REPORT - HIPAA 837I to DASA mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Institutional						Hospitals do DDE into TARGET/RSVP for DASA clients.	Processing Logic
	ST	**Transaction Set Header**		**R**					
	ST 01	Transaction Set Identifier Code	ID3	R				verify "837"	Translation
	BHT	**Beginning of Hierarchical Transaction**		**R**					
	BHT02	Transaction Set Purpose Code	ID2	R				If "18"-reissue, handle as reversal & correction	Processing Logic
	BHT06	Claim or Encounter Identifier	ID2	R				verify "RP"-encounter	Translation
	REF	**Transmission Type Identification**		**R**					
	REF02	Transmission Type Code	AN30	R				Use to access correct version of translation	Translation
1000A	***NM1***	***Submitter Name***		***R***				Are there some cases where the submitter is different than the billing provider?	System Questions
1000A	**NM1**	**Submitter Name**		**R**					
1000A	NM101	Entity Identifier Code	ID3	R				Verify "41"-submitter	Translation
1000A	NM103	Submitter Last or Organization Name	AN35	R	facility	Facility_Name	varchar(65)	Required	HIPAA Required
1000A	NM108	Identification Code Qualifier	ID2	R				verify "46"-local ID	Translation
1000A	NM109	Submitter Identifier	AN80	R	facility	Facility_Number	char(2)	Concatenate to form unique ID.	Translation
1000A	NM109	Submitter Identifier	AN80	R	facility	Provider_Number	char(4)	Concatenate to form unique ID.	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
1000A	**PER**	**Submitter EDI Contact Information**		**R**					
1000A	PER01	Contact Function Code	ID2	R				"IC"-information contact	Translation
1000A	PER02	Submitter Contact Name	AN60	R	facility	Facility_Person	varchar(30)		
1000A	PER03	Communication Number Qualifier	ID2	R				"TE"-telephone	Translation
1000A	PER04	Communication Number	AN80	R	facility	Facility_Telephone_One	varchar(14)		
1000A	PER04	Communication Number	AN80	R	facility	Facility_Telephone_One_Ext	char(10)		
1000A	PER05	Communication Number Qualifier	ID2	S				"TE"-telephone	Translation
1000A	PER06	Communication Number	AN80	S	facility	Facility_Telephone_Two	varchar(14)		
1000A	PER06	Communication Number	AN80	S	facility	Facility_Telephone_Two_Ext	char(10)		
1000A	PER07	Communication Number Qualifier	ID2	S				"TE"-telephone	Translation
1000A	PER08	Communication Number	AN80	S	facility	Facility_Telephone_Three	varchar(14)		
1000A	PER08	Communication Number	AN80	S	facility	Facility_Telephone_Two_Ext	char(10)		
1000B	***NM1***	***Receiver Name***		***R***					
1000B	**NM1**	**Receiver Name**		**R**					
1000B	NM101	Entity Identifier Code	ID3	R				verify "40"-receiver	Translation
1000B	NM103	Receiver Name	AN35	R				verify "WA DSHS DASA"	Translation
1000B	NM109	Receiver Primary Identifier	AN80	R				create a local ID for <DSHS><DASA>	HIPAA Required
2000A	***HL***	***Billing/Pay-To Provider Hierarchical Level***		***R***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000A	**HL**	**Billing/Pay-To Provider Hierarchical Level**		**R**					
2000A	HL 03	Hierarchical Level Code	ID2	R				verify "20"-billing provider	Translation
2000A	**PRV**	**Billing/Pay-To Provider Specialty Information**		**S**					
2000A	**CUR**	**Foreign Currency Information**		**S**					
2010AA	***NM1***	***Billing Provider Name***		***R***				Use 2010AB-Pay-to-Prov, unless only 2010AA-Billing-Prov is sent	Translation
2010AA	**NM1**	**Billing Provider Name**		**R**					
2010AA	NM103	Billing Provider Last or Organizational Name	AN35	R	facility	Facility_Name	varchar(65)		
2010AA	NM108	Identification Code Qualifier	ID2	R				need "24"-Empl ID, "34"-SSN, or "XX"-NPI	HIPAA Required
2010AA	NM109	Billing Provider Identifier	AN80	R	facility	Facility_County_ID	char(2)	Need standard identifier.	HIPAA Required
2010AA	NM109	Billing Provider Identifier	AN80	R	facility	Facility_Number	char(2)	Need standard identifier.	HIPAA Required
2010AA	NM109	Billing Provider Identifier	AN80	R	facility	Provider_Number	char(4)	Need standard identifier.	HIPAA Required
2010AA	**N 3**	**Billing Provider Address**		**R**					
2010AA	N 301	Billing Provider Address Line	AN55	R	facility	Facility_Street_Address	varchar(50)		
2010AA	**N 4**	**Billing Provider City/State/ZIP Code**		**R**					
2010AA	N 401	Billing Provider City Name	AN30	R	facility	Facility_City	varchar(20)		
2010AA	N 402	Billing Provider State or Province Code	ID2	R	facility	Facility_State	char(2)		
2010AA	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R	facility	Facility_Zip_Code	varchar(10)		
2010AA	**REF**	**Billing Provider Secondary Identification**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	REF01	Reference Identification Qualifier	ID3	R				verify "BQ"-HMO number	Translation
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	facility	Facility_County_ID	char(2)	Local ID	Processing Logic
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	facility	Facility_Number	char(2)	Local ID	Processing Logic
2010AA	REF02	Billing Provider Additional Identifier	AN30	R	facility	Provider_Number	char(4)	Local ID	Processing Logic
2010AA	**REF**	**Credit/Debit Card Billing Information**		**S**					
2010AA	**PER**	**Billing Provider Contact Information**		**S**					
2010AB	***NM1***	***Pay-To Provider Name***		***S***					
2010AB	**NM1**	**Pay-To Provider Name**		**S**					
2010AB	**N 3**	**Pay-To Provider Address**		**R**					
2010AB	**N 4**	**Pay-To Provider City/State/ZIP Code**		**R**					
2010AB	**REF**	**Pay-To Provider Secondary Identification**		**S**					
2000B	***HL***	***Subscriber Hierarchical Level***		***R***					
2000B	**HL**	**Subscriber Hierarchical Level**		**R**					
2000B	HL 03	Hierarchical Level Code	ID2	R				Verify "22"	Translation
2000B	**SBR**	**Subscriber Information**		**R**					
2000B	SBR01	Payer Responsibility Sequence Number Code	ID1	R				"T"-tertiary	Translation
2000B	**PAT**	**Patient Information**		**S**					
2010BA	***NM1***	***Subscriber Name***		***R***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	**NM1**	**Subscriber Name**		**R**					
2010BA	NM103	Subscriber Last Name	AN35	R	clientmaster	Client_Last_Name	varchar(60)	required	HIPAA Required
2010BA	NM104	Subscriber First Name	AN25	S	clientmaster	Client_First_Name	varchar(40)	required	HIPAA Required
2010BA	NM105	Subscriber Middle Name	AN25	S	clientmaster	Client_Middle_Name	varchar(40)	required	HIPAA Required
2010BA	NM108	Identification Code Qualifier	ID2	S				verify "MI"-payer's ID for subscriber	Translation
2010BA	NM109	Subscriber Primary Identifier	AN80	S	clientmaster	Client_Identifier	uniqueidentifier	required	HIPAA Required
2010BA	**N 3**	**Subscriber Address**		**S**					
2010BA	N 301	Subscriber Address Line	AN55	R	clientaddress	Street_Address1	varchar(120)	Required if subscriber = patient	HIPAA Required
2010BA	N 302	Subscriber Address Line	AN55	S	clientaddress	Street_Address2	varchar(120)		
2010BA	**N 4**	**Subscriber City/State/ZIP Code**		**S**					
2010BA	N 401	Subscriber City Name	AN30	R	clientaddress	City	varchar(30)	Required if subscriber = patient	HIPAA Required
2010BA	N 402	Subscriber State Code	ID2	R	clientaddress	State	char(2)	Required if subscriber = patient	HIPAA Required
2010BA	N 403	Subscriber Postal Zone or ZIP Code	ID15	R				Required if subscriber = patient	HIPAA Required
2010BA	**DMG**	**Subscriber Demographic Information**		**S**					
2010BA	DMG02	Subscriber Birth Date	AN35	R	clientmaster	Client_Birthdate	datetime	required	HIPAA Required
2010BA	DMG03	Subscriber Gender Code	ID1	R	clientmaster	Client_Gender	char(1)	required	HIPAA Required
2010BA	**REF**	**Subscriber Secondary Identification**		**S**					
2010BA	REF01	Reference Identification Qualifier	ID3	R				verify "SY"-SSN	Translation
2010BA	REF02	Subscriber Supplemental Identifier	AN30	R	clientmaster	Client_Social_Security_Number	varchar(11)	OK to send SSN?	System Questions

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	**REF**	**Property and Casualty Claim Number**		**S**					
2010BB	***NM1***	***Credit/Debit Card Account Holder Name***		***S***					
2010BB	**NM1**	**Credit/Debit Card Account Holder Name**		**S**					
2010BB	**REF**	**Credit/Debit Card Information**		**S**					
2010BC	***NM1***	***Payer Name***		***R***					
2010BC	**NM1**	**Payer Name**		**R**					
2010BC	NM101	Entity Identifier Code	ID3	R				verify "PR"-payor	Translation
2010BC	NM103	Payer Name	AN35	R				hard code "WA DSHS DASA"	Translation
2010BC	NM108	Identification Code Qualifier	ID2	R				verify "PI"-payor ID	Translation
2010BC	NM109	Payer Identifier	AN80	R				create a local ID for <DSHS><DASA>	HIPAA Required
2010BC	**N 3**	**Payer Address**		**S**					
2010BC	**N 4**	**Payer City/State/ZIP Code**		**S**					
2010BC	**REF**	**Payer Secondary Identification**		**S**					
2010BD	***NM1***	***Responsible Party Name***		***S***					
2010BD	**NM1**	**Responsible Party Name**		**S**					
2010BD	**N 3**	**Responsible Party Address**		**R**					
2010BD	**N 4**	**Responsible Party City/State/ZIP Code**		**R**					
2000C	***HL***	***Patient Hierarchical Level***		***S***					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2000C	**HL**	**Patient Hierarchical Level**		**S**					
2000C	**PAT**	**Patient Information**		**R**					
2010CA	***NM1***	***Patient Name***		***R***					
2010CA	**NM1**	**Patient Name**		**R**					
2010CA	**N 3**	**Patient Address**		**R**					
2010CA	**N 4**	**Patient City/State/ZIP Code**		**R**					
2010CA	**DMG**	**Patient Demographic Information**		**R**					
2010CA	**REF**	**Patient Secondary Identification Number**		**S**					
2010CA	**REF**	**Property and Casualty Claim Number**		**S**					
2300	***CLM***	***Claim information***		***R***					
2300	**CLM**	**Claim information**		**R**					
2300	CLM01	Patient Account Number	AN38	R	clientmaster	Client_Identifier	uniqueidentifier	Store from incoming 837 and forward in outgoing 835.	Match Back
2300	CLM02	Total Claim Charge Amount	R18	R				Sum of all service line amounts.	Translation
2300	CLM05	Facility Type Code	AN2	R				55-residential substance abuse treatment facility	Translation
2300	CLM05	Claim Frequency Code	ID1	R				1-original	Translation
2300	CLM06	Provider or Supplier Signature Indicator	ID1	R				Y-yes	Translation
2300	CLM08	Benefits Assignment Certification Indicator	ID1	R				Y-yes	Translation
2300	CLM09	Release of Information Code	ID1	R				I-informed consent regulated by feds	Translation

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	CLM12	Special Program Indicator	ID3	S				01-EPSDT if service-funding/state-special-roject-ID=EPSDT, else 03-special federal funding	Translation
2300	CLM18	Explanation of Benefits Indicator	ID1	R				N-no	Translation
2300	**DTP**	**Discharge Hour**		**S**					
2300	DTP03	Discharge Hour	AN35	R	discharge	Discharge_DateTime	datetime		
2300	**DTP**	**Statement Dates**		**R**					
2300	DTP03	Statement From or To Date	AN35	R	discharge	Admission_DateTime	datetime	If there's no discharge_date/time, use end of admit month.	Processing Logic
2300	DTP03	Statement From or To Date	AN35	R	discharge	Discharge_DateTime	datetime	If there's no discharge_date/time, use end of admit month.	Processing Logic
2300	**DTP**	**Admission Date/Hour**		**S**					
2300	DTP03	Admission Date and Hour	AN35	R	discharge	Admission_DateTime	datetime		
2300	**CL1**	**Institutional Claim Code**		**S**					
2300	CL101	Admission Type Code	ID1	S				Hard code "3"-elective if inpatient.	HIPAA Required
2300	CL102	Admission Source Code	ID1	S				Required if inpat or M'caid. (Map local codes to "6"=transfer from a health care fac or "8" = court or law enforcement admit)	Map Codes
2300	CL103	Patient Status Code	ID2	S				Required if inpatient: map to local codes.	Map Codes
2300	**PWK**	**Claim Supplemental Information**		**S**					
2300	**CN1**	**Contract Information**		**S**					
2300	**AMT**	**Payer Estimated Amount Due**		**S**					
2300	**AMT**	**Patient Estimated Amount Due**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**AMT**	**Patient Paid Amount**		**S**					
2300	**AMT**	**Credit/Debit Card Maximum Amount**		**S**					
2300	**REF**	**Adjusted Repriced Claim Number**		**S**					
2300	**REF**	**Repriced Claim Number**		**S**					
2300	**REF**	**Claim Identification Number For Clearinghouses and Other Transmission Intermediaries**		**S**					
2300	**REF**	**Document Identification Code**		**S**					
2300	**REF**	**Original Reference Number (ICN/DCN)**		**S**					
2300	**REF**	**Investigational Device Exemption Number**		**S**					
2300	**REF**	**Service Authorization Exception Code**		**S**					
2300	**REF**	**Peer Review Organization (PRO) Approval Number**		**S**					
2300	**REF**	**Prior Authorization or Referral Number**		**S**					
2300	REF02	Prior Authorization Number	AN30	R	assessment	Agency_Number	char(6)		
2300	**REF**	**Medical Record Number**		**S**					
2300	**REF**	**Demonstration Project Identifier**		**S**					
2300	**K 3**	**File Information**		**S**					
2300	**NTE**	**Claim Note**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**NTE**	**Billing Note**		**S**					
2300	**CR6**	**Home Health Care Information**		**S**					
2300	**CRC**	**Home Health Functional Limitations**		**S**					
2300	**CRC**	**Home Health Activities Permitted**		**S**					
2300	**CRC**	**Home Health Mental Status**		**S**					
2300	**HI**	**Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information**		**R**					
2300	HI 01	Code List Qualifier Code	ID3	R				validate "BK"-principal ICD9 diag code	Translation
2300	HI 01	Industry Code	AN30	R	substanceused	Relative_Importance	tinyint	Generate ICD9 diagnosis based on substance used, relative importance, stage of use.	HIPAA Required
2300	HI 01	Industry Code	AN30	R	substanceused	Substance_ID		Generate ICD9 diagnosis based on substance used, relative importance, stage of use.	HIPAA Required
2300	HI 01	Industry Code	AN30	R	treatmentmilestone	Stage_ID	tinyint	Generate ICD9 diagnosis based on substance used, relative importance, stage of use.	HIPAA Required
2300	HI 02	Industry Code	AN30	R				Admit diagnosis is required for inpatients.	HIPAA Required
2300	**HI**	**Diagnosis Related Group (DRG) Information**		**S**					
2300	**HI**	**Other Diagnosis Information**		**S**					
2300	HI 01	Code List Qualifier Code	ID3	R				validate "BF"-other diag	Translation
2300	HI 01	Other Diagnosis	AN30	R	assessment	Other_Incapacity	tinyint	map to standard ICD9 codes	Map Codes

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2300	**HI**	**Principal Procedure Information**		**S**					
2300	**HI**	**Other Procedure Information**		**S**					
2300	**HI**	**Occurrence Span Information**		**S**					
2300	**HI**	**Occurrence Information**		**S**					
2300	**HI**	**Value Information**		**S**					
2300	**HI**	**Condition Information**		**S**					
2300	**HI**	**Treatment Code Information**		**S**					
2300	**QTY**	**Claim Quantity**		**S**					
2300	**HCP**	**Claim Pricing/Repricing Information**		**S**					
2305	***CR7***	***Home Health Care Plan Information***		***S***					
2305	**CR7**	**Home Health Care Plan Information**		**S**					
2305	**HSD**	**Health Care Services Delivery**		**S**					
2310A	***NM1***	***Attending Physician Name***		***S***					
2310A	**NM1**	**Attending Physician Name**		**S**					
2310A	NM103	Attending Physician Last Name	AN35	R	facility	Facility_Name	varchar(65)	Required for inpatients.	HIPAA Required
2310A	NM108	Identification Code Qualifier	ID2	R				Must use standard ID: 24-EIN, 34-SSN, XX-NPI	HIPAA Required
2310A	NM109	Attending Physician Primary Identifier	AN80	R	facility	Facility_Number	char(2)	Required for inpatients.	HIPAA Required

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310A	NM109	Attending Physician Primary Identifier	AN80	R	facility	Provider_Number	char(4)	Required for inpatients.	HIPAA Required
2310A	**PRV**	**Attending Physician Specialty Information**		**R**					
2310A	**REF**	**Attending Physician Secondary Identification**		**S**					
2310B	***NM1***	***Operating Physician Name***		***S***					
2310B	**NM1**	**Operating Physician Name**		**S**					
2310B	**PRV**	**Operating Physician Specialty Information**		**S**					
2310B	**REF**	**Operating Physician Secondary Identification**		**S**					
2310C	***NM1***	***Other Provider Name***		***S***					
2310C	**NM1**	**Other Provider Name**		**S**					
2310C	**PRV**	**Other Provider Specialty Information**		**R**					
2310C	**REF**	**Other Provider Secondary Identification**		**S**					
2310D	***NM1***	***Referring Provider Name***		***S***					
2310D	**NM1**	**Referring Provider Name**		**S**					
2310D	**PRV**	**Referring Provider Specialty Information**		**S**					
2310D	**REF**	**Referring Provider Secondary Identification**		**S**					
2310E	***NM1***	***Service Facility Name***		***S***					
2310E	**NM1**	**Service Facility Name**		**S**					
2310E	**PRV**	**Service Facility Specialty Information**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2310E	N 3	Service Facility Address		R					
2310E	N 4	Service Facility City/State/Zip Code		R					
2310E	REF	Service Facility Secondary Identification		S					
2320	*SBR*	*Other Subscriber Information*		*S*					
2320	SBR	Other Subscriber Information		S					
2320	CAS	Claim Level Adjustment		S					
2320	AMT	Payer Prior Payment		S					
2320	AMT	Coordination of Benefits (COB) Total Allowed Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Submitted Charges		S					
2320	AMT	Diagnostic Related Group (DRG) Outlier Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount		S					
2320	AMT	Medicare Paid Amount - 100%		S					
2320	AMT	Medicare Paid Amount - 80%		S					
2320	AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2320	AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Non-covered Amount		S					
2320	AMT	Coordination of Benefits (COB) Total Denied Amount		S					
2320	DMG	Other Subscriber Demographic Information		S					
2320	OI	Other Insurance Coverage Information		R					
2320	MIA	Medicare Inpatient Adjudication Information		S					
2320	MOA	Medicare Outpatient Adjudication Information		S					
2330A	*NM1*	*Other Subscriber Name*		*R*					
2330A	NM1	Other Subscriber Name		R					
2330A	N 3	Other Subscriber Address		S					
2330A	N 4	Other Subscriber City/State/ZIP Code		S					
2330A	REF	Other Subscriber Secondary Information		S					
2330B	*NM1*	*Other Payer Name*		*R*					
2330B	NM1	Other Payer Name		R					
2330B	N 3	Other Payer Address		S					
2330B	N 4	Other Payer City/State/ZIP Code		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330B	DTP	Claim Adjudication Date		S					
2330B	REF	Other Payer Secondary Identification and Reference Number		S					
2330B	REF	Other Payer Prior Authorization or Referral Number		S					
2330C	*NM1*	*Other Payer Patient Information*		*S*					
2330C	NM1	Other Payer Patient Information		S					
2330C	REF	Other Payer Patient Identification Number		S					
2330D	*NM1*	*Other Payer Attending Provider*		*S*					
2330D	NM1	Other Payer Attending Provider		S					
2330D	REF	Other Payer Attending Provider Identification		R					
2330E	*NM1*	*Other Payer Operating Provider*		*S*					
2330E	NM1	Other Payer Operating Provider		S					
2330E	REF	Other Payer Operating Provider Identification		R					
2330F	*NM1*	*Other Payer Other Provider*		*S*					
2330F	NM1	Other Payer Other Provider		S					
2330F	REF	Other Payer Other Provider Identification		R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2330G	*NM1*	*Other Payer Referring Provider*		*S*					
2330G	**NM1**	**Other Payer Referring Provider**		**S**					
2330G	**REF**	**Other Payer Referring Provider Identification**		**R**					
2330H	*NM1*	*Other Payer Service Facility Provider*		*S*					
2330H	**NM1**	**Other Payer Service Facility Provider**		**S**					
2330H	**REF**	**Other Payer Service Facility Provider Identification**		**R**					
2400	*LX*	*Service Line Number*		*R*					
2400	**LX**	**Service Line Number**		**R**					
2400	**SV2**	**Institutional Service Line**		**R**					
2400	SV201	Service Line Revenue Code	AN48	R				Generate based on treatment activity.	HIPAA Required
2400	SV203	Line Item Charge Amount	R18	R				Multiply TLOS times rate.	Translation
2400	SV204	Unit or Basis for Measurement Code	ID2	R				DA-days	Translation
2400	SV205	Service Unit Count	R15	R	RSVP-billing	TLOS	int	Required	HIPAA Required
2400	SV206	Service Line Rate	R10	S	RSVP-billing	Rate	money	Required	HIPAA Required
2400	**SV4**	**Prescription Number**		**S**					
2400	**PWK**	**Line Supplemental Information**		**S**					
2400	**DTP**	**Service Line Date**		**S**					
2400	**DTP**	**Assessment Date**		**S**					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	AMT	Service Tax Amount		S					
2400	AMT	Facility Tax Amount		S					
2420A	*NM1*	*Attending Physician Name*		*S*					
2420A	NM1	Attending Physician Name		S					
2420A	PRV	Attending Physician Specialty Information		R					
2420A	REF	Attending Physician Secondary Identification		S					
2420B	*NM1*	*Operating Physician Name*		*S*					
2420B	NM1	Operating Physician Name		S					
2420B	PRV	Operating Physician Specialty Information		S					
2420B	REF	Operating Physician Secondary Identification		S					
2420C	*NM1*	*Other Provider Name*		*S*					
2420C	NM1	Other Provider Name		S					
2420C	PRV	Other Provider Specialty Information		S					
2420C	REF	Other Provider Secondary Identification		S					
2420D	*NM1*	*Referring Provider Name*		*S*					
2420D	NM1	Referring Provider Name		S					
2420D	PRV	Referring Provider Specialty Information		S					
2420D	REF	Referring Provider Secondary Identification		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2430	SVD	Service Line Adjudication Information		S					
2430	SVD	Service Line Adjudication Information		S					
2430	CAS	Service Line Adjustment		S					
2430	DTP	Service Adjudication Date		S					
2430	SE	Transaction Set Trailer		R					

Comment Type Legend:

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

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

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

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

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

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

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

Policy Issues = Decisions to be made by system experts.

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

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

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