

COMPANION GUIDE
JULY 2004
HEALTH CARE CLAIM: INSTITUTIONAL
VERSION 4010A1

HEALTH PLAN SYSTEMS INC (HPS) ANSI ASC X12N 837 Version 4010A1 HEALTH CARE CLAIM INSTITUTIONAL

Health Plan Systems is a pioneer in the development of administrative software for the health care industry and, after ten years of extensive research and development, presents a product portfolio designed to help clients achieve Health Insurance Portability and Accountability Act (HIPAA) compliance with unprecedented benefits of efficiency, flexibility and functionality.

As one of the elite group of companies to have its software certified by **Claredi**, a national third-party organization accrediting entities that send or receive HIPAA-regulated transactions, Health Plan System's proven software makes HIPAA compliance a simple and easy part of everyday business.

HPS Clearinghouse EDI Enrollment Procedure

The first step in becoming electronic billers is to complete an Electronic Data Interchange (EDI) Enrollment registration. We process your registration and assign an electronic Submitter Number and Login ID to you, which identify you as an electronic claim submitter.

If you have any question you can contact your software vendor or HPS Clearinghouse Support Team. Our support team will be happy to assist you at any business time.

837

ANSI ASC X12N 837 (004010X096A1)

HEALTH PLAN SYSTEMS INC (HPS)
1.732.582.0070
<http://hpsch.2hps.com>

Disclaimer

Purpose of the ANSI ASC X12N 837 Health Care Claim Institutional - Companion Guide

This companion guide for the ANSI ASC X12N 837 transactions has been created for use in conjunction with the standard implementation guide. It is not a replacement for the implementation guide, but rather used as an additional source of information. The companion guide contains data clarifications derived from specific business rules that apply exclusively to claims processing for the providers who have enrolled with Health Plan Systems.

The guide also includes the testing procedure required by the Health Plan Systems EDI Department. Before sending the Institutional Claim, the providers can also test their Institutional Claim with HPS Clearinghouse. The submitters are therefore encouraged to often check the website of Health Plan Systems for updates to the companion guides at the following web site:

<http://hpsch.2hps.com>

We will provide an electronic mail access to submitters that are willing to communicate with Health Plan Systems. HPS will provide an email alert whenever there is an update or change of business rules or technical modifications.

Business Requirements

The Health Insurance Portability and Accountability Act (HIPAA) require that HPS Clearinghouse, and all other health insurance payers and clearinghouse in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI ASC X12N 837 implementation guides have been established as the standards of compliance for claim transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com.

The following information is intended to serve only as a companion document to the HIPAA ANSI ASC X12N 837 implementation guides. The use of this document is solely for the purpose of clarification.

The information describes specific requirements to be used for processing data in the HPS Clearinghouse service number **024272739**. The information in this document is subject to change. Changes will be communicated via e-mail and on HPS Clearinghouse web site: <http://hpsch.2hps.com>

This companion document supplements, but does not contradict any requirements in the ANSI ASC X12N 837 implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

- HPS will only process one transaction type (records group) per interchange (transmission); a submitter can submit one GS-GE (Functional Group) within an ISA-IEA (Interchange).
- HPS will not support disordered Equivalent subloops currently and any failure may result in rejection of the Institutional Claim (e.g., the Equivalent subloops (2010BA, 2010BB, and 2010BC) should be in same order and not to be sent in changed order)
- HPS is required to create a TA1 Interchange Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The TA1 will be available while submitting claims to Clearinghouse. HPS provides a way for retrieving and translating the TA1 acknowledgement in an extensive way which is new in the market. Transactions with errors must be corrected and resubmitted.
- HPS is required to create a 997 Functional Acknowledgement to report the results of the standard ANSI ASC X12N syntax editing. The 997 will be available within one (1) business day. The 997 will report standard ANSI X12N syntax errors. HPS provides a way for retrieving and translating the 997 acknowledgements. Transactions with errors must be corrected and resubmitted.
- All dates that are submitted on an incoming 837 transaction must be valid calendar dates in the appropriate format based on the respective qualifier. Failure to submit a valid calendar date may result in rejections of the Institutional Claim or the applicable interchange (transmission).
- HPS will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic claim submission.
- HPS will reject an interchange (transmission) that is submitted with an invalid value in GS03 (Application Receiver's Code) based on the carrier definition.
- Only valid qualifiers for HPS must be submitted on incoming 837 transactions.

- Retrieval of the ANSI ASC X12N 997 functional acknowledgment files can be done on or before the first business day after the claim file is submitted, but not less than one day after the file submission.
- Only loops, segment and data elements valid for the HIPAA Institutional Claim Implementation Guide will be translated. Non-implementation guide data may not be sent for processing consideration.
- The incoming 837 transactions must utilize delimiters from the following list:

Data Element separator	:	-	*	(asterisk)
Loop Segment Separator	:	-	~	(tilde)
Component Separator	:	-	:	(colon)

The usage of these characters within the text data elements in the incoming 837 transaction may cause problems with creation of subsequent transactions and hence it is not allowed.

- Currency code (CUR02) must equal 'USA'.
- You must submit incoming 837 data using the basic character set as defined in Appendix A of the 837 Implementation Guide. In addition to the basic character set, you may use characters from the extended character set. Using any characters from the extended character set which is not acceptable by payer will be rejected through functional acknowledgment(997)
- HPS recommends posting files with file name below 45 characters and it should be in windows standard file format.
- Date and time must be mentioned in HIPAA standard and Time zone and date must be in United States graphical format.
- HPS requires following standards for identifiers :

Payer ID	-	Should be used as HPS listed (Provided in HPS Participated Payer List)
Zip code	-	Should be either 5 or 9 digit numeric value (Special characters not allowed)
SSN, EIN, Federal Tax ID	-	Should be 9 digit numeric value (Special characters not allowed)
Phone, Fax	-	Should be 10 digit alphanumeric (Special characters not allowed)
Extension	-	Should be 1 to 6 alphanumeric (Special characters not allowed)

837 Health Care Claim: Institutional – Data Clarification

Level: HEADER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
Header	ISA		M	ID	3 / 3	R-1	Interchange Control Header	
Header	ISA01	I01	M	ID	2/2	R	Authorization Information Qualifier.	Must contain '00'.
Header	ISA02	I02	M	AN	10/10	R	Authorization Information.	Must contain 10 spaces.
Header	ISA03	I03	M	ID	2/2	R	Security Information Qualifier.	Must contain '00'.
Header	ISA04	I04	M	AN	10/10	R	Security Information.	Must contain 10 spaces.
Header	ISA05	I05	M	ID	2/2	R	Interchange ID Qualifier.	Must contain 'ZZ'.
Header	ISA06	I06	M	AN	15/15	R	Interchange Sender ID.	Must contain ID assigned by HPS.
Header	ISA07	I05	M	ID	2/2	R	Interchange ID Qualifier.	Must contain 'ZZ'.
Header	ISA08	I07	M	AN	15/15	R	Interchange Receiver ID.	Must contain '024272739' plus six trailing spaces.
Header	ISA09	I08	M	DT	6/6	R	Interchange Date.	YYMMDD
Header	ISA10	I09	M	TM	4/4	R	Interchange Time.	HHMM
Header	ISA11	I10	M	ID	1/1	R	Interchange Control Standards Identifier.	U(U.S. EDI Community of ASC X12N, TDCC, and UCS)
Header	ISA12	I11	M	ID	5/5	R	Interchange Control Version	00401

							Number.	
Header	ISA13	I12	M	NO	9/9	R	Interchange Control Number.	The Interchange Control Number, ISA13, must be identical to the Associated Interchange Trailer IEA02.
Header	ISA14	I13	M	ID	1/1	R	Acknowledgment Requested.	Must contain '1'
Header	ISA15	I14	M	ID	1/1	R	Usage Indicator.	Must contain 'P' or 'T'.
Header	ISA16	I15	M		1/1	R	Component Sub element Separator.	Must contain ':'
Header	GS		M	ID	2/2	R-1	Functional Group Header	
Header	GS01	479	M	ID	2/2	R	Functional Identifier code	HC-Health Care Claim (837)
Header	GS02	142	M	AN	2/15	R	Application Sender's Code	Submitter's Tax ID
Header	GS03	124	M	AN	2/15	R	Receiver ID	Must contain '024272739'
Header	GS04	373	M	DT	8/8	R	Creation Date	CCYYMMDD
Header	GS05	337	M	TM	4/8	R	Creation Time	The recommended format is HHMM
Header	GS06	028	M	NO	1/9	R	Group Control Number	Must begin with 1 and increment by 1 for each subsequent GS with in a file. Reset back to 1 for new file. This no should be equal to functional

								group trailer, GE02.
Header	GS07	455	M	ID	1/2	R	Responsible Agency Code	X- Accredited Standards Committee X12.
Header	GS08	480	M	AN	1/12	R	Version / Release Industry ID Code	004010X096 A1
HEADER	ST-SE ENVELOPE IS LIMITED TO A MAXIMUM OF 5000 CLM SEGMENTS							
Header	ST		M	ID	2 / 2	R	Transaction Set Header	
Header	ST01	143	M	AN	3/3	R	Transaction Set Identifier Code	837 (Health Care Claim)
Header	ST02	329	M	ID	4/9	R	Transaction Set Control Number	Submitters could begin sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS- GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. ,This Number in ST02 and SE02 must be Identical.

Header	BHT		M	ID	3/3	R-1	Beginning of Hierarchical Transaction	
Header	BHT01	1005	M	ID	4/4	R	Hierarchical Structure Code	0019 (Information Source, Subscriber, Dependent)
Header	BHT02	353	M	ID	2/2	R	Transaction Set Purpose Code	00 Original,18 Reissue
Header	BHT03	127	O	AN	1/30	R	Originator Application Transaction Identifier	
Header	BHT04	373	O	DT	8/8	R	Transaction Set Creation Date	The date that the submitter created the file(CCYMM DD).
Header	BHT05	337	O	TM	4/8	R	Submission Time	Time of day that the Submitter created the file(HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD,).
Header	BHT06	640	O	ID	2/2	R	Claim Encounter Identifier	Submitter must be approved by payer to send encounter data. Payer list will show those that can accept encounters
Header	REF		O	ID	3/3	R-1	Transmission Type Identifier	
Header	REF01	128	M	ID	2/3	R	Reference Qualifier	87(Functional Category)
Header	REF02	127	X	AN	1/30	R	Transmission	Use this

							Type Code	reference number as qualified by the preceding data element (REF01).
--	--	--	--	--	--	--	-----------	--

LOOP 1000 - SUBMITTER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
	LOOP 1000 A					R-1	SUBMITTER INFORMATION	
1000A	NM1		O	ID	3 / 3	R-1	Submitter Information	Name
1000A	NM101	98	M	ID	2/3	R	Entity Identifier Code	41 (Submitter)
1000A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1(Person), 2(Non-Person Entity).
1000A	NM103	1035	O	AN	1/35	R	Submitter Last/Org Name	
1000A	NM104	1036	O	AN	1/25	S	Submitter First Name	Required if NM102=1 (person).
1000A	NM105	1037	O	AN	1/25	S	Submitter Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
1000A	NM106-107					N/U		
1000A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	46 (Electronic Transmitter Identification Number (ETIN)1815 Established by a trading

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								partner agreement)
1000A	NM109	67	X	AN	2/80	R	Submitter Identifier	Must contain the ID assigned by HPS
1000A	PER		O	ID	3/3	R-2	Submitter EDI Contact Information	
1000A	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
1000A	PER02	93	O	AN	1/60	R	Submitter Contact Name	
1000A	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
1000A	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
1000A	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
1000A	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
1000A	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
1000A	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								data element

LOOP 1000B - RECEIVER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
	LOOP 1000 B					R-1	RECEIVER NAME	
1000B	NM1		O	ID	3 / 3	R-1	Individual or Organization Name	
1000B	NM101	98	M	ID	2/3	R	Entity Identifier Code	40 (Receiver)
1000B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
1000B	NM103	1035	O	AN	1/35	R	Receiver Last/Org Name	Must contain 'HEALTH PLAN SYSTEMS'
1000B	NM104-107					N/U		
1000B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	46 (Electronic Transmitter Identification Number (ETIN))
1000B	NM109	67	X	AN	2/80	R	Receiver Primary Identifier	Must contain '024272739'

Level: DETAIL, BILLING/PAY – TO PROVIDER HIERARCHICAL LEVEL
LOOP 2000A- BILLING/PAY – TO PROVIDER HIERARCHICAL LEVEL

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000A	LOOP 2000 A	R- >1(Max 5000)		BILLING / PAY-TO PROVIDER INFORMATION				
2000A	HL		M	ID	2 / 2	R- > 1	Hierarchical Level	
2000A	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in a file.
2000A	HL02		O	AN		N/U		
2000A	HL03	735	M	ID	1/2	R	Hierarchical Level Code	20 (Information Source)
2000A	HL04	736	O	ID	1/1	R	Hierarchical Child Code	Verify Hipaa implementation on guide for code list
2000A	PRV		M	ID	3 / 3	S-1	Billing / Pay-To Provider	This is a Required Segment at this time.
2000A	PRV01	1221	M	ID	1/3	R	Provider Code	BI (Billing), PT (Pay-To)
2000A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2000A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2000A	CUR		M	ID	3 / 3	S-1	Foreign Currency Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000A	CUR01	98	M	ID	2/3	R	Entity Identifier Code	85(Billing Provider)
2000A	CUR02	100	M	ID	3/3	R	Currency Code	must equal 'USA'

Loop 2010AA - BILLING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	LOOP 2010AA					R-1	BILLING PROVIDER NAME	
2010AA	NM1		O	ID	3 / 3	R-1	Billing Provider Individual or Organization Name	
2010AA	NM101	98	M	ID	2/3	R	Entity Identifier Code	85 (Billing Provider)
2010AA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2010AA	NM103	1035	O	AN	1/35	R	Billing Provider Last/Org Name	
2010AA	NM104-NM107					N/U		
2010AA	NM108	66	X	ID	1/2	R	Identification Code Qualifier	
2010AA	NM109	67	X	AN	2/80	R	Billing Provider Identifier	
2010AA	N3		O	ID	2 / 2	R-1	Billing Provider Address	
2010AA	N301	166	M	AN	1/55	R	Billing Provider Address 1	
2010AA	N302	166	O	AN	1/55	S	Billing Provider Address 2	
2010AA	N4		O	ID	2 / 2	R-1	Billing Provider	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							City State and Zip	
2010AA	N401	19	O	AN	2/30	R	Billing Provider City Name	
2010AA	N402	156	O	ID	2/2	R	Billing Provider State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada
2010AA	N403	116	O	ID	3/15	R	Billing Provider Zip Code	Sized to 9 Bytes
2010AA	N404	26	O	ID	2/3	S	Billing Provider Country Code	Required if the address is outside the U.S.
2010AA	REF		O	ID	3 / 3	S-8	Billing Provider Secondary Identification Numbers	
2010AA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	REF02	127	X	AN	1/30	R	Billing Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2010AA	REF		O	ID	3 / 3	S-8	Billing Provider Credit / Debit Card Billing Information	This Information Should Not Be Provided
2010AA	PER		O	ID	3 / 3	S-2	Billing Provider Contact	More than 1 repeat of this

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	information may not Be supported by all receivers.
2010AA	PER01	366	M	ID	2/2	R	Contact Function Code	IC (Information Contact)
2010AA	PER02	93	O	AN	1/60	R	Contact Name	
2010AA	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2010AA	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2010AA	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

Loop 2010AB - PAY-TO PROVIDER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AB	LOOP 2010 AB					S-1	PAY-TO PROVIDER INFORMATION	
2010AB	NM1		O	ID	3 / 3	S-1	Pay-To Provider Name Information	
2010AB	NM101	98	M	ID	2/3	R	Entity Identifier Code	87(Pay-to Provider)
2010AB	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2010AB	NM103	1035	O	AN	1/35	R	Pay-To Provider Last/Org Name	
2010AB	NM104-NM107					N/U		
2010AB	NM108	66	X	ID	1/2	R	Identification Code Qualifier	
2010AB	NM109	67	X	A/N	2/80	R	Pay-to Provider Primary Identification Number	
2010AB	N3		O	ID	2 / 2	R-1	Pay-To Provider Address	
2010AB	N301	166	M	AN	1/55	R	Pay-To Provider Address 1	
2010AB	N302	166	O	AN	1/55	S	Pay-To Provider Address 2	
2010AB	N4		O	ID	2 / 2	R-1	Pay-To Provider City / State / Zip Code	
2010AB	N401	19	O	AN	2/30	R	Pay-To Provider City Name	

2010AB	N402	156	O	ID	2/2	R	Pay-To Provider State/Prov. Code	N402 is required only if city name (N401) is in the U.S. or Canada.
2010AB	N403	116	O	ID	3/15	R	Pay-To Provider Zip Code	Sized to 9 bytes.
2010AB	N404	26	O	ID	2/3	S	Pay-To Provider Country Code	Required if the address is outside the U.S.
2010AB	REF		O	ID	3/3	S-5	Pay-To Secondary Numbers	Provider Reference
2010AB	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementati on guide for code list
2010AB	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

Level: DETAIL, SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000B	LOOP 2000 B					R- > 1	SUBSCRIBE R HIERARCHI CAL LEVEL	1 PER CLAIM, 5000 CLAIMS PER BATCH
2000B	HL		M	ID	2/2	R- >1	Hierarchical Level	
2000B	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must increment +1 from previous

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								HL Segment
2000B	HL02	734	O	AN	1/12	R	Hierarchical Parent ID Number	Must = HL01 from previous Loop 2000A
2000B	HL03	735	M	ID	1/2	R	Hierarchical Level Code	22 (Subscriber)
2000B	HL04	736	O	ID	1/1	R	Hierarchical Child Code	Verify Hipaa implementation guide for code list
2000B	SBR		O	ID	3/3	R-1	Subscriber Information	
2000B	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	Verify Hipaa implementation guide for code list
2000B	SBR02	1069	O	ID	2/2	S	Relationship Code	18 (Self)
2000B	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number	Use this element to carry the subscriber's group Number but not the number that uniquely identifies the subscriber.
2000B	SBR04	93	O	AN	1/60	S	Group or Plan Name	Used only when no group number is reported in SBR03.
2000B	SBR05-08					N/U		
2000B	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	Verify Hipaa implementation guide for code list

LOOP 2010BA - SUBSCRIBER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	LOOP 2010 BA					R-1	SUBSCRIBER INFORMATION	
2010BA	NM1		O	ID	3/3	R-1	Subscriber Information	Name
2010BA	NM101	98	M	ID	2/3	R	Entity Identifier Code	IL (Insured or Subscriber)
2010BA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1' is the only acceptable value. '2' is only applicable to Property Casualty and Worker's Compensation.
2010BA	NM103	1035	O	AN	1/35	R	Subscriber Last Name	
2010BA	NM104	1036	O	AN	1/25	S	Subscriber First Name	Required if NM102=1 (person).
2010BA	NM105	1037	O	AN	1/25	S	Subscriber Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2010BA	NM106					N/U		
2010BA	NM107	1039	O	AN	1/10	S	Name Suffix	
2010BA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	ZZ (Mutually Defined), MI (Member Identification Number)
2010BA	NM109	67	X	AN	2/80	S	Subscriber Primary Identifier	Required if NM102 = 1 (person)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	N3		O	ID	2 / 2	S-1	Subscriber Address	(Required when Loop ID-2000B, SBR02=18 (self)).
2010BA	N301	166	M	AN	1/55	R	Subscriber Address1	
2010BA	N302	166	O	AN	1/55	S	Subscriber Address2	
2010BA	N4		O	ID	2 / 2	S-1	Subscriber City/State / Zip Code	(Required when Loop ID-2000B, SBR02=18 (self)).
2010BA	N401	19	O	AN	2/30	R	Subscriber City Name	
2010BA	N402	156	O	ID	2/2	R	Subscriber State / Prov Code	N402 is required only if city name (N401) is in the U.S. or Canada.
2010BA	N403	116	O	ID	3/15	R	Subscriber Zip Code	Sized to 9 bytes.
2010BA	N404	26	O	ID	2/3	S	Subscriber Country Code	Required if the address is out of the U.S.
2010BA	DMG		O	ID	3 / 3	S-1	Subscriber Demographic Information	(Required when Loop ID-2000B, SBR02=18 (self)).
2010BA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2010BA	DMG02	1251	X	AN	1/35	R	Subscriber Birth Date	
2010BA	DMG03	1068	O	ID	1/1	R	Gender Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	REF		O	ID	3 / 3	S-4	Subscriber Secondary Identification	
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010BA	REF02	127	X	AN	1/30	R	Subscriber Secondary ID	Use this reference number as qualified by the preceding data element (REF01).
2010BA	REF		O	ID	3 / 3	S-1	Property and Casualty Claim Number	when the patient is the same person as the subscriber, the Property and casualty claim number is placed in Loop ID-2010BA.
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Y4 (Agency Claim Number)
2010BA	REF02	127	X	AN	1/30	R	Property Casualty Claim Number	Use this reference number as qualified by the preceding data element (REF01).

LOOP 2010BB CREDIT / DEBIT CARD ACCOUNT HOLDER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BB	LOOP 2010BB					S-1	CREDIT / DEBIT CARD ACCOUNT HOLDER INFORMATION	This Information should not be provided

LOOP ID- 2010BC PAYER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BC	LOOP 2010 BB				R-1	PAYER INFORMATION		
2010BC	NM1		O	ID	3 / 3	R-1	Payer Name Information	
2010BC	NM101	98	M	ID	2/3	R	Entity Identifier Code	PR(Payer)
2010BC	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2010BC	NM103	1035	O	AN	1/35	R	Payer Last/Org Name	
2010BC	NM104-107					N/U		
2010BC	NM108	66	X	ID	1/2	R	Primary Payer Qualifier ID	PI(Payer Identification) is the only data that will be passed.
2010BC	NM109	67	X	AN	2/80	R	Payer Primary Identifier	
2010BC	N3		O	ID	2 / 2	S-1	Payer Address Information	Payer Address is required when the submitter intends for the claim to

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								be printed on paper at the next EDI location
2010BC	N301	166	M	AN	1/55	R	Payer Address 1	
2010BC	N302	166	O	AN	1/55	S	Payer Address 2	
2010BC	N4		O	ID	2 / 2	S-1	Payer City/State / Zip	Payer Address is required when the submitter intends for the claim to be printed on paper at the next EDI location
2010BC	N401	19	O	AN	2/30	R	Payer Name City	
2010BC	N402	156	O	ID	2/2	R	Payer State/Prov Code	N402 is required only if city name (N401) is in the U.S. or Canada.
2010BC	N403	116	O	ID	3/15	R	Payer Zip Code	Sized to 9 bytes.
2010BC	N404	26	O	ID	2/3	S	Payer Country Code	This data element is required when the address is outside of the U.S..
2010BC	REF		O	ID	3 / 3	S-3	Payer Secondary Reference Numbers	This is a required segment at this time.
2010BC	REF01	128	M	ID	2/3	R	Reference Number Qualifier	FY(Claim Office Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								qualifier is required at this time. 2U(Payer Identification Number) and FY(Claim Office Number) are the only data that will be passed.
2010BC	REF02	127	X	AN	1/30	R	Payer Additional Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID-2010BD RESPONSIBLE PARTY INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BD	LOOP 2010BD					S-1	Responsible Party Name	
2010BD	NM1		O	ID	3 / 3	S-1	Individual or Organizational Name	
2010BD	NM101	98	M	ID	2/3	R	Entity Identifier Code	QD (Responsible Party)
2010BD	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2010BD	NM103	1035	O	AN	1/35	R	Responsible Party Last/Org	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Name	
2010BD	NM104	1036	O	AN	1/25	S	Responsible Party First Name	Required if NM102=1 (person).
2010BD	NM105	1037	O	AN	1/25	S	Responsible Party Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2010BD	NM106					N/U		
2010BD	NM107	1039	O	AN	1/10	S	Responsible Party Suffix Name	Required if NM102=1 (person).
2010BD	N3		O	ID	2 / 2	R-1	Responsible Party Address Information	
2010BD	N301	166	M	AN	1/55	R	Responsible Party Address 1	
2010BD	N302	166	O	AN	1/55	S	Responsible Party Address 2	
2010BD	N4		O	ID	2 / 2	R-1	Responsible Party City State and Zip	
2010BD	N401	19	O	AN	2/30	R	Responsible Party City Name	
2010BD	N402	156	O	ID	2/2	R	Responsible Party State/Prov Code	N402 is required only if city name (N401) is in the U.S. or Canada.
2010BD	N403	116	O	ID	3/15	R	Responsible Party Zip	Sized to 9 bytes.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	
2010BD	N404	26	O	ID	2/3	S	Responsible Party Country Code	Required if the address is outside the U.S.

Level: PATIENT HIERARCHICAL LEVEL

LOOP ID - 2000C

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000C	LOOP 2000 C					S- >1	PATIENT HIERARCHICAL INFORMATION	1 PER CLAIM, 5000 CLAIMS PER BATCH
2000C	HL		M	ID	2 / 2	S- 1	Hierarchical Level	
2000C	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must increment +1 from previous HL Segment
2000C	HL02	734	O	AN	1/12	R	Hierarchical Parent ID Number	Must = HL01 from Loop 2000C
2000C	HL03	735	M	ID	1/2	R	Hierarchical Level Code	23 (Dependent)
2000C	HL04	736	O	ID	1/1	R	Hierarchical Child Code	Verify Hipaa implementation guide for code list
2000C	PAT		O	ID	3 / 3	R- 1	Patient Information	
2000C	PAT01	1069	O	ID	2/2	R	Individual Relationship Code	Verify Hipaa implementation guide for code list
2000C	PAT02-PAT09					N/U		

LOOP ID - 2010CA PATIENT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010CA	LOOP 2010 CA					R-1	PATIENT INFORMATION	
2010CA	NM1		O	ID	3 / 3	R-1	Patient Name Information	
2010CA	NM101	98	M	ID	2/3	R	Entity Identifier Code	QC (Patient)
2010CA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2010CA	NM103	1035	O	AN	1/35	R	Patient Last Name	
2010CA	NM104	1036	O	AN	1/25	R	Patient First Name	
2010CA	NM105	1037	O	AN	1/25	S	Patient Middle Name	
2010CA	NM106					N/U		
2010CA	NM107	1039	O	AN	1/10	S	Patient Name Suffix	
2010CA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	MI (Member Identification Number), ZZ (Mutually Defined)
2010CA	NM109	67	X	AN	2/80	S	Patient Primary Identifier	
2010CA	N3		O	ID	2 / 2	R-1	Patient Address	
2010CA	N301	166	M	AN	1/55	R	Patient Address 1	
2010CA	N302	166	O	AN	1/55	S	Patient Address 2	
2010CA	N4		O	ID	2 / 2	R-1	Patient City / State / Zip Code	
2010CA	N401	19	O	AN	2/30	R	Patient City Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010CA	N402	156	O	ID	2/2	R	Patient State/Prov Code	N402 is required only if city name (N401) is in the U.S. or Canada.
2010CA	N403	116	O	ID	3/15	R	Patient Zip Code	Sized to 9 bytes.
2010CA	N404	26	O	ID	2/3	S	Patient Country Code	This data element is required when the address is outside of the U.S.
2010CA	DMG		O	ID	3/3	R-1	Patient Demographic Information	
2010CA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2010CA	DMG02	1251	X	AN	1/35	R	Patient Birth Date	
2010CA	DMG03	1068	O	ID	1/1	R	Gender Code	Verify Hipaa implementation guide for code list
2010CA	REF		O	ID	3/3	S-5	Patient Secondary Identification	
2010CA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010CA	REF02	127	X	AN	1/30	R	Patient Secondary Identifier	Use this reference number as qualified by the preceding data element

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								(REF01).
2010CA	REF		O	ID	3 / 3	S-1	Property and Casualty Claim Number	when the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA.
2010CA	REF01	128	M	ID	2 / 3	R	Reference Number Qualifier	Y4 (Agency Claim Number)
2010CA	REF02	127	X	AN	1 / 30	R	Property Casualty Claim Number	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID-2300 CLAIM INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	LOOP 2300					R-100	CLAIM INFORMATION	1 PER CLAIM, 5000 CLAIMS PER BATCH
2300	CLM		O	ID	3 / 3	R-1	Health Claim	
2300	CLM01	1028	M	AN	1 / 38	R	Patient Account Number	The MAXIMUM NUMBER OF CHARACTERS to be supported for this

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								field is '20'.
2300	CLM02	782	O	R	1/18	R	Total Submitted Charges	Sized to 8 bytes. \$999,999.99
2300	CLM03 - CLM04				N/U			
2300	CLM05	C023	O			R	Place Of Service Code	
2300	CLM05-1	1331	M	AN	1/2	R	Facility Type Code	
2300	CLM05-2	1332	O	ID	1/2	R	Facility Code Qualifier	A (Uniform Billing Claim Form Bill Type)
2300	CLM05-3	1325	O	ID	1/1	R	Claim Frequency Code	
2300	CLM06	1073	O	ID	1/1	R	Provider Signature On File	A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
2300	CLM07	1359	O	ID	1/1	R	Medicare Assignment Code	A (Assigned) C (Not Assigned)
2300	CLM08	1073	O	ID	1/1	R	Benefits Assignment Certification Indicator	A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								benefits have not been assigned to the provider.
2300	CLM09	1363	O	ID	1/1	R	Release of Information Code	Verify Hipaa implementation guide for code list
2300	CLM10-17					N/U		
2300	CLM18	1073	O	ID	1/1	R	Yes/No Condition or Response Code	A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.
2300	CLM19					N/U		
2300	CLM20	1514	O	ID	1/2	S	Delay Reason Code	Verify Hipaa implementation guide for code list
2300	DTP		O	ID	3/3	S-1	Discharge Hour	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	096 (Discharge)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	TM (Time Expressed in Format HHMM)
2300	DTP03	1251	M	AN	1/35	R	Discharge Hour	
2300	DTP		O	ID	3/3	S-1	Statement Dates	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	434 (Statement)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								CCYYMMDD), RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	DTP03	1251	M	AN	1/35	R	Statement From or To Date	
2300	DTP		O	ID	3/3	S-1	Admission Date / Hour	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	435 (Admission)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	DT (Date and Time Expressed in Format CCYYMMDDH HMM)
2300	DTP03	1251	M	AN	1/35	R	Admission Date and Hour	
2300	CL1					S-1	Institutional Claim Code	
2300	CL101	1315	O	ID	1/1	S	Admission Type Code	
2300	CL102	1314	O	ID	1/1	S	Admission Source Code	
2300	CL103	1352	O	ID	1/ 2	S	Patient Status Code	
2300	PWK		O	ID	3/3	S-10	Claim Supplemental Information	Only some receivers will be passed this information.
2300	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list
2300	PWK02	756	O	ID	1/2	R	Report Transmission	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	on guide for code list
2300	PWK03-04					N/U		
2300	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	
2300	PWK06	67	X	AN	2/80	S	Attachment Control Number	
	PWK07	352	O	AN	1/80	S	Attachment Description	
2300	CN1		O	ID	3/3	S-1	Contract Information	
2300	CN101	1166	M	ID	2/2	R	Contract Type Code	Verify Hipaa implementation guide for code list
2300	CN102	782	O	R	1/18	S	Monetary Amount	
2300	CN103	332	O	R	1/6	S	Contract Percent	
2300	CN104	127	O	AN	1/30	S	Contract Code	
2300	CN105	338	O	R	1/6	S	Terms Discount Percentage	
2300	CN106	799	O	AN	1/30	S	Contract Version Identifier	
2300	AMT		O	ID	3/3	S-1	Payer Estimated Amount Due	
2300	AMT01	522	M	ID	1/3	R	Amount Qualifier	C5 (Claim Amount Due – Estimated)
2300	AMT02	782	M	R	1/18	R	Estimated Claim Due Amount	Sized to 8 bytes. \$999,999.99
2300	AMT		O	ID	3/3	S-1	Payer Estimated Amount Due	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	AMT01	522	M	ID	1/3	R	Amount Qualifier	F3 (Patient Responsibility - Estimated)
2300	AMT02	782	M	R	1/18	R	Patient Responsibility Amount	Sized to 8 bytes. \$999,999.99
2300	AMT		O	ID	3/3	S-1	Patient Amount Paid	
2300	AMT01	522	M	ID	1/3	R	Amount Qualifier	F5 (Patient Amount Paid)
2300	AMT02	782	M	R	1/18	R	Patient Amount Paid	Sized to 8 bytes. \$999,999.99
2300	AMT		O	ID	3/3	S-1	Credit / Debit Card Maximum Amount	This Information Should not Be Provided
2300	REF		O	ID	3/3	S-1	Adjusted Repriced Claim Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9C(Adjusted Repriced Claim Reference Number)
2300	REF02	127	X	AN	1/30	R	Adjusted Repriced Claim Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3/3	S-1	Repriced Claim Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9A (Repriced Claim Reference Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	REF02	127	X	AN	1/30	R	Repriced Claim Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Claim Id Number for Clearinghouses	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	D9 (Claim Number)
2300	REF02	127	X	AN	1/30	R	Clearing House Trace Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-2	Document Identification Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	DD(Document Identification Code)
2300	REF02	127	X	AN	1/30	R	Document Control Identifier	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Original Reference Number (ICN / DCN)	
2300	REF01	128	M	ID	2/3	R	Reference Number	F8 (Original Reference

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Qualifier	Number)
2300	REF02	127	X	AN	1/30	R	Claim Original Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Investigational Device Exemption Number	This information may not be supported by all receivers.
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	LX (Qualified Products List)
2300	REF02	127	X	AN	1/30	R	Investigational Device Exemption Identifier	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Service Authorization Exception Code	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	4N (Special Payment Reference Number)
2300	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	REF		O	ID	3 / 3	S-1	Peer Review Organization (pro) Approval Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	G4(Peer Review Organization (PRO) Approval Number)
2300	REF02	127	X	AN	1/30	R	Peer Review Authorization Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-2	Prior Authorization or Referral Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F (Referral Number), G1 (Prior Authorization Number)
2300	REF02	127	X	AN	1/30	R	Prior Authorization Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Medical Record Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	EA(Medical Record Identification Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	REF02	127	X	AN	1/30	R	Medical Record Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Demonstration Project Identifier	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	P4 (Project Code)
2300	REF02	127	X	AN	1/30	R	Demonstration Project Identifier	Use this reference number as qualified by the preceding data element (REF01).
2300	K3		O	ID	2 / 2	S-10	File Information	
2300	K301	449	M	AN	1/80	R	Fixed Format Information	
2300	NTE		O	ID	3 / 3	S-10	Claim Note	
2300	NTE01	363	O	ID	3/3	R	Note Reference Code	Verify Hipaa implementation guide for code list
2300	NTE02	352	M	AN	1/80	R	Claim Note Text	
2300	NTE		O	ID	3 / 3	S-1	Billing Note	
2300	NTE01	363	O	ID	3/3	R	Note Reference Code	ADD (Additional Information)
2300	NTE02	352	M	AN	1/80	R	Billing Note Text	
2300	CR6				3 / 3	S-1	HOME HEALTH	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							CARE INFORMATION	
2300	CR601	923	M	ID	1/1	R	Prognosis Indicator	Verify Hipaa implementation guide for code list
2300	CR602	373	M	DT	8/8	R	Service From Date	Date expressed as CCYYMMDD
2300	CR603	1250	X	ID	2/3	S	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	CR604	1251	X	AN	1/35	S	Home Health Certification Period	
2300	CR605	373	O	DT	8/8	R	Diagnosis Date	CCYYMMDD
2300	CR606	1073	O	ID	1/1	R	Skilled Nursing Facility Indicator	A "Y" value indicates patient is receiving care in a 1861J1 (skilled nursing) facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								care in a 1861J1 facility.
2300	CR607	1073	M	ID	1/1	R	Medicare Coverage Indicator	A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.
2300	CR608	1322	M	ID	1/1	R		Verify Hipaa implementation guide for code list
2300	CR609	373	X	DT	8/8	S	Surgery Date	CCYYMMDD
2300	CR610	235	X	ID	2/2	S	Product Service or ID Qualifier	Verify Hipaa implementation guide for code list
2300	CR611	137	X	AN	1/15	S	Surgical Procedure Code	Use this reference number as qualified by the preceding data element (CR610)
2300	CR612	373	O	DT	8/8	S	Physician Order Date	CCYYMMDD
2300	CR613	373	O	DT	8/8	S	Last Visit Date	CCYYMMDD
2300	CR614	373	O	DT	8/8	S	Physician Contact Date	CCYYMMDD
2300	CR615	1250	X	ID	2/3	S	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	CR616	1251	X	AN	1/35	S	Last Admission Period	Date range of the most recent inpatient stay (CCYYMMDD-CCYYMMDD).
2300	CR617	1384	X	ID	1/1	R	Patient Discharge Facility Type Code	Verify Hipaa implementation on guide for code list
2300	CR618	373	O	DT	8/8	S	Diagnosis Date	CCYYMMDD
2300	CR619	373	O	DT	8/8	S	Diagnosis Date	CCYYMMDD
2300	CR620	373	O	DT	8/8	S	Diagnosis Date	CCYYMMDD
2300	CR621	373	O	DT	8/8	S	Diagnosis Date	CCYYMMDD
2300	CRC		O	ID	3/3	S-3	Home Health Functional Limitations	
2300	CRC01	1136	M	ID	2/2	R	Code Category	75 (Functional Limitations)
2300	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.
2300	CRC03	1321	M	ID	2/2	R	Functional Limitation Code	Verify Hipaa implementation on guide for

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								code list
2300	CRC04	1321	O	ID	2/2	S	Functional Limitation Code	Verify Hipaa implementation guide for code list
2300	CRC05	1321	O	ID	2/2	S	Functional Limitation Code	Verify Hipaa implementation guide for code list
2300	CRC06	1321	O	ID	2/2	S	Functional Limitation Code	Verify Hipaa implementation guide for code list
2300	CRC07	1321	O	ID	2/2	S	Functional Limitation Code	Verify Hipaa implementation guide for code list
2300	CRC		O	ID	3/3	S-3	Home Health Activities Permitted	
2300	CRC01	1136	M	ID	2/2	R	Certification Condition Indicator	76(Activities Permitted)
2300	CRC02	1073	M	ID	1/1	R	Functional Limitation Code	A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.
2300	CRC03	1321	M	ID	2/2	R	Activities Permitted Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	CRC04	1321	O	ID	2/2	S	Activities Permitted Code	Verify Hipaa implementation guide for code list
2300	CRC05	1321	O	ID	2/2	S	Activities Permitted Code	Verify Hipaa implementation guide for code list
2300	CRC06	1321	O	ID	2/2	S	Activities Permitted Code	Verify Hipaa implementation guide for code list
2300	CRC07	1321	O	ID	2/2	S	Activities Permitted Code	Verify Hipaa implementation guide for code list
2300	CRC		O	ID	3/3	S-2	Home Health Mental Status	
2300	CRC01	1136	M	ID	2/2	R	Certification Condition Indicator	77(Mental Status)
2300	CRC02	1073	M	ID	1/1	R	Functional Limitation Code	A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.
2300	CRC03	1321	M	ID	2/2	R	Mental Status Code	Verify Hipaa implementation guide for code list
2300	CRC04	1321	O	ID	2/2	S	Mental Status Code	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								on guide for code list
2300	CRC05	1321	O	ID	2/2	S	Mental Status Code	Verify Hipaa implementation on guide for code list
2300	CRC06	1321	O	ID	2/2	S	Mental Status Code	Verify Hipaa implementation on guide for code list
2300	CRC07	1321	O	ID	2/2	S	Mental Status Code	Verify Hipaa implementation on guide for code list
2300	HI		O	ID	2 / 2	S-1	Principle, Admitting, E-Code and Patient reason For Visit Diagnosis Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BK (Principal Diagnosis)
2300	HI01-2	1271	M	AN	1/30	R	Industry Code	67 [Principal Diagnosis Code]
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BJ(Admitting Diagnosis), ZZ(Mutually Defined)
2300	HI02-2	1271	M	AN	1/30	R	Industry Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI02-3- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BN (United States Department of Health and Human Services, Office of Vital Statistics E-code)
2300	HI03-2	1271	M	AN	1/30	R	Industry Code	
2300	HI		O	ID	2/2	S-1	Diagnosis Related Group(DRG) Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	DR (Diagnosis Related Group (DRG))
2300	HI01-2	1271	M	AN	1/30	R	Diagnosis Related Group (DRG) Code	
2300	HI		O	ID	2/2	S-2	Other Diagnosis Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI01-2	1271	M	AN	1/30	R	Other Diagnosis	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI02-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI02-3- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI03-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI03-3- HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI04-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI04-3- HI04-7					N/U		
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI05-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI05-3- HI05-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI06-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI06-3- HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI07-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI07-3- HI07-7					N/U		
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI08-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI08-3- HI08-7					N/U		
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI09-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI09-3- HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI010-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI10-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI10-3- HI10-7					N/U		
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI11-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI11-3- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	BF (Diagnosis)
2300	HI12-2	1271	M	AN	1/30	R	Other Diagnosis	
2300	HI		O	ID	2/2	S-1	Principal Procedure Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BP (Health Care Financing Administratio n Common Procedural Coding System Principal Procedure)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI01-2	1271	M	AN	1/30	R	Principal Procedure Code	
2300	HI01-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI01-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI		O	ID	2/2	S-2	Other Procedure Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI01-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI01-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI01-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI02-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI02-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI02-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI02-5- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Modification (ICD-9-CM Procedure).
2300	HI03-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI03-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI03-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI03-5-HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI04-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI04-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI04-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI04-5-HI04-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI05-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI05-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI05-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI05-5- HI05-7					N/U		
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Clinical Modification (ICD-9-CM) Procedure).
2300	HI06-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI06-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI06-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI06-5-HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI07-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI07-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI07-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI07-5-HI07-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI08-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI08-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI08-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI08-5-7					N/U		
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Clinical Modification (ICD-9-CM) Procedure).
2300	HI09-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI09-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI09-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI09-5-HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI010-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI10-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI10-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI10-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI10-5-HI10-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure).
2300	HI11-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI11-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI11-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI11-5- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	BO (Health Care Financing Administration Common Procedural Coding System), BQ (International Classification of Diseases

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Clinical Modification (ICD-9-CM Procedure).
2300	HI12-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI12-3	1250	X	ID	2/3	S	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI12-4	1251	X	AN	1/35	S	Date Time Period	
2300	HI		O	ID	2/2	S-2	Occurrence Span Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI01-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI01-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI01-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI02-2	1271	M	AN	1/30	R	Occurrence Span Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI02-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI02-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI02-5- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI03-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI03-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI03-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI03-5- HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI04-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI04-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI04-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI04-5- HI04-7					N/U		
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI05-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI05-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI05-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI05-5- HI05-7					N/U		
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI06-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI06-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI06-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI06-5- HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI07-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI07-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD)
2300	HI07-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI07-5- HI07-7					N/U		
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI08-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI08-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD)
2300	HI08-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI08-5- HI08-7					N/U		
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI09-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI09-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI09-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI09-5- HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI10-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI10-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI10-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI10-5- HI10-7					N/U		
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI11-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI11-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								CCYYMMDD)
2300	HI11-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI11-5- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	BI (Occurrence Span)
2300	HI12-2	1271	M	AN	1/30	R	Occurrence Span Code	
2300	HI12-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
2300	HI12-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI		O	ID	2/2	S-2	Occurrence Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI01-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI01-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI01-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI02-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI02-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI02-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI02-5- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI03-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI03-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI03-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI03-5- HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI04-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI04-3	1250	X	ID	2/3	R	Date Time Period Format	D8 (Date Expressed in Format

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Qualifier	CCYYMMDD)
2300	HI04-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI04-5- HI04-7					N/U		
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI05-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI05-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI05-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI05-5- HI05-7					N/U		
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI06-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI06-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI06-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI06-5- HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI07-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI07-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI07-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI07-5- HI07-7					N/U		
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI08-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI08-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI08-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI08-5- HI08-7					N/U		
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI09-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI09-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI09-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI09-5- HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI010-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI10-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI10-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI10-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI10-5- HI10-7					N/U		
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)
2300	HI11-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI11-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI11-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI11-5- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	BH (Occurrence)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI12-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI12-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2300	HI12-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI		O	ID	2/2	S-2	Value Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI01-2	1271	M	AN	1/30	R	Value Code	
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI02-2	1271	M	AN	1/30	R	Value Code	
2300	HI02-3- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI03-2	1271	M	AN	1/30	R	Value Code	
2300	HI03-3- HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI04-2	1271	M	AN	1/30	R	Value Code	
2300	HI04-3- HI04-7					N/U		
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI05-2	1271	M	AN	1/30	R	Value Code	
2300	HI05-3- HI05-7					N/U		
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI06-2	1271	M	AN	1/30	R	Value Code	
2300	HI06-3- HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI07-2	1271	M	AN	1/30	R	Value Code	
2300	HI07-3- HI07-7					N/U		
2300	HI08	C022	O			S	Health Care Code Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI08-2	1271	M	AN	1/30	R	Value Code	
2300	HI08-3- HI08-7					N/U		
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI09-2	1271	M	AN	1/30	R	Value Code	
2300	HI09-3- HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI10-2	1271	M	AN	1/30	R	Value Code	
2300	HI10-3- HI10-7					N/U		
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BE (Value)
2300	HI11-2	1271	M	AN	1/30	R	Value Code	
2300	HI11-3- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier	BE (Value)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	
2300	HI12-2	1271	M	AN	1/30	R	Value Code	
2300	HI		O	ID	2 / 2	S-2	Condition Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI01-2	1271	M	AN	1/30	R	Condition Code	
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI02-2	1271	M	AN	1/30	R	Condition Code	
2300	HI02-3- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI03-2	1271	M	AN	1/30	R	Condition Code	
2300	HI03-3- HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI04-2	1271	M	AN	1/30	R	Condition Code	
2300	HI04-3- HI04-7					N/U		
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI05-2	1271	M	AN	1/30	R	Condition Code	
2300	HI05-3- HI05-7					N/U		
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI06-2	1271	M	AN	1/30	R	Condition Code	
2300	HI06-3- HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI07-2	1271	M	AN	1/30	R	Condition Code	
2300	HI07-3- HI07-7					N/U		
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI08-2	1271	M	AN	1/30	R	Condition Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI08-3- HI08-7					N/U		
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI09-2	1271	M	AN	1/30	R	Condition Code	
2300	HI09-3- HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI10-2	1271	M	AN	1/30	R	Condition Code	
2300	HI10-3- HI10-7					N/U		
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI11-2	1271	M	AN	1/30	R	Condition Code	
2300	HI11-3- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	BG (Condition)
2300	HI12-2	1271	M	AN	1/30	R	Condition Code	
2300	HI		O	ID	2 / 2	S-2	Treatment Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI01-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI02-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI02-3- HI02-7					N/U		
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI03-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI03-3- HI03-7					N/U		
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI04-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI04-3- HI04-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI05-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI05-3- HI05-7					N/U		
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI06-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI06-3- HI06-7					N/U		
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI07-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI07-3- HI07-7					N/U		
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI08-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI08-3- HI08-7					N/U		
2300	HI09	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI09-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI09-3- HI09-7					N/U		
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI10-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI10-3- HI10-7					N/U		
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI11-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI11-3- HI11-7					N/U		
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	TC (Treatment Codes)
2300	HI12-2	1271	M	AN	1/30	R	Treatment Code	
2300	QTY					S-4	CLAIM QUANTITY	
2300	QTY01	673	M	ID	2/2	R	Quantity Qualifier	Verify Hipaa implementati on guide for

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								code list
2300	QTY02	380	X	R	1/15	R	Claim Days Count	
2300	QTY03	C001	O				Composite Unit Of Measure	
2300	QTY03-1	355	M	ID	2/2	R	Unit of Basis Measurement Code	DA (Days)
2300	HCP		O	ID	3/3	S-1	Claim Pricing / Re pricing Information	
2300	HCP01	1473	X	ID	2/2	R	Pricing Methodology	Verify Hipaa implementation guide for code list
2300	HCP02	782	O	R	1/18	R	Repriced Allowed Amount	
2300	HCP03	782	O	R	1/18	S	Repriced Savings Amount	
2300	HCP04	127	O	AN	1/30	S	Repricing Organization ID	
2300	HCP05	118	O	R	1/9	S	Repricing Per Diem or Flat Rate Amount	
2300	HCP06	127	O	AN	1/30	S	Repriced Approved DRG Code	
2300	HCP07	782	O	R	1/18	S	Repriced Approved Amount	
2300	HCP08	234	O	AN	1/48	S	Repriced Approved Revenue	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	
2300	HCP09	235	X	ID	2/2	S	Product or Service Qualifier ID	HC (Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes)
2300	HCP10	234	X	AN	1/48	S	Repriced Approved HCPCS Code	
2300	HCP11	355	X	ID	2/2	S	Unit or Basis for Measurement Code	DA (Days), UN (Unit).
2300	HCP12	380	X	R	1/15	S	Repriced Approved Service Unit Count	
2300	HCP13	901	X	ID	2/2	S	Reject Reason Code	Verify Hipaa implementation guide for code list
2300	HCP14	1526	O	ID	1/2	S	Policy Compliance Code	Verify Hipaa implementation guide for code list
2300	HCP15	1527	O	ID	1/2	S	Exception Code	Verify Hipaa implementation guide for code list

LOOP ID - 2305 HOME HEALTHCARE PLAN INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2305	LOOP 2305					S-6	HOME HEALTH CARE PLAN INFORMATION	
2305	CR7		O	ID	3/3	S-1	Home Health Treatment Plan Certification Information	
2305	CR701	921	M	ID	2/2	R	Discipline Type Code	Verify Hipaa implementation guide for code list
2305	CR702	1470	M	NO	1/9	R	Visits Prior to Recertification Date Count	
2305	CR703	1470	M	NO	1/9	R	Total Visits Projected This Certification Count	
2305	HSD		O	ID	3/3	S-3	Home Health Care Services Delivery Information	
2305	HSD01	673	X	ID	2/2	S	Visits	VS (Visits)
2305	HSD02	380	X	R	1/15	S	Number Of Visits	
2305	HSD03	355	O	ID	2/2	S	Frequency Period	Verify Hipaa implementation guide for code list
2305	HSD04	1167	O	R	1/6	S	Frequency Count	
2305	HSD05	615	X	ID	1/2	S	Duration of Visits Units	7 (Day), 35 (Week)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2305	HSD06	616	O	NO	1/3	S	Duration of Visits, Number of Units	
2305	HSD07	678	O	ID	1/2	S	Ship, Delivery or Calendar Pattern Code	Verify Hipaa implementation guide for code list
2305	HSD08	679	O	ID	1/1	S	Delivery Pattern Time Code	D (A.M.), E (P.M.), F (As Directed).

LOOP ID - 2310A ATTENDING PHYSICIAN INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310A	LOOP 2310 A					S-1	ATTENDING PHYSICIAN INFORMATION	LIMIT OF 1 PER CLAIM
2310A	NM1		O	ID	3/3	S-1	Attending Physician Name	
2310A	NM101	98	M	ID	2/3	R	Entity Identifier Code	71 (Attending Physician)
2310A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310A	NM103	1035	O	AN	1/35	R	Attending Physician Last Name	
2310A	NM104	1036	O	AN	1/25	S	Attending Physician First Name	Required if NM102=1 (person).
2310A	NM105	1037	O	AN	1/25	S	Attending Physician Middle Name	
2310A	NM106					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310A	NM107	1039	O	AN	1/10	S	Attending Physician Name Suffix	
2310A	NM108	66	X	ID	1/2	S	Identification Code Qualifier	24 (Employer's Identification Number), 34 (Social Security Number), XX (Health Care Financing Administration National Provider Identifier).
2310A	NM109	67	X	AN	2/80	S	Attending Physician Identifier	
2310A	PRV		O	ID	3/3	S-1	Referring Provider Specialty Information	
2310A	PRV01	1221	M	ID	1/3	R	Provider code	AT (Attending), SU (Supervising)
2310A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2310A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2310A	REF		O	ID	3/3	S-5	Attending Physician Secondary Identification Numbers	
2310A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310A	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310B OPERATING PHYSICIAN NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310B	LOOP 2310 B					S-1		LIMIT OF 1 PER CLAIM
2310B	NM1		O	ID	3/3	S-1	Operating Physician Name	
2310B	NM101	98	M	ID	2/3	R	Entity Identifier Code	72 (Operating Physician)
2310B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310B	NM103	1035	O	AN	1/35	R	Operating Physician Last Name	
2310B	NM104	1036	O	AN	1/25	S	Operating Physician First Name	Required if NM102=1 (person).
2310B	NM105	1037	O	AN	1/25	S	Operating Physician Middle Name	
2310B	NM106					N/U		
2310B	NM107	1039	O	AN	1/10	S	Operating Physician Name Suffix	
2310B	NM108	66	X	ID	1/2	S	Identification Code Qualifier	24 (Employer's Identification

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Number), 34 (Social Security Number), XX (Health Care Financing Administratio n National Provider Identifier).
2310B	NM109	67	X	AN	2/80	S	Operating Physician Identifier	
2310B	REF		O	ID	3/3	S-5	Operating Physician Secondary Identificatio n Numbers	
2310B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementati on guide for code list
2310B	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310C OTHER PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310C	LOOP 2310C					S-1		LIMIT OF 1 PER CLAIM
2310C	NM1		O	ID	3/3	S-1	Other Provider Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310C	NM101	98	M	ID	2/3	R	Entity Identifier Code	73(Other Provider)
2310C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310C	NM103	1035	O	AN	1/35	R	Other Provider Last Name	
2310C	NM104	1036	O	AN	1/25	S	Other Provider First Name	Required if NM102=1 (person).
2310C	NM105	1037	O	AN	1/25	S	Other Provider Middle Name	
2310C	NM106					N/U		
2310C	NM107	1039	O	AN	1/10	S	Other Provider Name Suffix	
2310C	NM108	66	X	ID	1/2	S	Identification Code Qualifier	24 (Employer's Identification Number), 34 (Social Security Number), XX (Health Care Financing Administration National Provider Identifier).
2310C	NM109	67	X	AN	2/80	S	Other Provider Identifier	
2310C	REF		O	ID	3/3	S-5	Other Provider Secondary Identification Numbers	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310C	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310E SERVICE FACILITY LOCATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310E	LOOP 2310E					S-1	Service Facility Location	LIMIT OF 1 PER CLAIM
2310E	NM1		O	ID	3/3	S-1	Referring Provider Name Information	
2310E	NM101	98	M	ID	2/3	R	Entity Identifier Code	FA (Facility)
2310E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2310E	NM103	1035	O	AN	1/35	R	Laboratory or Facility Name	
2310E	NM104-NM107					N/U		
2310E	NM108	66	X	ID	1/2	S	Identification Code Qualifier	24 (Employer's Identification Number), 34 (Social Security Number), XX (Health Care

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Financing Administrative National Provider Identifier).
2310E	NM109	67	X	AN	2/80	S	Laboratory or Facility Primary Identifier	
2310E	N3		O	ID	2/2	R-1	Service Facility Address	
2310E	N301	166	M	AN	1/55	R	Laboratory or Facility Address Line	
2310E	N302	166	O	AN	1/55	S	Laboratory or Facility Address Line	
2310E	N4		O	ID	2/2	R-1	Service Facility City State and Zip	
2310E	N401	19	O	AN	2/30	R	Service Facility City Name	
2310E	N402	156	O	ID	2/2	R	Service Facility State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada.
2310E	N403	116	O	ID	3/15	R	Service Facility Zip Code	Sized to 9 Bytes
2310E	N404	26	O	ID	2/3	S	Service Facility Country Code	Required if the address is outside the U.S.
2310E	REF		O	ID	3/3	S-5	Service Facility Secondary Identification Numbers	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310E	REF02	127	X	AN	1/30	R	Service Facility Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID 2320 OTHER SUBSCRIBER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	LOOP 2320					S-10	OTHER SUBSCRIBER INFORMATION	LIMIT OF 4 PER CLAIM
2320	SBR		O	ID	3 / 3	S-1	Subscriber Information	
2320	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	Verify Hipaa implementation guide for code list
2320	SBR02	1069	O	ID	2/2	R	Individual Relationship Code	Verify Hipaa implementation guide for code list
2320	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number	
2320	SBR04	93	O	AN	1/60	S	Group or Plan Name	
2320	SBR05-08					N/U		
2320	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	on guide for code list
2320	CAS		O	ID	3 / 3	S-5	Claim Level Adjustments	
2320	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	Verify Hipaa implementation on guide for code list
2320	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	Verify Hipaa implementation on guide for code list
2320	CAS03	782	M	R	1/18	R	Adjustment Amount	Sized to 8 bytes.
2320	CAS04	380	O	R	1/15	S	Adjustment Quantity	Sized to 14 bytes
2320	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation on guide for code list
2320	CAS06	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS07	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation on guide for code list
2320	CAS09	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS10	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation on guide for code list
2320	CAS12	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS13	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS15	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS16	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS18	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS19	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	AMT		O	ID	3 / 3	S-1	Payer Prior Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	C4 (Prior Payment – Actual)
2320	AMT02	782	M	R	1/18	R	Other Payer Patient Paid Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3 / 3	S-1	Coordination of Benefits (COB) Total Allowed Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	B6(Allowed – Actual)
2320	AMT02	782	M	R	1/18	R	Allowed Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3 / 3	S-1	Coordination of Benefits (COB) Submitted Charges	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	T3(Total Submitted Charges)
2320	AMT02	782	M	R	1/18	R	Coordination of Benefits Total Submitted Charge Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Outlier Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	ZZ (Mutually Defined)
2320	AMT02	782	M	R	1/18	R	Claim DRG Outlier Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Total Medicare Paid Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	N1 (Net Worth)
2320	AMT02	782	M	R	1/18	R	Total Medicare Paid Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3/3	S-1	Medicare Paid Amount-100%	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	KF (Net Paid Amount)
2320	AMT02	782	M	R	1/18	R	Medicare Paid at 100% Amount	Sized to 8 bytes. \$999,999.99

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	AMT		O	ID	3 / 3	S-1	Medicare Paid Amount - 80 %	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	PG (Payoff)
2320	AMT02	782	M	R	1/18	R	Medicare Paid at 80% Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3 / 3	S-1	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	AA (Allocated)
2320	AMT02	782	M	R	1/18	R	Paid From Part A Medicare Trust Fund Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3 / 3	S-1	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	B1(Benefit Amount)
2320	AMT02	782	M	R	1/18	R	Paid From Part B Medicare Trust Fund Amount	Sized to 8 bytes. \$999,999.99

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	AMT		O	ID	3 / 3	S-1	Coordination of Benefits (COB) Total Non-covered Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	A8(Noncovered Charges – Actual)
2320	AMT02	782	M	R	1/18	R	Non-Covered Charge Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3 / 3	S-1	Coordination of Benefits (COB) Total Denied Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	YT (Denied)
2320	AMT02	782	M	R	1/18	R	Claim Total Denied Charge Amount	Sized to 8 bytes. \$999,999.99
2320	DMG		O	ID	3 / 3	S-1	Other Subscriber Demographic Information	
2320	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2320	DMG02	1251	X	AN	1/35	R	Other Insured Birth Date	
2320	DMG03	1068	O	ID	1/1	R	Other Insured Gender Code	F (Female), M (Male), U (Unknown).
2320	OI		O	ID	2 / 2	R-1	Other Insurance	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Coverage Information	
2320	OI01-02					N/U		
2320	OI03	1073	O	ID	1/1	R	Benefits Assignment Certification Indicator	A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
2320						N/U		
2320	OI05					N/U		
2320	OI06	1363	O	ID	1/1	R	Release of Information Code	Verify Hipaa implementation guide for code list
2320	MIA				3 / 3	S-1	MEDICARE INPATIENT ADJUDICATION INFORMATION	
2320	MIA01	380	M	R	1/15	R	Covered Days or Visits Count	
2320	MIA02	380	O	R	1/15	S	Lifetime Reserve Days Count	
2320	MIA03	380	O	R	1/15	S	Lifetime Psychiatric Days Count	
2320	MIA04	782	O	R	1/18	S	Claim DRG Amount	Sized to 8 bytes. \$999,999.99

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	MIA05	127	O	AN	1/30	S	Remark Code	
2320	MIA06	782	O	R	1/18	S	Claim Disproportionate Share Amount	Sized to 8 bytes. \$999,999.99
2320	MIA07	782	O	R	1/18	S	Claim MSP Pass-through Amount	Sized to 8 bytes. \$999,999.99
2320	MIA08	782	O	R	1/18	S	Claim PPS Capital Amount	Sized to 8 bytes. \$999,999.99
2320	MIA09	782	O	R	1/18	S	PPS-Capital FSP DRG Amount	Sized to 8 bytes. \$999,999.99
2320	MIA10	782	O	R	1/18	S	PPS-Capital HSP DRG Amount	Sized to 8 bytes. \$999,999.99
2320	MIA11	782	O	R	1/18	S	PPS-Capital DSH DRG Amount	Sized to 8 bytes. \$999,999.99
2320	MIA12	782	O	R	1/18	S	Old Capital Amount	Sized to 8 bytes. \$999,999.99
2320	MIA13	782	O	R	1/18	S	PPS-Capital IME Amount	Sized to 8 bytes. \$999,999.99
2320	MIA14	782	O	R	1/18	S	PPS-OperatingHospital Specific DSH DRG Amount	Sized to 8 bytes. \$999,999.99
2320	MIA15	380	O	R	1/15	S	Cost Report Day Count	
2320	MIA16	782	O	R	1/18	S	PPS-Operating Federal Specific DRG Amount	Sized to 8 bytes. \$999,999.99
2320	MIA17	782	O	R	1/18	S	Claim PPS Capital Outlier Amount	Sized to 8 bytes. \$999,999.99

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	MIA18	782	O	R	1/18	S	Claim Indirect Teaching Amount	Sized to 8 bytes. \$999,999.99
2320	MIA19	782	O	R	1/18	S	Nonpayable Professional Component Amount	Sized to 8 bytes. \$999,999.99
2320	MIA20	127	O	AN	1/30	S	Remark Code	
2320	MIA21	127	O	AN	1/30	S	Remark Code	
2320	MIA22	127	O	AN	1/30	S	Remark Code	
2320	MIA23	127	O	AN	1/30	S	Remark Code	
2320	MIA24	782	O	R	1/18	S	PPS-Capital Exception Amount	Sized to 8 bytes. \$999,999.99
2320	MOA		O	ID	3/3	S-1	Medicare Outpatient Adjudication Information	
2320	MOA01	954	O	R	1/10	S	Reimbursement Rate	
2320	MOA02	782	O	R	1/18	S	Claim HCPCS Payable Amount	
2320	MOA03	127	O	R	1/30	S	Remark Code	
2320	MOA04	127	O	AN	1/30	S	Remark Code	
2320	MOA05	127	O	AN	1/30	S	Remark Code	
2320	MOA06	127	O	AN	1/30	S	Remark Code	
2320	MOA07	127	O	AN	1/30	S	Remark Code	
2320	MOA08	782	O	R	1/18	S	Claim ESRD Payment Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	MOA09	782	O	R	1/18	S	Nonpayable Professional Component Amount	

LOOP ID - 2330A OTHER SUBSCRIBER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330A	LOOP 2330 A					R-1	OTHER SUBSCRIBER NAME	
2330A	NM1		O	ID	3/3	R-1	Other Subscriber Name	
2330A	NM101	98	M	ID	2/3	R	Entity Identifier Code	IL (Insured or Subscriber)
2330A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity).
2330A	NM103	1035	O	AN	1/35	R	Other Insured Last Name	
2330A	NM104	1036	O	AN	1/25	S	Other Insured First Name	This data element is required when NM102 equals one (1).
2330A	NM105	1037	O	AN	1/25	S	Other Insured Middle Name	
2330A	NM106					N/U		
2330A	NM107	1039	O	AN	1/10	S	Name Suffix	
2330A	NM108	66	X	ID	1/2	R	Identification Number Qualifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330A	NM109	67	X	AN	2/80	R	Other Insured Primary Identifier	
2330A	N3				2 / 2	S-1	Other Subscriber Address	
2330A	N301	166	M	AN	1/55	R	Other Insured Address Line 1	
2330A	N302	166	O	AN	1/55	S	Other Insured Address Line 2	
2330A	N4		O	ID	2 / 2	S-1	Other Insured City / State / Zip Code	
2330A	N401	19	O	AN	2/30	S	Other Insured City Name	
2330A	N402	156	O	ID	2/2	S	Other Insured State Code	N402 is required only if city name (N401) is in the U.S. or Canada
2330A	N403	116	O	ID	3/15	S	Other Insured Zip Code	Sized to 9 bytes.
2330A	N404	26	O	ID	2/3	S	Other Insured Country Code	Required if the address is outside the U.S.
2330A	REF		O	ID	3 / 3	S-3	Other Subscriber Secondary Information	
2330A	REF01	128	M	ID	2/3	R	Reference Id Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330A	REF02	127	X	AN	1/30	R	Other Insured Secondary ID	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330B OTHER PAYER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	LOOP 2330 B					R-1	OTHER PAYER NAME	
2330B	NM1		O	ID	3/3	R-1	Other Payer Name	
2330B	NM101	98	M	ID	2/3	R	Entity Identifier Code	PR (Payer)
2330B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2330B	NM103	1035	O	AN	1/35	R	Other Payer Last/Org Name	
2330B	NM104-07					N/U		
2330B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Must contain a value of PI
2330B	NM109	67	X	AN	2/80	R	Other Payer Primary Identifier	This number must be identical to SVD01 (Loop ID-2430) for COB.
2330B	N3		O	ID	2/2	R-1	Other Payer Address	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	N301	166	M	AN	1/55	R	Other Payer Address Line	
2330B	N302	166	O	AN	1/55	S	Other Payer Address Line	
2330B	N4		O	ID	2/2	R-1	Other Payer City State and Zip	
2330B	N401	19	O	AN	2/30	R	Other Payer City Name	
2330B	N402	156	O	ID	2/2	R	Other Payer State / Province Code	N402 is required only if city name (N401) is in the U.S. or Canada
2330B	N403	116	O	ID	3/15	R	Other Payer Zip Code	Sized to 9 Bytes
2330B	N404	26	O	ID	2/3	S	Other Payer Country Code	Required if the address is outside the U.S.
2330B	DTP		O	ID	3/3	S-1	Claim Adjudication Date	
2330B	DTP01	374	M	ID	3/3	R	DTP Qualifier	573(Date Claim Paid)
2330B	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2330B	DTP03	1251	M	AN	1/35	R	Adjudication or Payment Date	
2330B	REF		O	ID	3/3	S-2	Other Payer Secondary Identification and Reference Number	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	REF02	127	X	AN	1/30	R	Other Payer Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2330B	REF		O	ID	3/3	S-2	Other Payer Prior Authorization or Referral Number	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F(Referral Number) will pass to all receivers and G1(Prior Authorization Number) will pass to some receivers.
2330B	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330C OTHER PAYER PATIENT INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330C	LOOP 2330 C					S-1	OTHER PAYER PATIENT INFORMATION	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330C	NM1		O	ID	3 / 3	S-1	Individual or Organization Name	
2330C	NM101	98	M	ID	2/3	R	Entity Identifier Code	QC (Patient)
2330C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2330C	NM103-07					N/U		
2330C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	EI (Employee Identification Number), MI (Member Identification Number).
2330C	NM109	67	X	AN	2/80	R	Other Payer Patient Primary Identifier	
2330C	REF		O	ID	3 / 3	S-3	Other Payer Patient Identification	
2330C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	1W (Member Identification Number), IG (Insurance Policy Number), SY (Social Security Number).
2330C	REF02	127	X	AN	1/30	R	Reference Identifiers	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330D OTHER PAYER ATTENDING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330D	LOOP 2330 D					S-2	OTHER PAYER ATTENDING PROVIDER INFORMATION	
2330D	NM1		O	ID	3 / 3	S-1	Other Payer Attending Provider Name Information	
2330D	NM101	98	M	ID	2/3	R	Entity Identifier Code	72 (Operating Physician)
2330D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity).
2330D	REF		O	ID	3 / 3	S-3	Other Payer Attending Provider Secondary Identification	
2330D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330D	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330E OTHER PAYER OPERATING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330E	LOOP 2330E					S-1	OTHER PAYER OPERATING PROVIDER	
2330E	NM101	98	M	ID	2/3	R	Entity Identifier Code	72 (Operating Physician)
2330E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2330E	REF		O	ID	3/3	S-3	Other Payer Operating Provider Secondary Identification	
2330E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330E	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330F OTHER PAYER OTHER PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330F	LOOP - 2330F					S-1	OTHER PAYER OTHER PROVIDER	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330F	NM101	98	M	ID	2/3	R	Entity Identifier Code	73 (Other Physician)
2330F	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330F	REF		O	ID	3/3	S-3	Other Payer Other Provider Secondary Identification	
2330F	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330F	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330H OTHER PAYER SERVICE FACILITY PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330H	LOOP 2330H					S-1	OTHER PAYER SERVICE FACILITY PROVIDER	2330H
2330H	NM101	98	M	ID	2/3	R	Entity Identifier Code	FA (Facility)
2330H	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Entity)
2330H	REF				3 / 3	S-3	Other Payer Referring Provider Secondary Identification	
2330H	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330H	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2400 SERVICE LINE NUMBER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	LOOP 2400					R-999	SERVICE LINE NUMBER	
2400	LX				2 / 2	R-1	Service Line Assigned Number	
2400	LX01	554	M	NO	1/6	R	Assigned Number	The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								LX functions as a line counter. Resets back to 1 with each new claim (CLM).
2400	SV2				3 / 3	R-1	Institutional Service Line	
2400	SV201	234	X	AN	1/48	R	Service Line Revenue Code	Verify Hipaa implementation guide for code list
2400	SV202	C003	X				Service Line Procedure Code	
2400	SV202-1	235	M	ID	2/2	R	Product or Service ID Qualifier	Verify Hipaa implementation guide for code list
2400	SV202-2	234	M	AN	1/48	R	Procedure Code	Verify Hipaa implementation guide for code list
2400	SV202-3	1339	O	AN	2/2	S	HCPCS Modifier 1	Verify Hipaa implementation guide for code list
2400	SV202-4	1339	O	AN	2/2	S	HCPCS Modifier 2	Verify Hipaa implementation guide for code list
2400	SV202-5	1339	O	AN	2/2	S	HCPCS Modifier 3	Verify Hipaa implementation guide for code list
2400	SV202-6	1339	O	AN	2/2	S	HCPCS Modifier 4	Verify Hipaa implementation guide for code list
2400	SV202-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	SV203	782	O	R	1/18	R	Line Item Charge Amount	Verify Hipaa implementation guide for code list
2400	SV204	355	X	ID	2/2	R	Unit or Basis for Measurement Code	Verify Hipaa implementation guide for code list
2400	SV205	380	X	R	1/15	R	Service Unit Count	
2400	SV206	1371	O	R	1/10	S	Service Line Rate	
2400	SV207	782	O	R	1/18	S	Line Item Denied Charge or Non-Covered Charge Amount	
2400	PWK				3 / 3	S-5	LINE SUPPLEMENTAL INFORMATION	
2400	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list
2400	PWK02	756	O	ID	1/2	R	Attachment Transmission Code	Verify Hipaa implementation guide for code list
2400	PWK03-PWK04					N/U		
2400	PWK05	66	X	ID	1 / 2	S	Identification Code Qualifier	AC (Attachment Control Number)
2400	PWK06	67	X	AN	2/80	S	Attachment Control Number	
2400	DTP				3 / 3	R-1	Service Line Date	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	472 (Service)
2400	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8 (Date Expressed in Format CCYYMMDD), RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD).
2400	DTP03	1251	M	AN	1/35	R	DTP Dates	
2400	DTP				3/3	R-1	ASSESSMENT DATE	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	866 (Examination)
2400	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	D8(Date Expressed in Format CCYYMMDD)
2400	DTP03	1251	M	AN	1/35	R	DTP Dates	
2400	AMT				3/3	S-1	Service Tax Amount	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	GT (Goods and Services Tax)
2400	AMT02	782	M	R	1/18	R	Service Tax Amount	
2400	AMT				3/3	S-1	FACILITY TAX AMOUNT	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	N8 (Miscellaneous)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								s Taxes)
2400	AMT02	782	M	R	1/18	R	Facility Tax Amount	
2400	HCP					S-1		
2400	HCP01	1473	X	ID	2/2	R	Pricing /Repricing Methodology	Verify Hipaa implementation guide for code list
2400	HCP02	782	O	R	1/18	R	Repriced allowed amount	
2400	HCP03	782	O	R	1/18	S	Repriced saving amount	
2400	HCP04	127	O	AN	1/30	S	Repriced organization identifier	
2400	HCP05	118	O	R	1/9	S	Flat rate amount	
2400	HCP06	127	O	AN	1/30	S	Repriced Approved Ambulatory Patient Group Code	
2400	HCP07	782	O	R	1/18	S	Repriced Approved Ambulatory Patient Group Amount	
2400	HCP08	234	O	AN	1/48	S	Repriced Approved Revenue Code	
2400	HCP09	235	X	ID	2/2	S	Product/Service ID Qualifier	
2400	HCP10	234	X	AN	1/48	S	Procedure Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	HCP11	355	X	ID	2/2	S	Unit or Basis for Measurement Code	DA(Days), UN (Unit).
2400	HCP12	380	X	R	1/15	S	Repricing Approved Service Unit Count	
2400	HCP13	901	X	ID	2/2	S	Reject reason Code	Verify Hipaa implementation guide for code list
2400	HCP14	1526	O	ID	1 / 2	S	Policy compliance Code	Verify Hipaa implementation guide for code list
2400	HCP15	1527	O	ID	1 / 2	S	Exception Code	Verify Hipaa implementation guide for code list

Loop: 2410 — DRUG IDENTIFICATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2410	Loop 2410					S-25	DRUG IDENTIFICATION	
2410	LIN					S-1	ITEM IDENTIFICATION	
2410	LIN01					N/U		

2410	LIN02	235	M	ID	2/2	R	Product/Service ID Qualifier	N4 (National Drug Code in 5-4-2 Format.
2410	LIN03	234	M	AN	1/48	R	Product/Service ID	
2410	CTP					S-1	DRUG PRICING	
2410	CTP01-02					N/U		
2410	CTP03	212	X	R	1/17	R	Drug Unit Price	
	CTP04	380	X	R	1/15	R	National drug Unit Code	
	CTP05	C001	X			R	Unit / Basis Of Measurement	
	CTP05-1		M	ID	2/2	R	Code Qualifier	F2 (International Unit), GR (Gram), ML (Milliliter), UN (Unit).
2410	REF					S-1	Prescription Number	
2410	REF01	128	M	ID	2/3	R	Code Qualifier	XZ (Pharmacy Prescription Number)
2410	REF02	127	X	AN	1/30	R	Prescription Number	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2420A ATTENDING PHYSICIAN NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420A	LOOP 2420 A					R-1	Attending Physician Information	
2420A	NM1		O	ID	3/3	S-1	Attending Physician Name Information	
2420A	NM101	98	M	ID	2/3	R	Entity Identifier Code	71 (Attending Physician)
2420A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1(Person), 2(Non-Person Entity)
2420A	NM103	1035	O	AN	1/35	R	Attending Physician Last Name	
2420A	NM104	1036	O	AN	1/25	S	Attending Physician First Name	Required if NM102=1 (person).
2420A	NM105	1037	O	AN	1/25	S	Attending Physician Middle Name	
2420A	NM106					N/U		
2420A	NM107	1039	O	AN	1/10	S	Attending Physician Name Suffix	
2420A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420A	NM109	67	X	AN	2/80	R	Attending Physician ID	
2420A	REF		O	ID	3/3	S-5	Attending Physician Secondary Identification Numbers	
2420A	REF01	128	M	ID	2/3	R	Reference Number	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Qualifier	on guide for code list
2420A	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2420B OPERATING PHYSICIAN NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420B	LOOP 2420B					R-1	Operating Physician Information	
2420B	NM1		O	ID	3/3	S-1	Operating Physician Name Information	
2420B	NM101	98	M	ID	2/3	R	Entity Identifier Code	72 (Operating Physician)
2420B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1(Person)
2420B	NM103	1035	O	AN	1/35	R	Operating Physician Last Name	
2420B	NM104	1036	O	AN	1/25	S	Operating Physician First Name	
2420B	NM105	1037	O	AN	1/25	S	Operating Physician Middle Name	
2420B	NM106					N/U		
2420B	NM107	1039	O	AN	1/10	S	Operating Physician Name Suffix	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation on guide for code list
2420B	NM109	67	X	AN	2/80	R	Operating Physician ID	
2420B	REF		O	ID	3 / 3	S-5	Operating Physician Secondary Identification Numbers	
2420B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation on guide for code list
2420B	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2420C OTHER PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420C	LOOP 2420C					R-1	Other Provider Information	
2420C	NM1		O	ID	3 / 3	S-1	Other Provider Information	
2420C	NM101	98	M	ID	2/3	R	Entity Identifier Code	73 (Other Physician)
2420C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1(Person), 2 (Non-Person Entity)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420C	NM103	1035	O	AN	1/35	R	Other Provider Last Name	
2420C	NM104	1036	O	AN	1/25	S	Other Provider First Name	
2420C	NM105	1037	O	AN	1/25	S	Other Provider Middle Name	
2420C	NM106					N/U		
2420C	NM107	1039	O	AN	1/10	S	Other Provider Name Suffix	
2420C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420C	NM109	67	X	AN	2/80	R	Other Provider ID	
2420C	REF		O	ID	3/3	S-5	Other Provider Secondary Identification Numbers	
2420C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2420C	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2420D REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420D	LOOP 2420D					R-1	Referring Provider Information	
2420D	NM1		O	ID	3 / 3	S-1	Other Provider Information	
2420D	NM101	98	M	ID	2/3	R	Entity Identifier Code	DN (Referring Provider)
2420D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1(Person), 2 (Non-Person Entity)
2420D	NM103	1035	O	AN	1/35	R	Referring Provider Last Name	
2420D	NM104	1036	O	AN	1/25	S	Referring Provider First Name	Required if NM102=1 (person).
2420D	NM105	1037	O	AN	1/25	S	Referring Provider Middle Name	
2420D	NM106					N/U		
2420D	NM107	1039	O	AN	1/10	S	Referring Provider Name Suffix	
2420D	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation on guide for code list
2420D	NM109	67	X	AN	2/80	R	Referring Provider ID	
2420D	REF		O	ID	3 / 3	S-5	Referring Provider Secondary Identification Numbers	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation on guide for code list
2420D	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2430 LINE ADJUDICATION INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	LOOP 2430					S-25	SERVICE LINE ADJUDICATION INFORMATION	
2430	SVD		O	ID	3/3	S-1	Service Line Adjudication Information	
2430	SVD01	67	M	AN	2/80	R	Payer Identifier	
2430	SVD02	782	M	R	1/18	R	Service Line Paid Amount	
2430	SVD03	C003	O			S	Composite Medical Procedure	
2430	SVD03-1	235	M	ID	2/2	R	Product or Service ID Qualifier	Verify Hipaa implementation on guide for code list
2430	SVD03-2	234	M	AN	1/48	R	Procedure Code	
2430	SVD03-3	1339	O	AN	2/2	S	Procedure Modifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	SVD03-4	1339	O	AN	2/2	S	Procedure Modifier	
2430	SVD03-5	1339	O	AN	2/2	S	Procedure Modifier	
2430	SVD03-6	1339	O	AN	2/2	S	Procedure Modifier	
2430	SVD03-7	352	O	AN	1/80	S	Procedure Code Description	
2430	SVD04	234	O	AN	1/48	R	Service Line Revenue Code	
2430	SVD05	380	O	AN	1/15	R	Adjustment Quantity	
2430	SVD06	554	O	NO	1/6	S	Bundled or Unbundled Line Number	
2430	CAS		O	ID	3/3	S-99	Line Adjustment	
2430	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	Verify Hipaa implementation guide for code list
2430	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	
2430	CAS03	782	M	R	1/18	R	Adjustment Amount	
2430	CAS04	380	O	R	1/15	S	Adjustment Quantity	
2430	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	
2430	CAS06	782	X	R	1/18	S	Adjustment Amount	
2430	CAS07	380	X	R	1/15	S	Adjustment Quantity	
2430	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	
2430	CAS09	782	X	R	1/18	S	Adjustment Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	CAS10	380	X	R	1/15	S	Adjustment Quantity	
2430	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	
2430	CAS12	782	X	R	1/18	S	Adjustment Amount	
2430	CAS13	380	X	R	1/15	S	Adjustment Quantity	
2430	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	
2430	CAS15	782	X	R	1/18	S	Adjustment Amount	
2430	CAS16	380	X	R	1/15	S	Adjustment Quantity	
2430	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	
2430	CAS18	782	X	R	1/18	S	Adjustment Amount	
2430	CAS19	380	X	R	1/15	S	Adjustment Quantity	
2430	DTP		O	ID	3/3	S-1	Line Adjudication Date	
2430	DTP01	374	M	ID	3/3	R	DTP Qualifier	573(Date Claim Paid)
2430	DTP02	1250	M	ID	2/3	R	Date	D8 (Date Expressed in Format CCYYMMDD)
2430	DTP03	1251	M	AN	1/35	R	Service Adjudication or Payment Date	

Level: TRAILER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
Trailer	TRANSACTION SET TRAILER							
Trailer	SE		M	ID	2 / 2	R-1	Transaction set trailer	
Trailer	SE01	96	M	NO	1/10	R	Transaction Segment Count	Total number of segments included in a transaction set including ST and SE segments
Trailer	SE02	329	M	AN	4/9	R	Transaction Set Control Number	The Transaction Set Control Numbers in ST02 and SE02 must be identical. The Transaction Set Control Number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA).
Trailer	GE		M	ID	2 / 2	R-1	Functional Group Trailer	
Trailer	GE01	97	M	NO	1/6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								functional group or interchange (transmission) group terminated by the trailer containing this data element
Trailer	GE02	28	M	NO	1/9	R	Group Control Number	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Trailer	IEA		M	ID	3 / 3	R- 1	Interchange Control Identifier	
Trailer	IEA01	I16	M	NO	1/5	R	Number Of Included Functional Groups	A count of the number of functional groups included in an interchange
Trailer	IEA02	I12	M	NO	9/9	R	Interchange Control Number	A control number assigned by

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								the interchange sender