER04	Communication Number	AN80	R					
2010AA	PER05	Communication Number Qualifier	ID2	S					
2010AA	PER06	Communication Number	AN80	S					
2010AA	PER07	Communication Number Qualifier	ID2	S					
2010AA	PER08	Communication Number	AN80	S					
2010AB	***NM1***	***Pay-to Provider Name***		***S***					
2010AB	**NM1**	**Pay-to Provider Name**		**S**					
2010AB	NM101	Entity Identifier Code	ID3	R					
2010AB	NM102	Entity Type Qualifier	ID1	R					
2010AB	NM103	Pay-to Provider Last or Organizational Name	AN35	R					
2010AB	NM104	Pay-to Provider First Name	AN25	S					
2010AB	NM105	Pay-to Provider Middle Name	AN25	S					
2010AB	NM107	Pay-to Provider Name Suffix	AN10	S					
2010AB	NM108	Identification Code Qualifier	ID2	R					
2010AB	NM109	Pay-to Provider Identifier	AN80	R				Use pay-to prov with patient account number for provider's claim ID, to link to 835 remittance data.	Translation
2010AB	**N 2**	**Additional Pay-to Provider Name Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AB	N 201	Pay-to Provider Additional Name	AN60	R					
2010AB	**N 3**	**Pay-to Provider Address**		**R**					
2010AB	N 301	Pay-to Provider Address Line	AN55	R					
2010AB	N 302	Pay-to Provider Address Line	AN55	S					
2010AB	**N 4**	**Pay-to Provider City/State/ZIP Code**		**R**					
2010AB	N 401	Pay-to Provider City Name	AN30	R					
2010AB	N 402	Pay-to Provider State Code	ID2	R					
2010AB	N 403	Pay-to Provider Postal Zone or ZIP Code	ID15	R					
2010AB	N 404	Country Code	ID3	S					
2010AB	**REF**	**Pay-to-Provider Secondary Identification**		**S**					
2010AB	REF01	Reference Identification Qualifier	ID3	R					
2010AB	REF02	Pay-to Provider Identifier	AN30	R					
2000B	***HL***	***Subscriber Hierarchical Level***		***R***					
2000B	**HL**	**Subscriber Hierarchical Level**		**R**					
2000B	HL 01	Hierarchical ID Number	AN12	R					
2000B	HL 02	Hierarchical Parent ID Number	AN12	S					
2000B	HL 03	Hierarchical Level Code	ID2	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000B	HL 04	Hierarchical Child Code	ID1	R					
2000B	**SBR**	**Subscriber Information**		**R**					
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1	R					
2000B	SBR02	Individual Relationship Code	ID2	S					
2000B	SBR03	Insured Group or Policy Number	AN30	S					
2000B	SBR04	Insured Group Name	AN60	S					
2000B	SBR05	Insurance Type Code	ID3	S					
2000B	SBR09	Claim Filing Indicator Code	ID2	S					
2000B	**PAT**	**Patient Information**		**S**					
2000B	PAT05	Date Time Period Format Qualifier	ID3	S					
2000B	PAT06	Insured Individual Death Date	AN35	S					
2000B	PAT07	Unit or Basis for Measurement Code	ID2	S					
2000B	PAT08	Patient Weight	R10	S					
2000B	PAT09	Pregnancy Indicator	ID1	S					
2010BA	***NM1***	***Subscriber Name***		***R***					
2010BA	**NM1**	**Subscriber Name**		**R**					
2010BA	NM101	Entity Identifier Code	ID3	R					
2010BA	NM102	Entity Type Qualifier	ID1	R					
2010BA	NM103	Subscriber Last Name	AN35	R					
2010BA	NM104	Subscriber First Name	AN25	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	NM105	Subscriber Middle Name	AN25	S					
2010BA	NM107	Subscriber Name Suffix	AN10	S					
2010BA	NM108	Identification Code Qualifier	ID2	S	CSDB	ALTERNATE ID TYPE	A(2)	Send "13"-MMIS PIC code	Translation
2010BA	NM109	Subscriber Primary Identifier	AN80	S	CSDB	ALTERNATE ID VALUE	A(50)		
2010BA	**N 2**	**Additional Subscriber Name Information**		**S**					
2010BA	N 201	Subscriber Supplemental Description	AN60	R					
2010BA	**N 3**	**Subscriber Address**		**S**					
2010BA	N 301	Subscriber Address Line	AN55	R					
2010BA	N 302	Subscriber Address Line	AN55	S					
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		**S**					
2010BA	N 401	Subscriber City Name	AN30	R					
2010BA	N 402	Subscriber State Code	ID2	R					
2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15	R					
2010BA	N 404	Country Code	ID3	S					
2010BA	**DMG**	**Subscriber Demographic Information**		**S**					
2010BA	DMG01	Date Time Period Format Qualifier	ID3	R					
2010BA	DMG02	Subscriber Birth Date	AN35	R	CSDB	DATE OF BIRTH	N(8)		
2010BA	DMG03	Subscriber Gender Code	ID1	R	CSDB	GENDER	A(1)		

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	**REF**	**Subscriber Secondary Identification**		**S**					
2010BA	REF01	Reference Identification Qualifier	ID3	R	CSDB	ALTERNATE ID TYPE	A(2)	Send "15"-ACES client ID	Translation
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R	CSDB	ALTERNATE ID VALUE	A(50)		
2010BA	**REF**	**Property and Casualty Claim Number**		**S**					
2010BA	REF01	Reference Identification Qualifier	ID3	R					
2010BA	REF02	Property Casualty Claim Number	AN30	R					
2010BB	***NM1***	***Payer Name***		***R***					
2010BB	**NM1**	**Payer Name**		**R**					
2010BB	NM101	Entity Identifier Code	ID3	R					
2010BB	NM102	Entity Type Qualifier	ID1	R					
2010BB	NM103	Payer Name	AN35	R					
2010BB	NM108	Identification Code Qualifier	ID2	R					
2010BB	NM109	Payer Identifier	AN80	R					
2010BB	**N 2**	**Additional Payer Name Information**		**S**					
2010BB	N 201	Payer Additional Name	AN60	R					
2010BB	**N 3**	**Payer Address**		**S**					
2010BB	N 301	Payer Address Line	AN55	R					
2010BB	N 302	Payer Address Line	AN55	S					
2010BB	**N 4**	**Payer City/State/ZIP Code**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BB	N 401	Payer City Name	AN30	R					
2010BB	N 402	Payer State Code	ID2	R					
2010BB	N 403	Payer Postal Zone or ZIP Code	ID15	R					
2010BB	N 404	Country Code	ID3	S					
2010BB	**REF**	**Payer Secondary Identification**		**S**					
2010BB	REF01	Reference Identification Qualifier	ID3	R					
2010BB	REF02	Payer Additional Identifier	AN30	R					
2010BC	***NM1***	***Responsible Party Name***		***S***					
2010BC	**NM1**	**Responsible Party Name**		**S**					
2010BC	NM101	Entity Identifier Code	ID3	R					
2010BC	NM102	Entity Type Qualifier	ID1	R					
2010BC	NM103	Responsible Party Last or Organization Name	AN35	R					
2010BC	NM104	Responsible Party First Name	AN25	S					
2010BC	NM105	Responsible Party Middle Name	AN25	S					
2010BC	NM107	Responsible Party Suffix Name	AN10	S					
2010BC	**N 2**	**Additional Responsible Party Name Information**		**S**					
2010BC	N 201	Responsible Party Additional Name	AN60	R					
2010BC	**N 3**	**Responsible Party Address**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BC	N 301	Responsible Party Address Line	AN55	R					
2010BC	N 302	Responsible Party Address Line	AN55	S					
2010BC	**N 4**	**Responsible Party City/State/ZIP Code**		**R**					
2010BC	N 401	Responsible Party City Name	AN30	R					
2010BC	N 402	Responsible Party State Code	ID2	R					
2010BC	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R					
2010BC	N 404	Country Code	ID3	S					
2010BD	***NM1***	***Credit/Debit Card Holder Name***		***S***					
2010BD	**NM1**	**Credit/Debit Card Holder Name**		**S**					
2010BD	NM101	Entity Identifier Code	ID3	R					
2010BD	NM102	Entity Type Qualifier	ID1	R					
2010BD	NM103	Credit or Debit Card Holder Last or Organizational Name	AN35	R					
2010BD	NM104	Credit or Debit Card Holder First Name	AN25	S					
2010BD	NM105	Credit or Debit Card Holder Middle Name	AN25	S					
2010BD	NM107	Credit or Debit Card Holder Name Suffix	AN10	S					
2010BD	NM108	Identification Code Qualifier	ID2	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BD	NM109	Credit or Debit Card Number	AN80	R					
2010BD	**N 2**	**Additional Credit/Debit Card Holder Name Information**		**S**					
2010BD	N 201	Credit or Debit Card Holder Additional Name	AN60	R					
2010BD	**REF**	**Credit/Debit Card Information**		**S**					
2010BD	REF01	Reference Identification Qualifier	ID3	R					
2010BD	REF02	Credit or Debit Card Authorization Number	AN30	R					
2000C	***HL***	***Patient Hierarchical Level***		***S***					
2000C	**HL**	**Patient Hierarchical Level**		**S**					
2000C	HL 01	Hierarchical ID Number	AN12	R					
2000C	HL 02	Hierarchical Parent ID Number	AN12	S					
2000C	HL 03	Hierarchical Level Code	ID2	R					
2000C	HL 04	Hierarchical Child Code	ID1	R					
2000C	**PAT**	**Patient Information**		**R**					
2000C	PAT01	Individual Relationship Code	ID2	R					
2000C	PAT05	Date Time Period Format Qualifier	ID3	S					
2000C	PAT06	Patient Death Date	AN35	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	PAT07	Unit or Basis for Measurement Code	ID2	S					
2000C	PAT08	Patient Weight	R10	S					
2000C	PAT09	Pregnancy Indicator	ID1	S					
2010CA	***NM1***	***Patient Name***		***R***					
2010CA	**NM1**	**Patient Name**		**R**					
2010CA	NM101	Entity Identifier Code	ID3	R					
2010CA	NM102	Entity Type Qualifier	ID1	R					
2010CA	NM103	Patient Last Name	AN35	R					
2010CA	NM104	Patient First Name	AN25	R					
2010CA	NM105	Patient Middle Name	AN25	S					
2010CA	NM107	Patient Name Suffix	AN10	S					
2010CA	NM108	Identification Code Qualifier	ID2	S					
2010CA	NM109	Patient Primary Identifier	AN80	S					
2010CA	**N 2**	**Additional Patient Name Information**		**S**					
2010CA	N 201	Patient Additional Name	AN60	R					
2010CA	**N 3**	**Patient Address**		**R**					
2010CA	N 301	Patient Address Line	AN55	R					
2010CA	N 302	Patient Address Line	AN55	S					
2010CA	**N 4**	**Patient City/State/ZIP Code**		**R**					
2010CA	N 401	Patient City Name	AN30	R					
2010CA	N 402	Patient State Code	ID2	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010CA	N 403	Patient Postal Zone or ZIP Code	ID15	R					
2010CA	N 404	Country Code	ID3	S					
2010CA	**DMG**	**Patient Demographic Information**		**R**					
2010CA	DMG01	Date Time Period Format Qualifier	ID3	R					
2010CA	DMG02	Patient Birth Date	AN35	R					
2010CA	DMG03	Patient Gender Code	ID1	R					
2010CA	**REF**	**Patient Secondary Identification**		**S**					
2010CA	REF01	Reference Identification Qualifier	ID3	R					
2010CA	REF02	Patient Secondary Identifier	AN30	R					
2010CA	**REF**	**Property and Casualty Claim Number**		**S**					
2010CA	REF01	Reference Identification Qualifier	ID3	R					
2010CA	REF02	Property Casualty Claim Number	AN30	R					
2300	***CLM***	***Claim Information***		***R***					
2300	**CLM**	**Claim Information**		**R**					
2300	CLM01	Patient Account Number	AN38	R	CSDB	ALTERNATE ID VALUE	A(50)	This, combined with provider ID, is prov's claim ID. Need "alternate ID type" for patient account number.	Translation
2300	CLM02	Total Claim Charge Amount	R18	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CLM05	Health Care Service Location Information		R					
2300	CLM05	Facility Type Code	AN2	R					
2300	CLM05	Claim Frequency Code	ID1	R					
2300	CLM06	Provider or Supplier Signature Indicator	ID1	R					
2300	CLM07	Medicare Assignment Code	ID1	R					
2300	CLM08	Benefits Assignment Certification Indicator	ID1	R					
2300	CLM09	Release of Information Code	ID1	R					
2300	CLM10	Patient Signature Source Code	ID1	S					
2300	CLM11	Related Causes Information		S					
2300	CLM11	Related Causes Code	ID3	R					
2300	CLM11	Related Causes Code	ID3	S					
2300	CLM11	Related Causes Code	ID3	S					
2300	CLM11	Auto Accident State or Province Code	ID2	S					
2300	CLM11	Country Code	ID3	S					
2300	CLM12	Special Program Indicator	ID3	S				This indicates EPSDT, ITA, or blind.	Translation
2300	CLM16	Participation Agreement	ID1	S					
2300	CLM20	Delay Reason Code	ID2	S					
2300	**DTP**	**Date - Order Date**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Order Date	AN35	R					
2300	**DTP**	**Date - Initial Treatment**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Initial Treatment Date	AN35	R					
2300	**DTP**	**Date - Referral Date**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Referral Date	AN35	R					
2300	**DTP**	**Date - Date Last Seen**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Last Seen Date	AN35	R					
2300	**DTP**	**Date - Onset of Current Illness/Symptom**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Onset of Current Illness or Injury Date	AN35	R					
2300	**DTP**	**Date - Acute Manifestation**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Acute Manifestation Date	AN35	R					
2300	**DTP**	**Date - Similar Illness/Symptom Onset**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Similar Illness or Symptom Date	AN35	R					
2300	**DTP**	**Date - Accident**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Accident Date	AN35	R					
2300	**DTP**	**Date - Last Menstrual Period**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Last Menstrual Period Date	AN35	R					
2300	**DTP**	**Date - Last X-ray**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Last X-Ray Date	AN35	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**DTP**	**Date - Estimated Date of Birth**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Estimated Birth Date	AN35	R					
2300	**DTP**	**Date - Hearing and Vision Prescription Date**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Prescription Date	AN35	R					
2300	**DTP**	**Date - Disability Begin**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Disability From Date	AN35	R					
2300	**DTP**	**Date - Disability End**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Disability To Date	AN35	R					
2300	**DTP**	**Date - Last Worked**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Last Worked Date	AN35	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**DTP**	**Date - Authorized Return to Work**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Work Return Date	AN35	R					
2300	**DTP**	**Date - Admission**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Related Hospitalization Admission Date	AN35	R					
2300	**DTP**	**Date - Discharge**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Related Hospitalization Discharge Date	AN35	R					
2300	**DTP**	**Date - Assumed and Relinquished Care Dates**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R					
2300	DTP02	Date Time Period Format Qualifier	ID3	R					
2300	DTP03	Assumed or Relinquished Care Date	AN35	R					
2300	**PWK**	**Claim Supplemental Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	PWK01	Attachment Report Type Code	ID2	R					
2300	PWK02	Attachment Transmission Code	ID2	R					
2300	PWK05	Identification Code Qualifier	ID2	S					
2300	PWK06	Attachment Control Number	AN80	S					
2300	**CN1**	**Contract Information**		**S**					
2300	CN101	Contract Type Code	ID2	R					
2300	CN102	Contract Amount	R18	S					
2300	CN103	Contract Percentage	R6	S					
2300	CN104	Contract Code	AN30	S					
2300	CN105	Terms Discount Percentage	R6	S					
2300	CN106	Contract Version Identifier	AN30	S					
2300	**AMT**	**Credit/Debit Card Maximum Amount**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R					
2300	AMT02	Credit or Debit Card Maximum Amount	R18	R					
2300	**AMT**	**Patient Amount Paid**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R					
2300	AMT02	Patient Amount Paid	R18	R					
2300	**AMT**	**Total Purchased Service Amount**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	AMT02	Total Purchased Service Amount	R18	R					
2300	**REF**	**Service Authorization Exception Code**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Service Authorization Exception Code	AN30	R					
2300	**REF**	**Mandatory Medicare (Section 4081) Crossover Indicator**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Medicare Section 4081 Indicator	AN30	R					
2300	**REF**	**Mammography Certification Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Mammography Certification Number	AN30	R					
2300	**REF**	**Prior Authorization or Referral Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Prior Authorization or Referral Number	AN30	R					
2300	**REF**	**Original Reference Number (ICN/DCN)**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	REF02	Claim Original Reference Number	AN30	R					
2300	**REF**	**Clinical Laboratory Improvement Amendment (CLIA) Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R					
2300	**REF**	**Repriced Claim Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Repriced Claim Reference Number	AN30	R					
2300	**REF**	**Adjusted Repriced Claim Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Adjusted Repriced Claim Reference Number	AN30	R					
2300	**REF**	**Investigational Device Exemption Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Investigational Device Exemption Identifier	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**REF**	**Claim Identification Number for Clearing Houses and Other ? Transmission Intermediaries**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Clearinghouse Trace Number	AN30	R					
2300	**REF**	**Ambulatory Patient Group (APG)**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Ambulatory Patient Group Number	AN30	R					
2300	**REF**	**Medical Record Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Medical Record Number	AN30	R					
2300	**REF**	**Demonstration Project Identifier**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R					
2300	REF02	Demonstration Project Identifier	AN30	R					
2300	**K 3**	**File Information**		**S**					
2300	K 301	Fixed Format Information	AN80	R					
2300	**NTE**	**Claim Note**		**S**					
2300	NTE01	Note Reference Code	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	NTE02	Claim Note Text	AN80	R					
2300	**CR1**	**Ambulance Transport Information**		**S**					
2300	CR101	Unit or Basis for Measurement Code	ID2	S					
2300	CR102	Patient Weight	R10	S					
2300	CR103	Ambulance Transport Code	ID1	R					
2300	CR104	Ambulance Transport Reason Code	ID1	R					
2300	CR105	Unit or Basis for Measurement Code	ID2	R					
2300	CR106	Transport Distance	R15	R					
2300	CR109	Round Trip Purpose Description	AN80	S					
2300	CR110	Stretcher Purpose Description	AN80	S					
2300	**CR2**	**Spinal Manipulation Service Information**		**S**					
2300	CR201	Treatment Series Number	N09	R					
2300	CR202	Treatment Count	R15	R					
2300	CR203	Subluxation Level Code	ID3	S					
2300	CR204	Subluxation Level Code	ID3	S					
2300	CR205	Unit or Basis for Measurement Code	ID2	R					
2300	CR206	Treatment Period Count	R15	R					
2300	CR207	Monthly Treatment Count	R15	R					
2300	CR208	Patient Condition Code	ID1	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CR209	Complication Indicator	ID1	R					
2300	CR210	Patient Condition Description	AN80	S					
2300	CR211	Patient Condition Description	AN80	S					
2300	CR212	X-ray Availability Indicator	ID1	R					
2300	**CRC**	**Ambulance Certification**		**S**					
2300	CRC01	Code Category	ID2	R					
2300	CRC02	Certification Condition Indicator	ID1	R					
2300	CRC03	Condition Code	ID2	R					
2300	CRC04	Condition Code	ID2	S					
2300	CRC05	Condition Code	ID2	S					
2300	CRC06	Condition Code	ID2	S					
2300	CRC07	Condition Code	ID2	S					
2300	**CRC**	**Patient Condition Information: Vision**		**S**					
2300	CRC01	Code Category	ID2	R					
2300	CRC02	Certification Condition Indicator	ID1	R					
2300	CRC03	Condition Code	ID2	R					
2300	CRC04	Condition Code	ID2	S					
2300	CRC05	Condition Code	ID2	S					
2300	CRC06	Condition Code	ID2	S					
2300	CRC07	Condition Code	ID2	S					
2300	**CRC**	**Homebound Indicator**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CRC01	Code Category	ID2	R					
2300	CRC02	Certification Condition Indicator	ID1	R					
2300	CRC03	Homebound Indicator	ID2	R					
2300	**HI**	**Health Care Diagnosis Code**		**S**					
2300	HI 01	Health Care Code Information		R					
2300	HI 01	Diagnosis Type Code	ID3	R				"BK"-principal diagnosis ICD9 codes	Translation
2300	HI 01	Diagnosis Code	AN30	R				This is the diagnosis code	Translation
2300	HI 02	Health Care Code Information		S					
2300	HI 02	Diagnosis Type Code	ID3	R				"BF"-secondary diagnosis codes (up to 8)	Translation
2300	HI 02	Diagnosis Code	AN30	R					
2300	HI 03	Health Care Code Information		S					
2300	HI 03	Diagnosis Type Code	ID3	R					
2300	HI 03	Diagnosis Code	AN30	R					
2300	HI 04	Health Care Code Information		S					
2300	HI 04	Diagnosis Type Code	ID3	R					
2300	HI 04	Diagnosis Code	AN30	R					
2300	HI 05	Health Care Code Information		S					
2300	HI 05	Diagnosis Type Code	ID3	R					
2300	HI 05	Diagnosis Code	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HI 06	Health Care Code Information		S					
2300	HI 06	Diagnosis Type Code	ID3	R					
2300	HI 06	Diagnosis Code	AN30	R					
2300	HI 07	Health Care Code Information		S					
2300	HI 07	Diagnosis Type Code	ID3	R					
2300	HI 07	Diagnosis Code	AN30	R					
2300	HI 08	Health Care Code Information		S					
2300	HI 08	Diagnosis Type Code	ID3	R					
2300	HI 08	Diagnosis Code	AN30	R					
2300	**HCP**	**Claim Pricing/Repricing Information**		**S**					
2300	HCP01	Pricing Methodology	ID2	R					
2300	HCP02	Repriced Allowed Amount	R18	R					
2300	HCP03	Repriced Saving Amount	R18	S					
2300	HCP04	Repricing Organization Identifier	AN30	S					
2300	HCP05	Repricing Per Diem or Flat Rate Amount	R9	S					
2300	HCP06	Repriced Approved Ambulatory Patient Group Code	AN30	S					
2300	HCP07	Repriced Approved Ambulatory Patient Group Amount	R18	S					
2300	HCP13	Reject Reason Code	ID2	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	HCP14	Policy Compliance Code	ID2	S					
2300	HCP15	Exception Code	ID2	S					
2305	***CR7***	***Home Health Care Plan Information***		***S***					
2305	**CR7**	**Home Health Care Plan Information**		**S**					
2305	CR701	Discipline Type Code	ID2	R					
2305	CR702	Total Visits Rendered Count	N09	R					
2305	CR703	Certification Period Projected Visit Count	N09	R					
2305	**HSD**	**Health Care Services Delivery**		**S**					
2305	HSD01	Visits	ID2	S					
2305	HSD02	Number of Visits	R15	S					
2305	HSD03	Frequency Period	ID2	S					
2305	HSD04	Frequency Count	R6	S					
2305	HSD05	Duration of Visits Units	ID2	S					
2305	HSD06	Duration of Visits, Number of Units	N03	S					
2305	HSD07	Ship, Delivery or Calendar Pattern Code	ID2	S					
2305	HSD08	Delivery Pattern Time Code	ID1	S					
2310A	***NM1***	***Referring Provider Name***		***S***					
2310A	**NM1**	**Referring Provider Name**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	NM101	Entity Identifier Code	ID3	R					
2310A	NM102	Entity Type Qualifier	ID1	R					
2310A	NM103	Referring Provider Last Name	AN35	R					
2310A	NM104	Referring Provider First Name	AN25	S					
2310A	NM105	Referring Provider Middle Name	AN25	S					
2310A	NM107	Referring Provider Name Suffix	AN10	S					
2310A	NM108	Identification Code Qualifier	ID2	S					
2310A	NM109	Referring Provider Identifier	AN80	S					
2310A	**PRV**	**Referring Provider Specialty Information**		**S**					
2310A	PRV01	Provider Code	ID3	R					
2310A	PRV02	Reference Identification Qualifier	ID3	R					
2310A	PRV03	Provider Taxonomy Code	AN30	R					
2310A	**N 2**	**Additional Referring Provider Name Information**		**S**					
2310A	N 201	Referring Provider Name Additional Text	AN60	R					
2310A	**REF**	**Referring Provider Secondary Identification**		**S**					
2310A	REF01	Reference Identification Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	REF02	Referring Provider Secondary Identifier	AN30	R					
2310B	***NM1***	***Rendering Provider Name***		***S***					
2310B	**NM1**	**Rendering Provider Name**		**S**					
2310B	NM101	Entity Identifier Code	ID3	R					
2310B	NM102	Entity Type Qualifier	ID1	R					
2310B	NM103	Rendering Provider Last or Organization Name	AN35	R					
2310B	NM104	Rendering Provider First Name	AN25	S					
2310B	NM105	Rendering Provider Middle Name	AN25	S					
2310B	NM107	Rendering Provider Name Suffix	AN10	S					
2310B	NM108	Identification Code Qualifier	ID2	R					
2310B	NM109	Rendering Provider Identifier	AN80	R				This is service provider ID. If absent, use pay-to prov.	Translation
2310B	**PRV**	**Rendering Provider Specialty Information**		**R**					
2310B	PRV01	Provider Code	ID3	R					
2310B	PRV02	Reference Identification Qualifier	ID3	R					
2310B	PRV03	Provider Taxonomy Code	AN30	R				This is rendering provider's specialty.	Translation
2310B	**N 2**	**Additional Rendering Provider Name Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310B	N 201	Rendering Provider Name Additional Text	AN60	R					
2310B	**REF**	**Rendering Provider Secondary Identification**		**S**					
2310B	REF01	Reference Identification Qualifier	ID3	R					
2310B	REF02	Rendering Provider Secondary Identifier	AN30	R					
2310C	***NM1***	***Purchased Service Provider Name***		***S***					
2310C	**NM1**	**Purchased Service Provider Name**		**S**					
2310C	NM101	Entity Identifier Code	ID3	R					
2310C	NM102	Entity Type Qualifier	ID1	R					
2310C	NM108	Identification Code Qualifier	ID2	S					
2310C	NM109	Purchased Service Provider Identifier	AN80	S					
2310C	**REF**	**Purchased Service Provider Secondary Identification**		**S**					
2310C	REF01	Reference Identification Qualifier	ID3	R					
2310C	REF02	Purchased Service Provider Secondary Identifier	AN30	R					
2310D	***NM1***	***Service Facility Location***		***S***					
2310D	**NM1**	**Service Facility Location**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310D	NM101	Entity Identifier Code	ID3	R					
2310D	NM102	Entity Type Qualifier	ID1	R					
2310D	NM103	Laboratory or Facility Name	AN35	S					
2310D	NM108	Identification Code Qualifier	ID2	S					
2310D	NM109	Laboratory or Facility Primary Identifier	AN80	S				This is service facility location.	Translation
2310D	**N 2**	**Additional Service Facility Location Name Information**		**S**					
2310D	N 201	Laboratory or Facility Name Additional Text	AN60	R					
2310D	**N 3**	**Service Facility Location Address**		**R**					
2310D	N 301	Laboratory or Facility Address Line	AN55	R					
2310D	N 302	Laboratory or Facility Address Line	AN55	S					
2310D	**N 4**	**Service Facility Location City/State/ZIP**		**R**					
2310D	N 401	Laboratory or Facility City Name	AN30	R					
2310D	N 402	Laboratory or Facility State or Province Code	ID2	R					
2310D	N 403	Laboratory or Facility Postal Zone or ZIP Code	ID15	R					
2310D	N 404	Country Code	ID3	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310D	**REF**	**Service Facility Location Secondary Identification**		**S**					
2310D	REF01	Reference Identification Qualifier	ID3	R					
2310D	REF02	Laboratory or Facility Secondary Identifier	AN30	R					
2310E	***NM1***	***Supervising Provider Name***		***S***					
2310E	**NM1**	**Supervising Provider Name**		**S**					
2310E	NM101	Entity Identifier Code	ID3	R					
2310E	NM102	Entity Type Qualifier	ID1	R					
2310E	NM103	Supervising Provider Last Name	AN35	R					
2310E	NM104	Supervising Provider First Name	AN25	R					
2310E	NM105	Supervising Provider Middle Name	AN25	S					
2310E	NM107	Supervising Provider Name Suffix	AN10	S					
2310E	NM108	Identification Code Qualifier	ID2	S					
2310E	NM109	Supervising Provider Identifier	AN80	S					
2310E	**N 2**	**Additional Supervising Provider Name Information**		**S**					
2310E	N 201	Supervising Provider Name Additional Text	AN60	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310E	**REF**	**Supervising Provider Secondary Identification**		**S**					
2310E	REF01	Reference Identification Qualifier	ID3	R					
2310E	REF02	Supervising Provider Secondary Identifier	AN30	R					
2320	***SBR***	***Other Subscriber Information***		***S***					
2320	**SBR**	**Other Subscriber Information**		**S**					
2320	SBR01	Payer Responsibility Sequence Number Code	ID1	R					
2320	SBR02	Individual Relationship Code	ID2	R					
2320	SBR03	Insured Group or Policy Number	AN30	S					
2320	SBR04	Other Insured Group Name	AN60	S					
2320	SBR05	Insurance Type Code	ID3	R					
2320	SBR09	Claim Filing Indicator Code	ID2	S					
2320	**CAS**	**Claim Level Adjustments**		**S**					
2320	CAS01	Claim Adjustment Group Code	ID2	R					
2320	CAS02	Adjustment Reason Code	ID5	R					
2320	CAS03	Adjustment Amount	R18	R					
2320	CAS04	Adjustment Quantity	R15	S					
2320	CAS05	Adjustment Reason Code	ID5	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	CAS06	Adjustment Amount	R18	S					
2320	CAS07	Adjustment Quantity	R15	S					
2320	CAS08	Adjustment Reason Code	ID5	S					
2320	CAS09	Adjustment Amount	R18	S					
2320	CAS10	Adjustment Quantity	R15	S					
2320	CAS11	Adjustment Reason Code	ID5	S					
2320	CAS12	Adjustment Amount	R18	S					
2320	CAS13	Adjustment Quantity	R15	S					
2320	CAS14	Adjustment Reason Code	ID5	S					
2320	CAS15	Adjustment Amount	R18	S					
2320	CAS16	Adjustment Quantity	R15	S					
2320	CAS17	Adjustment Reason Code	ID5	S					
2320	CAS18	Adjustment Amount	R18	S					
2320	CAS19	Adjustment Quantity	R15	S					
2320	**AMT**	**Coordination of Benefits (COB) Payer Paid Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Payer Paid Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Approved Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Approved Amount	R18	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	**AMT**	**Coordination of Benefits (COB) Allowed Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Allowed Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Patient Responsibility Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Patient Responsibility Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Covered Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Covered Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Discount Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Discount Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Per Day Limit Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Per Day Limit Amount	R18	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	**AMT**	**Coordination of Benefits (COB) Patient Paid Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Patient Paid Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Tax Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Tax Amount	R18	R					
2320	**AMT**	**Coordination of Benefits (COB) Total Claim Before Taxes Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R					
2320	AMT02	Other Payer Pre-Tax Claim Total Amount	R18	R					
2320	**DMG**	**Subscriber Demographic Information**		**S**					
2320	DMG01	Date Time Period Format Qualifier	ID3	R					
2320	DMG02	Other Insured Birth Date	AN35	R					
2320	DMG03	Other Insured Gender Code	ID1	R					
2320	**OI**	**Other Insurance Coverage Information**		**R**					
2320	OI 03	Benefits Assignment Certification Indicator	ID1	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	OI 04	Patient Signature Source Code	ID1	S					
2320	OI 06	Release of Information Code	ID1	R					
2320	**MOA**	**Medicare Outpatient Adjudication Information**		**S**					
2320	MOA01	Reimbursement Rate	R10	S					
2320	MOA02	HCPCS Payable Amount	R18	S					
2320	MOA03	Remark Code	AN30	S					
2320	MOA04	Remark Code	AN30	S					
2320	MOA05	Remark Code	AN30	S					
2320	MOA06	Remark Code	AN30	S					
2320	MOA07	Remark Code	AN30	S					
2320	MOA08	End Stage Renal Disease Payment Amount	R18	S					
2320	MOA09	Non-Payable Professional Component Billed Amount	R18	S					
2330A	***NM1***	***Other Subscriber Name***		***R***					
2330A	**NM1**	**Other Subscriber Name**		**R**					
2330A	NM101	Entity Identifier Code	ID3	R					
2330A	NM102	Entity Type Qualifier	ID1	R					
2330A	NM103	Other Insured Last Name	AN35	R					
2330A	NM104	Other Insured First Name	AN25	S					
2330A	NM105	Other Insured Middle Name	AN25	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330A	NM107	Other Insured Name Suffix	AN10	S					
2330A	NM108	Identification Code Qualifier	ID2	R					
2330A	NM109	Other Insured Identifier	AN80	R					
2330A	**N 2**	**Additional Other Subscriber Name Information**		**S**					
2330A	N 201	Other Insured Additional Name	AN60	R					
2330A	**N 3**	**Other Subscriber Address**		**S**					
2330A	N 301	Other Insured Address Line	AN55	R					
2330A	N 302	Other Insured Address Line	AN55	S					
2330A	**N 4**	**Other Subscriber City/State/ZIP Code**		**S**					
2330A	N 401	Other Insured City Name	AN30	S					
2330A	N 402	Other Insured State Code	ID2	S					
2330A	N 403	Other Insured Postal Zone or ZIP Code	ID15	S					
2330A	N 404	Country Code	ID3	S					
2330A	**REF**	**Other Subscriber Secondary Identification**		**S**					
2330A	REF01	Reference Identification Qualifier	ID3	R					
2330A	REF02	Other Insured Additional Identifier	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	*NM1*	*Other Payer Name*		*R*					
2330B	**NM1**	**Other Payer Name**		**R**					
2330B	NM101	Entity Identifier Code	ID3	R					
2330B	NM102	Entity Type Qualifier	ID1	R					
2330B	NM103	Other Payer Last or Organization Name	AN35	R					
2330B	NM108	Identification Code Qualifier	ID2	R					
2330B	NM109	Other Payer Primary Identifier	AN80	R					
2330B	**N 2**	**Additional Other Payer Name Information**		**S**					
2330B	N 201	Other Payer Additional Name Text	AN60	R					
2330B	**PER**	**Other Payer Contact Information**		**S**					
2330B	PER01	Contact Function Code	ID2	R					
2330B	PER02	Other Payer Contact Name	AN60	R					
2330B	PER03	Communication Number Qualifier	ID2	R					
2330B	PER04	Communication Number	AN80	R					
2330B	PER05	Communication Number Qualifier	ID2	S					
2330B	PER06	Communication Number	AN80	S					
2330B	PER07	Communication Number Qualifier	ID2	S					
2330B	PER08	Communication Number	AN80	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	**DTP**	**Claim Adjudication Date**		**S**					
2330B	DTP01	Date Time Qualifier	ID3	R					
2330B	DTP02	Date Time Period Format Qualifier	ID3	R					
2330B	DTP03	Adjudication or Payment Date	AN35	R					
2330B	**REF**	**Other Payer Secondary Identifier**		**S**					
2330B	REF01	Reference Identification Qualifier	ID3	R					
2330B	REF02	Other Payer Secondary Identifier	AN30	R					
2330B	**REF**	**Other Payer Prior Authorization or Referral Number**		**S**					
2330B	REF01	Reference Identification Qualifier	ID3	R					
2330B	REF02	Other Payer Prior Authorization or Referral Number	AN30	R					
2330B	**REF**	**Other Payer Claim Adjustment Indicator**		**S**					
2330B	REF01	Reference Identification Qualifier	ID3	R					
2330B	REF02	Other Payer Claim Adjustment Indicator	AN30	R					
2330C	***NM1***	***Other Payer Patient Information***		***S***					
2330C	**NM1**	**Other Payer Patient Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330C	NM101	Entity Identifier Code	ID3	R					
2330C	NM102	Entity Type Qualifier	ID1	R					
2330C	NM103	Patient Last Name	AN35	R					
2330C	NM108	Identification Code Qualifier	ID2	R					
2330C	NM109	Other Payer Patient Primary Identifier	AN80	R					
2330C	**REF**	**Other Payer Patient Identification**		**S**					
2330C	REF01	Reference Identification Qualifier	ID3	R					
2330C	REF02	Other Payer Patient Secondary Identifier	AN30	R					
2330D	***NM1***	***Other Payer Referring Provider***		***S***					
2330D	**NM1**	**Other Payer Referring Provider**		**S**					
2330D	NM101	Entity Identifier Code	ID3	R					
2330D	NM102	Entity Type Qualifier	ID1	R					
2330D	NM103	Referring Provider Last Name	AN35	R					
2330D	**REF**	**Other Payer Referring Provider Identification**		**R**					
2330D	REF01	Reference Identification Qualifier	ID3	R					
2330D	REF02	Other Payer Referring Provider Identifier	AN30	R					
2330E	***NM1***	***Other Payer Rendering Provider***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330E	**NM1**	**Other Payer Rendering Provider**		**S**					
2330E	NM101	Entity Identifier Code	ID3	R					
2330E	NM102	Entity Type Qualifier	ID1	R					
2330E	NM103	Rendering Provider Last or Organization Name	AN35	R					
2330E	**REF**	**Other Payer Rendering Provider Secondary Identification**		**R**					
2330E	REF01	Reference Identification Qualifier	ID3	R					
2330E	REF02	Other Payer Rendering Provider Secondary Identifier	AN30	R					
2330F	***NM1***	***Other Payer Purchased Service Provider***		***S***					
2330F	**NM1**	**Other Payer Purchased Service Provider**		**S**					
2330F	NM101	Entity Identifier Code	ID3	R					
2330F	NM102	Entity Type Qualifier	ID1	R					
2330F	NM103	Purchased Service Provider Name	AN35	R					
2330F	**REF**	**Other Payer Purchased Service Provider Identification**		**R**					
2330F	REF01	Reference Identification Qualifier	ID3	R					
2330F	REF02	Other Payer Purchased Service Provider Identifier	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330G	*NM1*	*Other Payer Service Facility Location*		*S*					
2330G	**NM1**	**Other Payer Service Facility Location**		**S**					
2330G	NM101	Entity Identifier Code	ID3	R					
2330G	NM102	Entity Type Qualifier	ID1	R					
2330G	NM103	Service Facility Name	AN35	R					
2330G	**REF**	**Other Payer Service Facility Location Identification**		**R**					
2330G	REF01	Reference Identification Qualifier	ID3	R					
2330G	REF02	Other Payer Service Facility Location Identifier	AN30	R					
2330H	*NM1*	*Other Payer Supervising Provider*		*S*					
2330H	**NM1**	**Other Payer Supervising Provider**		**S**					
2330H	NM101	Entity Identifier Code	ID3	R					
2330H	NM102	Entity Type Qualifier	ID1	R					
2330H	NM103	Supervising Provider Last Name	AN35	R					
2330H	**REF**	**Other Payer Supervising Provider Identification**		**R**					
2330H	REF01	Reference Identification Qualifier	ID3	R					
2330H	REF02	Other Payer Supervising Provider Identifier	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	*LX*	*Service Line*		*R*					
2400	**LX**	**Service Line**		**R**					
2400	LX 01	Assigned Number	N06	R					
2400	**SV1**	**Professional Service**		**R**					
2400	SV101	Composite Medical Procedure Identifier		R					
2400	SV101	Product or Service ID Qualifier	ID2	R					
2400	SV101	Procedure Code	AN48	R					
2400	SV101	Procedure Modifier	AN2	S					
2400	SV101	Procedure Modifier	AN2	S					
2400	SV101	Procedure Modifier	AN2	S					
2400	SV101	Procedure Modifier	AN2	S					
2400	SV102	Line Item Charge Amount	R18	R					
2400	SV103	Unit or Basis for Measurement Code	ID2	R					
2400	SV104	Service Unit Count	R15	R					
2400	SV105	Place of Service Code	AN2	S					
2400	SV107	Composite Diagnosis Code Pointer		S					
2400	SV107	Diagnosis Code Pointer	N02	R					
2400	SV107	Diagnosis Code Pointer	N02	S					
2400	SV107	Diagnosis Code Pointer	N02	S					
2400	SV107	Diagnosis Code Pointer	N02	S					
2400	SV109	Emergency Indicator	ID1	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	SV111	EPSDT Indicator	ID1	S					
2400	SV112	Family Planning Indicator	ID1	S					
2400	SV115	Co-Pay Status Code	ID1	S					
2400	**SV4**	**Prescription Number**		**S**					
2400	SV401	Prescription Number	AN30	R					
2400	**PWK**	**DMERC CMN Indicator**		**S**					
2400	PWK01	Attachment Report Type Code	ID2	R					
2400	PWK02	Attachment Transmission Code	ID2	R					
2400	**CR1**	**Ambulance Transport Information**		**S**					
2400	CR101	Unit or Basis for Measurement Code	ID2	S					
2400	CR102	Patient Weight	R10	S					
2400	CR103	Ambulance Transport Code	ID1	R					
2400	CR104	Ambulance Transport Reason Code	ID1	R					
2400	CR105	Unit or Basis for Measurement Code	ID2	R					
2400	CR106	Transport Distance	R15	R					
2400	CR109	Round Trip Purpose Description	AN80	S					
2400	CR110	Stretcher Purpose Description	AN80	S					
2400	**CR2**	**Spinal Manipulation Service Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	CR201	Treatment Series Number	N09	R					
2400	CR202	Treatment Count	R15	R					
2400	CR203	Subluxation Level Code	ID3	S					
2400	CR204	Subluxation Level Code	ID3	S					
2400	CR205	Unit or Basis for Measurement Code	ID2	R					
2400	CR206	Treatment Period Count	R15	R					
2400	CR207	Monthly Treatment Count	R15	R					
2400	CR208	Patient Condition Code	ID1	R					
2400	CR209	Complication Indicator	ID1	R					
2400	CR210	Patient Condition Description	AN80	S					
2400	CR211	Patient Condition Description	AN80	S					
2400	CR212	X-ray Availability Indicator	ID1	R					
2400	**CR3**	**Durable Medical Equipment Certification**		**S**					
2400	CR301	Certification Type Code	ID1	R					
2400	CR302	Unit or Basis for Measurement Code	ID2	R					
2400	CR303	Durable Medical Equipment Duration	R15	R					
2400	**CR5**	**Home Oxygen Therapy Information**		**S**					
2400	CR501	Certification Type Code	ID1	R					
2400	CR502	Treatment Period Count	R15	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	CR510	Arterial Blood Gas Quantity	R15	S					
2400	CR511	Oxygen Saturation Quantity	R15	S					
2400	CR512	Oxygen Test Condition Code	ID1	R					
2400	CR513	Oxygen Test Findings Code	ID1	S					
2400	CR514	Oxygen Test Findings Code	ID1	S					
2400	CR515	Oxygen Test Findings Code	ID1	S					
2400	**CRC**	**Ambulance Certification**		**S**					
2400	CRC01	Code Category	ID2	R					
2400	CRC02	Certification Condition Indicator	ID1	R					
2400	CRC03	Condition Code	ID2	R					
2400	CRC04	Condition Code	ID2	S					
2400	CRC05	Condition Code	ID2	S					
2400	CRC06	Condition Code	ID2	S					
2400	CRC07	Condition Code	ID2	S					
2400	**CRC**	**Hospice Employee Indicator**		**S**					
2400	CRC01	Code Category	ID2	R					
2400	CRC02	Hospice Employed Provider Indicator	ID1	R					
2400	CRC03	Condition Indicator	ID2	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	**CRC**	**DMERC Condition Indicator**		**S**					
2400	CRC01	Code Category	ID2	R					
2400	CRC02	Certification Condition Indicator	ID1	R					
2400	CRC03	Condition Indicator	ID2	R					
2400	CRC04	Condition Indicator	ID2	S					
2400	CRC05	Condition Indicator	ID2	S					
2400	CRC06	Condition Indicator	ID2	S					
2400	CRC07	Condition Indicator	ID2	S					
2400	**DTP**	**Date - Service Date**		**R**				Use service date range of all claim's services for claim dates.	Translation
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Service Date	AN35	R					
2400	**DTP**	**Date - Certification Revision Date**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Certification Revision Date	AN35	R					
2400	**DTP**	**Date - Referral Date**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	DTP03	Referral Date	AN35	R					
2400	**DTP**	**Date - Begin Therapy Date**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Begin Therapy Date	AN35	R					
2400	**DTP**	**Date - Last Certification Date**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Last Certification Date	AN35	R					
2400	**DTP**	**Date - Order Date**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Order Date	AN35	R					
2400	**DTP**	**Date - Date Last Seen**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Last Seen Date	AN35	R					
2400	**DTP**	**Date - Test**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	DTP03	Test Performed Date	AN35	R					
2400	**DTP**	**Date - Oxygen Saturation/Arterial Blood Gas Test**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Oxygen Saturation Test Date	AN35	R					
2400	**DTP**	**Date - Shipped**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Shipped Date	AN35	R					
2400	**DTP**	**Date - Onset of Current Symptom/Illness**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Onset Date	AN35	R					
2400	**DTP**	**Date - Last X-ray**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Last X-Ray Date	AN35	R					
2400	**DTP**	**Date - Acute Manifestation**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Acute Manifestation Date	AN35	R					
2400	**DTP**	**Date - Initial Treatment**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Initial Treatment Date	AN35	R					
2400	**DTP**	**Date - Similar Illness/Symptom Onset**		**S**					
2400	DTP01	Date Time Qualifier	ID3	R					
2400	DTP02	Date Time Period Format Qualifier	ID3	R					
2400	DTP03	Similar Illness or Symptom Date	AN35	R					
2400	**QTY**	**Anesthesia Modifying Units**		**S**					
2400	QTY01	Quantity Qualifier	ID2	R					
2400	QTY02	Anesthesia Modifying Units	R15	R					
2400	**MEA**	**Test Result**		**S**					
2400	MEA01	Measurement Reference Identification Code	ID2	R					
2400	MEA02	Measurement Qualifier	ID3	R					
2400	MEA03	Test Results	R20	R					
2400	**CN1**	**Contract Information**		**S**					
2400	CN101	Contract Type Code	ID2	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	CN102	Contract Amount	R18	S					
2400	CN103	Contract Percentage	R6	S					
2400	CN104	Contract Code	AN30	S					
2400	CN105	Terms Discount Percentage	R6	S					
2400	CN106	Contract Version Identifier	AN30	S					
2400	**REF**	**Repriced Line Item Reference Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Repriced Line Item Reference Number	AN30	R					
2400	**REF**	**Adjusted Repriced Line Item Reference Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Adjusted Repriced Line Item Reference Number	AN30	R					
2400	**REF**	**Prior Authorization or Referral Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Prior Authorization or Referral Number	AN30	R					
2400	**REF**	**Line Item Control Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Line Item Control Number	AN30	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	**REF**	**Mammography Certification Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Mammography Certification Number	AN30	R					
2400	**REF**	**Clinical Laboratory Improvement Amendment (CLIA) Identification**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R					
2400	**REF**	**Referring Clinical Laboratory Improvement Amendment (CLIA) Facility ? Identification**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Referring CLIA Number	AN30	R					
2400	**REF**	**Immunization Batch Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Immunization Batch Number	AN30	R					
2400	**REF**	**Ambulatory Patient Group (APG)**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Ambulatory Patient Group Number	AN30	R					
2400	**REF**	**Oxygen Flow Rate**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Oxygen Flow Rate	AN30	R					
2400	**REF**	**Universal Product Number (UPN)**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R					
2400	REF02	Universal Product Number	AN30	R					
2400	**AMT**	**Sales Tax Amount**		**S**					
2400	AMT01	Amount Qualifier Code	ID3	R					
2400	AMT02	Sales Tax Amount	R18	R					
2400	**AMT**	**Approved Amount**		**S**					
2400	AMT01	Amount Qualifier Code	ID3	R					
2400	AMT02	Approved Amount	R18	R					
2400	**AMT**	**Postage Claimed Amount**		**S**					
2400	AMT01	Amount Qualifier Code	ID3	R					
2400	AMT02	Postage Claimed Amount	R18	R					
2400	**K 3**	**File Information**		**S**					
2400	K 301	Fixed Format Information	AN80	R					
2400	**NTE**	**Line Note**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	NTE01	Note Reference Code	ID3	R					
2400	NTE02	Line Note Text	AN80	R					
2400	**PS1**	**Purchased Service Information**		**S**					
2400	PS101	Purchased Service Provider Identifier	AN30	R					
2400	PS102	Purchased Service Charge Amount	R18	R					
2400	**HSD**	**Health Care Services Delivery**		**S**					
2400	HSD01	Visits	ID2	S					
2400	HSD02	Number of Visits	R15	S					
2400	HSD03	Frequency Period	ID2	S					
2400	HSD04	Frequency Count	R6	S					
2400	HSD05	Duration of Visits Units	ID2	S					
2400	HSD06	Duration of Visits, Number of Units	N03	S					
2400	HSD07	Ship, Delivery or Calendar Pattern Code	ID2	S					
2400	HSD08	Delivery Pattern Time Code	ID1	S					
2400	**HCP**	**Line Pricing/Repricing Information**		**S**					
2400	HCP01	Pricing Methodology	ID2	R					
2400	HCP02	Repriced Allowed Amount	R18	R					
2400	HCP03	Repriced Saving Amount	R18	S					
2400	HCP04	Repricing Organization Identifier	AN30	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	HCP05	Repricing Per Diem or Flat Rate Amount	R9	S					
2400	HCP06	Repriced Approved Ambulatory Patient Group Code	AN30	S					
2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	R18	S					
2400	HCP09	Product or Service ID Qualifier	ID2	S					
2400	HCP10	Procedure Code	AN48	S					
2400	HCP11	Unit or Basis for Measurement Code	ID2	S					
2400	HCP12	Repriced Approved Service Unit Count	R15	S					
2400	HCP13	Reject Reason Code	ID2	S					
2400	HCP14	Policy Compliance Code	ID2	S					
2400	HCP15	Exception Code	ID2	S					
2420A	***NM1***	***Rendering Provider Name***		***S***					
2420A	**NM1**	**Rendering Provider Name**		**S**					
2420A	NM101	Entity Identifier Code	ID3	R					
2420A	NM102	Entity Type Qualifier	ID1	R					
2420A	NM103	Rendering Provider Last or Organization Name	AN35	R					
2420A	NM104	Rendering Provider First Name	AN25	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420A	NM105	Rendering Provider Middle Name	AN25	S					
2420A	NM107	Rendering Provider Name Suffix	AN10	S					
2420A	NM108	Identification Code Qualifier	ID2	R					
2420A	NM109	Rendering Provider Identifier	AN80	R					
2420A	**PRV**	**Rendering Provider Specialty Information**		**R**					
2420A	PRV01	Provider Code	ID3	R					
2420A	PRV02	Reference Identification Qualifier	ID3	R					
2420A	PRV03	Provider Taxonomy Code	AN30	R					
2420A	**N 2**	**Additional Rendering Provider Name Information**		**S**					
2420A	N 201	Rendering Provider Name Additional Text	AN60	R					
2420A	**REF**	**Rendering Provider Secondary Identification**		**S**					
2420A	REF01	Reference Identification Qualifier	ID3	R					
2420A	REF02	Rendering Provider Secondary Identifier	AN30	R					
2420B	***NM1***	***Purchased Service Provider Name***		***S***					
2420B	**NM1**	**Purchased Service Provider Name**		**S**					
2420B	NM101	Entity Identifier Code	ID3	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420B	NM102	Entity Type Qualifier	ID1	R					
2420B	NM108	Identification Code Qualifier	ID2	S					
2420B	NM109	Purchased Service Provider Identifier	AN80	S					
2420B	**REF**	**Purchased Service Provider Secondary Identification**		**S**					
2420B	REF01	Reference Identification Qualifier	ID3	R					
2420B	REF02	Purchased Service Provider Secondary Identifier	AN30	R					
2420C	***NM1***	***Service Facility Location***		***S***					
2420C	**NM1**	**Service Facility Location**		**S**					
2420C	NM101	Entity Identifier Code	ID3	R					
2420C	NM102	Entity Type Qualifier	ID1	R					
2420C	NM103	Laboratory or Facility Name	AN35	S					
2420C	NM108	Identification Code Qualifier	ID2	S					
2420C	NM109	Laboratory or Facility Primary Identifier	AN80	S					
2420C	**N 2**	**Additional Service Facility Location Name Information**		**S**					
2420C	N 201	Laboratory or Facility Name Additional Text	AN60	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420C	**N 3**	**Service Facility Location Address**		**R**					
2420C	N 301	Laboratory or Facility Address Line	AN55	R					
2420C	N 302	Laboratory or Facility Address Line	AN55	S					
2420C	**N 4**	**Service Facility Location City/State/ZIP**		**R**					
2420C	N 401	Laboratory or Facility City Name	AN30	R					
2420C	N 402	Laboratory or Facility State or Province Code	ID2	R					
2420C	N 403	Laboratory or Facility Postal Zone or ZIP Code	ID15	R					
2420C	N 404	Country Code	ID3	S					
2420C	**REF**	**Service Facility Location Secondary Identification**		**S**					
2420C	REF01	Reference Identification Qualifier	ID3	R					
2420C	REF02	Service Facility Location Secondary Identifier	AN30	R					
2420D	***NM1***	***Supervising Provider Name***		***S***					
2420D	**NM1**	**Supervising Provider Name**		**S**					
2420D	NM101	Entity Identifier Code	ID3	R					
2420D	NM102	Entity Type Qualifier	ID1	R					
2420D	NM103	Supervising Provider Last Name	AN35	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420D	NM104	Supervising Provider First Name	AN25	R					
2420D	NM105	Supervising Provider Middle Name	AN25	S					
2420D	NM107	Supervising Provider Name Suffix	AN10	S					
2420D	NM108	Identification Code Qualifier	ID2	S					
2420D	NM109	Supervising Provider Identifier	AN80	S					
2420D	**N 2**	**Additional Supervising Provider Name Information**		**S**					
2420D	N 201	Supervising Provider Name Additional Text	AN60	R					
2420D	**REF**	**Supervising Provider Secondary Identification**		**S**					
2420D	REF01	Reference Identification Qualifier	ID3	R					
2420D	REF02	Supervising Provider Secondary Identifier	AN30	R					
2420E	***NM1***	***Ordering Provider Name***		***S***					
2420E	**NM1**	**Ordering Provider Name**		**S**					
2420E	NM101	Entity Identifier Code	ID3	R					
2420E	NM102	Entity Type Qualifier	ID1	R					
2420E	NM103	Ordering Provider Last Name	AN35	R					
2420E	NM104	Ordering Provider First Name	AN25	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420E	NM105	Ordering Provider Middle Name	AN25	S					
2420E	NM107	Ordering Provider Name Suffix	AN10	S					
2420E	NM108	Identification Code Qualifier	ID2	S					
2420E	NM109	Ordering Provider Identifier	AN80	S					
2420E	**N 2**	**Additional Ordering Provider Name Information**		**S**					
2420E	N 201	Ordering Provider Name Additional Text	AN60	R					
2420E	**N 3**	**Ordering Provider Address**		**S**					
2420E	N 301	Ordering Provider Address Line	AN55	R					
2420E	N 302	Ordering Provider Address Line	AN55	S					
2420E	**N 4**	**Ordering Provider City/State/ZIP Code**		**S**					
2420E	N 401	Ordering Provider City Name	AN30	R					
2420E	N 402	Ordering Provider State Code	ID2	R					
2420E	N 403	Ordering Provider Postal Zone or ZIP Code	ID15	R					
2420E	N 404	Country Code	ID3	S					
2420E	**REF**	**Ordering Provider Secondary Identification**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420E	REF01	Reference Identification Qualifier	ID3	R					
2420E	REF02	Ordering Provider Secondary Identifier	AN30	R					
2420E	**PER**	**Ordering Provider Contact Information**		**S**					
2420E	PER01	Contact Function Code	ID2	R					
2420E	PER02	Ordering Provider Contact Name	AN60	R					
2420E	PER03	Communication Number Qualifier	ID2	R					
2420E	PER04	Communication Number	AN80	R					
2420E	PER05	Communication Number Qualifier	ID2	S					
2420E	PER06	Communication Number	AN80	S					
2420E	PER07	Communication Number Qualifier	ID2	S					
2420E	PER08	Communication Number	AN80	S					
2420F	***NM1***	***Referring Provider Name***		***S***					
2420F	**NM1**	**Referring Provider Name**		**S**					
2420F	NM101	Entity Identifier Code	ID3	R					
2420F	NM102	Entity Type Qualifier	ID1	R					
2420F	NM103	Referring Provider Last Name	AN35	R					
2420F	NM104	Referring Provider First Name	AN25	R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420F	NM105	Referring Provider Middle Name	AN25	S					
2420F	NM107	Referring Provider Name Suffix	AN10	S					
2420F	NM108	Identification Code Qualifier	ID2	S					
2420F	NM109	Referring Provider Identifier	AN80	S					
2420F	**PRV**	**Referring Provider Specialty Information**		**S**					
2420F	PRV01	Provider Code	ID3	R					
2420F	PRV02	Reference Identification Qualifier	ID3	R					
2420F	PRV03	Provider Taxonomy Code	AN30	R					
2420F	**N 2**	**Additional Referring Provider Name Information**		**S**					
2420F	N 201	Referring Provider Name Additional Text	AN60	R					
2420F	**REF**	**Referring Provider Secondary Identification**		**S**					
2420F	REF01	Reference Identification Qualifier	ID3	R					
2420F	REF02	Referring Provider Secondary Identifier	AN30	R					
2420G	***NM1***	***Other Payer Prior Authorization or Referral Number***		***S***					
2420G	**NM1**	**Other Payer Prior Authorization or Referral Number**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420G	NM101	Entity Identifier Code	ID3	R					
2420G	NM102	Entity Type Qualifier	ID1	R					
2420G	NM103	Payer Name	AN35	R					
2420G	NM108	Identification Code Qualifier	ID2	R					
2420G	NM109	Other Payer Identification Number	AN80	R					
2420G	**REF**	**Other Payer Prior Authorization or Referral Number**		**R**					
2420G	REF01	Reference Identification Qualifier	ID3	R					
2420G	REF02	Other Payer Prior Authorization or Referral Number	AN30	R					
2430	***SVD***	***Line Adjudication Information***		***S***					
2430	**SVD**	**Line Adjudication Information**		**S**					
2430	SVD01	Other Payer Primary Identifier	AN80	R					
2430	SVD02	Service Line Paid Amount	R18	R					
2430	SVD03	Composite Medical Procedure Identifier		R					
2430	SVD03	Product or Service ID Qualifier	ID2	R					
2430	SVD03	Procedure Code	AN48	R					
2430	SVD03	Procedure Modifier	AN2	S					
2430	SVD03	Procedure Modifier	AN2	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2430	SVD03	Procedure Modifier	AN2	S					
2430	SVD03	Procedure Modifier	AN2	S					
2430	SVD03	Procedure Code Description	AN80	S					
2430	SVD05	Paid Service Unit Count	R15	R					
2430	SVD06	Bundled or Unbundled Line Number	N06	S					
2430	**CAS**	**Line Adjustment**		**S**					
2430	CAS01	Claim Adjustment Group Code	ID2	R					
2430	CAS02	Adjustment Reason Code	ID5	R					
2430	CAS03	Adjustment Amount	R18	R					
2430	CAS04	Adjustment Quantity	R15	S					
2430	CAS05	Adjustment Reason Code	ID5	S					
2430	CAS06	Adjustment Amount	R18	S					
2430	CAS07	Adjustment Quantity	R15	S					
2430	CAS08	Adjustment Reason Code	ID5	S					
2430	CAS09	Adjustment Amount	R18	S					
2430	CAS10	Adjustment Quantity	R15	S					
2430	CAS11	Adjustment Reason Code	ID5	S					
2430	CAS12	Adjustment Amount	R18	S					
2430	CAS13	Adjustment Quantity	R15	S					
2430	CAS14	Adjustment Reason Code	ID5	S					
2430	CAS15	Adjustment Amount	R18	S					
2430	CAS16	Adjustment Quantity	R15	S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2430	CAS17	Adjustment Reason Code	ID5	S					
2430	CAS18	Adjustment Amount	R18	S					
2430	CAS19	Adjustment Quantity	R15	S					
2430	**DTP**	**Line Adjudication Date**		**R**					
2430	DTP01	Date Time Qualifier	ID3	R					
2430	DTP02	Date Time Period Format Qualifier	ID3	R					
2430	DTP03	Adjudication or Payment Date	AN35	R					
2440	***LQ***	***Form Identification Code***		***S***					
2440	**LQ**	**Form Identification Code**		**S**					
2440	LQ 01	Code List Qualifier Code	ID3	R					
2440	LQ 02	Form Identifier	AN30	R					
2440	**FRM**	**Supporting Documentation**		**R**					
2440	FRM01	Question Number/Letter	AN20	R					
2440	FRM02	Question Response	ID1	S					
2440	FRM03	Question Response	AN30	S					
2440	FRM04	Question Response	DT8	S					
2440	FRM05	Question Response	R6	S					
2440	**SE**	**Transaction Set Trailer**		**R**					
2440	SE 01	Transaction Segment Count	N010	R					
2440	SE 02	Transaction Set Control Number	AN9	R					

Comment Type Legend:

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

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

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

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

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

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

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

Policy Issues = Decisions to be made by system experts.

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

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

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

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

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

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

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

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

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