REPORT - HIPAA 837I to MHD State Hosp.. mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
		Health Care Claim: Institutional							
	ST	Transaction Set Header		R					
	BHT	Beginning of Hierarchical Transaction		R					
	REF	Transmission Type Identification		R					
1000A	NM1	Submitter Name		R					
1000A	NM1	Submitter Name		R					
1000A	PER	Submitter EDI Contact Information		R					
1000B	NM1	Receiver Name		R					
1000B	NM1	Receiver Name		R					
2000A	HL	Billing/Pay-To Provider Hierarchical Level		R					
2000A	HL	Billing/Pay-To Provider Hierarchical Level		R					
2000A	PRV	Billing/Pay-To Provider Specialty Information		S					
2000A	CUR	Foreign Currency Information		S					
2010AA	NM1	Billing Provider Name		R					
2010AA	NM1	Billing Provider Name		R					
2010AA	N 3	Billing Provider Address		R					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010AA	N 4	Billing Provider City/State/ZIP Code		R					
2010AA	REF	Billing Provider Secondary Identification		S					
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	SBR	Subscriber Information		R					
2000B	PAT	Patient Information		S					
2010BA	*NM1*	*Subscriber Name*		*R*					
2010BA	NM1	Subscriber Name		R					
2010BA	N 3	Subscriber Address		S					
2010BA	N 4	Subscriber City/State/ZIP Code		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2010BA	DMG	Subscriber Demographic Information		S					
2010BA	REF	Subscriber Secondary Identification		S					
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	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	DTP	Discharge Hour		S					
2300	DTP	Statement Dates		R					
2300	DTP	Admission Date/Hour		S					
2300	CL1	Institutional Claim Code		S					
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	REF	Medical Record Number		S					
2300	REF	Demonstration Project Identifier		S					
2300	K 3	File Information		S					
2300	NTE	Claim Note		S					
2300	NTE	Billing Note		S					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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	Diagnosis Related Group (DRG) Information		S					
2300	HI	Other Diagnosis Information		S					
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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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	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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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					
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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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					
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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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					
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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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					
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					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
2400	*LX*	*Service Line Number*		*R*					
2400	LX	Service Line Number		R					
2400	SV2	Institutional Service Line		R					
2400	SV4	Prescription Number		S					
2400	PWK	Line Supplemental Information		S					
2400	DTP	Service Line Date		S					
2400	DTP	Assessment Date		S					
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*					

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
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					
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

COBOL Data Types Legend:

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

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

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

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

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

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

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