REPORT - HIPAA 837P to MMIS mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Professional							
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				Verify "837"	Translation
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT02	Transaction Set Purpose Code	ID2	R				If "18" - reissue, handle as reversal and correction	Processing Logic
	BHT06	Claim or Encounter Identifier	ID2	R				Store in MMIS to flag whether FFS or encounter; if both, must detect which	Map Codes
	REF	**Transmission Type Identification**		**R**					
	REF01	Reference Identification Qualifier	ID3	R				Verify "87"-Functional Category	Translation
	REF02	Transmission Type Code	AN30	R				Use to access correct version of translation	Translation
1000A	***NM1***	***Submitter Name***		***R***					
1000A	**NM1**	**Submitter Name**		**R**					
1000A	NM101	Entity Identifier Code	ID3	R				Verify "41"-Submitter	Translation
1000A	NM108	Identification Code Qualifier	ID2	R				Verify "46"-Electronic Transmitter Identification Number (ETIN)	Translation
1000A	NM109	Submitter Identifier	AN80	R				Store in MMIS to verify that submitter is approved for provider	Processing Logic
1000A	**N 2**	**Additional Submitter Name Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	**PER**	**Submitter EDI Contact Information**		**R**					
1000B	***NM1***	***Receiver Name***		***R***					
1000B	**NM1**	**Receiver Name**		**R**					
1000B	NM108	Identification Code Qualifier	ID2	R				verify "46"	Translation
1000B	NM109	Receiver Primary Identifier	AN80	R				Validate against MAA's ETIN number	Translation
1000B	**N 2**	**Receiver Additional Name Information**		**S**					
2000A	***HL***	***Billing/Pay-to Provider Hierarchical Level***		***R***				For translator, we should estim. the max # providers per tx	Translation
2000A	**HL**	**Billing/Pay-to Provider Hierarchical Level**		**R**					
2000A	HL 01	Hierarchical ID Number	AN12	R				Verify "1"	Translation
2000A	HL 03	Hierarchical Level Code	ID2	R				Verify "20"	Translation
2000A	HL 04	Hierarchical Child Code	ID1	R				Verify "1"	Translation
2000A	**PRV**	**Billing/Pay-to Provider Specialty Information**		**S**					
2000A	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"	Translation
2000A	PRV03	Provider Taxonomy Code	AN30	R				Add taxonomy code to claim; saved as variable to populate subsequest claims	HIPAA Required
2000A	**CUR**	**Foreign Currency Information**		**S**					
2010AA	***NM1***	***Billing Provider Name***		***R***				Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent	Translation
2010AA	**NM1**	**Billing Provider Name**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	NM101	Entity Identifier Code	ID3	R				Verify "85"	Translation
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	R	Prov-File	PROV-NAME	X(31)		
2010AA	NM104	Billing Provider First Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AA	NM105	Billing Provider Middle Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AA	NM107	Billing Provider Name Suffix	AN10	S	Prov-File	PROV-NAME	X(31)		
2010AA	NM108	Identification Code Qualifier	ID2	R				Use if NM108="XX"; send NPI to MMIS new field	Translation
2010AA	NM109	Billing Provider Identifier	AN80	R	Medical-Claim	PROV-NUMBER	9(10)	expand field to fit NPI or new field?	HIPAA Required
2010AA	**N 2**	**Additional Billing Provider Name Information**		**S**					
2010AA	**N 3**	**Billing Provider Address**		**R**					
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**					
2010AA	**REF**	**Billing Provider Secondary Identification**		**S**					
2010AA	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	Medical-Claim	PROV-NUMBER	9(10)		
2010AA	**REF**	**Credit/Debit Card Billing Information**		**S**					
2010AA	**PER**	**Billing Provider Contact Information**		**S**					
2010AB	***NM1***	***Pay-to Provider Name***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AB	**NM1**	**Pay-to Provider Name**		**S**					
2010AB	NM101	Entity Identifier Code	ID3	R				Verify "87"	Translation
2010AB	NM103	Pay-to Provider Last or Organizational Name	AN35	R	Prov-File	PROV-NAME	X(31)		
2010AB	NM104	Pay-to Provider First Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AB	NM105	Pay-to Provider Middle Name	AN25	S	Prov-File	PROV-NAME	X(31)		
2010AB	NM107	Pay-to Provider Name Suffix	AN10	S	Prov-File	PROV-NAME	X(31)		
2010AB	NM108	Identification Code Qualifier	ID2	R				verify "XX"-NPI	Translation
2010AB	NM109	Pay-to Provider Identifier	AN80	R	Medical-Claim	PROV-NUMBER	9(10)		
2010AB	**N 2**	**Additional Pay-to Provider Name Information**		**S**					
2010AB	**N 3**	**Pay-to Provider Address**		**R**					
2010AB	**N 4**	**Pay-to Provider City/State/ZIP Code**		**R**					
2010AB	**REF**	**Pay-to-Provider Secondary Identification**		**S**					
2010AB	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2010AB	REF02	Pay-to Provider Identifier	AN30	R	Medical-Claim	PROV-NUMBER	9(10)		
2000B	***HL***	***Subscriber Hierarchical Level***		***R***				For translator, we should approximate what is the max # subscribers per provider: rec. max. 5000?	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000B	**HL**	**Subscriber Hierarchical Level**		**R**				If SBR02="18" use subscriber loop 2000B, skip patient loop, & go to loop 2300, else store loop 2000B for COB & use patient loop 2000C	Translation
2000B	HL 01	Hierarchical ID Number	AN12	R				Verify "2"	Translation
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				Verify "1"	Translation
2000B	HL 03	Hierarchical Level Code	ID2	R				Verify "22"	Translation
2000B	**SBR**	**Subscriber Information**		**R**					
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1	R				Hard code "T"-tertiary	Translation
2000B	SBR02	Individual Relationship Code	ID2	S				Hard code "18"-self	Translation
2000B	SBR09	Claim Filing Indicator Code	ID2	S	Medical-Claim	CLM-INPUT-FORM-IND	X(1)	Store for use in 835-CLP06; required until PlanID is used. Use this field?	Match Back
2000B	**PAT**	**Patient Information**		**S**					
2000B	PAT07	Unit or Basis for Measurement Code	ID2	S				Verify "GR"	Translation
2000B	PAT08	Patient Weight	R10	S				MAA might want a new field in MMIS for weight if < 29 days old (RECIP-AGE)	Nice to Have
2010BA	***NM1***	***Subscriber Name***		***R***					
2010BA	**NM1**	**Subscriber Name**		**R**				if subscr <> pat, store name & ID#s for COB	Electronic COB
2010BA	NM101	Entity Identifier Code	ID3	R				Verify "IL"	Translation
2010BA	NM103	Subscriber Last Name	AN35	R				Don't use incoming name	Translation
2010BA	NM108	Identification Code Qualifier	ID2	S				Verify "MI"-Payor's member ID	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	NM109	Subscriber Primary Identifier	AN80	S	Medical-Claim	RECIP-IDENT-NUMBER	X(14)	If NM108=MI, this is DSHS PIC	Match Back
2010BA	**N 2**	**Additional Subscriber Name Information**		**S**					
2010BA	**N 3**	**Subscriber Address**		**S**					
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		**S**					
2010BA	**DMG**	**Subscriber Demographic Information**		**S**					
2010BA	DMG02	Subscriber Birth Date	AN35	R	Medical-Claim	RECIP-DATE-OF-BIRTH	9(7)	Convert CCYYMMDD to YYMMDD	Translation
2010BA	DMG03	Subscriber Gender Code	ID1	R	Medical-Claim	RECIP-SEX-CODE	X(1)	HIPAA "M" = MMIS "1"; "F" = "2"	Translation
2010BA	**REF**	**Subscriber Secondary Identification**		**S**					
2010BA	REF01	Reference Identification Qualifier	ID3	R				Verify "1W"	Translation
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R	Medical-Claim	RECIP-CLIENT-ID	X(09)		
2010BA	**REF**	**Property and Casualty Claim Number**		**S**					
2010BB	***NM1***	***Payer Name***		***R***					
2010BB	**NM1**	**Payer Name**		**R**					
2010BB	NM101	Entity Identifier Code	ID3	R				Verify "PR"	Translation
2010BB	NM108	Identification Code Qualifier	ID2	R				Verify "PI"=Payor Identification or "XV"=National PlanID (when avail.)	Translation
2010BB	NM109	Payer Identifier	AN80	R				Validate MAA ID num, and route elsewhere if it's for L&I, SSPS, etc.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BB	**N 2**	**Additional Payer Name Information**		**S**					
2010BB	**N 3**	**Payer Address**		**S**					
2010BB	**N 4**	**Payer City/State/ZIP Code**		**S**					
2010BB	**REF**	**Payer Secondary Identification**		**S**					
2010BC	***NM1***	***Responsible Party Name***		***S***					
2010BC	**NM1**	**Responsible Party Name**		**S**					
2010BC	**N 2**	**Additional Responsible Party Name Information**		**S**					
2010BC	**N 3**	**Responsible Party Address**		**R**					
2010BC	**N 4**	**Responsible Party City/State/ZIP Code**		**R**					
2010BD	***NM1***	***Credit/Debit Card Holder Name***		***S***					
2010BD	**NM1**	**Credit/Debit Card Holder Name**		**S**					
2010BD	**N 2**	**Additional Credit/Debit Card Holder Name Information**		**S**					
2010BD	**REF**	**Credit/Debit Card Information**		**S**					
2000C	***HL***	***Patient Hierarchical Level***		***S***					
2000C	**HL**	**Patient Hierarchical Level**		**S**					
2000C	HL 01	Hierarchical ID Number	AN12	R				Verify "3"	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	HL 02	Hierarchical Parent ID Number	AN12	S				Verify "2"	Translation
2000C	HL 03	Hierarchical Level Code	ID2	R				Verify "23"	Translation
2000C	**PAT**	**Patient Information**		**R**					
2010CA	***NM1***	***Patient Name***		***R***					
2010CA	**NM1**	**Patient Name**		**R**					
2010CA	NM109	Patient Primary Identifier	AN80	S				If NM108=MI, this is DSHS PIC	Translation
2010CA	**N 2**	**Additional Patient Name Information**		**S**					
2010CA	**N 3**	**Patient Address**		**R**					
2010CA	**N 4**	**Patient City/State/ZIP Code**		**R**					
2010CA	**DMG**	**Patient Demographic Information**		**R**					
2010CA	**REF**	**Patient Secondary Identification**		**S**					
2010CA	**REF**	**Property and Casualty Claim Number**		**S**					
2300	***CLM***	***Claim Information***		***R***					
2300	**CLM**	**Claim Information**		**R**					
2300	CLM01	Patient Account Number	AN38	R	Medical-Claim	PATIENT-ACCT-NUMBER	X(20)	Match back required; support up to 38 bytes	HIPAA Required
2300	CLM02	Total Claim Charge Amount	R18	R	Medical-Claim	TOTAL-CLAIM-CHARGE	S9(7)V99		
2300	CLM05	Facility Type Code	AN2	R	Medical-Claim	PLACE-OF-SERVICE	X(1)	Expand to 2 digits and convert to standard values	Match Back
2300	CLM05	Claim Frequency Code	ID1	R				New field: original, corrected, replacement, void	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CLM07	Medicare Assignment Code	ID1	R				"A" = yes; "C" = no; If "C" and it's a Medicare x-over, then deny claim	Processing Logic
2300	CLM11	Related Causes Information		S				Req'd if accident or emplmt related	HIPAA Required
2300	CLM11	Related Causes Code	ID3	R				Add new field to claim: occurs 3 times	HIPAA Required
2300	CLM11	Auto Accident State or Province Code	ID2	S				Add new field to claim using state postal codes	HIPAA Required
2300	CLM11	Country Code	ID3	S				Add new field to claim using latest ISO 3166 codes	HIPAA Required
2300	CLM12	Special Program Indicator	ID3	S	Medical-Claim	EPSDT-IND	X(1)	If "01", map to EPSDT; add other codes, p.178; see new codes in addemdum	Processing Logic
2300	CLM12	Special Program Indicator	ID3	S	Medical-Claim	FED-AID-CAT	X(1)	If "01", map to EPSDT; add other codes, p.178; see new codes in addemdum	Processing Logic
2300	CLM12	Special Program Indicator	ID3	S	Medical-Claim	ITA-BLIND-IND	X(1)	If "01", map to EPSDT; add other codes, p.178; see new codes in addemdum	Processing Logic
2300	CLM16	Participation Agreement	ID1	S				If no taxon. code, use to determine participating vs. non-participating	Case Management
2300	CLM20	Delay Reason Code	ID2	S				Maybe add to claim (timely site variable)	Case Management
2300	**DTP**	**Date - Order Date**		**S**					
2300	DTP03	Order Date	AN35	R				Store and send back if doing electronic COB	Match Back
2300	**DTP**	**Date - Initial Treatment**		**S**					
2300	**DTP**	**Date - Referral Date**		**S**					
2300	**DTP**	**Date - Date Last Seen**		**S**					
2300	**DTP**	**Date - Onset of Current Illness/Symptom**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**DTP**	**Date - Acute Manifestation**		**S**					
2300	**DTP**	**Date - Similar Illness/Symptom Onset**		**S**					
2300	**DTP**	**Date - Accident**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "439"	Translation
2300	DTP03	Accident Date	AN35	R	Medical-Claim	DATE-OF-ACCIDENT	9(5)	Is it used?	System Questions
2300	**DTP**	**Date - Last Menstrual Period**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "484"	Translation
2300	DTP03	Last Menstrual Period Date	AN35	R				store in MMIS to compute pregnancy due date	Case Management
2300	**DTP**	**Date - Last X-ray**		**S**					
2300	**DTP**	**Date - Estimated Date of Birth**		**S**				Do we want to keep this?	System Questions
2300	**DTP**	**Date - Hearing and Vision Prescription Date**		**S**					
2300	**DTP**	**Date - Disability Begin**		**S**					
2300	**DTP**	**Date - Disability End**		**S**					
2300	**DTP**	**Date - Last Worked**		**S**					
2300	**DTP**	**Date - Authorized Return to Work**		**S**					
2300	**DTP**	**Date - Admission**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "435"	Translation
2300	DTP03	Related Hospitalization Admission Date	AN35	R				Add to claim	Case Management
2300	**DTP**	**Date - Discharge**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	DTP01	Date Time Qualifier	ID3	R				Verify "096"	Translation
2300	DTP03	Related Hospitalization Discharge Date	AN35	R				Add to claim	Case Management
2300	**DTP**	**Date - Assumed and Relinquished Care Dates**		**S**					
2300	DTP01	Date Time Qualifier	ID3	R				Verify "090" or "091"	Translation
2300	DTP03	Assumed or Relinquished Care Date	AN35	R				Add to claim	Case Management
2300	**PWK**	**Claim Supplemental Information**		**S**					
2300	PWK01	Attachment Report Type Code	ID2	R				Add to claim	Case Management
2300	PWK02	Attachment Transmission Code	ID2	R				Add to claim	Case Management
2300	PWK06	Attachment Control Number	AN80	S				Add to claim	Case Management
2300	**CN1**	**Contract Information**		**S**					
2300	**AMT**	**Credit/Debit Card Maximum Amount**		**S**					
2300	**AMT**	**Patient Amount Paid**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R				Verify "F5"	Translation
2300	AMT02	Patient Amount Paid	R18	R	Medical-Claim	CLM-RECIP-PMT-AMT	S9(7)V99		
2300	**AMT**	**Total Purchased Service Amount**		**S**					
2300	AMT01	Amount Qualifier Code	ID3	R				Verify "NE"	Translation
2300	AMT02	Total Purchased Service Amount	R18	R				Used for waiver programs: do we refund expenses of cleaners, etc?	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**REF**	**Service Authorization Exception Code**		**S**					
2300	**REF**	**Mandatory Medicare (Section 4081) Crossover Indicator**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R				Verify "F5"	Translation
2300	REF02	Medicare Section 4081 Indicator	AN30	R	Institutional-Claim	RECIP-MCARE-IND	X(1)	Store for Medicare xover claims	Electronic COB
2300	REF02	Medicare Section 4081 Indicator	AN30	R	Medical-Claim	RECIP-MCARE-IND	X(1)	Store for Medicare xover claims	Electronic COB
2300	**REF**	**Mammography Certification Number**		**S**					
2300	**REF**	**Prior Authorization or Referral Number**		**S**					
2300	REF01	Reference Identification Qualifier	ID3	R				Verify "G1"	Translation
2300	REF02	Prior Authorization or Referral Number	AN30	R	Medical-Claim	PRIOR-AUTH-NUM	9(9)		
2300	**REF**	**Original Reference Number (ICN/DCN)**		**S**				When CLM05-3=7-replacement, REF02 can be used to justify timelines. Automate. Issue for OPS.	Policy Issues
2300	REF01	Reference Identification Qualifier	ID3	R				Verify "F8"	Translation
2300	REF02	Claim Original Reference Number	AN30	R	Institutional-Claim	TCN-TO-CREDIT	9(17)	Return in 835.	Match Back
2300	REF02	Claim Original Reference Number	AN30	R	Medical-Claim	TCN-TO-CREDIT	9(17)	Return in 835.	Match Back
2300	**REF**	**Clinical Laboratory Improvement Amendment (CLIA) Number**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	REF01	Reference Identification Qualifier	ID3	R				Verify "X4"	Translation
2300	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R	Prov-File	CLIA-CERT-NUMBER	X(10)	store for performing provider: which of 2 fields?...On HCFA box 23, If it's ALPHA numeric, it's CLIA (PA# is all numeric), CLIA# is needed in MMIS	System Questions
2300	**REF**	**Repriced Claim Number**		**S**					
2300	**REF**	**Adjusted Repriced Claim Number**		**S**					
2300	**REF**	**Investigational Device Exemption Number**		**S**					
2300	**REF**	**Claim Identification Number for Clearing Houses and Other ? Transmission Intermediaries**		**S**					
2300	**REF**	**Ambulatory Patient Group (APG)**		**S**					
2300	**REF**	**Medical Record Number**		**S**					
2300	**REF**	**Demonstration Project Identifier**		**S**					
2300	REF02	Demonstration Project Identifier	AN30	R				May use for new local code when legislture mandates	Case Management
2300	**K 3**	**File Information**		**S**					
2300	K 301	Fixed Format Information	AN80	R				Store: we want a claim indicator for legislative emergency, perhaps in expand-area of claim	Case Management
2300	**NTE**	**Claim Note**		**S**					
2300	NTE02	Claim Note Text	AN80	R				Send to MMIS	Case Management
2300	**CR1**	**Ambulance Transport Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CR102	Patient Weight	R10	S				Send & store in MMIS so can justify an extra attendant	Case Management
2300	CR103	Ambulance Transport Code	ID1	R				Send & store in MMIS	Case Management
2300	CR104	Ambulance Transport Reason Code	ID1	R				Send & store in MMIS	Case Management
2300	CR106	Transport Distance	R15	R				Send & store in MMIS	Case Management
2300	**CR2**	**Spinal Manipulation Service Information**		**S**					
2300	**CRC**	**Ambulance Certification**		**S**					
2300	CRC02	Certification Condition Indicator	ID1	R				Store & send to MMIS	Case Management
2300	CRC03	Condition Code	ID2	R				Store & send to MMIS	Case Management
2300	CRC04	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	CRC05	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	CRC06	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	CRC07	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	**CRC**	**Patient Condition Information: Vision**		**S**					
2300	CRC02	Certification Condition Indicator	ID1	R				Store & send to MMIS	Case Management
2300	CRC03	Condition Code	ID2	R				Store & send to MMIS	Case Management
2300	CRC04	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	CRC05	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	CRC06	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	CRC07	Condition Code	ID2	S				Store & send to MMIS	Case Management
2300	**CRC**	**Homebound Indicator**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**HI**	**Health Care Diagnosis Code**		**S**					
2300	HI 01	Diagnosis Type Code	ID3	R				Verify "BK" for all occurences	Translation
2300	HI 01	Diagnosis Code	AN30	R	Medical-Claim	DIAG-CODE-ICD-9	X(7)	Store all codes sent (see SV107)	HIPAA Required
2300	HI 02	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	HI 03	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	HI 04	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	HI 05	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	HI 06	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	HI 07	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	HI 08	Diagnosis Code	AN30	R				Store all codes sent (see SV107)	HIPAA Required
2300	**HCP**	**Claim Pricing/Repricing Information**		**S**					
2305	***CR7***	***Home Health Care Plan Information***		***S***					
2305	**CR7**	**Home Health Care Plan Information**		**S**					
2305	CR701	Discipline Type Code	ID2	R				if "MS" deny without review	Case Management
2305	CR702	Total Visits Rendered Count	N09	R				store recert date plus disciplines & accumulate this for each discipline & recert period; zeroing it when get new recert date	Case Management
2305	**HSD**	**Health Care Services Delivery**		**S**					
2305	HSD01	Visits	ID2	S				Verify "VS"	Translation
2305	HSD02	Number of Visits	R15	S				useful for review; store with CR701-discipline	Case Management

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2305	HSD03	Frequency Period	ID2	S				useful for review; store with CR701-discipline	Case Management
2305	HSD04	Frequency Count	R6	S				useful for review; store with CR701-discipline	Case Management
2305	HSD05	Duration of Visits Units	ID2	S				useful for review; store with CR701-discipline	Case Management
2305	HSD06	Duration of Visits, Number of Units	N03	S				useful for review; store with CR701-discipline	Case Management
2305	HSD07	Ship, Delivery or Calendar Pattern Code	ID2	S				useful for review; store with CR701-discipline	Case Management
2305	HSD08	Delivery Pattern Time Code	ID1	S				useful for review; store with CR701-discipline	Case Management
2310A	***NM1***	***Referring Provider Name***		***S***					
2310A	**NM1**	**Referring Provider Name**		**S**				Only prov num, not name, accepted	Policy Issues
2310A	NM101	Entity Identifier Code	ID3	R				Verify "DN"	Translation
2310A	NM108	Identification Code Qualifier	ID2	S				verify "XX"-NPI	Translation
2310A	NM109	Referring Provider Identifier	AN80	S	Medical-Claim	REFERRING-PROV-NUM	9(10)		
2310A	**PRV**	**Referring Provider Specialty Information**		**S**					
2310A	PRV01	Provider Code	ID3	R				Verify "RF"	Translation
2310A	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"-provider taxonomy	Translation
2310A	PRV03	Provider Taxonomy Code	AN30	R	Prov-File	PROV-SPEC-CODE	X(2)		
2310A	**N 2**	**Additional Referring Provider Name Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	**REF**	**Referring Provider Secondary Identification**		**S**					
2310A	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2310A	REF02	Referring Provider Secondary Identifier	AN30	R	Medical-Claim	REFERRING-PROV-NUM	9(10)		
2310B	***NM1***	***Rendering Provider Name***		***S***					
2310B	**NM1**	**Rendering Provider Name**		**S**					
2310B	NM101	Entity Identifier Code	ID3	R				Verify "82"	Translation
2310B	NM108	Identification Code Qualifier	ID2	R				Valadate "XX"	Translation
2310B	NM109	Rendering Provider Identifier	AN80	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	if there is no explicit "Rendering Provider" here, use the "Billing Prov" in loop 2020AA NM1.	Translation
2310B	**PRV**	**Rendering Provider Specialty Information**		**R**					
2310B	PRV01	Provider Code	ID3	R				Verify "RF"	Translation
2310B	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"-provider taxonomy	Translation
2310B	**N 2**	**Additional Rendering Provider Name Information**		**S**					
2310B	**REF**	**Rendering Provider Secondary Identification**		**S**					
2310B	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number or "1G"=UPIN	Translation
2310B	REF02	Rendering Provider Secondary Identifier	AN30	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	Match back required	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310C	*NM1*	*Purchased Service Provider Name*		*S*					
2310C	NM1	Purchased Service Provider Name		S					
2310C	REF	Purchased Service Provider Secondary Identification		S					
2310D	*NM1*	*Service Facility Location*		*S*					
2310D	NM1	Service Facility Location		S					
2310D	N 2	Additional Service Facility Location Name Information		S					
2310D	N 3	Service Facility Location Address		R					
2310D	N 4	Service Facility Location City/State/ZIP		R					
2310D	REF	Service Facility Location Secondary Identification		S					
2310E	*NM1*	*Supervising Provider Name*		*S*					
2310E	NM1	Supervising Provider Name		S					
2310E	N 2	Additional Supervising Provider Name Information		S					
2310E	REF	Supervising Provider Secondary Identification		S					
2320	*SBR*	*Other Subscriber Information*		*S*				Not more than 2 other payers	Electronic COB

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	**SBR**	**Other Subscriber Information**		**S**					
2320	SBR01	Payer Responsibility Sequence Number Code	ID1	R				Add to MMIS	Electronic COB
2320	SBR02	Individual Relationship Code	ID2	R				Add to MMIS	Electronic COB
2320	SBR03	Insured Group or Policy Number	AN30	S				Add to MMIS	Electronic COB
2320	SBR04	Other Insured Group Name	AN60	S				Add to MMIS	Electronic COB
2320	SBR05	Insurance Type Code	ID3	R				Add to MMIS	Electronic COB
2320	SBR09	Claim Filing Indicator Code	ID2	S				Add to MMIS	Electronic COB
2320	**CAS**	**Claim Level Adjustments**		**S**					
2320	CAS01	Claim Adjustment Group Code	ID2	R				Add to MMIS	Electronic COB
2320	CAS02	Adjustment Reason Code	ID5	R				Add to MMIS	Electronic COB
2320	CAS03	Adjustment Amount	R18	R				Add to MMIS	Electronic COB
2320	CAS04	Adjustment Quantity	R15	S				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Payer Paid Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "D"	Translation
2320	AMT02	Payer Paid Amount	R18	R	Medical-Claim	AMT-PAID-BY-MCARE	S9(7)V99	Use for COB	Electronic COB
2320	AMT02	Payer Paid Amount	R18	R	Medical-Claim	THIRD-PARTY-PMT-AMT	S9(7)V99	Use for COB	Electronic COB

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	**AMT**	**Coordination of Benefits (COB) Approved Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "AAE"	Translation
2320	AMT02	Approved Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Allowed Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "B6"	Translation
2320	AMT02	Allowed Amount	R18	R	Medical-Claim	MCARE-ALLOWED-AMT	S9(7)V99	Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Patient Responsibility Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "F2"	Translation
2320	AMT02	Other Payer Patient Responsibility Amount	R18	R				Add to MMIS: other payer's patient pay amt	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Covered Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "AU"	Translation
2320	AMT02	Other Payer Covered Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Discount Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "D8"	Translation
2320	AMT02	Other Payer Discount Amount	R18	R				Add to MMIS	Electronic COB

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	**AMT**	**Coordination of Benefits (COB) Per Day Limit Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "DY"	Translation
2320	AMT02	Other Payer Per Day Limit Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Patient Paid Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "F5"	Translation
2320	AMT02	Other Payer Patient Paid Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Tax Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "T"	Translation
2320	AMT02	Other Payer Tax Amount	R18	R				Add to MMIS	Electronic COB
2320	**AMT**	**Coordination of Benefits (COB) Total Claim Before Taxes Amount**		**S**					
2320	AMT01	Amount Qualifier Code	ID3	R				Verify "T2"	Translation
2320	AMT02	Other Payer Pre-Tax Claim Total Amount	R18	R				Add to MMIS	Electronic COB
2320	**DMG**	**Subscriber Demographic Information**		**S**					
2320	DMG02	Other Insured Birth Date	AN35	R				Add to MMIS	Electronic COB
2320	DMG03	Other Insured Gender Code	ID1	R				Add to MMIS	Electronic COB

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	**OI**	**Other Insurance Coverage Information**		**R**					
2320	**MOA**	**Medicare Outpatient Adjudication Information**		**S**					
2320	MOA01	Reimbursement Rate	R10	S				Add to MMIS	Electronic COB
2320	MOA02	HCPCS Payable Amount	R18	S				Add to MMIS	Electronic COB
2320	MOA03	Remark Code	AN30	S				Add to MMIS	Electronic COB
2330A	***NM1***	***Other Subscriber Name***		***R***					
2330A	**NM1**	**Other Subscriber Name**		**R**					
2330A	NM103	Other Insured Last Name	AN35	R				Add to MMIS	Electronic COB
2330A	NM104	Other Insured First Name	AN25	S				Add to MMIS	Electronic COB
2330A	NM105	Other Insured Middle Name	AN25	S				Add to MMIS	Electronic COB
2330A	NM107	Other Insured Name Suffix	AN10	S				Add to MMIS	Electronic COB
2330A	NM109	Other Insured Identifier	AN80	R				Get Member ID, policy #, SSN	Electronic COB
2330A	**N 2**	**Additional Other Subscriber Name Information**		**S**					
2330A	N 201	Other Insured Additional Name	AN60	R				Add to MMIS	Electronic COB
2330A	**N 3**	**Other Subscriber Address**		**S**					
2330A	**N 4**	**Other Subscriber City/State/ZIP Code**		**S**					
2330A	**REF**	**Other Subscriber Secondary Identification**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330A	REF01	Reference Identification Qualifier	ID3	R				Add to MMIS	Electronic COB
2330A	REF02	Other Insured Additional Identifier	AN30	R				Get Member ID, policy #, SSN	Electronic COB
2330B	***NM1***	***Other Payer Name***		***R***					
2330B	**NM1**	**Other Payer Name**		**R**					
2330B	NM101	Entity Identifier Code	ID3	R				Validate "PR"	Translation
2330B	NM103	Other Payer Last or Organization Name	AN35	R				Add to MMIS	Electronic COB
2330B	NM108	Identification Code Qualifier	ID2	R				verify "PI"-payer ID	Translation
2330B	NM109	Other Payer Primary Identifier	AN80	R				Add to MMIS	Electronic COB
2330B	**N 2**	**Additional Other Payer Name Information**		**S**					
2330B	N 201	Other Payer Additional Name Text	AN60	R				Add to MMIS	Electronic COB
2330B	**PER**	**Other Payer Contact Information**		**S**					
2330B	PER01	Contact Function Code	ID2	R				Add to MMIS	Electronic COB
2330B	PER02	Other Payer Contact Name	AN60	R				Add to MMIS	Electronic COB
2330B	PER03	Communication Number Qualifier	ID2	R				Add to MMIS	Electronic COB
2330B	PER04	Communication Number	AN80	R				Add to MMIS	Electronic COB
2330B	PER05	Communication Number Qualifier	ID2	S				Add to MMIS	Electronic COB
2330B	PER06	Communication Number	AN80	S				Add to MMIS	Electronic COB

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	PER07	Communication Number Qualifier	ID2	S				Add to MMIS	Electronic COB
2330B	PER08	Communication Number	AN80	S				Add to MMIS	Electronic COB
2330B	**DTP**	**Claim Adjudication Date**		**S**					
2330B	DTP01	Date Time Qualifier	ID3	R				Verify "573"	Translation
2330B	DTP03	Adjudication or Payment Date	AN35	R				Add to MMIS	Electronic COB
2330B	**REF**	**Other Payer Secondary Identifier**		**S**					
2330B	REF02	Other Payer Secondary Identifier	AN30	R				Add to MMIS	Electronic COB
2330B	**REF**	**Other Payer Prior Authorization or Referral Number**		**S**					
2330B	REF01	Reference Identification Qualifier	ID3	R				Verify "G1"	Translation
2330B	REF02	Other Payer Prior Authorization or Referral Number	AN30	R				Add to MMIS	Electronic COB
2330B	**REF**	**Other Payer Claim Adjustment Indicator**		**S**					
2330B	REF01	Reference Identification Qualifier	ID3	R				Verify "T4"	Translation
2330B	REF02	Other Payer Claim Adjustment Indicator	AN30	R				Add to MMIS	Electronic COB
2330C	***NM1***	***Other Payer Patient Information***		***S***					
2330C	**NM1**	**Other Payer Patient Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330C	REF	Other Payer Patient Identification		S					
2330D	*NM1*	*Other Payer Referring Provider*		*S*					
2330D	NM1	Other Payer Referring Provider		S					
2330D	REF	Other Payer Referring Provider Identification		R					
2330E	*NM1*	*Other Payer Rendering Provider*		*S*					
2330E	NM1	Other Payer Rendering Provider		S					
2330E	REF	Other Payer Rendering Provider Secondary Identification		R					
2330F	*NM1*	*Other Payer Purchased Service Provider*		*S*					
2330F	NM1	Other Payer Purchased Service Provider		S					
2330F	REF	Other Payer Purchased Service Provider Identification		R					
2330G	*NM1*	*Other Payer Service Facility Location*		*S*					
2330G	NM1	Other Payer Service Facility Location		S					
2330G	REF	Other Payer Service Facility Location Identification		R					
2330H	*NM1*	*Other Payer Supervising Provider*		*S*					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330H	**NM1**	**Other Payer Supervising Provider**		**S**					
2330H	**REF**	**Other Payer Supervising Provider Identification**		**R**					
2400	***LX***	***Service Line***		***R***					
2400	**LX**	**Service Line**		**R**					
2400	LX 01	Assigned Number	N06	R				Store in MMIS; may not be the same as MMIS line-item-code	Translation
2400	**SV1**	**Professional Service**		**R**					
2400	SV101	Product or Service ID Qualifier	ID2	R				Store & send back in 835 SVC01-1	Match Back
2400	SV101	Procedure Code	AN48	R	Medical-Claim	PROC-CODE	X(5)	Need Service level PROC-CODE (CPT4); map local codes to HCPCS; support NDC	HIPAA Required
2400	SV101	Procedure Modifier	AN2	S	Medical-Claim	PROC-CODE-MODIFIER	X(2)	Do we want to move allowed modifiers to procedure record?	System Questions
2400	SV101	Procedure Modifier	AN2	S				store all modifiers from 837 SV101	Case Management
2400	SV101	Procedure Modifier	AN2	S				store all modifiers from 837 SV101	Case Management
2400	SV101	Procedure Modifier	AN2	S				store all modifiers from 837 SV101	Case Management
2400	SV102	Line Item Charge Amount	R18	R	Medical-Claim	PROCEDURE-CHARGE	S9(7)V99		
2400	SV103	Unit or Basis for Measurement Code	ID2	R				must use standard international unit codes	HIPAA Required
2400	SV104	Service Unit Count	R15	R				need to store orig units from 837 SV104; add use of decimal units	Match Back
2400	SV105	Place of Service Code	AN2	S	Medical-Claim	PLACE-OF-SERVICE	X(1)	Expand to 2 digits & use standard codes	Match Back

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	SV107	Diagnosis Code Pointer	N02	R				In MMIS: store claim Dx & point to them from service level	HIPAA Required
2400	SV109	Emergency Indicator	ID1	R				Store & send to MMIS	HIPAA Required
2400	SV111	EPSDT Indicator	ID1	S	Medical-Claim	EPSDT-IND	X(1)	Store & send to MMIS	Case Management
2400	SV112	Family Planning Indicator	ID1	S	Medical-Claim	FAMILY-PLANNING-COD	X(1)	Store & send to MMIS	Case Management
2400	**SV4**	**Prescription Number**		**S**					
2400	SV401	Prescription Number	AN30	R				Store & send to MMIS	Case Management
2400	**PWK**	**DMERC CMN Indicator**		**S**					
2400	**CR1**	**Ambulance Transport Information**		**S**					
2400	**CR2**	**Spinal Manipulation Service Information**		**S**					
2400	**CR3**	**Durable Medical Equipment Certification**		**S**					
2400	CR301	Certification Type Code	ID1	R				Store & send to MMIS	Case Management
2400	CR302	Unit or Basis for Measurement Code	ID2	R				Store & send to MMIS	Case Management
2400	CR303	Durable Medical Equipment Duration	R15	R				Store & send to MMIS	Case Management
2400	**CR5**	**Home Oxygen Therapy Information**		**S**				ask Patsy Ingle via Katie	System Questions
2400	**CRC**	**Ambulance Certification**		**S**					
2400	**CRC**	**Hospice Employee Indicator**		**S**					
2400	**CRC**	**DMERC Condition Indicator**		**S**				ask Patsy	System Questions
2400	**DTP**	**Date - Service Date**		**R**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	DTP01	Date Time Qualifier	ID3	R				verify "472"	Translation
2400	DTP03	Service Date	AN35	R	Medical-Claim	FIRST-DATE-OF-SVC_service_level	9(5)	If it's a date range, use format: CCMMYYDD-CCMMYYDD	Match Back
2400	DTP03	Service Date	AN35	R	Medical-Claim	LAST-DATE-OF-SVC_service_level	9(5)	If it's a date range, use format: CCMMYYDD-CCMMYYDD	Match Back
2400	**DTP**	**Date - Certification Revision Date**		**S**					
2400	**DTP**	**Date - Referral Date**		**S**					
2400	**DTP**	**Date - Begin Therapy Date**		**S**				ask Patsy Ingle via Katie	System Questions
2400	**DTP**	**Date - Last Certification Date**		**S**					
2400	**DTP**	**Date - Order Date**		**S**					
2400	**DTP**	**Date - Date Last Seen**		**S**					
2400	**DTP**	**Date - Test**		**S**					
2400	**DTP**	**Date - Oxygen Saturation/Arterial Blood Gas Test**		**S**					
2400	**DTP**	**Date - Shipped**		**S**					
2400	**DTP**	**Date - Onset of Current Symptom/Illness**		**S**					
2400	**DTP**	**Date - Last X-ray**		**S**					
2400	**DTP**	**Date - Acute Manifestation**		**S**					
2400	**DTP**	**Date - Initial Treatment**		**S**					
2400	**DTP**	**Date - Similar Illness/Symptom Onset**		**S**					
2400	**QTY**	**Anesthesia Modifying Units**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	QTY01	Quantity Qualifier	ID2	R				Verify "G1"	Translation
2400	QTY02	Anesthesia Modifying Units	R15	R				Store & send to MMIS	Case Management
2400	**MEA**	**Test Result**		**S**					
2400	**CN1**	**Contract Information**		**S**					
2400	**REF**	**Repriced Line Item Reference Number**		**S**					
2400	**REF**	**Adjusted Repriced Line Item Reference Number**		**S**					
2400	**REF**	**Prior Authorization or Referral Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R				Verify "G1"	Translation
2400	REF02	Prior Authorization or Referral Number	AN30	R				Need PA# at service line level	Processing Logic
2400	**REF**	**Line Item Control Number**		**S**					
2400	REF01	Reference Identification Qualifier	ID3	R				Verify "6R"	Translation
2400	REF02	Line Item Control Number	AN30	R				Store and send back in 835 2110 REF "6R"-provider control number	Match Back
2400	**REF**	**Mammography Certification Number**		**S**					
2400	**REF**	**Clinical Laboratory Improvement Amendment (CLIA) Identification**		**S**					
2400	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R	Prov-File	CLIA-CERT-NUMBER	X(10)	store for performing provider	Case Management

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	REF02	Clinical Laboratory Improvement Amendment Number	AN30	R	Prov-File	CLIA-PROV-NUMBER	9(10)	store for performing provider	Case Management
2400	**REF**	**Referring Clinical Laboratory Improvement Amendment (CLIA) Facility ? Identification**		**S**					
2400	**REF**	**Immunization Batch Number**		**S**					
2400	**REF**	**Ambulatory Patient Group (APG)**		**S**					
2400	REF02	Ambulatory Patient Group Number	AN30	R				store	Case Management
2400	**REF**	**Oxygen Flow Rate**		**S**					
2400	**REF**	**Universal Product Number (UPN)**		**S**					
2400	**AMT**	**Sales Tax Amount**		**S**					
2400	**AMT**	**Approved Amount**		**S**					
2400	AMT02	Approved Amount	R18	R				Store & send to MMIS for COB	Case Management
2400	**AMT**	**Postage Claimed Amount**		**S**					
2400	**K 3**	**File Information**		**S**					
2400	**NTE**	**Line Note**		**S**					
2400	NTE02	Line Note Text	AN80	R				Store & send to MMIS	Case Management
2400	**PS1**	**Purchased Service Information**		**S**					
2400	**HSD**	**Health Care Services Delivery**		**S**				HH staff need to review this: Pam Colyar, Sue Hilton	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	**HCP**	**Line Pricing/Repricing Information**		**S**					
2420A	***NM1***	***Rendering Provider Name***		***S***					
2420A	**NM1**	**Rendering Provider Name**		**S**				Need to add Rendering & Referring Prov at line level	HIPAA Required
2420A	NM101	Entity Identifier Code	ID3	R				Verify "82"	Translation
2420A	NM108	Identification Code Qualifier	ID2	R				Verify "XX"	Translation
2420A	NM109	Rendering Provider Identifier	AN80	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)	Match back required. Need to add service line level PERFORMING-PROV-NUM to medical claim	Match Back
2420A	**PRV**	**Rendering Provider Specialty Information**		**R**					
2420A	PRV01	Provider Code	ID3	R				Verify "PE"-performing	Translation
2420A	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"-provider taxonomy	Translation
2420A	PRV03	Provider Taxonomy Code	AN30	R	Prov-File	PROV-SPEC-CODE	X(2)		
2420A	**N 2**	**Additional Rendering Provider Name Information**		**S**					
2420A	**REF**	**Rendering Provider Secondary Identification**		**S**					
2420A	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number	Translation
2420A	REF02	Rendering Provider Secondary Identifier	AN30	R	Medical-Claim	PERFORMING-PROV-NUM	9(10)		
2420B	***NM1***	***Purchased Service Provider Name***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420B	NM1	Purchased Service Provider Name		S					
2420B	REF	Purchased Service Provider Secondary Identification		S					
2420C	*NM1*	*Service Facility Location*		*S*					
2420C	NM1	Service Facility Location		S					
2420C	N 2	Additional Service Facility Location Name Information		S					
2420C	N 3	Service Facility Location Address		R					
2420C	N 4	Service Facility Location City/State/ZIP		R					
2420C	REF	Service Facility Location Secondary Identification		S					
2420D	*NM1*	*Supervising Provider Name*		*S*					
2420D	NM1	Supervising Provider Name		S					
2420D	N 2	Additional Supervising Provider Name Information		S					
2420D	REF	Supervising Provider Secondary Identification		S					
2420E	*NM1*	*Ordering Provider Name*		*S*					
2420E	NM1	Ordering Provider Name		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420E	**N 2**	**Additional Ordering Provider Name Information**		**S**					
2420E	**N 3**	**Ordering Provider Address**		**S**					
2420E	**N 4**	**Ordering Provider City/State/ZIP Code**		**S**					
2420E	**REF**	**Ordering Provider Secondary Identification**		**S**					
2420E	**PER**	**Ordering Provider Contact Information**		**S**					
2420F	***NM1***	***Referring Provider Name***		***S***					
2420F	**NM1**	**Referring Provider Name**		**S**					
2420F	NM101	Entity Identifier Code	ID3	R				Verify "DN"-referring	Translation
2420F	NM108	Identification Code Qualifier	ID2	S				Verify "XX"	Translation
2420F	NM109	Referring Provider Identifier	AN80	S	Medical-Claim	REFERRING-PROV-NUM	9(10)	Do we want to add service line level REFERRING-PROV-NUM to medical claim?	Nice to Have
2420F	**PRV**	**Referring Provider Specialty Information**		**S**					
2420F	PRV01	Provider Code	ID3	R				Verify "RF"-referring	Translation
2420F	PRV02	Reference Identification Qualifier	ID3	R				Verify "ZZ"-provider taxonomy	Translation
2420F	PRV03	Provider Taxonomy Code	AN30	R				new prov field	HIPAA Required
2420F	**N 2**	**Additional Referring Provider Name Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2420F	**REF**	**Referring Provider Secondary Identification**		**S**					
2420F	REF01	Reference Identification Qualifier	ID3	R				Verify "1D" = Medicaid number	Translation
2420F	REF02	Referring Provider Secondary Identifier	AN30	R	Medical-Claim	REFERRING-PROV-NUM	9(10)		
2420G	***NM1***	***Other Payer Prior Authorization or Referral Number***		***S***					
2420G	**NM1**	**Other Payer Prior Authorization or Referral Number**		**S**					
2420G	**REF**	**Other Payer Prior Authorization or Referral Number**		**R**					
2430	***SVD***	***Line Adjudication Information***		***S***					
2430	**SVD**	**Line Adjudication Information**		**S**					
2430	**CAS**	**Line Adjustment**		**S**					
2430	**DTP**	**Line Adjudication Date**		**R**					
2440	***LQ***	***Form Identification Code***		***S***					
2440	**LQ**	**Form Identification Code**		**S**					
2440	**FRM**	**Supporting Documentation**		**R**					
2440	**SE**	**Transaction Set Trailer**		**R**					
2440	SE 01	Transaction Segment Count	N010	R				number of included segments, including ST, SE.	Translation

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)