WA State DSHS MAA
HIPAA Project
Mapping -- HIPAA 837D to MMISupdate.xls-HIPAA 837D 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	Decisions
1		**ST**	**Transaction Set Header**								
2		ST 01	Transaction Set Identifier Code	ID3			Verify "837"	Translation	hard code: req'd	837	
3		ST 02	Transaction Set Control Number	AN9					assign: req'd	date/timestamp	
4		**BHT**	**Beginning of Hierarchical Transaction**								
5		BHT01	Hierarchical Structure Code	ID4			Verify "0019"	Translation	hard code: req'd	0019	
6		BHT02	Transaction Set Purpose Code	ID2			If "18"-reissue, handle as reversal & correction	Processing Logic	assign: req'd	00-original, 18-resubmit	
7		BHT03	Originator Application Transaction Identifier	AN30					assign: req'd	date/timestamp	
8		BHT04	Transaction Set Creation Date	DT8					assign: req'd	current date	
9		BHT05	Transaction Set Creation Time	TM8					assign: req'd	timestamp	
10		BHT06	Claim or Encounter Identifier	ID2			Store in MMIS to flag whether FFS or encounter; if both, must detect which	Map Codes	assign: req'd	lookup provID: "RP"-HMO, "CH"-FFS	
11		**REF**	**Transmission Type Identification**								
12		REF01	Reference Identification Qualifier	ID3			Verify "87"	Translation	hard code: req'd	87	
13		REF02	Transmission Type Code	AN30			Use to access correct version of translation	Translation	hard code: req'd	004010X096	
14	**1000A**	**NM1**	**Submitter Name**								
15	1000A	NM101	Entity Identifier Code	ID3			Verify "41"	Translation	hard code: req'd	41	
16	1000A	NM102	Entity Type Qualifier	ID1					assign: req'd	lookup provID: 1-indiv, 2-org.	
17	1000A	NM103	Submitter Last or Organization Name	AN35					required by HIPAA		
18	1000A	NM104	Submitter First Name	AN25					req'd if person		
19	1000A	NM105	Submitter Middle Name	AN25					req'd if person & known		
20	1000A	NM108	Identification Code Qualifier	ID2			Verify "46"	Translation	hard code: req'd	46	

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21	1000A	NM109	Submitter Identifier	AN80	Prov-File	PROV-NUMBER	Store in MMIS to verify that submitter is approved for provider	Processing Logic	used in MMIS	lookup provID to validate	
22	**1000A**	**N 2**	**Additional Submitter Name Information**								
23	1000A	N 201	Additional Submitter Name	AN60					req'd if submitter name > 35 bytes		
24	**1000A**	**PER**	**Submitter Contact Information**								
25	1000A	PER01	Contact Function Code	ID2					hard code: req'd	IC	
26	1000A	PER02	Submitter Contact Name	AN60					required by HIPAA		
27	1000A	PER03	Communication Number Qualifier	ID2					hard code: req'd	TE	
28	1000A	PER04	Communication Number	AN80					required by HIPAA	telephone	
29	1000A	PER05	Communication Number Qualifier	ID2					hard code: opt	FX	
30	1000A	PER06	Communication Number	AN80					optional (not used)	fax	
31	1000A	PER07	Communication Number Qualifier	ID2					hard code: opt	EM	
32	1000A	PER08	Communication Number	AN80					optional (not used)	email	
33	**1000B**	**NM1**	**Receiver Name**								
34	1000B	NM101	Entity Identifier Code	ID3					hard code: req'd	40	
35	1000B	NM102	Entity Type Qualifier	ID1					hard code: req'd	2	
36	1000B	NM103	Receiver Name	AN35					hard code: req'd	MAA	
37	1000B	NM108	Identification Code Qualifier	ID2			verify "46"	Translation	hard code: req'd	46	
38	1000B	NM109	Receiver Primary Identifier	AN80			Validate against MAA's ETIN number	Translation	hard code: req'd	<what is MAA ETIN?>	
39	**1000B**	**N 2**	**Receiver Additional Name Information**								
40	1000B	N 201	Receiver Additional Name	AN60					req'd if name > 35 bytes		
41	**2000A**	**HL**	**Billing/Pay-to Provider Hierarchical Level**								

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42	2000A	HL 01	Hierarchical ID Number	AN12			Verify "1"	Translation	assign: req'd	increment from 1 by 1 for each HL segment in tx	
43	2000A	HL 03	Hierarchical Level Code	ID2			Verify "20"	Translation	hard code: req'd	20	
44	2000A	HL 04	Hierarchical Child Code	ID1			Verify "1"	Translation	hard code: req'd	1	
45	**2000A**	**PRV**	**Billing/Pay-to Provider Specialty Information**								
46	2000A	PRV01	Provider Code	ID3					req'd if billing/pay-to = rendering prov	BI-billing, PT-pay-to	
47	2000A	PRV02	Reference Identification Qualifier	ID3			Verify "ZZ"	Translation	hard code: if billing/pay-to = rendering prov	ZZ-prov taxonomy code	
48	2000A	PRV03	Provider Taxonomy Code	AN30			Add taxonomy code to claim; saved as variable to populate subsequest claims	HIPAA Required	req'd if billing/pay-to = rendering prov	pull-down list of valid values: see www.wpc-edi.com	
49	**2000A**	**CUR**	**Foreign Currency Information**								
50	2000A	CUR01	Entity Identifier Code	ID3					hard code: opt	85	
51	2000A	CUR02	Currency Code	ID3					optional (not used)	pull-down list of valid values: see Impl.Gde.	
52	**2010AA**	**NM1**	**Billing Provider Name**				**Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent**	**Translation**			
53	2010AA	NM101	Entity Identifier Code	ID3			Verify "85"	Translation	hard code: req'd	85	
54	2010AA	NM102	Entity Type Qualifier	ID1					assign: req'd	lookup provID: 1-indiv, 2-org.	
55	2010AA	NM103	Billing Provider Last or Organizational Name	AN35	Prov-File	PROV-NAME	Must have 35 bytes for last name, 25 for first, etc.	HIPAA Required	required by HIPAA		
56	2010AA	NM104	Billing Provider First Name	AN25	Prov-File	PROV-NAME			req'd if person		
57	2010AA	NM105	Billing Provider Middle Name	AN25	Prov-File	PROV-NAME			req'd if person & known		
58	2010AA	NM107	Billing Provider Name Suffix	AN10	Prov-File	PROV-NAME			used in MMIS		
59	2010AA	NM108	Identification Code Qualifier	ID2			Use if NM108="XX"-NPI; send NPI to MMIS new field	Translation	hard code: req'd	pull-down list of valid values: see Impl.Gde.	

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60	2010AA	NM109	Billing Provider Identifier	AN80	Medical-Claim	PROV-NUMBER	expand field to fit NPI or new field?	HIPAA Required	required by HIPAA	lookup provID to validate	
61	**2010AA**	**N 2**	**Additional Billing Provider Name Information**								
62	2010AA	N 201	Billing Provider Additional Name	AN60					req'd if name > 35 bytes		
63	**2010AA**	**N 3**	**Billing Provider Address**								
64	2010AA	N 301	Billing Provider Address Line	AN55					required by HIPAA		
65	2010AA	N 302	Billing Provider Address Line	AN55					optional (not used)		
66	**2010AA**	**N 4**	**Billing Provider City/State/ZIP Code**								
67	2010AA	N 401	Billing Provider City Name	AN30					required by HIPAA		
68	2010AA	N 402	Billing Provider State or Province Code	ID2					required by HIPAA		
69	2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15					required by HIPAA		
70	2010AA	N 404	Country Code	ID3					optional (not used)		
71	**2010AA**	**REF**	**Billing Provider Secondary Identification Number**								
72	2010AA	REF01	Reference Identification Qualifier	ID3			Verify "1D" Medicaid Provider Num	Translation	hard cod: used	pull-down list of valid values: see Impl.Gde.	
73	2010AA	REF02	Billing Provider Additional Identifier	AN30	Medical-Claim	PROV-NUMBER			used in MMIS	lookup provID to validate	
74	**2010AA**	**REF**	**Claim Submitter Credit/Debit Card Information**								
75	2010AA	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down list of valid values: see Impl.Gde.	
76	2010AA	REF02	Billing Provider Credit Card Identifier	AN30					optional (not used)		
77	**2010AB**	**NM1**	**Pay-to Provider's Name**								
78	2010AB	NM101	Entity Identifier Code	ID3			Verify "87"	Translation	hard code: opt	87	

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79	2010AB	NM102	Entity Type Qualifier	ID1					assigned: opt	lookup provID: 1-indiv, 2-org.	
80	2010AB	NM103	Pay-to Provider Last or Organizational Name	AN35	Prov-File	PROV-NAME			req'd if billing <> pay-to prov		
81	2010AB	NM104	Pay-to Provider First Name	AN25	Prov-File	PROV-NAME			req'd if person		
82	2010AB	NM105	Pay-to Provider Middle Name	AN25	Prov-File	PROV-NAME			req'd if person & known		
83	2010AB	NM107	Pay-to Provider Name Suffix	AN10	Prov-File	PROV-NAME			optional (not used)		
84	2010AB	NM108	Identification Code Qualifier	ID2			Verify "XX"-NPI	Translation	used in MMIS	pull-down list of valid values: see Impl.Gde.	
85	2010AB	NM109	Pay-to Provider Identifier	AN80	Medical-Claim	PROV-NUMBER			used in MMIS	lookup provID to validate	
86	**2010AB**	**N 2**	**Additional Pay-to Provider Name Information**								
87	2010AB	N 201	Pay-to Provider Additional Name	AN60					req'd if name > 35 bytes		
88	**2010AB**	**N 3**	**Pay-to Provider's Address**								
89	2010AB	N 301	Pay-to Provider Address Line	AN55					req'd if billing <> pay-to prov		
90	2010AB	N 302	Pay-to Provider Address Line	AN55					optional (not used)		
91	**2010AB**	**N 4**	**Pay-to Provider City/State/Zip**								
92	2010AB	N 401	Pay-to Provider City Name	AN30					req'd if billing <> pay-to prov		
93	2010AB	N 402	Pay-to Provider State Code	ID2					req'd if billing <> pay-to prov		
94	2010AB	N 403	Pay-to Provider Postal Zone or ZIP Code	ID15					req'd if billing <> pay-to prov		
95	2010AB	N 404	Country Code	ID3					optional (not used)		
96	**2010AB**	**REF**	**Pay-to Provider Secondary Identification Number**								
97	2010AB	REF01	Reference Identification Qualifier	ID3			Verify "1D" = Medicaid number or "1G"=UPIN	Translation	hard code: used	pull-down	

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98	2010AB	REF02	Pay-to Provider Identifier	AN30	Medical-Claim	PROV-NUMBER			used in MMIS	lookup provID to validate	
99	**2000B**	**HL**	**Subscriber Hierarchical Level**								
100	2000B	HL 01	Hierarchical ID Number	AN12			Verify "2"	Translation	assign: req'd	increment by 1 for each HL segment in tx	
101	2000B	HL 02	Hierarchical Parent ID Number	AN12			Verify "1"	Translation	assign: req'd	parent HL01 value	
102	2000B	HL 03	Hierarchical Level Code	ID2			Verify "22"	Translation	hard code: req'd	22	
103	2000B	HL 04	Hierarchical Child Code	ID1					assign: req'd	0-patient is subscriber, 1-patient is not subscriber	
104	**2000B**	**SBR**	**Subscriber Information**								
105	2000B	SBR01	Payer Responsibility Sequence Number Code	ID1					required by HIPAA	pull-down	
106	2000B	SBR02	Individual Relationship Code	ID2					hard code: req'd if subscr = pat, else blank	18	
107	2000B	SBR03	Insured Group or Policy Number	AN30					optional (not used)		
108	2000B	SBR04	Insured Group Name	AN60					optional (not used)		
109	2000B	SBR06	Coordination of Benefits Code	ID1					required by HIPAA	pull-down	
110	2000B	SBR09	Claim Filing Indicator Code	ID2			Store for use in 835-CLP06	Match Back	used in MMIS	pull-down	
111	**2010BA**	**NM1**	**Subscriber Name**								
112	2010BA	NM101	Entity Identifier Code	ID3			Verify "IL"	Translation	hard code: req'd	IL	
113	2010BA	NM102	Entity Type Qualifier	ID1					hard code: req'd	1	
114	2010BA	NM103	Subscriber Last Name	AN35			if subscr <> pat, store name & ID#s for COB	Electronic COB	required by HIPAA		
115	2010BA	NM104	Subscriber First Name	AN25					required by HIPAA		
116	2010BA	NM105	Subscriber Middle Name	AN25					required if known		
117	2010BA	NM107	Subscriber Name Suffix	AN10					optional (not used)		
118	2010BA	NM108	Identification Code Qualifier	ID2			Verify "MI"-Payor's member ID	Translation	hard code: req'd	MI	
119	2010BA	NM109	Subscriber Primary Identifier	AN80	Medical-Claim	RECIP-IDENT-NUMBER	If NM108=MI, this is DSHS PIC.	Match Back	required by HIPAA	validate PIC?	

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120	**2010BA**	**N 2**	**Additional Subscriber Name Information**								
121	2010BA	N 201	Subscriber Supplemental Description	AN60					req'd if name > 35 bytes		
122	**2010BA**	**N 3**	**Subscriber Address**								
123	2010BA	N 301	Subscriber Address Line	AN55					req'd if patient = subscr.		
124	2010BA	N 302	Subscriber Address Line	AN55					optional (not used)		
125	**2010BA**	**N 4**	**Subscriber City/State/ZIP Code**								
126	2010BA	N 401	Subscriber City Name	AN30					req'd if patient = subscr.		
127	2010BA	N 402	Subscriber State Code	ID2					req'd if patient = subscr.		
128	2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15					req'd if patient = subscr.		
129	2010BA	N 404	Country Code	ID3					optional (not used)		
130	**2010BA**	**DMG**	**Subscriber Demographic Information**								
131	2010BA	DMG01	Date Time Period Format Qualifier	ID3					hard code: req'd	D8	
132	2010BA	DMG02	Subscriber Birth Date	AN35	Medical-Claim	RECIP-DATE-OF-BIRTH	convert CCYYMMDD to YYMMDD	Translation	req'd if patient = subscr.		
133	2010BA	DMG03	Subscriber Gender Code	ID1	Medical-Claim	RECIP-SEX-CODE	0=unknown; 1=male; 2=female	Translation	req'd if patient = subscr.	pull-down	
134	**2010BA**	**REF**	**Subscriber Secondary Identification**								
135	2010BA	REF01	Reference Identification Qualifier	ID3			Verify "1W"-Member ID	Translation	hard code: used	pull-down	
136	2010BA	REF02	Subscriber Supplemental Identifier	AN30	Medical-Claim	RECIP-CLIENT-ID			used in MMIS		
137	**2010BA**	**REF**	**Property and Casualty Claim Number**								

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138	2010BA	REF01	Reference Identification Qualifier	ID3					hard code: opt	Y4	
139	2010BA	REF02	Property Casualty Claim Number	AN30					optional (not used)		
140	**2010BB**	**NM1**	**Payer Name**								
141	2010BB	NM101	Entity Identifier Code	ID3			Verify "PR"	Translation	hard code: req'd	PR	
142	2010BB	NM102	Entity Type Qualifier	ID1					hard code: req'd	2	
143	2010BB	NM103	Payer Name	AN35					hard code: req'd	"WA DSHS MAA"	
144	2010BB	NM108	Identification Code Qualifier	ID2			"PI"=Payor Identification or "XV"=National PlanID (when avail.)	Translation	hard code: req'd	PI	
145	2010BB	NM109	Payer Identifier	AN80			Verify MAA ID num	Translation	hard code: req'd	<MAA ID num>	
146	**2010BB**	**N 2**	**Additional Payer Name Information**								
147	2010BB	N 201	Payer Additional Name	AN60					req'd if name > 35 bytes		
148	**2010BB**	**N 3**	**Payer Address**								
149	2010BB	N 301	Payer Address Line	AN55					optional (not used)		
150	2010BB	N 302	Payer Address Line	AN55					optional (not used)		
151	**2010BB**	**N 4**	**Payer City/State/ZIP Code**								
152	2010BB	N 401	Payer City Name	AN30					optional (not used)		
153	2010BB	N 402	Payer State Code	ID2					optional (not used)		
154	2010BB	N 403	Payer Postal Zone or ZIP Code	ID15					optional (not used)		
155	2010BB	N 404	Payer Postal Zone or ZIP Code	ID3					optional (not used)		
156	**2010BB**	**REF**	**Payer Secondary Identification Number**								
157	2010BB	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
158	2010BB	REF02	Payer Additional Identifier	AN30					optional (not used)		
159	**2010BC**	**NM1**	**Credit/Debit Card Holder Name**								
160	2010BC	NM101	Location Qualifier	ID3					hard code: opt	AO	

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161	2010BC	NM102	Loop Identifier Code	ID1					optional (not used)	pull-down	
162	2010BC	NM103	Credit or Debit Card Holder Last or Organizational Name	AN35					optional (not used)		
163	2010BC	NM104	Entity Type Qualifier	AN25					optional (not used)		
164	2010BC	NM105	Credit or Debit Card Holder Middle Name	AN25					optional (not used)		
165	2010BC	NM107	Credit or Debit Card Holder Name Suffix	AN10					optional (not used)		
166	2010BC	NM108	Identification Code Qualifier	ID2					hard code: opt	MI	
167	2010BC	NM109	Credit or Debit Card Number	AN80					optional (not used)		
168	**2010BC**	**N 2**	**Additional Credit/Debit Card Holder Name Information**								
169	2010BC	N 201	Credit or Debit Card Holder Additional Name	AN60					optional (not used)		
170	2010BC	N 202	Credit or Debit Card Holder Additional Name	AN60					optional (not used)		
171	**2010BC**	**REF**	**Credit/Debit Card Information**								
172	2010BC	REF01	Reference Identification Qualifier	ID3					hard code: opt	BB	
173	2010BC	REF02	Credit or Debit Card Authorization Number	AN30					optional (not used)		
174	**2000C**	**HL**	**Patient Hierarchical Level**								
175	2000C	HL 01	Hierarchical ID Number	AN12			Verify "3"	Translation	assign: req'd	increment by 1 for each HL segment in tx	
176	2000C	HL 02	Hierarchical Parent ID Number	AN12			Verify "2"	Translation	assign: req'd	parent HL01 value	
177	2000C	HL 03	Hierarchical Level Code	ID2			Verify "23"	Translation	hard code: req'd	23	
178	2000C	HL 04	Hierarchical Child Code	ID1					hard code: req'd	0	
179	**2000C**	**PAT**	**Patient Information**								

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180	2000C	PAT01	Individual Relationship Code	ID2					hard code if subscr <> patient	19	
181	2000C	PAT04	Student Status Code	ID1					optional (not used)	pull-down	
182	**2010CA**	**NM1**	**Patient Name**								
183	2010CA	NM101	Entity Identifier Code	ID3			Verify "QC"	Translation	required if subscr <> patient	QC	
184	2010CA	NM102	Entity Type Qualifier	ID1			Verify "1"	Translation	required if subscr <> patient	1	
185	2010CA	NM103	Patient Last Name	AN35					required if subscr <> patient		
186	2010CA	NM104	Patient First Name	AN25					required if subscr <> patient		
187	2010CA	NM105	Patient Middle Name	AN25					req'd if known		
188	2010CA	NM107	Patient Name Suffix	AN10					optional (not used)		
189	2010CA	NM108	Identification Code Qualifier	ID2					hard code: used	MI	
190	2010CA	NM109	Patient Primary Identifier	AN80					used in MMIS if subscr <> patient		
191	**2010CA**	**N 2**	**Additional Name Information**								
192	2010CA	N 201	Patient Additional Name	AN60					req'd if name > 35 bytes		
193	**2010CA**	**N 3**	**Patient Address**								
194	2010CA	N 301	Patient Address Line	AN55					req'd if subscr <> patient		
195	2010CA	N 302	Patient Address Line	AN55					optional (not used)		
196	**2010CA**	**N 4**	**Patient City/State/ZIP Code**								
197	2010CA	N 401	Patient City Name	AN30					req'd if subscr <> patient		
198	2010CA	N 402	Patient State Code	ID2					req'd if subscr <> patient		
199	2010CA	N 403	Patient Postal Zone or ZIP Code	ID15					req'd if subscr <> patient		
200	2010CA	N 404	Country Code	ID3					optional (not used)		
201	**2010CA**	**DMG**	**Patient Demographic Information**								
202	2010CA	DMG01	Date Time Period Format Qualifier	ID3					required if subscr <> patient	D8	

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203	2010CA	DMG02	Patient Birth Date	AN35					required if subscr <> patient	CCYYMMDD	
204	2010CA	DMG03	Patient Gender Code	ID1					required if subscr <> patient	pull-down	
205	**2010CA**	**REF**	**Patient Secondary Identification**								
206	2010CA	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
207	2010CA	REF02	Patient Secondary Identifier	AN30					optional (not used)		
208	**2010CA**	**REF**	**Property and Casualty Claim Number**								
209	2010CA	REF01	Reference Identification Qualifier	ID3					hard code: opt	Y4	
210	2010CA	REF02	Property Casualty Claim Number	AN30					optional (not used)		
211	**2300**	**CLM**	**Claim Information**								
212	2300	CLM01	Patient Account Number	AN38	Medical-Claim	PATIENT-ACCT-NUMBER	Match back required; support up to 38 bytes	HIPAA Required	required if subscr <> patient		
213	2300	CLM02	Total Claim Charge Amount	R18	Medical-Claim	TOTAL-CLAIM-CHARGE			required if subscr <> patient		
214	2300	CLM05	Health Care Service Location Information								
215	2300	CLM05-1	Facility Type Code	AN2	Medical-Claim	PLACE-OF-SERVICE	expand to 2 digit and convert to appropriate values	Match Back	required if subscr <> patient		Yes, need pos for dental
216	2300	CLM05-3	Claim Submission Reason Code	ID1			New field: original, corrected, replacement, void	HIPAA Required	required if subscr <> patient	pull-down	
217	2300	CLM06	Provider or Supplier Signature Indicator	ID1					required if subscr <> patient	pull-down	
218	2300	CLM07	Medicare Assignment Code	ID1			"A" = yes; "C" = no; If "C" and it's a Medicare x-over, then deny claim	Map Codes	used in MMIS	pull-down	
219	2300	CLM08	Benefits Assignment Certification Indicator	ID1					required if subscr <> patient	pull-down	
220	2300	CLM09	Release of Information Code	ID1					required if subscr <> patient	pull-down	
221	2300	CLM11	Related Causes Information				Req'd if accident or emplmt related	HIPAA Required			

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222	2300	CLM11-1	Related Causes Code	ID3			Add new field to claim: occurs 3	HIPAA Required	req'd if accident or work-related	pull-down	No, do not add
223	2300	CLM11-2	Related Causes Code	ID3					req'd if accident or work-related	pull-down	
224	2300	CLM11-3	Related Causes Code	ID3					req'd if accident or work-related	pull-down	
225	2300	CLM11-4	Auto Accident State or Province Code	ID2			Add new field to claim using state postal codes	HIPAA Required	req'd if accident related	pull-down	
226	2300	CLM11-5	Country Code	ID3			Add new field to claim using latest ISO 3166 codes	HIPAA Required	req'd if auto accident outside U.S.	pull-down	
227	2300	CLM12	Special Program Indicator	ID3	Medical-Claim	EPSDT-IND	If "01", map to EPSDT; use other codes?	Map Codes	req'd if certain conditions apply	pull-down	
228	2300	CLM19	Claim Submission Reason Code	ID2					hard code if predetermination	PB	
229	2300	CLM20	Delay Reason Code	ID2			Maybe add to claim (timely site variable)	Nice to Have	req'd if certain codes apply	pull-down	
230	**2300**	**DTP**	**Date - Admission**								
231	2300	DTP01	Date Time Qualifier	ID3			Verify "435"	Translation	req'd if inpatient	435	
232	2300	DTP02	Date Time Period Format Qualifier	ID3					req'd if inpatient	DT	
233	2300	DTP03	Related Hospitalization Admission Date	AN35			Add to claim	Case Management	req'd if inpatient	CCYYMMDDHHMM	Not needed for adjudication….only used for back end auditing
234	**2300**	**DTP**	**Date - Discharge**								
235	2300	DTP01	Date Time Qualifier	ID3			Verify "096"	Translation	hard code if inpat was discharged	096	
236	2300	DTP02	Date Time Period Format Qualifier	ID3					hard code if inpat was discharged	TM	
237	2300	DTP03	Discharge or End Of Care Date	AN35			Add to claim	Case Management	required if inpat was discharged	HHMM format	
238	**2300**	**DTP**	**Date - Referral**								
239	2300	DTP01	Date Time Qualifier	ID3					hard code if referral involved	330	
240	2300	DTP02	Date Time Period Format Qualifier	ID3					hard code if referral involved	D8	
241	2300	DTP03	Referral Date	AN35					req'd if referral involved		
242	**2300**	**DTP**	**Date - Accident**								
243	2300	DTP01	Date Time Qualifier	ID3			Verify "439"	Translation	hard code if accident related	439	

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244	2300	DTP02	Date Time Period Format Qualifier	ID3					hard code if accident related	D8	
245	2300	DTP03	Accident Date	AN35	Medical-Claim	DATE-OF-ACCIDENT	Used?	System Questions	req'd if accident related		
246	**2300**	**DTP**	**Date - Appliance Placement**								**Only need info for PA...not needed for adjudication**
247	2300	DTP01	Date Time Qualifier	ID3					hard code if orthodontics	452	
248	2300	DTP02	Date Time Period Format Qualifier	ID3					hard code if orthodontics	D8	
249	2300	DTP03	Orthodontic Banding Date	AN35					req'd if orthodontics		Not needed for adjudication….only used for back end auditing
250	**2300**	**DTP**	**Date - Service**								
251	2300	DTP01	Date Time Qualifier	ID3			Verify "472"	Translation	hard code if services are done	472	
252	2300	DTP02	Date Time Period Format Qualifier	ID3					hard code if services are done	D8	
253	2300	DTP03	Service Date	AN35	Medical-Claim	FIRST-DATE-OF-SVC_claim_level	Match back required	Match Back	req'd if services are done		
254	**2300**	**DN1**	**Orthodontic Total Months of Treatment**				**Ask Julie Heath (Dental) if used**	**System Questions**			
255	2300	DN101	Orthodontic Treatment Months Count	R15					req'd if orthodontics		
256	2300	DN102	Orthodontic Treatment Months Remaining Count	R15					req'd if orthodontics		
257	2300	DN103	Question Response	ID1					req'd if orthodontics		
258	**2300**	**DN2**	**Tooth Status**				**Ask Julie Heath (Dental) if used**	**System Questions**			**Not needed for adjudication**
259	2300	DN201	Tooth Number	AN30					optional (not used)		
260	2300	DN202	Tooth Status Code	ID2					optional (not used)	pull-down	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
261	**2300**	**PWK**	**Claim Supplemental Information**								
262	2300	PWK01	Attachment Report Type Code	ID2			Add to claim	Case Management	optional (not used)	pull-down	
263	2300	PWK02	Attachment Transmission Code	ID2			Add to claim	Case Management	optional (not used)	pull-down	
264	2300	PWK05	Identification Code Qualifier	ID2					hard cod: opt	AC	
265	2300	PWK06	Attachment Control Number	AN80			Add to claim	Case Management	optional (not used)		
266	**2300**	**AMT**	**Patient Amount Paid**								
267	2300	AMT01	Amount Qualifier Code	ID3			Verify "F5"	Translation	hard code if pat has paid part	F5	
268	2300	AMT02	Patient Amount Paid	R18	Medical-Claim	CLM-RECIP-PMT-AMT			req'd if pat has paid part		
269	**2300**	**AMT**	**Credit/Debit Card - Maximum Amount**								
270	2300	AMT01	Amount Qualifier Code	ID3					hard code: opt	MA	
271	2300	AMT02	Credit or Debit Card Maximum Amount	R18					optional (not used)		
272	**2300**	**REF**	**Predetermination Identification**								
273	2300	REF01	Reference Identification Qualifier	ID3					hard code: opt	G3	
274	2300	REF02	Predetermination of Benefits Identifier	AN30					optional (not used)		
275	**2300**	**REF**	**Service Authorization Exception Code**								
276	2300	REF01	Reference Identification Qualifier	ID3					hard code: opt	4N	
277	2300	REF02	Service Authorization Exception Code	AN30					optional (not used)		
278	**2300**	**REF**	**Original Reference Number (ICN/DCN)**								
279	2300	REF01	Reference Identification Qualifier	ID3			Verify "F8"	Translation	hard code if resubmitting	F8	

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280	2300	REF02	Claim Original Reference Number	AN30	Medical-Claim	TCN-TO-CREDIT	Store and return in 835	Match Back	req'd if claim is a resubmit		
281	**2300**	**REF**	**Referral Identification**								
282	2300	REF01	Reference Identification Qualifier	ID3			Verify "G1"	Translation	hard code if referral involved	9F	
283	2300	REF02	Referral Number	AN30	Medical-Claim	PRIOR-AUTH-NUM	May need > 1 per claim	Nice to Have	req'd if referral involved		
284	**2300**	**REF**	**Claim Identification Number for Clearinghouses and Other Transmission Intermediaries**								
285	2300	REF01	Reference Identification Qualifier	ID3					hard code: opt	D9	
286	2300	REF02	Value Added Network Trace Number	AN30					optional (not used)		
287	**2300**	**NTE**	**Claim Note**								
288	2300	NTE01	Note Reference Code	ID3			send these two claim note fields to MMIS	Nice to Have	hard code if periodontal charting	ADD	
289	2300	NTE02	Claim Note Text	AN80	Medical-Claim	DIAG-CODE-ICD-9	Future version may have HI segment about here, for diagnosis	HIPAA Questions	req'd if periodontal charting		
290	**2310A**	**NM1**	**Referring Provider Name**				**Only prov num, not name, accepted**	**Policy Issues**			
291	2310A	NM101	Entity Identifier Code	ID3			Verify "DN"	Translation	req'd if referral involved	pull-down	
292	2310A	NM102	Entity Type Qualifier	ID1					req'd if referral involved	pull-down	
293	2310A	NM103	Referring Provider Last Name	AN35					req'd if referral involved	**support up to 2 referring prov 3210D loops**	
294	2310A	NM104	Referring Provider First Name	AN25					req'd if a person		
295	2310A	NM105	Referring Provider Middle Name	AN25					req'd if a person & known		
296	2310A	NM107	Referring Provider Name Suffix	AN10					optional (not used)		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
297	2310A	NM108	Identification Code Qualifier	ID2			verify "XX"-NPI	Translation	used in MMIS	pull-down	
298	2310A	NM109	Referring Provider Identifier	AN80	Medical-Claim	REFERRING-PROV-NUM	May need > 1 per claim	Nice to Have	used in MMIS		
299	**2310A**	**PRV**	**Referring Provider Specialty Information**								
300	2310A	PRV01	Provider Code	ID3			Verify "RF"	Translation	used in MMIS	RF	
301	2310A	PRV02	Reference Identification Qualifier	ID3			Verify "ZZ"-provider taxonomy	Translation	used in MMIS	ZZ	
302	2310A	PRV03	Provider Taxonomy Code	AN30			New prov taxonomy field	HIPAA Required	used in MMIS	pull-down	
303	**2310A**	**N 2**	**Additional Referring Provider Name Information**								
304	2310A	N 201	Referring Provider Name Additional Text	AN60					req'd if name > 35 bytes		
305	**2310A**	**REF**	**Referring Provider Secondary Identification**								
306	2310A	REF01	Reference Identification Qualifier	ID3			Verify "1D" = Medicaid number or "1G"=UPIN	Translation	req'd if NM109 not used	pull-down	
307	2310A	REF02	Referring Provider Secondary Identifier	AN30	Medical-Claim	REFERRING-PROV-NUM	Use Medicaid number, if no NPI	HIPAA Required	req'd if NM109 not used		
308	**2310B**	**NM1**	**Rendering Provider Name**								
309	2310B	NM101	Entity Identifier Code	ID3			Verify "82"	Translation	hard code if rendering <> billing/pay-to prov	82	
310	2310B	NM102	Entity Type Qualifier	ID1					req'd if rendering <> billing/pay-to prov	pull-down	
311	2310B	NM103	Rendering Provider Last or Organization Name	AN35					req'd if rendering <> billing/pay-to prov		
312	2310B	NM104	Rendering Provider First Name	AN25					req'd if a person		
313	2310B	NM105	Rendering Provider Middle Name	AN25					req'd if a person & known		
314	2310B	NM107	Rendering Provider Name Suffix	AN10					optional (not used)		

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315	2310B	NM108	Identification Code Qualifier	ID2			verify "XX"	Translation	req'd if rendering <> billing/pay-to prov	pull-down	
316	2310B	NM109	Rendering Provider Identifier	AN80	Medical-Claim	PERFORMING-PROV-NUM	if there is no explicit "Rendering Provider" here, use the "Billing Prov" in loop 2020AA NM1	Translation	req'd if rendering <> billing/pay-to prov		
317	**2310B**	**PRV**	**Rendering Provider Specialty Information**								
318	2310B	PRV01	Provider Code	ID3					hard code: used	PE	
319	2310B	PRV02	Reference Identification Qualifier	ID3					hard code: used	ZZ	
320	2310B	PRV03	Provider Taxonomy Code	AN30			new prov field	HIPAA Required	used in MMIS		
321	**2310B**	**N 2**	**Additional Rendering Provider Name Information**								
322	2310B	N 201	Rendering Provider Name Additional Text	AN60					req'd if name > 35 bytes		
323	**2310B**	**REF**	**Rendering Provider Secondary Identification**								
324	2310B	REF01	Reference Identification Qualifier	ID3			Verify "1D" = Medicaid number or "1G"=UPIN	Translation	used in MMIS	pull-down	
325	2310B	REF02	Rendering Provider Secondary Identifier	AN30	Medical-Claim	PERFORMING-PROV-NUM	Match back required	Match Back	used in MMIS		
326	**2310C**	**NM1**	**Service Facility Location**								
327	2310C	NM101	Entity Identifier Code	ID3					hard code if loc is hospital, SNF, adult care fac	FA	
328	2310C	NM102	Entity Type Qualifier	ID1					hard code if loc is hospital, SNF, adult care fac	2	
329	2310C	NM103	Laboratory or Facility Name	AN35					req'd if loc is hospital, SNF, adult care fac		
330	2310C	NM108	Identification Code Qualifier	ID2					req'd if loc is hospital, SNF, adult care fac	pull-down	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
331	2310C	NM109	Laboratory or Facility Primary Identifier	AN80					req'd if loc is hospital, SNF, adult care fac		
332	**2310C**	**N 2**	**Additional Service Facility Location Name Information**								
333	2310C	N 201	Laboratory or Facility Name Additional Text	AN60					req'd if name > 35 bytes		
334	**2310C**	**REF**	**Service Facility Location Secondary Identification**								
335	2310C	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
336	2310C	REF02	Laboratory or Facility Secondary Identifier	AN30					optional (not used)		
337	**2320**	**SBR**	**Other Subscriber Information**								
338	2320	SBR01	Payer Responsibility Sequence Number Code	ID1			Add to MMIS	Electronic COB	req'd if other payers are known	pull-down	
339	2320	SBR02	Individual Relationship Code	ID2			Add to MMIS	Electronic COB	req'd if other payers are known	pull-down	
340	2320	SBR03	Insured Group or Policy Number	AN30			Add to MMIS	Electronic COB	optional (not used)	**support up to 10 other subscr 2320 loops**	
341	2320	SBR04	Policy Name	AN60			Add to MMIS	Electronic COB	optional (not used)		
342	2320	SBR09	Claim Filing Indicator Code	ID2			Add to MMIS	Electronic COB	optional (not used)	pull-down	
343	**2320**	**CAS**	**Claim Adjustment**								
344	2320	CAS01	Claim Adjustment Group Code	ID2			Add to MMIS	Electronic COB	req'd if other payer did claim level adjustments	pull-down	
345	2320	CAS02	Adjustment Reason Code	ID5			Add to MMIS	Electronic COB	req'd if other payer did claim level adjustments		
346	2320	CAS03	Adjustment Amount	R18			Add to MMIS	Electronic COB	req'd if other payer did claim level adjustments		
347	2320	CAS04	Adjustment Quantity	R15			Add to MMIS	Electronic COB	optional (not used)		

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348	2320	CAS05	Adjustment Reason Code	ID5					optional (not used)		
349	2320	CAS06	Adjustment Amount	R18					optional (not used)		
350	2320	CAS07	Adjustment Quantity	R15					optional (not used)		
351	2320	CAS08	Adjustment Reason Code	ID5					optional (not used)		
352	2320	CAS09	Adjustment Amount	R18					optional (not used)		
353	2320	CAS10	Adjustment Quantity	R15					optional (not used)		
354	2320	CAS11	Adjustment Reason Code	ID5					optional (not used)		
355	2320	CAS12	Adjustment Amount	R18					optional (not used)		
356	2320	CAS13	Adjustment Quantity	R15					optional (not used)		
357	2320	CAS14	Adjustment Reason Code	ID5					optional (not used)		
358	2320	CAS15	Adjustment Amount	R18					optional (not used)		
359	2320	CAS16	Adjustment Quantity	R15					optional (not used)		
360	2320	CAS17	Adjustment Reason Code	ID5					optional (not used)		
361	2320	CAS18	Adjustment Amount	R18					optional (not used)		
362	2320	CAS19	Adjustment Quantity	R15					optional (not used)		
363	**2320**	**AMT**	**Coordination of Benefits (COB) Payer Paid Amount**								
364	2320	AMT01	Amount Qualifier Code	ID3			Verify "D"	Translation	hard code if other payer has paid	D	
365	2320	AMT02	Payer Paid Amount	R18	Medical-Claim	AMT-PAID-BY-MCARE, THIRD-PARTY-PMT-AMT	If we do electronic COB for other than Medicare, need to store for other payers.	Policy Issues	req'd if other payer has paid		Gordon…you were looking into this??
366	**2320**	**AMT**	**Coordination of Benefits (COB) Approved Amount**								

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367	2320	AMT01	Amount Qualifier Code	ID3			Verify "AAE"	Translation	hard code: opt	AAE	
368	2320	AMT02	Approved Amount	R18			Add to MMIS	Electronic COB	optional (not used)		
369	**2320**	**AMT**	**Coordination of Benefits (COB) Allowed Amount**								
370	2320	AMT01	Amount Qualifier Code	ID3			Verify "B6"	Translation	hard code: opt	B6	
371	2320	AMT02	Allowed Amount	R18	Medical-Claim	MCARE-ALLOWED-AMT	If we do electronic COB for other than Medicare, need to store for other payers.	Policy Issues	optional (not used)		
372	**2320**	**AMT**	**Coordination of Benefits (COB) Patient Responsibility Amount**								
373	2320	AMT01	Amount Qualifier Code	ID3			Verify "F2"	Translation	hard code if included in tx from other payer	F2	
374	2320	AMT02	Patient Responsibility Amount	R18			Add to MMIS	Electronic COB	req'd if included in tx from other payer		
375	**2320**	**AMT**	**Coordination of Benefits (COB) Covered Amount**								
376	2320	AMT01	Amount Qualifier Code	ID3			Verify "AU"	Translation	hard code: opt	F2	
377	2320	AMT02	Covered Amount	R18			Add to MMIS	Electronic COB	optional (not used)		
378	**2320**	**AMT**	**Coordination of Benefits (COB) Discount Amount**								
379	2320	AMT01	Amount Qualifier Code	ID3			Verify "D8"	Translation	hard code if included in tx from other payer	D8	
380	2320	AMT02	Other Payer Discount Amount	R18			Add to MMIS	Electronic COB	req'd if included in tx from other payer		
381	**2320**	**AMT**	**Coordination of Benefits (COB) Patient Paid Amount**								

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382	2320	AMT01	Amount Qualifier Code	ID3			Verify "F5"	Translation	hard code if included in tx from other payer	F5	
383	2320	AMT02	Other Payer Patient Paid Amount	R18			Add to MMIS	Electronic COB	req'd if included in tx from other payer		
384	**2320**	**DMG**	**Other Insured Demographic Information**								
385	2320	DMG01	Date Time Period Format Qualifier	ID3					hard code if other subscr is person	D8	
386	2320	DMG02	Other Insured Birth Date	AN35			Add to MMIS	Electronic COB	req'd if other subscr is person	CCYYMMDD format	
387	2320	DMG03	Other Insured Gender Code	ID1			Add to MMIS	Electronic COB	req'd if other subscr is person	pull-down	
388	**2320**	**OI**	**Other Insurance Coverage Information**								
389	2320	OI 03	Benefits Assignment Certification Indicator	ID1					optional (not used)	pull-down	
390	2320	OI 06	Release of Information Code	ID1					optional (not used)	pull-down	
391	**2330A**	**NM1**	**Other Subscriber Name**								
392	2330A	NM101	Entity Identifier Code	ID3					hard code if other payers are known	IL	
393	2330A	NM102	Entity Type Qualifier	ID1					req'd if other payers are known	pull-down	
394	2330A	NM103	Other Insured Last Name	AN35			Add to MMIS	Electronic COB	req'd if other payers are known		
395	2330A	NM104	Other Insured First Name	AN25			Add to MMIS	Electronic COB	req'd if a person		
396	2330A	NM105	Other Insured Middle Name	AN25			Add to MMIS	Electronic COB	req'd if a person & known		
397	2330A	NM107	Other Insured Name Suffix	AN10			Add to MMIS	Electronic COB	optional (not used)		
398	2330A	NM108	Identification Code Qualifier	ID2					req'd if other payers are known	pull-down	
399	2330A	NM109	Other Insured Identifier	AN80			Get Member ID, policy #, SSN	Electronic COB	req'd if other payers are known		

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400	**2330A**	**N 2**	**Additional Other Subscriber Name Information**								
401	2330A	N 201	Other Insured Additional Name	AN60			Add to MMIS	Electronic COB	req'd if name > 35 bytes		
402	**2330A**	**N 3**	**Other Subscriber Address**								
403	2330A	N 301	Other Insured Address Line	AN55					req'd if known		
404	2330A	N 302	Other Insured Address Line	AN55					optional (not used)		
405	**2330A**	**N 4**	**Other Subscriber City/State/Zip Code**								
406	2330A	N 401	Other Insured City Name	AN30					req'd if known		
407	2330A	N 402	Other Insured State Code	ID2					req'd if known		
408	2330A	N 403	Other Insured Postal Zone or ZIP Code	ID15					req'd if known		
409	2330A	N 404	Country Code	ID3					optional (not used)		
410	**2330A**	**REF**	**Other Subscriber Secondary Identification**								
411	2330A	REF01	Reference Identification Qualifier	ID3			Add to MMIS	Electronic COB	optional (not used)	pull-down	
412	2330A	REF02	Other Insured Additional Identifier	AN30			Get Member ID, policy #, SSN	Electronic COB	optional (not used)		
413	**2330B**	**NM1**	**Other Payer Name**								
414	2330B	NM101	Entity Identifier Code	ID3			Verify "PR"	Translation	hard code if other payer known	PR	
415	2330B	NM102	Entity Type Qualifier	ID1					hard code if other payer known	2	
416	2330B	NM103	Other Payer Last or Organization Name	AN35			Add to MMIS	Electronic COB	req'd if other payer known		
417	2330B	NM108	Identification Code Qualifier	ID2			verify "XV"-National Plan ID	Translation	req'd if other payer known	pull-down	
418	2330B	NM109	Other Payer Primary Identifier	AN80			Add to MMIS	Electronic COB	req'd if other payer known		
419	**2330B**	**N 2**	**Additional Other Payer Name Information**								

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420	2330B	N 201	Other Payer Additional Name Text	AN60			Add to MMIS	Electronic COB	req'd if name > 35 bytes		
421	**2330B**	**PER**	**Other Payer Contact Information**								
422	2330B	PER01	Contact Function Code	ID2			Add to MMIS	Electronic COB	hard code: opt	IC	
423	2330B	PER02	Other Payer Contact Name	AN60			Add to MMIS	Electronic COB	optional (not used)		
424	2330B	PER03	Communication Number Qualifier	ID2					optional (not used)		
425	2330B	PER04	Communication Number	AN80					optional (not used)		
426	2330B	PER05	Communication Number Qualifier	ID2					optional (not used)		
427	2330B	PER06	Communication Number	AN80					optional (not used)		
428	2330B	PER07	Communication Number Qualifier	ID2					optional (not used)		
429	2330B	PER08	Communication Number	AN80					optional (not used)		
430	**2330B**	**DTP**	**Claim Paid Date**								
431	2330B	DTP01	Date Time Qualifier	ID3			Verify "573"	Translation	hard code: opt	573	
432	2330B	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	D8	
433	2330B	DTP03	Date Claim Paid	AN35			Add to MMIS	Electronic COB	optional (not used)		
434	**2330B**	**REF**	**Other Payer Secondary Identifier**								
435	2330B	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
436	2330B	REF02	Other Payer Secondary Identifier	AN30			Add to MMIS	Electronic COB	optional (not used)		
437	**2330B**	**REF**	**Other Payer Referral Number**								
438	2330B	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
439	2330B	REF02	Other Payer Prior Authorization or Referral Number	AN30			Add to MMIS	Electronic COB	optional (not used)		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
440	**2330B**	**REF**	**Other Payer Claim Adjustment Indicator**								
441	2330B	REF01	Reference Identification Qualifier	ID3			Verify "T4"	Translation	hard code if included in tx from other payer	T4	
442	2330B	REF02	Other Payer Claim Adjustment Indicator	AN30			Add to MMIS	Electronic COB	req'd if included in tx from other payer		
443	**2330C**	**NM1**	**Other Payer Patient Information**								
444	2330C	NM101	Entity Identifier Code	ID3					hard code: opt	QC	
445	2330C	NM102	Entity Type Qualifier	ID1					hard code: opt	1	
446	2330C	NM103	Other Payer Patient Last Name	AN35					optional (not used)		
447	2330C	NM108	Identification Code Qualifier	ID2					optional (not used)	pull-down	
448	2330C	NM109	Other Payer Patient Primary Identifier	AN80					optional (not used)		
449	**2330C**	**REF**	**Other Payer Patient Identification**								
450	2330C	REF01	Reference Identification Qualifier	ID3					hard code: opt	pull-down	
451	2330C	REF02	Other Payer Patient Primary Identifier	AN30					optional (not used)		
452	**2330D**	**NM1**	**Other Payer Referring Provider**								
453	2330D	NM101	Entity Identifier Code	ID3					optional (not used)	pull-down	
454	2330D	NM102	Entity Type Qualifier	ID1					optional (not used)	pull-down	
455	**2330D**	**REF**	**Other Payer Referring Provider Identification**								
456	2330D	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
457	2330D	REF02	Other Payer Referring Provider Identifier	AN30					optional (not used)		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
458	**2330E**	**NM1**	**Other Payer Rendering Provider**								
459	2330E	NM101	Entity Identifier Code	ID3					optional (not used)	pull-down	
460	2330E	NM102	Entity Type Qualifier	ID1					optional (not used)		
461	**2330E**	**REF**	**Other Payer Rendering Provider Identification**								
462	2330E	REF01	Reference Identification Qualifier	ID3					optional (not used)	pull-down	
463	2330E	REF02	Other Payer Rendering Provider Identifier	AN30					optional (not used)		
464	**2400**	**LX**	**Line Counter**							**support up to 999 service lines: loop 2400**	
465	2400	LX 01	Assigned Number	N06			Store in MMIS; may be different than MMIS line-item-code	Translation	assign: req'd	increment from 1 by 1 for each service line	
466	**2400**	**SV3**	**Dental Service**								
467	2400	SV301	Composite Medical Procedure Identifier								
468	2400	SV301-1	Product or Service ID Qualifier	ID2			Store & send back in 835 SVC01-1	Match Back	hard code: req'd	AD	
469	2400	SV301-2	Procedure Code	AN48	Medical-Claim	PROC-CODE	Need Service level PROC-CODE (CPT4); map local codes to HCPCS; support NDC	HIPAA Required	required by HIPAA	pull-down	
470	2400	SV301-3	Procedure Modifier	AN2			Do we want to move allowed modifiers to procedure record?	System Questions	optional (not used)		
471	2400	SV301-4	Procedure Modifier	AN2			store all 4 modifiers	Case Management	optional (not used)		
472	2400	SV301-5	Procedure Modifier	AN2					optional (not used)		
473	2400	SV301-6	Procedure Modifier	AN2					optional (not used)		
474	2400	SV302	Line Item Charge Amount	R18	Medical-Claim	PROCEDURE-CHARGE			required by HIPAA		

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as of 7/9/2002

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475	2400	SV303	Facility Type Code	AN2	Medical-Claim	PLACE-OF-SERVICE	expand to 2 digit and convert to appropriate values	Match Back	req'd if diff place of service than CLM05		
476	2400	SV304	Oral Cavity Designation				This is quadrant - Need to store	Case Management			Checking if we need to have a separate field or if we can cross standard codes to local…..issue is on the paper claim there is not a separate field and how do you identify if tooth 20 or designation 20??
477	2400	SV304-1	Oral Cavity Designation Code	ID3			Store 5 in MMIS	Case Management	used in MMIS	pull-down	
478	2400	SV304-2	Oral Cavity Designation Code	ID3					used in MMIS		
479	2400	SV304-3	Oral Cavity Designation Code	ID3					used in MMIS		
480	2400	SV304-4	Oral Cavity Designation Code	ID3					used in MMIS		
481	2400	SV304-5	Oral Cavity Designation Code	ID3					used in MMIS		
482	2400	SV305	Prosthesis, Crown, or Inlay Code	ID1			Store in MMIS	Case Management	used in MMIS	pull-down	
483	2400	SV306	Procedure Count	R15	Medical-Claim	UNITS-OF-SERVICE	need to store orig units from 837 SV104; add use of decimal units	HIPAA Required	required by HIPAA		
484	**2400**	**TOO**	**Tooth Information**								
485	2400	TOO01	Code List Qualifier Code	ID3					hard code if proc relates to a certain tooth or teeth	JP	
486	2400	TOO02	Tooth Code	AN30	Medical-Claim	TOOTH-NUMBER			req'd proc relates to a certain tooth or teeth	**support up to 32 TOO segments (32 teeth)**	
487	2400	TOO03	Tooth Surface								
488	2400	TOO03-1	Tooth Surface Code	ID2	Medical-Claim	TOOTH-SURFACE			req'd proc relates to a certain tooth or teeth		Keep only 4 tooth surfaces
489	2400	TOO03-2	Tooth Surface Code	ID2					used in MMIS		
490	2400	TOO03-3	Tooth Surface Code	ID2					used in MMIS		
491	2400	TOO03-4	Tooth Surface Code	ID2					used in MMIS		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
492	2400	TOO03-5	Tooth Surface Code	ID2					used in MMIS		
493	**2400**	**DTP**	**Date - Service**								
494	2400	DTP01	Date Time Qualifier	ID3					hard code if proc serv date <> claim serv date	472	
495	2400	DTP02	Date Time Period Format Qualifier	ID3					hard code if proc serv date <> claim serv date	D8	
496	2400	DTP03	Service Date	AN35	Medical-Claim	FIRST-DATE-OF-SVC_service_level			req'd if proc serv date <> claim serv date		
497	**2400**	**DTP**	**Date - Prior Placement**								
498	2400	DTP01	Date Time Qualifier	ID3					hard code if prosthetics were previously placed	441	No, do not need
499	2400	DTP02	Date Time Period Format Qualifier	ID3					hard code if prosthetics were previously placed	D8	No, do not need
500	2400	DTP03	Prior Placement Date	AN35					req'd if prosthetics were previously placed		No, do not need
501	**2400**	**DTP**	**Date - Appliance Placement**								
502	2400	DTP01	Date Time Qualifier	ID3					hard code if this date <> this date at claim level	452	No, do not need
503	2400	DTP02	Date Time Period Format Qualifier	ID3					hard code if this date <> this date at claim level	D8	No, do not need
504	2400	DTP03	Orthodontic Banding Date	AN35					req'd if this date <> this date at claim level		No, do not need
505	**2400**	**DTP**	**Date - Replacement**								
506	2400	DTP01	Date Time Qualifier	ID3					hard code: opt	446	
507	2400	DTP02	Date Time Period Format Qualifier	ID3					hard code: opt	D8	
508	2400	DTP03	Replacement Date	AN35					optional (not used)		No, do not need
509	**2400**	**QTY**	**Anesthesia Quantity**								

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
510	2400	QTY01	Quantity Qualifier	ID2					req'd if specified anes circumstances apply	pull-down	No, not needed
511	2400	QTY02	Anesthesia Unit Count	R15					req'd if specified anes circumstances apply		No, not needed
512	**2400**	**REF**	**Service Predetermination Identification**								
513	2400	REF01	Reference Identification Qualifier	ID3					hard code: opt	G3	
514	2400	REF02	Predetermination of Benefits Identifier	AN30					optional (not used)		
515	**2400**	**REF**	**Referral Number**								
516	2400	REF01	Reference Identification Qualifier	ID3					hard code if service involved referral <> refer. at claim level	9F	
517	2400	REF02	Referral Number	AN30			Need PA# at service line level.	Processing Logic	req'd if service involved referral <> refer. at claim level		
518	**2400**	**REF**	**Line Item Control Number**								
519	2400	REF01	Reference Identification Qualifier	ID3			Verify "6R"	Translation	hard code: used	6R	
520	2400	REF02	Line Item Control Number	AN30			Store and send back in 835 2110 REF "6R"-provider control number	Match Back	used in MMIS		
521	**2400**	**AMT**	**Approved Amount**								
522	2400	AMT01	Amount Qualifier Code	ID3					hard code: opt	AAE	
523	2400	AMT02	Approved Amount	R18			Store in MMIS	Case Management	optional (not used)		
524	**2400**	**NTE**	**Line Note**								
525	2400	NTE01	Note Reference Code	ID3					hard code: opt	AAE	
526	2400	NTE02	Claim Note Text	AN80			store in MMIS	Case Management	optional (not used)	ADD	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
527	**2420A**	**NM1**	**Rendering Provider Name**				**Need to add Rendering Prov at line level**	**Policy Issues**			
528	2420A	NM101	Entity Identifier Code	ID3			Verify "82"	Translation	hard code if not same as claim rendering prov	82	
529	2420A	NM102	Entity Type Qualifier	ID1					req'd if not same as claim rendering prov	pull-down	
530	2420A	NM103	Rendering Provider Last or Organization Name	AN35					req'd if not same as claim rendering prov		
531	2420A	NM104	Rendering Provider First Name	AN25					req'd if a person		
532	2420A	NM105	Rendering Provider Middle Name	AN25					req'd if a person & known		
533	2420A	NM107	Rendering Provider Name Suffix	AN10					optional (not used)		
534	2420A	NM108	Identification Code Qualifier	ID2			Verify "XX"	Translation	req'd if not same as claim rendering prov	pull-down	
535	2420A	NM109	Rendering Provider Identifier	AN80	Medical-Claim	PERFORMING-PROV-NUM			req'd if not same as claim rendering prov		
536	**2420A**	**PRV**	**Rendering Provider Specialty Information**								
537	2420A	PRV01	Provider Code	ID3			Verify "PE"-performing	Translation	hard code: used	PE	
538	2420A	PRV02	Reference Identification Qualifier	ID3			Verify "ZZ"-provider taxonomy	Translation	hard code: used	ZZ	
539	2420A	PRV03	Provider Taxonomy Code	AN30			new prov field	HIPAA Required	used in MMIS		
540	**2420A**	**N 2**	**Additional Rendering Provider Name Information**								
541	2420A	N 201	Rendering Provider Name Additional Text	AN60					req'd if name > 35 bytes		
542	**2420A**	**REF**	**Rendering Provider Secondary Identification**								

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
543	2420A	REF01	Reference Identification Qualifier	ID3			Verify "1D" = Medicaid number	Translation	used in MMIS	pull-down	
544	2420A	REF02	Rendering Provider Secondary Identifier	AN30	Medical-Claim	PERFORMING-PROV-NUM			used in MMIS		
545	**2420B**	**NM1**	**Other Payer Referral Number**								
546	2420B	NM101	Entity Identifier Code	ID3					hard code: opt	PR	
547	2420B	NM102	Entity Type Qualifier	ID1					hard code: opt	2	
548	2420B	NM103	Other Payer Last or Organization Name	AN35					optional (not used)		
549	2420B	NM108	Identification Code Qualifier	ID2					optional (not used)		
550	2420B	NM109	Other Payer Referral Number	AN80					optional (not used)		
551	**2420B**	**REF**	**Other Payer Referral Number**								
552	2420B	REF01	Reference Identification Qualifier	ID3					hard code: opt	9F	
553	2420B	REF02	Other Payer Prior Authorization or Referral Number	AN30					optional (not used)		
554	**2430**	**SVD**	**Line Adjudication Information**							**support up to 25 service line adjudication 2430 loops**	
555	2430	SVD01	Other Payer Primary Identifier	AN80					req'd if previously adjudicated by other payer & service line adjustments		
556	2430	SVD02	Service Line Paid Amount	R18			Must send all or none of SVC01, 2, 3, and 5. THIRD-PARTY-PMT-AMT.	Policy Issues	req'd if previously adjudicated by other payer & service line adjustments		
557	2430	SVD03	Composite Medical Procedure Identifier								
558	2430	SVD03-1	Product or Service ID Qualifier	ID2					req'd if previously adjudicated by other payer & service line adjustments	pull-down	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
559	2430	SVD03-2	Procedure Code	AN48					req'd if previously adjudicated by other payer & service line adjustments	pull-down	
560	2430	SVD03-3	Procedure Modifier	AN2					optional (not used)		
561	2430	SVD03-4	Procedure Modifier	AN2					optional (not used)		
562	2430	SVD03-5	Procedure Modifier	AN2					optional (not used)		
563	2430	SVD03-6	Procedure Modifier	AN2					optional (not used)		
564	2430	SVD03-7	Procedure Code Description	AN80					optional (not used)		
565	2430	SVD05	Paid Service Unit Count	R15					req'd if previously adjudicated by other payer & service line adjustments		
566	2430	SVD06	Bundled or Unbundled Line Number	N06					optional (not used)		
567	**2430**	**CAS**	**Service Adjustment**								
568	2430	CAS01	Claim Adjustment Group Code	ID2					req'd if previously adjudicated by other payer & service line adjustments	pull-down	
569	2430	CAS02	Adjustment Reason Code	ID5					req'd if previously adjudicated by other payer & service line adjustments		
570	2430	CAS03	Adjustment Amount	R18					req'd if previously adjudicated by other payer & service line adjustments		
571	2430	CAS04	Adjustment Quantity	R15					optional (not used)		
572	2430	CAS05	Adjustment Reason Code	ID5					optional (not used)		

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
573	2430	CAS06	Adjustment Amount	R18					optional (not used)		
574	2430	CAS07	Adjustment Quantity	R15					optional (not used)		
575	2430	CAS08	Adjustment Reason Code	ID5					optional (not used)		
576	2430	CAS09	Adjustment Amount	R18					optional (not used)		
577	2430	CAS10	Adjustment Quantity	R15					optional (not used)		
578	2430	CAS11	Adjustment Reason Code	ID5					optional (not used)		
579	2430	CAS12	Adjustment Amount	R18					optional (not used)		
580	2430	CAS13	Adjustment Quantity	R15					optional (not used)		
581	2430	CAS14	Adjustment Reason Code	ID5					optional (not used)		
582	2430	CAS15	Adjustment Amount	R18					optional (not used)		
583	2430	CAS16	Adjustment Quantity	R15					optional (not used)		
584	2430	CAS17	Adjustment Reason Code	ID5					optional (not used)		
585	2430	CAS18	Adjustment Amount	R18					optional (not used)		
586	2430	CAS19	Adjustment Quantity	R15					optional (not used)		
587	**2430**	**DTP**	**Line Adjudication Date**								
588	2430	DTP01	Date Time Qualifier	ID3					hard code if previously adjudicated by other payer & service line adjustments	573	
589	2430	DTP02	Date Time Period Format Qualifier	ID3					hard code if previously adjudicated by other payer & service line adjustments	D8	

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Row	Loop	Seg	IndustryName	pic	MMIS Tablename	MMIS Columnname	Comment	Comment Type	HIPAA DDE Type	DDE Type Comment	Decisions
590	2430	DTP03	Adjudication or Payment Date	AN35					req'd if previously adjudicated by other payer & service line adjustments		
591	**2430**	**SE**	**Transaction Set Trailer**								
592	2430	SE 01	Transaction Segment Count	N010					assign: req'd	number of segments in trans	
593	2430	SE 02	Transaction Set Control Number	AN9					assign: req'd	same as ST02	