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HIPAA Project
Mapping -- HIPAA 278Response to MMISupdate.xls-HIPAA 278Response to MMIS

as of 7/9/2002

Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
1		**ST**	**Transaction Set Header**								
2		ST 01	Transaction Set Identifier Code	ID3			Hardcode "278"	Translation	hard code: req'd	278	
3		ST 02	Transaction Set Control Number	AN9					hard code: req'd	1	
4		**BHT**	**Beginning of Hierarchical Transaction**								
5		BHT01	Hierarchical Structure Code	ID4			Hardcode "0078"	Translation	hard code: req'd	0078	
6		BHT02	Transaction Set Purpose Code	ID2			Hardcode "11"	Translation	hard code: req'd	11	
7		BHT03	Submitter Transaction Identifier	AN30			Return what was in request BHT03	Match Back	assign a unique ID	e.g., timestamp	
8		BHT04	Transaction Set Creation Date	DT8					required by HIPAA	CCYYMMDD format	
9		BHT05	Transaction Set Creation Time	TM8					required by HIPAA		
10		BHT06	Transaction Type Code	ID2			Hardcode "18" - response with no further updates	Translation	assign	18-final response; 19-pended response	
11	**2000A**	**HL**	**Utilization Management Organization (UMO) Level**								
12	2000A	HL 01	Hierarchical ID Number	AN12			Hardcode "1" for UMO level	Translation	assign: req'd	increment from 1 by 1 for each HL loop	
13	2000A	HL 03	Hierarchical Level Code	ID2			Hardcode "20"-info source	Translation	hard code: req'd	20	
14	2000A	HL 04	Hierarchical Child Code	ID1			Hardcode "1"	Translation	hard code: req'd	1	
15	**2000A**	**AAA**	**Request Validation**								
16	2000A	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down list	
17	2000A	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down list	
18	2000A	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down list	

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19	**2010A**	**NM1**	**Utilization Management Organization (UMO) Name**								
20	2010A	NM101	Entity Identifier Code	ID3			Hardcode "X3"-UMO	Translation	hard code: req'd	X3	
21	2010A	NM102	Entity Type Qualifier	ID1					hard code: req'd	2	
22	2010A	NM103	Utilization Management Organization (UMO) Last or Organization Name	AN35			Hardcode "Washington State DSHS"; MAA; other?	Translation	hard code: req'd	"WA DSHS MAA"	Only concerned about MAA
23	2010A	NM104	Utilization Management Organization (UMO) First Name	AN25					optional (not used)		
24	2010A	NM105	Utilization Management Organization (UMO) Middle Name	AN25					optional (not used)		
25	2010A	NM107	Utilization Management Organization (UMO) Name Suffix	AN10					optional (not used)		
26	2010A	NM108	Identification Code Qualifier	ID2			Hard code "PI"=payor ID or "XV"-National PlanID (future)	Translation	hard code: req'd	24-EIN or 46-ETIN	
27	2010A	NM109	Utilization Management Organization (UMO) Identifier	AN80			Hardcode UMO ID	Translation	hard code: req'd	<MAA's ID>	
28	**2010A**	**PER**	**Utilization Management Organization (UMO) Contact Information**								
29	2010A	PER01	Contact Function Code	ID2			Hardcode "IC"	Translation	hard code: req'd	IC	
30	2010A	PER02	Utilization Management Organization (UMO) Contact Name	AN60			Hardcode "MAA Provider Relations"	Translation	hard code: req'd	"MAA Provider Relations"	
31	2010A	PER03	Communication Number Qualifier	ID2			Hardcode "TE"	Translation	hard code: req'd	TE	

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32	2010A	PER04	Utilization Management Organization (UMO) Contact Communication Number	AN80			Hardcode "(800)652-6188"	Translation	hard code: req'd	(800)652-6188	
33	2010A	PER05	Communication Number Qualifier	ID2					optional (not used)		
34	2010A	PER06	Utilization Management Organization (UMO) Contact Communication Number	AN80					optional (not used)		
35	2010A	PER07	Communication Number Qualifier	ID2					optional (not used)		
36	2010A	PER08	Utilization Management Organization (UMO) Contact Communication Number	AN80					optional (not used)		
37	**2010A**	**AAA**	**Utilization Management Organization (UMO) Request Validation**								
38	2010A	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
39	2010A	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
40	2010A	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
41	**2000B**	**HL**	**Requester Level**								
42	2000B	HL 01	Hierarchical ID Number	AN12			Hardcode "2" for requestor level	Translation	assign: req'd	increment by 1 for each HL	
43	2000B	HL 02	Hierarchical Parent ID Number	AN12			Hardcode "1"-previous HL01	Translation	assign: req'd	parent HL's HL01 value	
44	2000B	HL 03	Hierarchical Level Code	ID2			Hardcode "21"-info receiver	Translation	hard code: req'd	21	
45	2000B	HL 04	Hierarchical Child Code	ID1			Hardcode "1"	Translation	hard code: req'd	1	

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46	**2010B**	**NM1**	**Requester Name**								
47	2010B	NM101	Entity Identifier Code	ID3			From request, same position	Match Back	required by HIPAA	return from Request	
48	2010B	NM102	Entity Type Qualifier	ID1			From request, same position	Match Back	required by HIPAA	return from Request	
49	2010B	NM103	Requester Last or Organization Name	AN35	Prov-File	PROV-NAME	From request, same position; support up to 35 bytes	Match Back	used by MMIS		
50	2010B	NM104	Requester First Name	AN25			Support up to 25 bytes	HIPAA Required	used by MMIS		
51	2010B	NM105	Requester Middle Name	AN25			Support up to 25 bytes	HIPAA Required	used by MMIS		
52	2010B	NM107	Requester Name Suffix	AN10					optional (not used)		
53	2010B	NM108	Identification Code Qualifier	ID2			"24" with EIN; "34" with SSN; "XX" with NPI.	Match Back	required by HIPAA	return from Request	
54	2010B	NM109	Requester Identifier	AN80	Prov-File	PROV-NUMBER	From request, same position	Match Back	required by HIPAA	return from Request	
55	**2010B**	**REF**	**Requester Supplemental Identification**								
56	2010B	REF01	Reference Identification Qualifier	ID3			Verify "1G"-UPIN or "ZH"-Medicaid ID if no NPI in NM109	Translation	used by MMIS if no NPI in NM109	1G-UPIN or ZH-Medicaid ID	
57	2010B	REF02	Requester Supplemental Identifier	AN30	Prov-File	PROV-SS-NUM			used by MMIS if no NPI in NM109		
58	**2010B**	**AAA**	**Requester Request Validation**								
59	2010B	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
60	2010B	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
61	2010B	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
62	**2010B**	**PRV**	**Requester Provider Information**								
63	2010B	PRV01	Provider Code	ID3					optional (not used)	return from request	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
64	2010B	PRV02	Reference Identification Qualifier	ID3					optional (not used)	ZZ	
65	2010B	PRV03	Provider Taxonomy Code	AN30			Use incoming taxonomy code?	Policy Issues	optional (not used)	return from request or from provider file	return taxonomy code received in request….not addressing taxonomy at this time
66	**2000C**	**HL**	**Subscriber Level**								
67	2000C	HL 01	Hierarchical ID Number	AN12			Hardcode "3"-subscriber level	Translation	assign: req'd	increment by 1 for each HL	
68	2000C	HL 02	Hierarchical Parent ID Number	AN12			Hardcode "2"-previous HL01	Translation	assign: req'd	parent HL's HL01 value	
69	2000C	HL 03	Hierarchical Level Code	ID2			Hardcode "22"-subscriber	Translation	hard code: req'd	22	
70	2000C	HL 04	Hierarchical Child Code	ID1					hard code: req'd	1	
71	**2000C**	**AAA**	**Subscriber Request Validation**								
72	2000C	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
73	2000C	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
74	2000C	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
75	**2000C**	**DTP**	**Accident Date**				**return what was in request**	**Match Back**			
76	2000C	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
77	2000C	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
78	2000C	DTP03	Accident Date	AN35					optional (not used)	return from request	
79	**2000C**	**DTP**	**Last Menstrual Period Date**				**return what was in request**	**Match Back**			
80	2000C	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
81	2000C	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
82	2000C	DTP03	Last Menstrual Period Date	AN35					optional (not used)	return from request	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
83	**2000C**	**DTP**	**Estimated Date of Birth**				**return what was in request**	**Match Back**			
84	2000C	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
85	2000C	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
86	2000C	DTP03	Estimated Birth Date	AN35					optional (not used)	return from request	
87	**2000C**	**DTP**	**Onset of Current Symptoms or Illness Date**				**return what was in request**	**Match Back**			
88	2000C	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
89	2000C	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
90	2000C	DTP03	Onset Date	AN35					optional (not used)	return from request	
91	**2000C**	**HI**	**Subscriber Diagnosis**				**return what was in request IF it was used in determination**	**Match Back**			
92	2000C	HI 01	Health Care Code Information								
93	2000C	HI 01-1	Diagnosis Type Code	ID3					required by HIIPAA	return from request	
94	2000C	HI 01-2	Diagnosis Code	AN30	Prior-Authorization	DIAG-CODE-ICD-9			required by HIIPAA	return from request	
95	2000C	HI 01-3	Date Time Period Format Qualifier	ID3					optional	return from request	
96	2000C	HI 01-4	Diagnosis Date	AN35					optional	return from request	
97	2000C	HI 02	Health Care Code Information								
98	2000C	HI 02-1	Diagnosis Type Code	ID3					optional	return from request	
99	2000C	HI 02-2	Diagnosis Code	AN30					optional	return from request	
100	2000C	HI 02-3	Date Time Period Format Qualifier	ID3					optional	return from request	
101	2000C	HI 02-4	Diagnosis Date	AN35					optional	return from request	
102	2000C	HI 03	Health Care Code Information								
103	2000C	HI 03-1	Diagnosis Type Code	ID3					optional	return from request	
104	2000C	HI 03-2	Diagnosis Code	AN30					optional	return from request	
105	2000C	HI 03-3	Date Time Period Format Qualifier	ID3					optional	return from request	
106	2000C	HI 03-4	Diagnosis Date	AN35					optional	return from request	

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107	2000C	HI 04	Health Care Code Information								
108	2000C	HI 04-1	Diagnosis Type Code	ID3					optional	return from request	
109	2000C	HI 04-2	Diagnosis Code	AN30					optional	return from request	
110	2000C	HI 04-3	Date Time Period Format Qualifier	ID3					optional	return from request	
111	2000C	HI 04-4	Diagnosis Date	AN35					optional	return from request	
112	2000C	HI 05	Health Care Code Information								
113	2000C	HI 05-1	Diagnosis Type Code	ID3					optional	return from request	
114	2000C	HI 05-2	Diagnosis Code	AN30					optional	return from request	
115	2000C	HI 05-3	Date Time Period Format Qualifier	ID3					optional	return from request	
116	2000C	HI 05-4	Diagnosis Date	AN35					optional	return from request	
117	2000C	HI 06	Health Care Code Information								
118	2000C	HI 06-1	Diagnosis Type Code	ID3					optional	return from request	
119	2000C	HI 06-2	Diagnosis Code	AN30					optional	return from request	
120	2000C	HI 06-3	Date Time Period Format Qualifier	ID3					optional	return from request	
121	2000C	HI 06-4	Diagnosis Date	AN35					optional	return from request	
122	2000C	HI 07	Health Care Code Information								
123	2000C	HI 07-1	Diagnosis Type Code	ID3					optional	return from request	
124	2000C	HI 07-2	Diagnosis Code	AN30					optional	return from request	
125	2000C	HI 07-3	Date Time Period Format Qualifier	ID3					optional	return from request	
126	2000C	HI 07-4	Diagnosis Date	AN35					optional	return from request	
127	2000C	HI 08	Health Care Code Information								
128	2000C	HI 08-1	Diagnosis Type Code	ID3					optional	return from request	
129	2000C	HI 08-2	Diagnosis Code	AN30					optional	return from request	
130	2000C	HI 08-3	Date Time Period Format Qualifier	ID3					optional	return from request	
131	2000C	HI 08-4	Diagnosis Date	AN35					optional	return from request	
132	2000C	HI 09	Health Care Code Information								
133	2000C	HI 09-1	Diagnosis Type Code	ID3					optional	return from request	
134	2000C	HI 09-2	Diagnosis Code	AN30					optional	return from request	
135	2000C	HI 09-3	Date Time Period Format Qualifier	ID3					optional	return from request	
136	2000C	HI 09-4	Diagnosis Date	AN35					optional	return from request	
137	2000C	HI 10	Health Care Code Information								
138	2000C	HI 10-1	Diagnosis Type Code	ID3					optional	return from request	

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139	2000C	HI 10-2	Diagnosis Code	AN30					optional	return from request	
140	2000C	HI 10-3	Date Time Period Format Qualifier	ID3					optional	return from request	
141	2000C	HI 10-4	Diagnosis Date	AN35					optional	return from request	
142	2000C	HI 11	Health Care Code Information								
143	2000C	HI 11-1	Diagnosis Type Code	ID3					optional	return from request	
144	2000C	HI 11-2	Diagnosis Code	AN30					optional	return from request	
145	2000C	HI 11-3	Date Time Period Format Qualifier	ID3					optional	return from request	
146	2000C	HI 11-4	Diagnosis Date	AN35					optional	return from request	
147	2000C	HI 12	Health Care Code Information								
148	2000C	HI 12-1	Diagnosis Type Code	ID3					optional	return from request	
149	2000C	HI 12-2	Diagnosis Code	AN30					optional	return from request	
150	2000C	HI 12-3	Date Time Period Format Qualifier	ID3					optional	return from request	
151	2000C	HI 12-4	Diagnosis Date	AN35					optional	return from request	
152	**2010C**	**NM1**	**Subscriber Name**								
153	2010C	NM101	Entity Identifier Code	ID3			Hardcode "IL"-insured or subscriber	Translation	required by HIPAA	return from request	
154	2010C	NM102	Entity Type Qualifier	ID1					required by HIPAA	return from request	
155	2010C	NM103	Subscriber Last Name	AN35	Recip-Elig-File	RECIP-LAST-NAME	Support up to 35 bytes	HIPAA Required	req'd if sent in request	return from request	
156	2010C	NM104	Subscriber First Name	AN25	Recip-Elig-File	RECIP-FIRST-NAME	Support up to 25 bytes	HIPAA Required	req'd if sent in request	return from request	
157	2010C	NM105	Subscriber Middle Name	AN25	Recip-Elig-File	RECIP-MIDDLE-INIT	Support up to 25 bytes	Map Codes	req'd if sent in request	return from request	
158	2010C	NM107	Subscriber Name Suffix	AN10					optional (not used)	return from request	
159	2010C	NM108	Identification Code Qualifier	ID2			Hardcode "MI"-payor's member ID	Translation	required by HIPAA	return from request	
160	2010C	NM109	Subscriber Primary Identifier	AN80	Recip-Elig-File	RECIP-IDENT-NUMBER			required by HIPAA	return from request	
161	**2010C**	**REF**	**Subscriber Supplemental Identification**								
162	2010C	REF01	Reference Identification Qualifier	ID3			send "SY" with SSN	Translation	optional (not used)	return from request	
163	2010C	REF02	Subscriber Supplemental Identifier	AN30	Recip-Elig-File	RECIP-SS-NUMBER			optional (not used)	return from request	only return if sent in request

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164	**2010C**	**AAA**	**Subscriber Request Validation**								
165	2010C	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
166	2010C	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
167	2010C	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
168	**2010C**	**DMG**	**Subscriber Demographic Information**								
169	2010C	DMG01	Date Time Period Format Qualifier	ID3					used in MMIS	D8	
170	2010C	DMG02	Subscriber Birth Date	AN35	Recip-Elig-File	RECIP-DATE-OF-BIRTH			used in MMIS		
171	2010C	DMG03	Subscriber Gender Code	ID1	Recip-Elig-File	RECIP-SEX-CODE			used in MMIS	M, F, U	
172	**2000D**	**HL**	**Dependent Level**								
173	2000D	HL 01	Hierarchical ID Number	AN12					req'd if subscr <> patient	increment by 1 for each HL	
174	2000D	HL 02	Hierarchical Parent ID Number	AN12					req'd if subscr <> patient	parent HL's HL01 value	
175	2000D	HL 03	Hierarchical Level Code	ID2					req'd if subscr <> patient	23	
176	2000D	HL 04	Hierarchical Child Code	ID1					req'd if subscr <> patient	1	
177	**2000D**	**AAA**	**Dependent Request Validation**								
178	2000D	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
179	2000D	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
180	2000D	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
181	**2000D**	**DTP**	**Accident Date**								
182	2000D	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	

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183	2000D	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
184	2000D	DTP03	Accident Date	AN35					optional (not used)	return from request	
185	**2000D**	**DTP**	**Last Menstrual Period Date**								
186	2000D	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
187	2000D	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
188	2000D	DTP03	Last Menstrual Period Date	AN35					optional (not used)	return from request	
189	**2000D**	**DTP**	**Estimated Date of Birth**								
190	2000D	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
191	2000D	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
192	2000D	DTP03	Estimated Birth Date	AN35					optional (not used)	return from request	
193	**2000D**	**DTP**	**Onset of Current Symptoms or Illness Date**								
194	2000D	DTP01	Date Time Qualifier	ID3					optional (not used)	return from request	
195	2000D	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	return from request	
196	2000D	DTP03	Onset Date	AN35					optional (not used)	return from request	
197	**2000D**	**HI**	**Dependent Diagnosis**								
198	2000D	HI 01	Health Care Code Information								
199	2000D	HI 01-1	Diagnosis Type Code	ID3					required by HIIPAA	return from request	
200	2000D	HI 01-2	Diagnosis Code	AN30					required by HIIPAA	return from request	
201	2000D	HI 01-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
202	2000D	HI 01-4	Diagnosis Date	AN35					used in MMIS	return from request	
203	2000D	HI 02	Health Care Code Information								
204	2000D	HI 02-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
205	2000D	HI 02-2	Diagnosis Code	AN30					used in MMIS	return from request	

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206	2000D	HI 02-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
207	2000D	HI 02-4	Diagnosis Date	AN35					used in MMIS	return from request	
208	2000D	HI 03	Health Care Code Information								
209	2000D	HI 03-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
210	2000D	HI 03-2	Diagnosis Code	AN30					used in MMIS	return from request	
211	2000D	HI 03-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
212	2000D	HI 03-4	Diagnosis Date	AN35					used in MMIS	return from request	
213	2000D	HI 04	Health Care Code Information								
214	2000D	HI 04-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
215	2000D	HI 04-2	Diagnosis Code	AN30					used in MMIS	return from request	
216	2000D	HI 04-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
217	2000D	HI 04-4	Diagnosis Date	AN35					used in MMIS	return from request	
218	2000D	HI 05	Health Care Code Information								
219	2000D	HI 05-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
220	2000D	HI 05-2	Diagnosis Code	AN30					used in MMIS	return from request	
221	2000D	HI 05-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
222	2000D	HI 05-4	Diagnosis Date	AN35					used in MMIS	return from request	
223	2000D	HI 06	Health Care Code Information								
224	2000D	HI 06-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
225	2000D	HI 06-2	Diagnosis Code	AN30					used in MMIS	return from request	
226	2000D	HI 06-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
227	2000D	HI 06-4	Diagnosis Date	AN35					used in MMIS	return from request	
228	2000D	HI 07	Health Care Code Information								
229	2000D	HI 07-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
230	2000D	HI 07-2	Diagnosis Code	AN30					used in MMIS	return from request	
231	2000D	HI 07-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
232	2000D	HI 07-4	Diagnosis Date	AN35					used in MMIS	return from request	
233	2000D	HI 08	Health Care Code Information								
234	2000D	HI 08-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
235	2000D	HI 08-2	Diagnosis Code	AN30					used in MMIS	return from request	
236	2000D	HI 08-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
237	2000D	HI 08-4	Diagnosis Date	AN35					used in MMIS	return from request	

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Mapping -- HIPAA 278Response to MMISupdate.xls-HIPAA 278Response to MMIS

as of 7/9/2002

Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
238	2000D	HI 09	Health Care Code Information								
239	2000D	HI 09-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
240	2000D	HI 09-2	Diagnosis Code	AN30					used in MMIS	return from request	
241	2000D	HI 09-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
242	2000D	HI 09-4	Diagnosis Date	AN35					used in MMIS	return from request	
243	2000D	HI 10	Health Care Code Information								
244	2000D	HI 10-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
245	2000D	HI 10-2	Diagnosis Code	AN30					used in MMIS	return from request	
246	2000D	HI 10-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
247	2000D	HI 10-4	Diagnosis Date	AN35					used in MMIS	return from request	
248	2000D	HI 11	Health Care Code Information								
249	2000D	HI 11-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
250	2000D	HI 11-2	Diagnosis Code	AN30					used in MMIS	return from request	
251	2000D	HI 11-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
252	2000D	HI 11-4	Diagnosis Date	AN35					used in MMIS	return from request	
253	2000D	HI 12	Health Care Code Information								
254	2000D	HI 12-1	Diagnosis Type Code	ID3					used in MMIS	return from request	
255	2000D	HI 12-2	Diagnosis Code	AN30					used in MMIS	return from request	
256	2000D	HI 12-3	Date Time Period Format Qualifier	ID3					used in MMIS	return from request	
257	2000D	HI 12-4	Diagnosis Date	AN35					used in MMIS	return from request	
258	**2010D**	**NM1**	**Dependent Name**								
259	2010D	NM101	Entity Identifier Code	ID3					required by HIPAA	return from request	
260	2010D	NM102	Entity Type Qualifier	ID1					required by HIPAA	return from request	
261	2010D	NM103	Dependent Last Name	AN35					req'd if sent in request	return from request	
262	2010D	NM104	Dependent First Name	AN25					req'd if sent in request	return from request	
263	2010D	NM105	Dependent Middle Name	AN25					req'd if sent in request	return from request	
264	2010D	NM107	Dependent Name Suffix	AN10					optional (not used)	return from request	
265	2010D	NM108	Identification Code Qualifier	ID2					required by HIPAA	return from request	
266	2010D	NM109	Dependent Primary Identifier	AN80					required by HIPAA	return from request	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
267	**2010D**	**REF**	**Dependent Supplemental Identification**								
268	2010D	REF01	Reference Identification Qualifier	ID3					used by MMIS if subscr <> patient	return from request	
269	2010D	REF02	Dependent Supplemental Identifier	AN30					used by MMIS if subscr <> patient	return from request	
270	**2010D**	**AAA**	**Dependent Request Validation**								
271	2010D	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
272	2010D	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
273	2010D	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
274	**2010D**	**DMG**	**Dependent Demographic Information**								
275	2010D	DMG01	Date Time Period Format Qualifier	ID3					used in MMIS	D8	
276	2010D	DMG02	Dependent Birth Date	AN35					used in MMIS		
277	2010D	DMG03	Dependent Gender Code	ID1					used in MMIS	M, F, U	
278	**2010D**	**INS**	**Dependent Relationship**								
279	2010D	INS01	Insured Indicator	ID1					required if avail.	return from request	
280	2010D	INS02	Individual Relationship Code	ID2					required if avail.	return from request	
281	2010D	INS17	Birth Sequence Number	N09					required if avail.	return from request	
282	**2000E**	**HL**	**Service Provider Level**								
283	2000E	HL 01	Hierarchical ID Number	AN12					assign: req'd	increment by 1 for each HL	
284	2000E	HL 02	Hierarchical Parent ID Number	AN12					assign: req'd	parent HL's HL01 value	
285	2000E	HL 03	Hierarchical Level Code	ID2			Hardcode "19"-service provider	Translation	hard code: req'd	19	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
286	2000E	HL 04	Hierarchical Child Code	ID1					hard code: req'd	1	
287	**2000E**	**MSG**	**Message Text**								
288	2000E	MSG01	Free Form Message Text	AN264					optional (not used)	return from request	
289	**2010E**	**NM1**	**Service Provider Name**								
290	2010E	NM101	Entity Identifier Code	ID3					required by HIPAA	return from request	
291	2010E	NM102	Entity Type Qualifier	ID1					required by HIPAA	return from request	
292	2010E	NM103	Service Provider Last or Organization Name	AN35	Prov-File	PROV-NAME			optional (not used)	return from request	
293	2010E	NM104	Service Provider First Name	AN25					optional (not used)	return from request	
294	2010E	NM105	Service Provider Middle Name	AN25					optional (not used)	return from request	
295	2010E	NM107	Service Provider Name Suffix	AN10					optional (not used)	return from request	
296	2010E	NM108	Identification Code Qualifier	ID2			Send "XX" with NPI, or "24" with Employer TaxID.	Match Back	used in MMIS	return from request	
297	2010E	NM109	Service Provider Identifier	AN80	Prior-Authorization	PROV-NUMBER	Send back what came in on request.	Match Back	req'd if requesting specific service prov	return from request	
298	**2010E**	**REF**	**Service Provider Supplemental Identification**								
299	2010E	REF01	Reference Identification Qualifier	ID3			Send "ZH" with Medicaid provider number	Translation	hard code: used	ZH	
300	2010E	REF02	Service Provider Supplemental Identifier	AN30	Prior-Authorization	PROV-NUMBER			used in MMIS		
301	**2010E**	**N 3**	**Service Provider Address**				**Sending address implies approval is specific to one provider location?**	**HIPAA Questions**			**Still researching…..all indications point to not approving by location**
302	2010E	N 301	Service Provider Address Line	AN55					req'd to ID one of many of prov's locs		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
303	2010E	N 302	Service Provider Address Line	AN55					req'd to ID one of many of prov's locs		
304	**2010E**	**N 4**	**Service Provider City/State/ZIP Code**								
305	2010E	N 401	Service Provider City Name	AN30					req'd to ID one of many of prov's locs		
306	2010E	N 402	Service Provider State or Province Code	ID2					req'd to ID one of many of prov's locs		
307	2010E	N 403	Service Provider Postal Zone or ZIP Code	ID15					req'd to ID one of many of prov's locs		
308	2010E	N 404	Service Provider Country Code	ID3					optional (not used)		
309	**2010E**	**PER**	**Service Provider Contact Information**								
310	2010E	PER01	Contact Function Code	ID2					optional (not used)	return from request	
311	2010E	PER02	Service Provider Contact Name	AN60					optional (not used)	return from request	
312	2010E	PER03	Communication Number Qualifier	ID2	Prov-File	PROV-TELE-NUM			optional (not used)	return from request	
313	2010E	PER04	Service Provider Contact Communication Number	AN80					optional (not used)	return from request	
314	2010E	PER05	Communication Number Qualifier	ID2					optional (not used)	return from request	
315	2010E	PER06	Service Provider Contact Communication Number	AN80					optional (not used)	return from request	
316	2010E	PER07	Communication Number Qualifier	ID2					optional (not used)	return from request	
317	2010E	PER08	Service Provider Contact Communication Number	AN80					optional (not used)	return from request	
318	**2010E**	**AAA**	**Service Provider Request Validation**								

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
319	2010E	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
320	2010E	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
321	2010E	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
322	**2010E**	**PRV**	**Service Provider Information**								
323	2010E	PRV01	Provider Code	ID3					req'd if used by UMO to ID provider	return from request	
324	2010E	PRV02	Reference Identification Qualifier	ID3					req'd if used by UMO to ID provider	return from request	
325	2010E	PRV03	Provider Taxonomy Code	AN30	Prov-File	PROV-SPEC-CODE	new field for provider taxonomy; MMIS will compare to procedure's prov-prov-type	Processing Logic	req'd if used by UMO to ID provider	return from request	
326	**2000F**	**HL**	**Service Level**								
327	2000F	HL 01	Hierarchical ID Number	AN12					assign: req'd	increment by 1 for each HL01	
328	2000F	HL 02	Hierarchical Parent ID Number	AN12					assign: req'd	parent HL's HL01 value	
329	2000F	HL 03	Hierarchical Level Code	ID2			Hardcode "SS"-service level	Translation	hard code: req'd	SS	
330	2000F	HL 04	Hierarchical Child Code	ID1					hard code: req'd	0	
331	**2000F**	**TRN**	**Service Trace Number**								
332	2000F	TRN01	Trace Type Code	ID2			send "2"-request trace #; send "1"-response trace #	Translation	assign	two TRN segments: "1" and "2" in TRN01	
333	2000F	TRN02	Service Trace Number	AN30	Prior-Authorization	PRIOR-AUTH-LINE-NO/NUM	with "1", send PA#+line-item	Translation	used by MMIS	with "1' send PA #+line-item, with "2" return from request	
334	2000F	TRN03	Trace Assigning Entity Identifier	AN10			with "1" send "MAA"; with "2" send from request, same position.	Translation	assign	with "1' send "MAA", with "2" return from request	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
335	2000F	TRN04	Trace Assigning Entity Additional Identifier	AN30					optional (not used)	with "2" return from request	
336	**2000F**	**AAA**	**Service Request Validation**								
337	2000F	AAA01	Valid Request Indicator	ID1					optional, if AAA03 error reasons apply	pull-down	
338	2000F	AAA03	Reject Reason Code	ID2					optional, if AAA03 error reasons apply	pull-down	
339	2000F	AAA04	Follow-up Action Code	ID1					optional, if AAA03 error reasons apply	pull-down	
340	**2000F**	**UM**	**Health Care Services Review Information**								
341	2000F	UM 01	Request Category Code	ID2			send back from request	Match Back	required by HIPAA	return from request	
342	2000F	UM 02	Certification Type Code	ID1			Return what was in request.	Match Back	required by HIPAA	return from request	
343	2000F	UM 03	Service Type Code	ID2	Prior-Authorization	TYPE-OF-SERVICE	Required if used in determination; map to HIPAA codes	Map Codes	used in MMIS	return from request	don't do overall auth with just type of service
344	2000F	UM 04	Health Care Service Location Information							return from request	
345	2000F	UM 04-1	Facility Type Code	AN2			Return from request, same position	Match Back	optional (not used)	return from request	
346	2000F	UM 04-2	Facility Code Qualifier	ID2			Return from request, same position	Match Back	optional (not used)	return from request	
347	2000F	UM 06	Level of Service Code	ID3			Return what was in request.	Match Back	optional (not used)	return from request	
348	**2000F**	**HCR**	**Health Care Services Review**								
349	2000F	HCR01	Action Code	ID2	Prior-Authorization	PA-APPROVAL-IND	whether approved in full, in part, denied, modified, etc. p.331	HIPAA Required	req'd unless error response	pull-down	
350	2000F	HCR02	Certification Number	AN30	Prior-Authorization	PRIOR-AUTH-NUM			req'd if authorized		
351	2000F	HCR03	Reject Reason Code	ID2	Prior-Authorization	EXCEPTION-CODE/STATUS, PRIOR-AUTH-REASON	Required if not approved: PA reason is header level, except. fields are service level.	HIPAA Required	req'd if rejected	pull-down	

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352	2000F	HCR04	Second Surgical Opinion Indicator	ID1			Whether 2nd surgical opinion is required.	Nice to Have	req'd if 2nd opinion needed	pull-down	
353	**2000F**	**REF**	**Previous Certification Identification**								
354	2000F	REF01	Reference Identification Qualifier	ID3					hard code: used	BB	
355	2000F	REF02	Previous Certification Identifier	AN30					used in MMIS	return from response	
356	**2000F**	**DTP**	**Service Date**								
357	2000F	DTP01	Date Time Qualifier	ID3					hard code: used	472	
358	2000F	DTP02	Date Time Period Format Qualifier	ID3					hard code: used	D8	
359	2000F	DTP03	Proposed or Actual Service Date	AN35	Prior-Authorization	FIRST/LAST-DATE-OF-SVC			req'd if in request & UMO authorizes for specific dates		
360	**2000F**	**DTP**	**Admission Date**								
361	2000F	DTP01	Date Time Qualifier	ID3					hard code: used	435	
362	2000F	DTP02	Date Time Period Format Qualifier	ID3					hard code: used	D8	
363	2000F	DTP03	Proposed or Actual Admission Date	AN35					req'd if in request & UMO authorizes for specific dates		
364	**2000F**	**DTP**	**Discharge Date**								
365	2000F	DTP01	Date Time Qualifier	ID3					hard code: used	096	
366	2000F	DTP02	Date Time Period Format Qualifier	ID3					hard code: used	D8	
367	2000F	DTP03	Proposed or Actual Discharge Date	AN35					req'd if in request & UMO authorizes for specific dates		
368	**2000F**	**DTP**	**Surgery Date**								
369	2000F	DTP01	Date Time Qualifier	ID3					hard code: used	456	
370	2000F	DTP02	Date Time Period Format Qualifier	ID3					hard code: used	D8	
371	2000F	DTP03	Proposed or Actual Surgery Date	AN35					req'd if in request & UMO authorizes for specific dates		
372	**2000F**	**DTP**	**Certification Issue Date**								

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
373	2000F	DTP01	Date Time Qualifier	ID3					hard code: used	102	
374	2000F	DTP02	Date Time Period Format Qualifier	ID3					hard code: used	D8	
375	2000F	DTP03	Certification Issue Date	AN35					req'd if effective date is based on issue date		
376	**2000F**	**DTP**	**Certification Expiration Date**				**When are the PA effective begin/end dates?**	**System Questions**			
377	2000F	DTP01	Date Time Qualifier	ID3			Hardcode "036"-expiration date	Translation	optional (not used)	036	
378	2000F	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	D8	
379	2000F	DTP03	Certification Expiration Date	AN35					optional (not used)		
380	**2000F**	**DTP**	**Certification Effective Date**								
381	2000F	DTP01	Date Time Qualifier	ID3			Hardcode "007"-effective date	Translation	optional (not used)	007	
382	2000F	DTP02	Date Time Period Format Qualifier	ID3					optional (not used)	pull-down	
383	2000F	DTP03	Certification Effective Date	AN35					optional (not used)		
384	**2000F**	**HI**	**Procedures**								
385	2000F	HI 01	Health Care Code Information								
386	2000F	HI 01-1	Code List Qualifier Code	ID3			send "BO" for HCPCS, "JP" for ADA codes, "NDC" for NDC	Translation	req'd if specific procs are authorized	pull-down	
387	2000F	HI 01-2	Procedure Code	AN30	Prior-Authorization	DRUG-CODE, PROC-CODE, TOOTH-NUMBER			req'd if specific procs are authorized		
388	2000F	HI 01-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
389	2000F	HI 01-4	Procedure Date	AN35					used in MMIS		
390	2000F	HI 01-6	Procedure Quantity	R15	Prior-Authorization	PA-UNITS-APPROVED			used in MMIS		
391	2000F	HI 01-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
392	2000F	HI 02	Health Care Code Information								

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393	2000F	HI 02-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
394	2000F	HI 02-2	Procedure Code	AN30					used in MMIS		
395	2000F	HI 02-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
396	2000F	HI 02-4	Procedure Date	AN35					used in MMIS		
397	2000F	HI 02-6	Procedure Quantity	R15					used in MMIS		
398	2000F	HI 02-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
399	2000F	HI 03	Health Care Code Information								
400	2000F	HI 03-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
401	2000F	HI 03-2	Procedure Code	AN30					used in MMIS		
402	2000F	HI 03-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
403	2000F	HI 03-4	Procedure Date	AN35					used in MMIS		
404	2000F	HI 03-6	Procedure Quantity	R15					used in MMIS		
405	2000F	HI 03-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
406	2000F	HI 04	Health Care Code Information								
407	2000F	HI 04-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
408	2000F	HI 04-2	Procedure Code	AN30					used in MMIS		
409	2000F	HI 04-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
410	2000F	HI 04-4	Procedure Date	AN35					used in MMIS		
411	2000F	HI 04-6	Procedure Quantity	R15					used in MMIS		
412	2000F	HI 04-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
413	2000F	HI 05	Health Care Code Information								
414	2000F	HI 05-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
415	2000F	HI 05-2	Procedure Code	AN30					used in MMIS		
416	2000F	HI 05-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
417	2000F	HI 05-4	Procedure Date	AN35					used in MMIS		
418	2000F	HI 05-6	Procedure Quantity	R15					used in MMIS		
419	2000F	HI 05-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
420	2000F	HI 06	Health Care Code Information								

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421	2000F	HI 06-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
422	2000F	HI 06-2	Procedure Code	AN30					used in MMIS		
423	2000F	HI 06-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
424	2000F	HI 06-4	Procedure Date	AN35					used in MMIS		
425	2000F	HI 06-6	Procedure Quantity	R15					used in MMIS		
426	2000F	HI 06-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
427	2000F	HI 07	Health Care Code Information								
428	2000F	HI 07-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
429	2000F	HI 07-2	Procedure Code	AN30					used in MMIS		
430	2000F	HI 07-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
431	2000F	HI 07-4	Procedure Date	AN35					used in MMIS		
432	2000F	HI 07-6	Procedure Quantity	R15					used in MMIS		
433	2000F	HI 07-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
434	2000F	HI 08	Health Care Code Information								
435	2000F	HI 08-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
436	2000F	HI 08-2	Procedure Code	AN30					used in MMIS		
437	2000F	HI 08-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
438	2000F	HI 08-4	Procedure Date	AN35					used in MMIS		
439	2000F	HI 08-6	Procedure Quantity	R15					used in MMIS		
440	2000F	HI 08-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
441	2000F	HI 09	Health Care Code Information								
442	2000F	HI 09-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
443	2000F	HI 09-2	Procedure Code	AN30					used in MMIS		
444	2000F	HI 09-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
445	2000F	HI 09-4	Procedure Date	AN35					used in MMIS		
446	2000F	HI 09-6	Procedure Quantity	R15					used in MMIS		
447	2000F	HI 09-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
448	2000F	HI 10	Health Care Code Information								

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449	2000F	HI 10-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
450	2000F	HI 10-2	Procedure Code	AN30					used in MMIS		
451	2000F	HI 10-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
452	2000F	HI 10-4	Procedure Date	AN35					used in MMIS		
453	2000F	HI 10-6	Procedure Quantity	R15					used in MMIS		
454	2000F	HI 10-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
455	2000F	HI 11	Health Care Code Information								
456	2000F	HI 11-1	Code List Qualifier Code	ID3					used in MMIS	pull-down	
457	2000F	HI 11-2	Procedure Code	AN30					used in MMIS		
458	2000F	HI 11-3	Date Time Period Format Qualifier	ID3					used in MMIS	pull-down	
459	2000F	HI 11-4	Procedure Date	AN35					used in MMIS		
460	2000F	HI 11-6	Procedure Quantity	R15					used in MMIS		
461	2000F	HI 11-7	Version, Release, or Industry Identifier	AN30					optional (not used)		
462	2000F	HI 12	Health Care Code Information								
463	2000F	HI 12-1	Code List Qualifier Code	ID3					used in MMIS	used by MMIS	
464	2000F	HI 12-2	Procedure Code	AN30					used in MMIS	used by MMIS	
465	2000F	HI 12-3	Date Time Period Format Qualifier	ID3					used in MMIS	used by MMIS	
466	2000F	HI 12-4	Procedure Date	AN35					used in MMIS	used by MMIS	
467	2000F	HI 12-6	Procedure Quantity	R15					used in MMIS	used by MMIS	
468	2000F	HI 12-7	Version, Release, or Industry Identifier	AN30					optional (not used)	used by MMIS	
469	**2000F**	**HSD**	**Health Care Services Delivery**								
470	2000F	HSD01	Quantity Qualifier	ID2			Map codes to reflect PA req & resp	Map Codes	req'd if UMO auths for certain delivery pattern	pull-down	
471	2000F	HSD02	Service Unit Count	R15					req'd if UMO auths for certain delivery pattern		
472	2000F	HSD03	Unit or Basis for Measurement Code	ID2			Map codes to reflect PA req & resp	Map Codes	req'd if UMO auths for certain delivery pattern	pull-down	
473	2000F	HSD04	Sample Selection Modulus	R6					req'd if UMO auths for certain delivery pattern		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
474	2000F	HSD05	Time Period Qualifier	ID2					req'd if UMO auths for certain delivery pattern	pull-down	
475	2000F	HSD06	Period Count	N03					req'd if UMO auths for certain delivery pattern		
476	2000F	HSD07	Ship, Delivery or Calendar Pattern Code	ID2			Map codes to reflect PA req & resp	Map Codes	req'd if UMO auths for certain delivery pattern	pull-down	
477	2000F	HSD08	Delivery Pattern Time Code	ID1					req'd if UMO auths for certain delivery pattern	pull-down	
478	**2000F**	**CL1**	**Institutional Claim Code**								
479	2000F	CL101	Admission Type Code	ID1			Required if sent in request and used in determination.	HIPAA Required	req'd if sent in request & changed, else not used		
480	2000F	CL102	Admission Source Code	ID1			Required if sent in request and used in determination.	HIPAA Required	req'd if sent in request & changed, else not used		
481	2000F	CL103	Patient Status Code	ID2			Required if sent in request and used in determination.	HIPAA Required	req'd if sent in request & changed, else not used		
482	2000F	CL104	Nursing Home Residential Status Code	ID1			Required if sent in request and used in determination.	HIPAA Required	req'd if sent in request & changed, else not used	pull-down	
483	**2000F**	**CR1**	**Ambulance Transport Information**								
484	2000F	CR103	Ambulance Transport Code	ID1					req'd if auth'g specific criteria	pull-down	
485	2000F	CR105	Unit or Basis for Measurement Code	ID2					req'd if sending CR106	pull-down	
486	2000F	CR106	Transport Distance	R15					req'd if known		
487	2000F	CR107	Ambulance Trip Origin Address	AN55					req'd if in request	return from request	
488	2000F	CR108	Ambulance Trip Destination Address	AN55					req'd if in request	return from request	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
489	**2000F**	**CR2**	**Spinal Manipulation Service Information**								
490	2000F	CR201	Treatment Series Number	N09					req'd if request for certain treatment #		
491	2000F	CR202	Treatment Count	R15					req'd if request for certain treatment #		
492	2000F	CR203	Subluxation Level Code	ID3					req'd if subluxation condition	pull-down	
493	2000F	CR204	Subluxation Level Code	ID3					optional (not used)	pull-down	
494	2000F	CR205	Unit or Basis for Measurement Code	ID2					req'd for spinal manipulation	pull-down	
495	2000F	CR206	Treatment Period Count	R15					req'd for spinal manipulation		
496	2000F	CR207	Monthly Treatment Count	R15					req'd if CR205=MO		
497	**2000F**	**CR5**	**Home Oxygen Therapy Information**				**Required if the UMO is authorizing specific usage of home oxygen therapy.**	**HIPAA Required**			
498	2000F	CR503	Oxygen Equipment Type Code	ID1					req'd for home oxygen therapy	pull-down	
499	2000F	CR504	Oxygen Equipment Type Code	ID1					optional (not used)	pull-down	
500	2000F	CR505	Equipment Reason Description	AN80					optional (not used)		
501	2000F	CR506	Oxygen Flow Rate	R15					use only if changed from request		
502	2000F	CR507	Daily Oxygen Use Count	R15					optional (not used)		
503	2000F	CR508	Oxygen Use Period Hour Count	R15					optional (not used)		
504	2000F	CR509	Respiratory Therapist Order Text	AN80					optional (not used)		
505	2000F	CR516	Portable Oxygen System Flow Rate	R15					either CR510 or CR511 is req'd		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decision
506	2000F	CR517	Oxygen Delivery System Code	ID1					either CR510 or CR511 is req'd		
507	2000F	CR518	Oxygen Equipment Type Code	ID1					req'd for home oxygen therapy	pull-down	
508	**2000F**	**CR6**	**Home Health Care Information**				**Required if valued on request.**	**Match Back**			
509	2000F	CR601	Prognosis Code	ID1					req'd if sent in request	return from request	
510	2000F	CR602	Service From Date	DT8					req'd if sent in request	return from request	
511	2000F	CR603	Date Time Period Format Qualifier	ID3					req'd if treatment period is known	RD8	
512	2000F	CR604	Home Health Certification Period	AN35					req'd if treatment period is known		
513	2000F	CR607	Medicare Coverage Indicator	ID1					req'd if sent in request	return from request	
514	2000F	CR608	Certification Type Code	ID1					req'd if sent in request	return from request	
515	**2000F**	**MSG**	**Message Text**								
516	2000F	MSG01	Free Form Message Text	AN264					optional (not used)		
517	**2000F**	**SE**	**Transaction Set Trailer**								
518	2000F	SE 01	Transaction Segment Count	N010					required by HIPAA	count of segments in trans	
519	2000F	SE 02	Transaction Set Control Number	AN9					required by HIPAA	same as ST02	