COMPANION GUIDE

AUGUST 2018

HEALTH CARE CLAIM: INSTITUTIONAL
VERSION 5010A1

HPS CLEARINGHOUSE (HPSCH)
ANSI ASC X12N 837 Version 5010A1
HEALTH CARE CLAIM INSTITUTIONAL

HPS Clearinghouse 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 **EDI Analyzer**, a national third-party organization accrediting entities that send or receive HIPAA-regulated transactions, HPS Clearinghouse'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 (005010X223A1)

HPS CLEARINGHOUSE (HPSCH)
https://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 HPS Clearinghouse.

The guide also includes the testing procedure required by the HPS Clearinghouse 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 HPS Clearinghouse for updates to the companion guides at the following web site:

https://hpsch.2hps.com/

We will provide an electronic mail access to submitters that are willing to communicate with HPS Clearinghouse. HPSCH 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: https://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.

- HPSCH 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).

- HPSCH is required to create a TA1 Interchange Acknowledgment to report the results of the standard ANSI ASC X12N syntax editing. The TA1 will be available while submitting claims to Clearinghouse. HPSCH provides a way for retrieving and translating the TA1 acknowledgment in an extensive way which is new in the market. Transactions with errors must be corrected and resubmitted.

- HPSCH is required to create a 999 Functional Acknowledgment to report the results of the standard ANSI ASC X12N syntax editing. The 999 will be available within one (1) business day. The 999 will report standard ANSI X12N syntax errors. HPSCH provides a way for retrieving and translating the 999 acknowledgments. 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).

- HPSCH will reject an interchange (transmission) that is submitted with a submitter identification number that is not authorized for electronic claim submission.

- HPSCH will reject an interchange (transmission) that is submitted with an invalid value in GS03 (Application Receivers Code) based on the carrier definition.

- Only valid qualifiers for HPSCH must be submitted on incoming 837 transactions.

- Retrieval of the ANSI ASC X12N 999 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 choose to submit lower case characters , _ , #, @ ,% from the extended character set. Any other characters submitted from the extended character set may cause the interchange (transmission) to be rejected at the carrier translator.

- HPSCH 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 United States graphical format.

837 Health Care Claim: Institutional – Data Clarification

Level: HEADER

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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'** or **'03'**
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'** or **'01'**
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.	Submitter's Tax ID
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 Number.	**00501**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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'** or **'0'**
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	N0	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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								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	**005010X223 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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								in ST02 and SE02 must be Identical.
Header	ST03	1705	O	AN	1/35	R	Implementation Convention Reference	This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (STSE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is used at translation time. **005010X223A1**
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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Transaction Identifier	
Header	BHT04	373	O	DT	8/8	R	Transaction Set Creation Date	The date that the submitter created the file(CCYYMMDD).
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	Must contain **'CH'**

LOOP 1000 - SUBMITTER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
	LOOP 1000 A					**R-1**	**SUBMITTER INFORMATION**	
1000A	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Submitter Name Information**	
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	1/60	R	Submitter Last/Org Name	
1000A	NM104	1036	O	AN	1/35	S	Submitter First Name	Required if NM102=1 (person).

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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					NOT USED		
1000A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**46** (Electronic Transmitter Identification Number (ETIN)1815 Established by a trading partner agreement)
1000A	NM109	67	X	AN	2/80	R	Submitter Identifier	Submitter's Tax ID
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	**EM** (Electronic Mail) **FX** (Facsimile) **TE** (Telephone)
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	**EM** (Electronic Mail)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								FX (Facsimile) **EX** (Telephone Extension) **TE** (Telephone)
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	**EM** (Electronic Mail) **FX** (Facsimile) **EX** (Telephone Extension) **TE** (Telephone)
1000A	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

LOOP 1000B - RECEIVER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
	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)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
1000B	NM103	1035	O	AN	1/60	R	Receiver Last/Org Name	Must contain '**HEALTH PLAN SYSTEMS**'
1000B	NM104-107					NOT USED		
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	HPSCH
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		NOT USED		
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	**1** (Additional Subordinate HL Data Segment in

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								This Hierarchical Structure)
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)
2000A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	**PXC** (Health Care Provider Taxonomy code)
2000A	PRV03	127	M	AN	1/50	R	Provider Taxonomy Code	
2000A	**CUR**		M	ID	**3/3**	**S-1**	**Foreign Currency Information**	
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	HPSCH
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	1/60	R	Billing Provider Last/Org Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2010AA	NM104-NM107					NOT USED		
2010AA	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Must Contain '**XX**'
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 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	N405-06					NOT USED		
2010AA	N407	1715	X	ID	1/3	S	Country Subdivision Code	Required when the address is not in the United States of America,

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc.
2010AA	**REF**		**O**	**ID**	**3/3**	**R-1**	**Billing Provider Tax Identification Numbers**	
2010AA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Must Contain 'EI'
2010AA	REF02	127	X	AN	1/50	R	Billing Provider Tax Identifier	Use this reference number as qualified by the preceding data element (REF01).
2010AA	**PER**		**O**	**ID**	**3/3**	**S-2**	**Billing Provider Contact Information**	**More than 1 repeat of this 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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2010AA	PER03	365	X	ID	2/2	R	Communication Number Qualifier	**EM** (Electronic Mail) **FX** (Facsimile) **TE** (Telephone)
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	**EM** (Electronic Mail) **FX** (Facsimile) **EX** (Telephone Extension) **TE** (Telephone)
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	**EM** (Electronic Mail) **FX** (Facsimile) **EX** (Telephone Extension) **TE** (Telephone)
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	HPSCH
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	**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.

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2010AB	N405-06					NOT USED		
2010AB	N407	1715	X	ID	1/3	S	Country Subdivision Code	Required if the address is outside the U.S.
2010AC	**NM1**		**O**	**ID**	**3/3**	**S-1**	**PAY-TO PLAN NAME**	
2010AC	NM101	98	M	ID	2/3	R	Entity Identifier Code	**PE** (Payee)
2010AC	NM102	1065	X	AN	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)
2010AC	NM103	1035	X	AN	1/60	R	organizational name	organizational name
2010AC	NM104-07					NOT USED		
2010AC	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**PI** (Payor Identification) **XV** (Centers for Medicare and Medicaid Services PlanID)
2010AC	NM109	67	X	AN	2/80	R		Pay-To Plan Primary Identifier
2010AC	**N3**		**O**	**ID**	**2/2**	**R-1**	**Pay-To Plan Address**	
2010AC	N301	166	M	AN	1/55	R	Pay-To Plan Address 1	
2010AC	N302	166	O	AN	1/55	S	Pay-To Plan Address 2	
2010AC	**N4**		**O**	**ID**	**2/2**	**R-1**	**Pay-To Plan City / State/Zip Code**	
2010AC	N401	19	O	AN	2/30	R	Pay- To Plan City Name	
2010AC	N402	156	O	ID	2/2	R	Pay-To Plan State/Prov. Code	N402 is required only if city name (N401) is in

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								the U.S. or Canada.
2010AC	N403	116	O	ID	3/15	R	Pay-To Plan Zip Code	Sized to 9 bytes.
2010AC	N404	26	O	ID	2/3	S	Pay-To Plan Country Code	Required if the address is outside the U.S.
2010AC	N405-06					NOT USED		
2010AC	N407	1715	X	ID	1/3	S	Country Subdivision Code	Required if the address is outside the U.S.
2010AC	**REF**		**O**	**ID**	**3/3**	**S-1**	**Pay-To-Plan Secondary Identificatio n**	
2010AC	REF01	128	M	ID	2/3	R	Reference Identification Qualifier	**2U** (Payer Identification Number) This code is only allowed when the National Plan Identifier is reported in NM109 of this loop. **FY** (Claim Office Number) **NF** (National Association of Insurance Commissioner s (NAIC) Code)
2010AC	REF02	127	X	AN	1/50	R	Reference Identification Number	Pay-To-Plan Secondary Identifier
2010AC	**REF**		**O**	**ID**	**3/3**	**R-1**	**Pay-To-Plan Tax Identificatio**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							n	
2010AC	REF01	128	M	ID	2/3	R	Reference Identification Qualifier	**EI** (Employer's Identification Number)
2010AC	REF02	127	X	AN	1/50	R	Pay-To-Plan Identification Number	Pay-To-Plan Tax Identifier

Level: DETAIL, SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2000B	**LOOP 2000 B**					**R->1**	**SUBSCRIBER HIERARCHICAL 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 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	**0** (No Subordinate HL Segment) **1** (Additional Subordinate HL Data Segment)
2000B	**SBR**		**O**	**ID**	**3/3**	**R-1**	**Subscriber Information**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2000B	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	**A** (Payer Responsibility Four) **B** (Payer Responsibility Five) **C** (Payer Responsibility Six) **D** (Payer Responsibility Seven) E (Payer Responsibility Eight) **F** (Payer Responsibility Nine) **G** (Payer Responsibility Ten) **H** (Payer Responsibility Eleven) **P** (Primary) **S** (Secondary) **T** (Tertiary) **U** (Unknown)
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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								is reported in SBR03.
2000B	SBR05-08					NOT USED		
2000B	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	**11** (Other Non-Federal Programs) **12** (Preferred Provider Organization (PPO)) **13** (Point of Service (POS)) **14** (Exclusive Provider Organization (EPO)) **15** (Indemnity Insurance) **16** (Health Maintenance Organization (HMO) Medicare Risk) **17** (Dental Maintenance Organization) **AM** (Automobile Medical) **BL** (Blue Cross/Blue Shield) **CH** (Champus) **CI** (Commercial Insurance Co.) DS (Disability) **FI** (Federal

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Employees Program) **HM** (Health Maintenance Organization) **LM** (Liability Medical) **MA** (Medicare Part A) **MB** (Medicare Part B) MC (Medicaid) **OF** (Other Federal Program) **TV** (Title V) **VA** (Veterans Affairs Plan) **WC** (Workers' Compensation Health Claim) **ZZ** (Mutually Defined)

LOOP 2010BA - SUBSCRIBER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2010BA	**LOOP 2010 BA**					**R-1**	**SUBSCRIBER INFORMATION**	
2010BA	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Subscriber Name Information**	
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** (Person) **2** (Non-Person Entity)
2010BA	NM103	1035	O	AN	1/60	R	Subscriber Last Name	
2010BA	NM104	1036	O	AN	1/35	S	Subscriber First Name	Required if NM102=1 (person).

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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					NOT USED		
2010BA	NM107	1039	O	AN	1/10	S	Name Suffix	
2010BA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**II** (Standard Unique Health Identifier for each Individual in the United States) **MI** (Member Identification Number)
2010BA	NM109	67	X	AN	2/80	S	Subscriber Primary Identifier	Required if NM102 = 1 (person)
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**	**R-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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								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	N405-06					NOT USED		
2010BA	N407	1715	X	ID	1/3	S	Country Subdivision Code	Required if the address is outside 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	**F** (Female) **M** (Male) **U** (**SY Social Security Number**)
2010BA	**REF**		**O**	**ID**	**3/3**	**S-1**	**Subscriber Secondary Identification**	
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**SY** Social Security Number
2010BA	REF02	127	X	AN	1/50	R	Subscriber Secondary ID	Use this reference number as qualified by the preceding data element

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								(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	1/50	R	Property Casualty Claim Number	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID- 2010BB PAYER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPSCH
2010BB	**NM1**				**R-1**	**PAYER INFORMATION**		
2010BB	**NM1**		**O**	**ID**	**3/3**	**R-1**	**Payer Name Information**	
2010BB	NM101	98	M	ID	2/3	R	Entity Identifier Code	**PR** (Payer)
2010BB	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPSCH
2010BB	NM103	1035	O	AN	1/60	R	Payer Last/Org Name	
2010BB	NM104-107					NOT USED		
2010BB	NM108	66	X	ID	1/2	R	Primary Payer ID Qualifier	**PI** (Payor Identification) **XV** (Centers for Medicare and Medicaid Services PlanID)
2010BB	NM109	67	X	AN	2/80	R	Payer Primary Identifier	
2010BB	**N3**		**O**	**ID**	**2/2**	**S-1**	**Payer Address Information**	**Payer Address is required when the submitter intends for the claim to be printed on paper at the next EDI location**
2010BB	N301	166	M	AN	1/55	R	Payer Address 1	
2010BB	N302	166	O	AN	1/55	S	Payer Address 2	
2010BB	**N4**		**O**	**ID**	**2/2**	**R-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**
2010BB	N401	19	O	AN	2/30	R	Payer City Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPSCH
2010BB	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.
2010BB	N403	116	O	ID	3/15	R	Payer Zip Code	Sized to 9 bytes.
2010BB	N404	26	O	ID	2/3	S	Payer Country Code	This data element is required when the address is outside of the U.S..
2010BB	N405-06					NOT USED		
2010BB	N407	1715	X	ID	1/3	S	Country Subdivision Code	Required if the address is outside the U.S.
2010BB	**REF**		**O**	**ID**	**3/3**	**S-3**	**Payer Secondary Reference Numbers**	**This is a required segment at this time.**
2010BB	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**2U** (Payer Identification Number) **EI** (Employer's Identification Number) **FY** (Claim Office Number) **NF** (National Association of Insurance Commissioners (NAIC) Code)
2010BB	REF02	127	X	AN	1/50	R	Payer Additional	Use this reference

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPSCH
							Identifier	number as qualified by the preceding data element (REF01).
2010BB	**REF**		**O**	**ID**	**3/3**	**S-1**	**Billing Provider Secondary Identification Numbers**	
2010BB	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**G2** (Provider Commercial Number) **LU** (Location Number)
2010BB	REF02	127	X	AN	1/50	R	Billing Provider Secondary Identification Number	Use this reference number as qualified by the preceding data element (REF01).

Level: PATIENT HIERARCHICAL LEVEL

LOOP ID - 2000C

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								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	**0** (No Subordinate HL Segment)
2000C	**PAT**		**O**	**ID**	**3/3**	**R-1**	**Patient Information**	
2000C	PAT01	1069	O	ID	2/2	R	Individual Relationship Code	**01** (Spouse) **19** (Child) **20** (Employee) **21** (Unknown) **39** (Organ Donor) **40** (Cadaver Donor) **53** (Life Partner) **G8** (Other Relationship)
2000C	PAT02-PAT09					NOT USED		

LOOP ID - 2010CA PATIENT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2010CA	NM103	1035	O	AN	1/60	R	Patient Last Name	
2010CA	NM104	1036	O	AN	1/35	R	Patient First Name	
2010CA	NM105	1037	O	AN	1/25	S	Patient Middle Name	
2010CA	NM106					NOT USED		
2010CA	NM107	1039	O	AN	1/10	S	Patient Name Suffix	
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	
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	N405-06					NOT USED		
2010CA	N407	1715	X	ID	1/3	S	Country Subdivision Code	Required if the address is outside the U.S.

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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	**F** (Female) **M** (Male) **U** (Unknown)
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	1/50	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	HPSCH

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 field is '20'.
2300	CLM02	782	O	R	1/18	R	Total Submitted Charges	The Total Claim Charge Amount must be greater than or equal to zero.
2300	CLM03 - CLM04				NOT USED			
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				NOT USED			
2300	CLM07	1359	O	ID	1/1	R	Medicare Assignment Code	**A** (Assigned) **B** (Assignment Accepted on Clinical Lab Services Only) **C** (Not Assigned)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	CLM08	1073	O	ID	1/1	R	Benefits Assignment Certification Indicator	**N** (No) **W** (Not Applicable) **Y** (Yes)
2300	CLM09	1363	O	ID	1/1	R	Release of Information Code	**I** (Informed Consent to Release Medical Information) **Y** (Yes, Provider has a Signed Statement Permitting)
2300	CLM10-19					NOT USED		
2300	CLM20	1514	O	ID	1/2	S	Delay Reason Code	**1** (Proof of Eligibility Unknown or Unavailable) 2 (Litigation) **3** (Authorization Delays) **4** (Delay in Certifying Provider) **5** (Delay in Supplying Billing Forms) **6** (Delay in Delivery of Custom-made Appliances) **7** (Third Party Processing Delay) **8** (Delay in Eligibility Determinatio

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								n) **9** (Original Claim Rejected or Denied Due to a Reason) **10** (Administration Delay in the Prior Approval Process) **11** (Other) **15** (Natural Disaster)
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**	**R-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	**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**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	**435** (Admission)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** Date Expressed in Format CCYYMMDD **DT** (Date and Time Expressed in Format CCYYMMDDHHMM)
2300	DTP03	1251	M	AN	1/35	R	Admission Date and Hour	
2300	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Repricer Receiver Date**	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	**050** (Receiver)
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	**D8** Date Expressed in Format CCYYMMDD
2300	DTP03	1251	M	AN	1/35	R	Receiver Date	
2300	**CL1**					**R-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**	**Only some receivers will be**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Information	**passed this information.**
2300	PWK01	755	M	ID	2/2	R	Report Type Code	**03** Report Justifying Treatment Beyond Utilization Guidelines **04** Drugs Administered 05 Treatment Diagnosis **06** Initial Assessment **07** Functional Goals **08** Plan of Treatment **09** Progress Report **10** Continued Treatment **11** Chemical Analysis **13** Certified Test Report **15** Justification for Admission **21** Recovery Plan **A3** Allergies/Sensitivities Document **A4** Autopsy Report **AM** Ambulance Certification

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								AS Admission Summary **B2** Prescription **B3** Physician Order **B4** Referral Form **BR** Benchmark Testing Results BS Baseline **BT** Blanket Test Results **CB** Chiropractic Justification **CK** Consent Form(s) **CT** Certification **D2** Drug Profile Document **DA** Dental Models **DB** Durable Medical Equipment Prescription **DG** Diagnostic Report **DJ** Discharge Monitoring Report **DS** Discharge Summary **EB**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) **HC** Health Certificate **HR** Health Clinic Records **I5** Immunization Record **IR** State School Immunization Records **LA** Laboratory Results **M1** Medical Record Attachment MT Models **NN** Nursing Notes **OB** Operative Note **OC** Oxygen Content Averaging Report **OD** Orders and Treatments Document **OE** Objective Physical Examination

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								(including vital signs) Document **OX** Oxygen Therapy Certification **OZ** Support Data for Claim **P4** Pathology Report **P5** Patient Medical History Document **PE** Parenteral or Enteral Certification **PN** Physical Therapy Notes **PO** Prosthetics or Orthotic Certification **PQ** Paramedical Results **PY** Physician's Report **PZ** Physical Therapy Certification **RB** Radiology Films **RR** Radiology Reports **RT** Report of

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Tests and Analysis Report **RX** Renewable Oxygen Content Averaging Report **SG** Symptoms Document **V5** Death Notification **XP** Photographs
2300	PWK02	756	O	ID	1/2	R	Report Transmission Code	**AA** (Available on Request at Provider Site) **BM** (By Mail) **EL** (Electronically Only) **EM** (E-Mail) **FT** (File Transfer) **FX** (By Fax)
2300	PWK03-04					NOT USED		
2300	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	**AC** Attachment Control Number
2300	PWK06	67	X	AN	2/80	S	Attachment Control Number	
	PWK07-09					NOT USED		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	**CN1**		**O**	**ID**	**3/3**	**S-1**	**Contract Information**	
2300	CN101	1166	M	ID	2/2	R	Contract Type Code	**01** (Diagnosis Related Group (DRG)) **02** (Per Diem) **03** (Variable Per Diem) **04** (Flat) **05** (Capitated) **06** (Percent) **09** (Other)
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	**F3** (Patient Responsibility - Estimated)
2300	AMT02	782	M	R	1/18	R	Patient Responsibility Amount	
2300	**REF**		**O**	**ID**	**3/3**	**S-1**	**Service Authorization Exception Code**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**4N** (Special Payment Reference Number)
2300	REF02	127	X	AN	1/50	R	Reference Identification	Allowable values for this element are: **1** Immediate/Urgent Care **2** Services Rendered in a Retroactive Period **3** Emergency Care **4** Client has Temporary Medicaid **5** Request from County for Second Opinion to Determine if Recipient Can Work **6** Request for Override Pending **7** Special Handling
2300	**REF**		**O**	**ID**	**3/3**	**S-1**	**Referral Number**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**9F** (Referral Number),
2300	REF02	127	X	AN	1/50	R	Referral Number	Use this reference number as qualified by

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								the preceding data element (REF01).
2300	**REF**		**O**	**ID**	**3/3**	**S-1**	**Prior Authorization**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**G1** (Prior Authorization Number)
2300	REF02	127	X	AN	1/50	R	Prior Authorization Number	Use this reference number as qualified by the preceding data element (REF01).
2300	**REF**		**O**	**ID**	**3/3**	**S-1**	**Payer Claim Control Number**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**F8** (Original Reference Number)
2300	REF02	127	X	AN	1/50	R	Payer Claim Control 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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Number)
2300	REF02	127	X	AN	1/50	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**	**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	1/50	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-5**	**Investigational Device Exemption Number**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**LX** (Qualified Products List)
2300	REF02	127	X	AN	1/50	R	Investigational Device Exemption Identifier	Use this reference number as qualified by the preceding

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								data element (REF01).
2300	**REF**		**O**	**ID**	**3/3**	**S-1**	**Claim Identifier for Transmission Intermediaries**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**D9** (Claim Number)
2300	REF02	127	X	AN	1/50	R	Reference Number Identifier	Value Added Network Trace Number
2300	**REF**		**O**	**ID**	**3/3**	**S-1**	**Auto Accident State**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**LU** (Location Number)
2300	REF02	127	X	AN	1/50	R	Reference Number Identifier	Auto Accident State or Province Code
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	1/50	R	Demonstration Project Identifier	Use this reference number as qualified by the preceding data

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								element (REF01).
2300	**REF**		**O**	**ID**	**3/3**	**S**	**Medical Record Number**	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**EA** (Medical Record Identification Number)
2300	REF02	127	X	AN	1/50	R	Medical Record Number	Use this reference number as qualified by the preceding data element (REF01).
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	1/50	R	Peer Review Authorization Number	Use this reference number as qualified by the preceding data element (REF01).

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	ALG (Allergies) DCP (Goals, Rehabilitation Potential, or Discharge Plans) DGN (Diagnosis Description) DME (Durable Medical Equipment (DME) and Supplies) **MED** (Medications) **NTR** (Nutritional Requirements) **ODT** (Orders for Disciplines and Treatments) **RHB** (Functional Limitations, Reason Homebound, or Both) **RLH** (Reasons

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Patient Leaves Home) **RNH** (Times and Reasons Patient Not at Home) **SET** (Unusual Home, Social Environment, or Both) **SFM** (Safety Measures) **SPT** (Supplementary Plan of Treatment) **UPI** (Updated Information)
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	**CRC**		**O**	**ID**	**3/3**	**S**	**EPSDT REFERRAL**	
2300	CRC01	1136	M	ID	2/2	R	Code Category	**ZZ** (Mutually Defined)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	**N** No If no, then choose "NU" in CRC03 indicating no referral given. **Y** Yes
2300	CRC03	1321	M	ID	2/2	R	Condition Indicator	**AV** (Available - Not Used) **NU** (Not Used) **S2** (Under Treatment) **ST** (New Services Requested)
2300	CRC04	1321	O	ID	2/2	S	Condition Indicator	**AV** (Available - Not Used) **NU** (Not Used) **S2** (Under Treatment) **ST** (New Services Requested)
2300	CRC05	1321	O	ID	2/2	S	Condition Indicator	**AV** (Available - Not Used) **NU** (Not Used) **S2** (Under Treatment) **ST** (New Services Requested)
2300	**HI**		**O**	**ID**	**2/2**	**R-1**	**Principle Diagnosis**	
2300	HI01	C022	O			R	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Information	
2300	HI01-1	C022	M	ID	1/3	R	Code List Qualifier Code	**ABK** (ICD-10-CM) Principal Diagnosis **BK** (ICD-9-CM) Principal Diagnosis
2300	HI02-2	1271	M	AN	1/30	R	Principal Diagnosis Code	
	HI01-3 - 8					NOT USED		
	HI01-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	**HI**		**O**	**ID**	**2/2**	**S-1**	**Admitting Diagnosis**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	C022	M	ID	1/3	R	Code List Qualifier Code	**ABJ** (ICD-10-CM) Admitting Diagnosis **BJ** (ICD-9-CM) Admitting

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Diagnosis
2300	HI02-2	1271	M	AN	1/30	R	Admitting Diagnosis Code	
2300	**HI**		**O**	**ID**	**2/2**	**S-1**	**Patient's Reason for Visit**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**APR** (ICD-10-CM) Patient's Reason for Visit **PR** (ICD-9-CM) Patient's Reason for Visit
233	HI01-2	1271	M	AN	1/30	R	Patient Reason For Visit	
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**APR** (ICD-10-CM) Patient's Reason for Visit **PR** (ICD-9-CM) Patient's

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Reason for Visit
2300	HI02-2	1271					Patient Reason For Visit	
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**APR** (ICD-10-CM) Patient's Reason for Visit **PR** (ICD-9-CM) Patient's Reason for Visit
2300	HI03-2	1271	M	AN	1/30	R	Patient Reason For Visit	
2300	**HI**		**O**	**ID**	**2/2**	**S-1**	**External Cause of Injury**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								External Cause of Injury Code
2300	HI01-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI01-3 - 8					NOT USED		
2300	HI01-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI02-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI02-3 –					NOT		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
	8					USED		
2300	HI02-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI03-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI03-3 – 8					NOT USED		
2300	HI03-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI04-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI04-3 – 8					NOT USED		
2300	HI04-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								of Injury Code
2300	HI05-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI0-3 – 8					NOT USED		
2300	HI05-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI06-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI06-3 – 8					NOT USED		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI06-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI07-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI07-3 – 8					NOT USED		
2300	HI07-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI08	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI08-3 – 8					NOT USED		
2300	HI08-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI09-2	1271	M	AN	1/30	R	External Cause of Injury Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI09-3 – 8					NOT USED		
2300	HI09-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI10-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI10-3 – 8					NOT USED		
2300	HI10-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause of Injury Code
2300	HI11-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI11-3 – 8					NOT USED		
2300	HI11-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABN** (ICD-10-CM) External Cause of Injury Code **BN** (ICD-9-CM) External Cause

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								of Injury Code
2300	HI12-2	1271	M	AN	1/30	R	External Cause of Injury Code	
2300	HI12-3 – 8					NOT USED		
2300	HI12-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	**HI**		**O**	**ID**	**2/2**	**S-1**	**Diagnosis Related Group (DRG) Information**	
2300	HI01	C022	O			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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Group Code	
2300	**HI**		**O**	**ID**	**2/2**	**S-2**	**Other Diagnosis Information**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI01-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI01-3 - 8					NOT USED		
2300	HI01-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List	**ABF** (ICD-10-

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Qualifier Code	CM) **BF** (ICD-9-CM)
2300	HI02-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI02-3 – 8					NOT USED		
2300	HI02-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI03-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI03-3 –					NOT		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
	8					USED		
2300	HI03-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI04-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI04-3 – 8					NOT USED		
2300	HI04-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI05	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI05-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI0-3 – 8					NOT USED		
2300	HI05-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI06-2	1271	M	AN	1/30	R	Other Diagnosis Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI06-3 – 8					NOT USED		
2300	HI06-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI07-3 – 8					NOT USED		
2300	HI07-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List	**ABF** (ICD-10-

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Qualifier Code	CM) **BF** (ICD-9-CM)
2300	HI08-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI08-3 – 8					NOT USED		
2300	HI08-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI09-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI09-3 –					NOT		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
	8					USED		
2300	HI09-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI10-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI10-3 – 8					NOT USED		
2300	HI10-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI11	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI11-2	1271	M	AN	1/30	R	Other Diagnosis Code	
2300	HI11-3 – 8					NOT USED		
2300	HI11-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	**ABF** (ICD-10-CM) **BF** (ICD-9-CM)
2300	HI12-2	1271	M	AN	1/30	R	Other Diagnosis Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI12-3 – 8					NOT USED		
2300	HI12-9	1073	X	ID	1/1	S	Present on Admission Indicator	**N** (No) **U** (Unknown) **W** (Not Applicable) **Y** (Yes)
2300	**HI**		**O**	**ID**	**2/2**	**S-1**	**Principal Procedure Information**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBR** (ICD-10-CM) Principal Procedure Codes **BR** (ICD-9-CM) Principal Procedure Codes
2300	HI01-2	1271	M	AN	1/30	R	Principal Procedure Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	**HI**		**O**	**ID**	**2/2**	**S-2**	**Other Procedure Information**	
2300	HI01	C022	O			S	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI01-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI01-3	1250	X	ID	2/3	R	Date Time Period	**D8** (Date Expressed in

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Format Qualifier	Format CCYYMMDD)
2300	HI01-4	1251	X	AN	1/35	R	Procedure Date	Date Time Period
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI02-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period
2300	HI03	C022	O			S	Health Care Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI03-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								CM) Other Procedure Codes
2300	HI04-2	1271	M	AN	1/30	R	Procedure Code	
2300	HI04-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2300	HI04-4	1251	X	AN	1/35	R	Procedure Date	Date Time Period
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI05-2	1271	M	AN	1/30	R	Procedure Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	Procedure Date	Date Time Period
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI06-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI07-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								BQ (ICD-9-CM) Other Procedure Codes
2300	HI08-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI09-2	1271	M	AN	1/30	R	Procedure Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI09-3	1250	X	ID	2/3	R	Date Time Period Format Qualifier	**D8** (Date Expressed in Format CCYYMMDD)
2300	HI09-4	1251	X	AN	1/35	R	Procedure Date	Date Time Period
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI10-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes **BQ** (ICD-9-CM) Other Procedure Codes
2300	HI11-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BBQ** (ICD-10-CM) Other Procedure Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								BQ (ICD-9-CM) Other Procedure Codes
2300	HI12-2	1271	M	AN	1/30	R	Procedure 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	Procedure Date	Date Time Period
2300	**HI**		**O**	**ID**	**2/2**	**S-2**	**Occurrence Span Information**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BI** (Occurrence Span) (NUBC) Codes
2300	HI01-2	1271	M	AN	1/30	R	Occurrence Span Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BI** (Occurrence Span) (NUBC) Codes
2300	HI02-2	1271	M	AN	1/30	R	Occurrence Span Code	
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	Occurrence Span Code Date	Date Time Period

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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) (NUBC) Codes
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	Occurrence Span Code Date	Date Time Period
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) (NUBC) Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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)
2300	HI04-4	1251	X	AN	1/35	R	Occurrence Span Code Date	Date Time Period
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) (NUBC) Codes
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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								CCYYMMDD-CCYYMMDD)
2300	HI05-4	1251	X	AN	1/35	R	Occurrence Span Date	Date Time Period
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) (NUBC) Codes
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	Occurrence Span Date	Date Time Period
2300	HI07	C022	O			S	Health Care	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BI** (Occurrence Span) (NUBC) Codes
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	Occurrence Span Date	Date Time Period
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) (NUBC) Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	Occurrence Span Date	Date Time Period
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) (NUBC) Codes
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	**RD8** (Range of Dates Expressed in

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Qualifier	Format CCYYMMDD-CCYYMMDD)
2300	HI09-4	1251	X	AN	1/35	R	Occurrence Span Date	Date Time Period
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) (NUBC) Codes
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	Occurrence Span Date	Date Time Period

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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) (NUBC) Codes
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-CCYYMMDD)
2300	HI11-4	1251	X	AN	1/35	R	Occurrence Span Date	Date Time Period
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) (NUBC) Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	Occurrence Span Date	Date Time Period
2300	**HI**		**O**	**ID**	**2/2**	**S-2**	**Occurrence Information**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
2300	HI01-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI01-3	1250	X	ID	2/3	R	Date Time	**D8** (Date

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Period Format Qualifier	Expressed in Format CCYYMMDD)
2300	HI01-4	1251	X	AN	1/35	R	Date Time Period	
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
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	Occurrence Code Date	Date Time Period
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier	**BH** (Occurrence)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code	(NUBC) Codes
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	Occurrence Code Date	Date Time Period
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
2300	HI04-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI04-3	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	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI04-4	1251	X	AN	1/35	R	Occurrence Code Date	Date Time Period
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
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	Occurrence Date	Date Time Period
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	Occurrence Date	Date Time Period
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
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	Occurrence Date	Date Time Period
2300	HI08	C022	O			S	Health Care	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
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	Occurrence Date	Date Time Period
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
2300	HI09-2	1271	M	AN	1/30	R	Occurrence Code	
2300	HI09-3	1250	X	ID	2/3	R	Date Time	**D8** (Date

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Period Format Qualifier	Expressed in Format CCYYMMDD)
2300	HI09-4	1251	X	AN	1/35	R	Occurrence Span Date	Date Time Period
2300	HI10	C022	O			S	Health Care Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
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	Occurrence Date	Date Time Period
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier	**BH** (Occurrence)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code	(NUBC) Codes
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	Occurrence Date	Date Time Period
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BH** (Occurrence) (NUBC) Codes
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	Occurrence	Date Time

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Date	Period
2300	**HI**		**O**	**ID**	**2/2**	**S-2**	**Value Information**	
2300	HI01	C022	O			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI01-2	1271	M	AN	1/30	R	Value Code	
2300	HI01-3-4					NOT USED		
2300	HI01-5	782	O	R	1/18	R	Value Code Amount	
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI02-2	1271	M	AN	1/30	R	Value Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI02-3-4					NOT USED		
2300	HI02-5	782	O	R	1/18	R	Value Code Amount	
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI03-2	1271	M	AN	1/30	R	Value Code	
2300	HI03-3-4					NOT USED		
2300	HI03-5	782	O	R	1/18	R	Value Code Amount	
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI04-2	1271	M	AN	1/30	R	Value Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI04-3-4					NOT USED		
2300	HI04-5	782	O	R	1/18	R	Value Code Amount	
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI05-2	1271	M	AN	1/30	R	Value Code	
2300	HI05-3-4					NOT USED		
2300	HI05-5	782	O	R	1/18	R	Value Code Amount	
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI06-2	1271	M	AN	1/30	R	Value Code	
2300	HI06-3-4					NOT		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
						USED		
2300	HI06-5	782	O	R	1/18	R	Value Code Amount	
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI07-2	1271	M	AN	1/30	R	Value Code	
2300	HI07-3-4					NOT USED		
2300	HI07-5	782	O	R	1/18	R	Value Code Amount	
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI08-2	1271	M	AN	1/30	R	Value Code	
2300	HI08-3-4					NOT USED		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI08-5	782	O	R	1/18	R	Value Code Amount	
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI09-2	1271	M	AN	1/30	R	Value Code	
2300	HI09-3-4					NOT USED		
2300	HI09-5	782	O	R	1/18	R	Value Code Amount	
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI10-2	1271	M	AN	1/30	R	Value Code	
2300	HI10-3-4					NOT USED		
2300	HI10-5	782	O	R	1/18	R	Value Code Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI11-2	1271	M	AN	1/30	R	Value Code	
2300	HI11-3-4					NOT USED		
2300	HI11-5	782	O	R	1/18	R	Value Code Amount	
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BE** (Value) (NUBC) Codes
2300	HI12-2	1271	M	AN	1/30	R	Value Code	
2300	HI12-3-4					NOT USED		
2300	HI12-5	782	O	R	1/18	R	Value Code Amount	
2300	**HI**		**O**	**ID**	**2/2**	**S-2**	**Condition Information**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI01	C022	M			R	Health Care Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI01-2	1271	M	AN	1/30	R	Condition Code	
2300	HI02	C022	O			S	Health Care Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI02-2	1271	M	AN	1/30	R	Condition Code	
2300	HI03	C022	O			S	Health Care Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI03-2	1271	M	AN	1/30	R	Condition	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code	
2300	HI04	C022	O			S	Health Care Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI04-2	1271	M	AN	1/30	R	Condition Code	
2300	HI05	C022	O			S	Health Care Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI05-2	1271	M	AN	1/30	R	Condition Code	
2300	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI06-2	1271	M	AN	1/30	R	Condition Code	
2300	HI07	C022	O			S	Health Care Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI07-2	1271	M	AN	1/30	R	Condition Code	
2300	HI08	C022	O			S	Health Care Code Information	
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI08-2	1271	M	AN	1/30	R	Condition Code	
2300	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Codes
2300	HI09-2	1271	M	AN	1/30	R	Condition Code	
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI10-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI10-2	1271	M	AN	1/30	R	Condition Code	
2300	HI11	C022	O			S	Health Care Code Information	
2300	HI11-1	1270	M	ID	1/3	R	Code List Qualifier Code	**BG** (Condition) (NUBC) Codes
2300	HI11-2	1271	M	AN	1/30	R	Condition Code	
2300	HI12	C022	O			S	Health Care Code Information	
2300	HI12-1	1270	M	ID	1/3	R	Code List Qualifier	**BG** (Condition)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code	(NUBC) Codes
2300	HI12-2	1271	M	AN	1/30	R	Condition Code	
2300	**HI**		**O**	**ID**	**2/2**	**S-2**	**Treatment Code 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	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	HI03	C022	O			S	Health Care Code Information	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
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	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	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	HI06	C022	O			S	Health Care Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier	**TC** (Treatment

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Code	Codes)
2300	HI06-2	1271	M	AN	1/30	R	Treatment Code	
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	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	HI09	C022	O			S	Health Care Code Information	
2300	HI09-1	1270	M	ID	1/3	R	Code List Qualifier Code	**TC** (Treatment Codes)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	HI09-2	1271	M	AN	1/30	R	Treatment Code	
2300	HI10	C022	O			S	Health Care Code Information	
2300	HI010-1	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	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	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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
2300	**HCP**		**O**	**ID**	**3/3**	**S-1**	**Claim Pricing/ Repricing Information**	
2300	HCP01	1473	X	ID	2/2	R	Pricing Methodology	**00** (Zero Pricing (Not Covered Under Contract)) **01** (Priced as Billed at 100%) **02** (Priced at the Standard Fee Schedule) **03** (Priced at a Contractual Percentage) **04** (Bundled Pricing) **05** (Peer Review Pricing) **06** (Per Diem Pricing) **07** (Flat Rate Pricing)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								08 (Combination Pricing) **09** (Maternity Pricing) **10** (Other Pricing) **11** (Lower of Cost) **12** (Ratio of Cost) **13** (Cost Reimbursed) **14** (Adjustment Pricing)
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	1/50	S	Repricing Organization ID	
2300	HCP05	118	O	R	1/9	S	Repricing Per Diem or Flat	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
							Rate Amount	
2300	HCP06	127	O	AN	1/50	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 Code	
2300	HCP09					NOT USED		
2300	HCP10					NOT USED		
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	**T1** (Cannot Identify Provider as

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								TPO) **T2** (Cannot Identify Payer as TPO) **T3** (Cannot Identify Insured as TPO) **T4** (Payer Name or Identifier Missing) **T5** (Certification Information Missing) **T6** (Claim does not contain enough information for repricing)
2300	HCP14	1526	O	ID	1/2	S	Policy Compliance Code	**1** (Procedure Followed (Compliance)) **2** (Not Followed -

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								Call Not Made (Non-Compliance Call Not Made)) **3** (Not Medically Necessary (Non-Compliance Non-Medically Necessary)) **4** (Not Followed Other (Non-Compliance Other)) **5** (Emergency Admit to Non-Network Hospital)
2300	HCP15	1527	O	ID	1/2	S	Exception Code	**1** (Non-Network Professional Provider in Network Hospital)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2300	**LOOP 2300**					**R-100**	**CLAIM INFORMATION**	**1 PER CLAIM, 5000 CLAIMS PER BATCH**
								2 (Emergency Care) **3** (Services or Specialist not in Network) **4** (Out-of-Service Area) **5** (State Mandates) **6** (Other)

LOOP ID - 2310A ATTENDING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2310A	**LOOP 2310 A**					**S-1**	**ATTENDING PROVIDER NAME**	**LIMIT OF 1 PER CLAIM**
2310A	NM1		O	ID	3/3	S-1	Attending Provider 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)
2310A	NM103	1035	O	AN	1/60	R	Attending Physician Last Name	
2310A	NM104	1036	O	AN	1/35	S	Attending Physician First Name	
2310A	NM105	1037	O	AN	1/25	S	Attending Physician	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Middle Name	
2310A	NM106					NOT USED		
2310A	NM107	1039	O	AN	1/10	S	Attending Physician Name Suffix	
2310A	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**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**	**Attending Provider Specialty Information**	
2310A	PRV01	1221	M	ID	1/3	R	Provider code	**AT** (Attending)
2310A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	**PXC** (Health Care Provider Taxonomy Code)
2310A	PRV03	127	M	AN	1/50	R	Provider Taxonomy Code	
2310A	**REF**		**O**	**ID**	**3/3**	**S-4**	**Attending Provider Secondary Identification Numbers**	
2310A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								LU (Location Number)
2310A	REF02	127	X	AN	1/50	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	HPSCH
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)
2310B	NM103	1035	O	AN	1/60	R	Operating Physician Last Name	
2310B	NM104	1036	O	AN	1/35	S	Operating Physician First Name	
2310B	NM105	1037	O	AN	1/25	S	Operating Physician Middle Name	
2310B	NM106					NOT USED		
2310B	NM107	1039	O	AN	1/10	S	Operating Physician Name Suffix	
2310B	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**XX** (Health Care Financing

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Administration National Provider Identifier).
2310B	NM109	67	X	AN	2/80	S	Operating Physician Identifier	
2310B	**REF**		**O**	**ID**	**3/3**	**S-4**	**Operating Physician Secondary Identification Numbers**	
2310B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2310B	REF02	127	X	AN	1/50	R	Operating Physician Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310C OTHER OPERATING PHYSICIAN NAME

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

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2310C	NM101	98	M	ID	2/3	R	Entity Identifier Code	**ZZ** (Mutually Defined)
2310C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2310C	NM103	1035	O	AN	1/60	R	Other Operating Physician Last Name	
2310C	NM104	1036	O	AN	1/35	S	Other Operating Physician First Name	
2310C	NM105	1037	O	AN	1/25	S	Other Operating Physician Middle Name	
2310C	NM106					NOT USED		
2310C	NM107	1039	O	AN	1/10	S	Other Operating Physician Name Suffix	
2310C	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**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-4**	**Other Operating Physician Secondary Identification**	
2310C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2310C	REF02	127	X	AN	1/50	R	Other Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310D RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2310C	**LOOP 2310D**					**S-1**		**LIMIT OF 1 PER CLAIM**
2310D	NM1		O	ID	3/3	S-1	Other Operating Physician Name	
2310D	NM101	98	M	ID	2/3	R	Entity Identifier Code	**82** (Rendering Provider)
2310D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2310D	NM103	1035	O	AN	1/60	R	Rendering Provider Last Name	
2310D	NM104	1036	O	AN	1/35	S	Rendering Provider First Name	
2310D	NM105	1037	O	AN	1/25	S	Rendering Provider Middle Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2310D	NM106					NOT USED		
2310D	NM107	1039	O	AN	1/10	S	Rendering Provider Name Suffix	
2310D	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**XX** (Health Care Financing Administration National Provider Identifier).
2310D	NM109	67	X	AN	2/80	S	Rendering Provider Identifier	
2310D	**REF**		**O**	**ID**	**3/3**	**S-4**	**Rendering Provider Secondary Identification**	
2310D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2310D	REF02	127	X	AN	1/50	R	Rendering Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310E SERVICE FACILITY LOCATION NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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	**77** (Service Location)
2310E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)
2310E	NM103	1035	O	AN	1/60	R	Laboratory or Facility Name	
2310E	NM104-NM107					NOT USED		
2310E	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**XX** (Health Care Financing Administration 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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							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	N405-06					NOT USED		
2310E	N407	1715	X	ID	1/3	S	Country Subdivision Code	
2310E	**REF**		**O**	**ID**	**3/3**	**S-3**	**Service Facility Secondary Identification Numbers**	
2310E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2310E	REF02	127	X	AN	1/50	R	Service Facility Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2310F REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2310F	**LOOP 2310D**					**S-1**		**LIMIT OF 1 PER CLAIM**
2310F	NM1		O	ID	3/3	S-1	Referring Provider Name	
2310F	NM101	98	M	ID	2/3	R	Entity Identifier Code	**DN** (Referring Provider)
2310F	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2310F	NM103	1035	O	AN	1/60	R	Referring Provider Last Name	
2310F	NM104	1036	O	AN	1/35	S	Referring Provider First Name	
2310F	NM105	1037	O	AN	1/25	S	Referring Provider Middle Name	
2310F	NM106					NOT USED		
2310F	NM107	1039	O	AN	1/10	S	Referring Provider Name Suffix	
2310F	NM108	66	X	ID	1/2	S	Identification Code Qualifier	**XX** (Centers for Medicare and Medicaid Services National Provider Identifier).
2310F	NM109	67	X	AN	2/80	S	Referring Provider Identifier	
2310F	**REF**		**O**	**ID**	**3/3**	**S-3**	**Referring Provider Secondary Identification**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2310F	REF01	128	M	ID	2/3	R	Referring Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number)
2310F	REF02	127	X	AN	1/50	R	Referring Provider 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	HPSCH
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	**A** (Payer Responsibility Four) **B** (Payer Responsibility Five) **C** (Payer Responsibility Six)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								D (Payer Responsibility Seven) **E** (Payer Responsibility Eight) **F** (Payer Responsibility Nine) **G** (Payer Responsibility Ten) **H** (Payer Responsibility Eleven) P (Primary) **S** (Secondary) **T** (Tertiary) **U** (Unknown)
2320	SBR02	1069	O	ID	2/2	R	Individual Relationship Code	**01** (Spouse) **18** (Self) **19** (Child) **20** (Employee) **21** (Unknown) **39** (Organ Donor) **40** (Cadaver Donor) **53** (Life Partner) **G8** (Other Relationship)
2320	SBR03	127	O	AN	1/50	S	Insured Group or Policy Number	
2320	SBR04	93	O	AN	1/60	S	Group or Plan Name	
2320	SBR05-08					NOT USED		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2320	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	**11** (Other Non-Federal Programs) **12** (Preferred Provider Organization (PPO)) **13** (Point of Service (POS)) **14** (Exclusive Provider Organization (EPO)) **15** (Indemnity Insurance) **16** (Health Maintenance Organization (HMO) Medicare Risk) **17** (Dental Maintenance Organization) **AM** (Automobile Medical) **BL** (Blue Cross/Blue Shield) **CH** (Champus) **CI** (Commercial Insurance Co.) **DS** (Disability) **FI** (Federal Employees Program) **HM** (Health Maintenance

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Organization) **LM** (Liability Medical) **MA** (Medicare Part A) **MB** (Medicare Part B) MC (Medicaid) **OF** (Other Federal Program) **TV** (Title V) **VA** (Veterans Affairs Plan) WC (Workers' Compensation Health Claim) **ZZ** (Mutually Defined)
2320	**CAS**		**O**	**ID**	**3/3**	**S-5**	**Claim Level Adjustments**	
2320	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	**CO** (Contractual Obligations) **CR** (Correction and Reversals) **OA** (Other adjustments) **PI** (Payor Initiated Reductions) **PR** (Patient Responsibility)
2320	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	
2320	CAS03	782	M	R	1/18	R	Adjustment Amount	
2320	CAS04	380	O	R	1/15	S	Adjustment Quantity	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2320	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	
2320	CAS06	782	X	R	1/18	S	Adjustment Amount	
2320	CAS07	380	X	R	1/15	S	Adjustment Quantity	
2320	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	
2320	CAS09	782	X	R	1/18	S	Adjustment Amount	
2320	CAS10	380	X	R	1/15	S	Adjustment Quantity	
2320	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	
2320	CAS12	782	X	R	1/18	S	Adjustment Amount	
2320	CAS13	380	X	R	1/15	S	Adjustment Quantity	
2320	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	
2320	CAS15	782	X	R	1/18	S	Adjustment Amount	
2320	CAS16	380	X	R	1/15	S	Adjustment Quantity	
2320	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	
2320	CAS18	782	X	R	1/18	S	Adjustment Amount	
2320	CAS19	380	X	R	1/15	S	Adjustment Quantity	
2320	**AMT**		**O**	**ID**	**3/3**	**S-1**	**Coordination of Benefits (COB) Payer Paid Amount**	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	**D** (Payer Paid Amount)
2320	AMT02	782	M	R	1/18	R	Payer Paid Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2320	**AMT**		**O**	**ID**	**3/3**	**S-1**	**Remaining Patient Liability**	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	**EAF** (Amount Owed)
2320	AMT02	782	M	R	1/18	R	Remaining Patient Liability	
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** (Non covered Charges-Actual)
2320	AMT02	782	M	R	1/18	R	Non-Covered Charge Amount	
2320	**OI**		**O**	**ID**	**2/2**	**R-1**	**Other Insurance Coverage Information**	
2320	OI01-02					NOT USED		
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.

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								"W" Not Applicable
2320	OI04					NOT USED		
2320	OI05					NOT USED		
2320	OI06	1363	O	ID	1/1	R	Release of Information Code	**I** Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes **Y** Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
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					NOT USED		
2320	MIA03	380	O	R	1/15	S	Lifetime Psychiatric Days Count	
2320	MIA04	782	O	R	1/18	S	Claim DRG Amount	
2320	MIA05	127	O	AN	1/30	S	Remark Code	
2320	MIA06	782	O	R	1/18	S	Claim Disproportionate Share Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2320	MIA07	782	O	R	1/18	S	Claim MSP Pass-through Amount	
2320	MIA08	782	O	R	1/18	S	Claim PPS Capital Amount	
2320	MIA09	782	O	R	1/18	S	PPS-Capital FSP DRG Amount	
2320	MIA10	782	O	R	1/18	S	PPS-Capital HSP DRG Amount	
2320	MIA11	782	O	R	1/18	S	PPS-Capital DSH DRG Amount	
2320	MIA12	782	O	R	1/18	S	Old Capital Amount	
2320	MIA13	782	O	R	1/18	S	PPS-Capital IME Amount	
2320	MIA14	782	O	R	1/18	S	PPS-Operating Hospital Specific DSH DRG Amount	
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	
2320	MIA17	782	O	R	1/18	S	Claim PPS Capital Outlier Amount	
2320	MIA18	782	O	R	1/18	S	Claim Indirect Teaching Amount	
2320	MIA19	782	O	R	1/18	S	Non-payable Professional Component Billed Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2320	MIA20	127	O	AN	1/50	S	Remark Code	
2320	MIA21	127	O	AN	1/50	S	Remark Code	
2320	MIA22	127	O	AN	1/50	S	Remark Code	
2320	MIA23	127	O	AN	1/50	S	Remark Code	
2320	MIA24	782	O	R	1/18	S	PPS-Capital Exception Amount	
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	1/50	S	Remark Code	
2320	MOA04	127	O	AN	1/50	S	Remark Code	
2320	MOA05	127	O	AN	1/50	S	Remark Code	
2320	MOA06	127	O	AN	1/50	S	Remark Code	
2320	MOA07	127	O	AN	1/50	S	Remark Code	
2320	MOA08	782	O	R	1/18	S	Claim ESRD Payment Amount	
2320	MOA09	782	O	R	1/18	S	Non-payable Professional Component Amount	

LOOP ID - 2330A OTHER SUBSCRIBER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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	1/60	R	Other Insured Last Name	
2330A	NM104	1036	O	AN	1/35	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					NOT USED		
2330A	NM107	1039	O	AN	1/10	S	Name Suffix	
2330A	NM108	66	X	ID	1/2	R	Identification Number Qualifier	**II** Standard Unique Health Identifier for each Individual in the United States **MI** Member Identification Number
2330A	NM109	67	X	AN	2/80	R	Other Insured Primary Identifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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	N405-06					NOT USED		
2330A	N407	1715	X	ID	2/3	S	Country Subdivision Code	
2330A	**REF**		**O**	**ID**	**3/3**	**S-3**	**Other Subscriber Secondary Information**	
2330A	REF01	128	M	ID	2/3	R	Reference Id Qualifier	**SY** (Social Security Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330A	REF02	127	X	AN	1/50	R	Other Insured Additional 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	HPSCH
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	1/60	R	Other Payer Last/Org Name	
2330B	NM104-07					NOT USED		
2330B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**PI** (Payor Identification) **XV** (Centers for Medicare and Medicaid Services Plan ID)
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	HPSCH
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.
2330A	N405-06					NOT USED		
2330A	N407	1715	X	ID	2/3	S	Country Subdivision Code	
2330B	**DTP**		**O**	**ID**	**3/3**	**S-1**	**Claim Check or Remittance 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 Identifier**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**2U** (Payer Identification Number) **EI** (Employer's Identification Number) **FY** (Claim Office Number) **NF** (National Association of Insurance Commissioners (NAIC) Code)
2330B	REF02	127	X	AN	1/50	R	Other Payer Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2330B	**REF**		**O**	**ID**	**3/3**	**S-1**	**Other Payer Prior Authorization Number**	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**G1** (Prior Authorization Number)
2330B	REF02	127	X	AN	1/50	R	Other Payer Prior Authorization Number	Use this reference number as qualified by the preceding data element (REF01).
2330B	**REF**		**O**	**ID**	**3/3**	**S-1**	**Other Payer Referral Number**	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**9F** (Referral Number)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330B	REF02	127	X	AN	1/50	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2330B	**REF**		**O**	**ID**	**3/3**	**S-1**	**Other Payer Claim Adjustment Indicator**	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**T4** (Signal Code)
2330B	REF02	127	X	AN	1/50	R	Other Payer Claim Adjustment Indicator	Use this reference number as qualified by the preceding data element (REF01).
2330B	**REF**		**O**	**ID**	**3/3**	**S-1**	**Other Payer Claim Control Number**	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**F8** (Original Reference Number)
2330B	REF02	127	X	AN	1/50	R	Other Payer Claim Adjustment Indicator	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330C OTHER PAYER ATTENDING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330C	**LOOP 2330 C**					**S-1**	**OTHER PAYER ATTENDING PROVIDER**	
2330C	**NM1**		**O**	**ID**	**3/3**	**S-1**	**OTHER PAYER ATTENDING PROVIDER Name**	
2330C	NM101	98	M	ID	2/3	R	Entity Identifier Code	**71** (Attending Physician)
2330C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2330C	**REF**		**O**	**ID**	**3/3**	**S-4**	**Other Payer Attending Provider Secondary Identification**	
2330C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2330C	REF02	127	X	AN	1/50	R	Reference Identifiers	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330D OTHER PAYER OPERATING PHYSICIAN

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2330E	REF02	127	X	AN	1/50	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330E OTHER PAYER OTHER PAYER OPERATING PHYSICIAN

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330E	**LOOP - 2330E**					**S-1**	**OTHER PAYER OTHER OPERATING**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							PHYSICIAN	
2330E	NM101	98	M	ID	2/3	R	Entity Identifier Code	**ZZ** (Mutually Defined)
2330E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2330E	**REF**		**O**	**ID**	**3/3**	**S-4**	**OTHER PAYER OTHER OPERATING PHYSICIAN Secondary Identification**	
2330E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2330E	REF02	127	X	AN	1/50	R	Other Payer Other Operating Physician Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID – 2330F OTHER PAYER SERVICE FACILITY LOCATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330F	**LOOP 2330F**					**S-1**	**OTHER PAYER SERVICE FACILITY**	**2330H**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							LOCATION	
2330F	NM101	98	M	ID	2/3	R	Entity Identifier Code	**77** (Service Location)
2330F	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)
2330F	**REF**				**3/3**	**S-3**	**Other Payer Service Facility Location Secondary Identification**	
2330F	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2330F	REF02	127	X	AN	1/50	R	Service Facility Location Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID -2330G OTHER PAYER RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330G	**LOOP 2330F**					**S-1**	**OTHER PAYER RENDERING PROVIDER**	**2330H**
2330G	NM101	98	M	ID	2/3	R	Entity Identifier	**82** (Rendering

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Code	Provider)
2330G	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)
2330G	**REF**				**3/3**	**S-3**	**Other Payer Rendering Provider Secondary Identification**	
2330G	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2330G	REF02	127	X	AN	1/50	R	Rendering Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID -2330H OTHER PAYER REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330H	**LOOP 2330H**					**S-1**	**OTHER PAYER REFERRING PROVIDER**	**2330H**
2330H	NM101	98	M	ID	2/3	R	Entity Identifier Code	**DN** (Referring Provider)
2330H	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)
2330H	**REF**				**3/3**	**S-3**	**Other Payer REFERRING**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Provider Secondary Identification	
2330H	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number)
2330H	REF02	127	X	AN	1/50	R	Referring Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID 2330I OTHER PAYER BILLING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2330I	**LOOP 2330I**					**S-1**	**OTHER PAYER BILLING PROVIDER**	**2330H**
2330I	NM101	98	M	ID	2/3	R	Entity Identifier Code	**85** (Billing Provider)
2330I	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**2** (Non-Person Entity)
2330I	**REF**				**3/3**	**S-3**	**Other Payer Billing Provider Secondary Identification**	
2330I	REF01	128	M	ID	2/3	R	Reference Number	**G2** (Provider Commercial

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Qualifier	Number) **LU** (Location Number)
2330I	REF02	127	X	AN	1/50	R	Other Payer Billing 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	HPSCH
2400	**LOOP 2400**					**R-999**	**SERVICE LINE NUMBER**	
2400	**LX**				**2/2**	**R-1**	**Service Line Assigned Number**	
2400	LX01	554	M	N0	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 LX functions as a line counter. Resets back to 1 with each new claim (CLM).
2400	**SV2**				**3/3**	**R-1**	**Institutional Service Line**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2400	SV201	234	X	AN	1/48	R	Service Line Revenue Code	Service Line Revenue Code
2400	SV202	C003	X				Service Line Procedure Code	
2400	SV202-1	235	M	ID	2/2	R	Product or Service ID Qualifier	**ER** Jurisdiction Specific Procedure and Supply Codes **HC** Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes **HP** Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code **IV** Home Infusion EDI Coalition (HIEC) Product/Service Code **WK** Advanced Billing Concepts (ABC) Codes
2400	SV202-2	234	M	AN	1/48	R	Procedure Code	Procedure Code

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2400	SV202-3	1339	O	AN	2/2	S	HCPCS Modifier 1	Procedure Modifier
2400	SV202-4	1339	O	AN	2/2	S	HCPCS Modifier 2	Procedure Modifier
2400	SV202-5	1339	O	AN	2/2	S	HCPCS Modifier 3	Procedure Modifier
2400	SV202-6	1339	O	AN	2/2	S	HCPCS Modifier 4	Procedure Modifier
2400	SV202-7	352	O	AN	1/80	S	Description	
2400	SV203	782	O	R	1/18	R	Line Item Charge Amount	Zero "0" is an acceptable value for this element
2400	SV204	355	X	ID	2/2	R	Unit or Basis for Measurement Code	**DA** (Days) **UN** (Unit)
2400	SV205	380	X	R	1/15	R	Service Unit Count	
2400	SV206					NOT USED		
2400	SV207	782	O	R	1/18	S	Line Item Denied Charge or Non-Covered Charge Amount	
2400	**PWK**				**3/3**	**S-10**	**LINE SUPPLEMENTAL INFORMATION**	
2400	PWK01	755	M	ID	2/2	R	Report Type Code	**03** (Report Justifying Treatment Beyond Utilization Guidelines) **04** (Drugs Administered) **05** (Treatment

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Diagnosis) **06** (Initial Assessment) **07** (Functional Goals) **08** (Plan of Treatment) **09** (Progress Report) **10** (Continued Treatment) **11** (Chemical Analysis) **13** (Certified Test Report) **15** (Justification for Admission) **21** (Recovery Plan) **A3** (Allergies/Sensitivities Document) **A4** (Autopsy Report) **AM** (Ambulance Certification) **AS** (Admission Summary) **B2** (Prescription) **B3** (Physician Order) **B4** (Referral Form) **BR** (Benchmark Testing Results)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								BS (Baseline) **BT** (Blanket Test Results) **CB** (Chiropractic Justification) CK (Consent Form(s)) **CT** (Certification) **D2** (Drug Profile Document) **DA** (Dental Models) **DB** (Durable Medical Equipment Prescription) **DG** (Diagnostic Report) **DJ** (Discharge Monitoring Report) **DS** (Discharge Summary) **EB** (Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)) **HC** (Health Certificate) **HR** (Health Clinic Records) **I5** (Immunization Record) **IR** (State

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								School Immunization Records) **LA** (Laboratory Results) **M1** (Medical Record Attachment) **MT** (Models) **NN** (Nursing Notes) **OB** (Operative Note) **OC** (Oxygen Content Averaging Report) **OD** (Orders and Treatments Document) **OE** (Objective Physical Examination (including vital signs) Document) **OX** (Oxygen Therapy Certification) **OZ** (Support Data for Claim) **P4** (Pathology Report) **P5** (Patient Medical History Document) **PE** (Parenteral or Enteral

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Certification) **PN** (Physical Therapy Notes) **PO** (Prosthetics or Orthotic Certification) **PQ** (Paramedical Results) **PY** (Physician's Report) **PZ** (Physical Therapy Certification) RB (Radiology Films) **RR** (Radiology Reports) **RT** (Report of Tests and Analysis Report) **RX** (Renewable Oxygen Content Averaging Report) **SG** (Symptoms Document) **V5** (Death Notification) XP (Photographs)
2400	PWK02	756	O	ID	1/2	R	Attachment Transmission Code	**AA** (Available on Request at Provider Site) **BM** (By Mail) **EL**

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								(Electronically Only) **EM** (E-Mail) **FT** (File Transfer) **FX** (By Fax)
2400	PWK03-PWK04					NOT USED		
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**	**S-1**	**Service Date**	
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	**REF**		**O**		**3/3**	**S-1**	**LINE ITEM CONTROL NUMBER**	
2400	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**6R** (Provider Control Number)
2400	REF02	127	X	AN	1/50		Line Item Control Number	
2400	**REF**		**O**		**3/3**	**S-1**	**REPRICED LINE ITEM**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							REFERENCE NUMBER	
2400	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**9B** (Repriced line Item Reference Number)
2400	REF02	127	X	AN	1/50		Repriced line Item Reference Number	
2400	**REF**		**O**		**3/3**	**S-1**	**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**	
2400	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**9D** (Adjusted Repriced line Item Reference Number)
2400	REF02	127	X	AN	1/50		Adjusted Repriced line Item Reference Number	
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 Taxes)
2400	AMT02	782	M	R	1/18	R	Facility Tax Amount	
2400	**NTE**		**O**	**ID**	**3/3**		**THIRD PARTY**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							ORGANIZATION NOTES	
2400	NTE01	363	O	ID	3/3	R	Note Reference Code	**TPO** (Third Party Organization Notes)
2400	NTE02	352	M	AN	1/80	R	Description	
2400	**HCP**					**S-1**		
2400	HCP01	1473	X	ID	2/2	R	Pricing /Repricing Methodology	**00** (Zero Pricing (Not Covered Under Contract)) **01** (Priced as Billed at 100%) **02** (Priced at the Standard Fee Schedule) **03** (Priced at a Contractual Percentage) **04** (Bundled Pricing) **05** (Peer Review Pricing) **06** (Per Diem Pricing) **07** (Flat Rate Pricing) **08** (Combination Pricing) **09** (Maternity Pricing) **10** (Other Pricing) **11** (Lower of Cost) **12** (Ratio of Cost)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								13 (Cost Reimbursed) **14** (Adjustment Pricing)
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	1/50	S	Repriced organization identifier	
2400	HCP05	118	O	R	1/9	S	Flat rate amount	
2400	HCP06	127	O	AN	1/50	S	Approved DRG code.	
2400	HCP07	782	O	R	1/18	S	Approved DRG 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	**ER** (Jurisdiction Specific Procedure and Supply Codes) **HC** (Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes) **HP** (Health

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code) **IV** (Home Infusion EDI Coalition (HIEC) Product/Service Code) **WK** (Advanced Billing Concepts (ABC) Codes)
2400	HCP10	234	X	AN	1/48	S	Procedure Code	
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	**T1** (Cannot Identify Provider as TPO) **T2** (Cannot Identify Payer as TPO) **T3** (Cannot Identify Insured as

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								TPO) **T4** (Payer Name or Identifier Missing) **T5** (Certification Information Missing) **T6** (Claim does not contain enough information for repricing)
2400	HCP14	1526	O	ID	1 / 2	S	Policy compliance Code	**1** (Procedure Followed (Compliance)) **2** (Not Followed - Call Not Made (Non-Compliance Call Not Made)) **3** (Not Medically Necessary (Non-Compliance Non-Medically Necessary))

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								4 (Not Followed Other (Non-Compliance Other)) **5** (Emergency Admit to Non-Network Hospital)
2400	HCP15	1527	O	ID	1 / 2	S	Exception Code	**1** (Non-Network Professional Provider in Network Hospital) **2** (Emergency Care) **3** (Services or Specialist not in Network) **4** (Out-of-Service Area) **5** (State Mandates) **6** (Other)

Loop: 2410 — DRUG IDENTIFICATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2410	**Loop 2410**					**S-1**	**DRUG IDENTIFICA**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							TION	
2410	**LIN**					**S-1**	**ITEM IDENTIFICATION**	
2410	LIN01					NOT USED		
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**					**R-1**	**DRUG QUANTITY**	
2410	CTP01-03					NOT USED		
2410	CTP04	380	X	R	1/15	R	National drug Unit Code	
2410	CTP05	C001	X			R	Unit / Basis Of Measurement	
	CTP05-1		M	ID	2/2	R	Code Qualifier	**F2** (International Unit), **GR** (Gram), **ME** (MilliGram) **ML** (Milliliter), **UN** (Unit)
2410	**REF**					**S-1**	**Prescription Number**	
2410	REF01	128	M	ID	2/3	R	Code Qualifier	**XZ** (Pharmacy Prescription Number) **VY** (Line Sequence Number)
2410	REF02	127	X	AN	1/50	R	Prescription Number	Use this reference number as qualified by

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								the preceding data element (REF01).

LOOP ID – 2420B OPERATING PHYSICIAN NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420A	**LOOP 2420A**					**R-1**	**Operating Physician Information**	
2420A	**NM1**		**O**	**ID**	**3/3**	**S-1**	**Operating Physician Name Information**	
2420A	NM101	98	M	ID	2/3	R	Entity Identifier Code	**72** (Operating Physician)
2420A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2420A	NM103	1035	O	AN	1/60	R	Operating Physician Last Name	
2420A	NM104	1036	O	AN	1/35	S	Operating Physician First Name	
2420A	NM105	1037	O	AN	1/25	S	Operating Physician Middle Name	
2420A	NM106					NOT USED		
2420A	NM107	1039	O	AN	1/10	S	Operating Physician Name Suffix	
2420A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**XX** (Centers for Medicare and Medicaid Services National Provider Identifier)

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420A	NM109	67	X	AN	2/80	R	Operating Physician ID	
2420A	**REF**		**O**	**ID**	**3/3**	**S-20**	**Operating Physician Secondary Identification Numbers**	
2420A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2420A	REF02	127	X	AN	1/50	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).
2420A	REF03					NOT USED		
2420A	REF04	C040	O			S	Reference Identifier	
2420A	REF04-1	128	M	ID	2/3	R	Reference Identification Qualifier	**2U** (Payer Identification Number)
2420A	REF04-2	127	M	ID	1/80	R	Other Payer Primary Identifier	

LOOP ID – 2420C OTHER OPERATING PHYSICIAN NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420B	**LOOP 2420B**					**R-1**	**Other Operating**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Physician Information	
2420CB	**NM1**		**O**	**ID**	**3/3**	**S-1**	**Other Operating Physician Information**	
2420B	NM101	98	M	ID	2/3	R	Entity Identifier Code	**ZZ** (Mutually Defined)
2420B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2420B	NM103	1035	O	AN	1/60	R	Other Operating Physician Last Name	
2420B	NM104	1036	O	AN	1/35	S	Other Operating Physician First Name	
2420B	NM105	1037	O	AN	1/25	S	Other Operating Physician Middle Name	
2420B	NM106					NOT USED		
2420B	NM107	1039	O	AN	1/10	S	Other Operating Physician Name Suffix	
2420B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**XX** (Centers for Medicare and Medicaid Services National Provider Identifier)
2420B	NM109	67	X	AN	2/80	R	Other Operating Physician ID	
2420B	**REF**		**O**	**ID**	**3/3**	**S-20**	**Other Operating Physician Secondary**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
							Identification Numbers	
2420B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number) **LU** (Location Number)
2420B	REF02	127	X	AN	1/50	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).
2420B	REF03					NOT USED		
2420B	REF04	C040	O			S	Reference Identifier	
2420B	REF04-1	128	M	ID	2/3	R	Reference Identification Qualifier	**2U** (Payer Identification Number)
2420B	REF04-2	127	M	ID	1/80	R	Other Payer Primary Identifier	

LOOP ID – 2420C RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420C	**LOOP 2420C**					**R-1**	**Rendering Provider Information**	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420C	**NM1**		**O**	**ID**	**3/3**	**S-1**	**Rendering Provider Information**	
2420C	NM101	98	M	ID	2/3	R	Entity Identifier Code	**82** (Rendering Provider)
2420C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	**1** (Person)
2420C	NM103	1035	O	AN	1/60	R	Rendering Provider Last Name	
2420C	NM104	1036	O	AN	1/35	S	Rendering Provider First Name	
2420C	NM105	1037	O	AN	1/25	S	Rendering Provider Middle Name	
2420C	NM106					NOT USED		
2420C	NM107	1039	O	AN	1/10	S	Rendering Provider Name Suffix	
2420C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**XX** (Centers for Medicare and Medicaid Services National Provider Identifier)
2420C	NM109	67	X	AN	2/80	R	Rendering Provider ID	
2420C	**REF**		**O**	**ID**	**3/3**	**S-20**	**Rendering Provider Secondary Identification Numbers**	
2420C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								Commercial Number) **LU** (Location Number)
2420C	REF02	127	X	AN	1/50	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).
2420C	REF03					NOT USED		
2420C	REF04	C040	O			S	Reference Identifier	
2420C	REF04-1	128	M	ID	2/3	R	Reference Identification Qualifier	**2U** (Payer Identification Number)
2420C	REF04-2	127	M	ID	1/80	R	Other Payer Primary Identifier	

LOOP ID – 2420D REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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)
2420D	NM103	1035	O	AN	1/60	R	Referring Provider Last Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420D	NM104	1036	O	AN	1/35	S	Referring Provider First Name	
2420D	NM105	1037	O	AN	1/25	S	Referring Provider Middle Name	
2420D	NM106					NOT USED		
2420D	NM107	1039	O	AN	1/10	S	Referring Provider Name Suffix	
2420D	NM108	66	X	ID	1/2	R	Identification Code Qualifier	**XX** (Centers for Medicare and Medicaid Services National Provider Identifier)
2420D	NM109	67	X	AN	2/80	R	Referring Provider ID	
2420D	**REF**		**O**	**ID**	**3/3**	**S-20**	**Referring Provider Secondary Identification Numbers**	
2420D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	**0B** (State License Number) **1G** (Provider UPIN Number) **G2** (Provider Commercial Number)
2420D	REF02	127	X	AN	1/50	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).
2420D	REF03					NOT USED		

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2420D	REF04	C040	O			S	Reference Identifier	
2420D	REF04-1	128	M	ID	2/3	R	Reference Identification Qualifier	**2U** (Payer Identification Number)
2420D	REF04-2	127	M	ID	1/80	R	Other Payer Primary Identifier	

LOOP ID - 2430 LINE ADJUDICATION INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2430	**LOOP 2430**					**S-15**	**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			R	Composite Medical Procedure	
2430	SVD03-1	235	M	ID	2/2	R	Product or Service ID Qualifier	**ER** (Jurisdiction Specific Procedure and Supply Codes) **HC** (Health Care Financing Administration Common Procedural Coding

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								System (HCPCS) Codes) **HP** (Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code) **IV** (Home Infusion EDI Coalition (HIEC) Product/Service Code) **WK** (Advanced Billing Concepts (ABC) Codes)
2430	SVD03-2	234	M	AN	1/48	R	Procedure Code	
2430	SVD03-3	1339	O	AN	2/2	S	Procedure Modifier	
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					NOT USED		
2430	SVD05	380	O	AN	1/15	R	Paid Service Unit Count	
2430	SVD06	554	O	N0	1/6	S	Bundled Line Number	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
2430	**CAS**		**O**	**ID**	**3/3**	**S-5**	**Line Adjustment**	
2430	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	**CO** (Contractual Obligations) **CR** (Correction and Reversals) **OA** (Other adjustments) **PI** (Payor Initiated Reductions) **PR** (Patient Responsibility)
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	
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	

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
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 Check or Remittance 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	
2430	**AMT**		**O**	**ID**	**3/3**	**S-1**	**Remaining Patient Liability**	
2430	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	**EAF** (Amount Owed)
2430	AMT02	782	M	R	1/18	R	Remaining Patient Liability	

Level: TRAILER

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
Trailer	**TRANSACTION SET TRAILER**							

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
Trailer	**SE**		**M**	**ID**	**2/2**	**R-1**	**Transaction set trailer**	
Trailer	SE01	96	M	N0	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	N0	1/6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPSCH
								the trailer containing this data element
Trailer	GE02	28	M	N0	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	N0	1/5	R	Number Of Included Functional Groups	A count of the number of functional groups included in an interchange
Trailer	IEA02	I12	M	N0	9/9	R	Interchange Control Number	A control number assigned by the interchange sender

Business Scenario 1 - 837 Institutional Claim

Patient is the same person as the Subscriber. The Primary Payer is Medicare and the Secondary payer is State Teachers. The bill is a 141 Type of Bill.

PRIMARY PAYER SUBSCRIBER: John T Doe
SUBSCRIBER ADDRESS: 125 City Avenue, Centerville, PA 17111
SEX: M
DOB: 11/11/1926
MEDICARE INSURANCE ID#: 030005074A
PAYER ID #: 00435

PATIENT: Same as Primary Subscriber

DESTINATION PAYER: Medicare B

SUBMITTER: Jones Hospital
EDI#: 12345

RECEIVER: Medicare
EDI #: 00120

BILLING PROVIDER: Jones Hospital
NPI: 9876540809
TIN: 567891234
MEDICARE PROVIDER: #330127
ADDRESS: 225 Main Street Barkley Building, Centerville, PA 17111

ATTENDING PHYSICIAN: John J Jones
UPIN #: B99937

PATIENT ACCOUNT NUMBER: 756048Q
DATE OF ADMISSION: 09/11/96
STATEMENT PERIOD DATE: 09/11/96 - 09/11/96
PLACE OF SERVICE: Inpatient Hospital
Occurrence Codes and Dates:
A1 11/11/26
A2 11/01/91
B1 11/11/26
B2 01/01/87
Condition Codes: 09
Value Codes: A2 $15.31
PRINCIPAL DIAGNOSIS CODE: 366.9
SECONDARY DIAGNOSIS CODES: 401.9, 794.31
NUMBER OF COVERED DAYS: 1
SERVICES:
INSTITUTIONAL SERVICES RENDERED:
REVENUE CODE: 0305 HCPCS Procedure Code: 85025 Unit: 1 Price $13.39

REVENUE CODE: 0730 HCPCS Procedure Code: 93005 Unit: 1 Price: $76.54
TOTAL CHARGES: $89.93

SECONDARY PAYER SUBSCRIBER: Jane S Doe (wife)
SUBSCRIBER ADDRESS: 125 City Avenue, Centerville, PA 17111
SEX: F
DOB: 12/11/1927
STATE TEACHERS ID#: 222004433
PAYER ID #: 1135

SEG #	LOOP SEGMENT/ELEMENT STRING
1	TRANSACTION SET HEADER
	ST*837*987654*005010X223A1~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*0123*19960918*0932*CH~
3	1000A SUBMITTER NAME
	NM1 SUBMITTER NAME
	NM1*41*2*JONES HOSPITAL*****46*12345~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*JANE DOE*TE*9005555555~
5	1000B RECEIVER NAME
	NM1 RECEIVER NAME
	NM1*40*2*MEDICARE*****46*00120~
6	2000A BILLING PROVIDER
	HL BILLING PROVIDER HIERARCHICAL LEVEL
	HL*1**20*1~
7	PRV BILLING PROVIDER SPECIALTY
	PRV*BI*PXC*203BA0200N~
8	2010AA BILLING PROVIDER NAME
	NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID
	NM1*85*2*JONES HOSPITAL*****XX*9876540809~
9	N3 BILLING PROVIDER ADDRESS

	N3*225 MAIN STREET BARKLEY BUILDING~
10	N4 BILLING PROVIDER LOCATION
	N4*CENTERVILLE*PA*17111~
11	REF BILLING PROVIDER TAX IDENTIFICATION NUMBER
	REF*EI*567891234~
12	2000B SUBSCRIBER HL LOOP
	HL SUBSCRIBER HIERARCHICAL LEVEL
	HL*2*1*22*0~
13	SBR SUBSCRIBER INFORMATION
	SBR*P*18*******MB~
14	2010BA SUBSCRIBER NAME LOOP
	NM1 SUBSCRIBER NAME
	NM1*IL*1*DOE*JOHN*T***MI*030005074A~
16	N3 SUBSCRIBER ADDRESS
	N3*125 CITY AVENUE~
17	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19261111*M~
18	2010BB PAYER NAME LOOP
	NM1 PAYER NAME
	NM1*PR*2*MEDICARE B*****PI*00435~
19	REF BILLING PROVIDER SECONDARY IDENTIFICATION
	REF*G2*330127~
20	2300 CLAIM INFORMATION
	CLM CLAIM LEVEL INFORMATION
	CLM*756048Q*89.93***14:A:1*Y*A*Y*Y~
21	DTP STATEMENT DATES
	DTP*434*D8*19960911~

22	CL1 INSTITUTIONAL CLAIM CODE
	CL1*3**01~
23	HI PRINCIPAL DIAGNOSIS CODES
	HI*BK:3669~
24	HI OTHER DIAGNOSIS INFORMATION
	HI*BF:4019*BF:79431~
25	HI OCCURRENCE INFORMATION
	HI*BH:A1:D8:19261111*BH:A2:D8:19911101*BH:B1:D8:19261111*BH:B2:D8:19870101~
26	HI VALUE INFORMATION
	HI*BE:A2:::15.31~
27	HI CONDITION INFORMATION
	HI*BG:09~
29	2310A ATTENDING PROVIDER NAME
	NM1 ATTENDING PROVIDER
	NM1*71*1*JONES*JOHN*J~
30	2320 OTHER SUBSCRIBER INFORMATION
	SBR OTHER SUBSCRIBER INFORMATION
	SBR*S*01*351630*STATE TEACHERS*****CI~
31	DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19271211*F~
32	OI OTHER INSURANCE COVERAGE INFORMATION
	OI***Y***Y~
33	2330A OTHER SUBSCRIBER NAME
	NM1 OTHER SUBSCRIBER NAME
	NM1*IL*1*DOE*JANE*S***MI*222004433~
34	N3 - OTHER SUBSCRIBER ADDRESS

	N3*125 CITY AVENUE~
35	N4 - OTHER SUBSCRIBER CITY, STATE, ZIP CODE
	N4*CENTERVILLE*PA*17111~
36	2330B OTHER PAYER NAME
	NM1 OTHER PAYER NAME
	NM1*PR*2*STATE TEACHERS*****PI*1135~
37	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*1~
38	SV2 INSTITUTIONAL SERVICE
	SV2*0305*HC:85025*13.39*UN*1~
39	DTP DATE - SERVICE DATES
	DTP*472*D8*19960911~
41	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*2~
42	DTP DATE - SERVICE DATES
	DTP*472*D8*19960911~
43	TRAILER
	SE TRANSACTION SET TRAILER
	SE*43*987654~

Complete Data String:

ST*837*987654*005010X223A1~BHT*0019*00*0123*19960918*0932*CH~NM1*41*2*JONES HOSPITAL*****46*12345~PER*IC*JANE DOE*TE*9005555555~NM1*40*2*MEDICARE*****46*00120~HL*1**20*1~PRV*BI*PXC*203BA0200N~NM1*85*2*JONES HOSPITAL*****XX*9876540809~N3*225 MAIN STREET BARKLEY BUILDING~N4*CENTERVILLE*PA*17111~REF*EI*567891234~HL*2*1*22*0~SBR*P*18*******MB~NM1*IL*1*DOE*JOHN*T***MI*030005074A~N3*125 CITY AVENUE~N4*CENTERVILLE*PA*17111~DMG*D8*19261111*M~NM1*PR*2*MEDICARE B*****PI*00435~REF*G2*330127~CLM*756048Q*89.93***14:A:1*Y*A*Y*Y~DTP*434*D8*19960911~CL1*3**01~HI*BK:3669~HI*BF:4019*BF:79431~HI*BH:A1:D8:19261111*BH:A2:D8:19911101*BH:B1:D8:19261111*BH:B2:D8:19870101~HI*BE:A2:::15.31~HI*BG:09~NM1*71*1*JONES*JOHN*J~REF*1G*B99937~SBR*S*01*351630*STATE TEACHERS*****CI~DMG*D8*19271211*F~OI***Y***Y~NM1*IL*1*DOE*JANE*S***MI*222004433~N3*125 CITY AVENUE~N4*CENTERVILLE*PA*17111~NM1*PR*2*STATE TEACHERS*****PI*1135~LX*1~SV2*0305*HC:85025*13.39*UN*1~DTP*472*D8*19960911~LX*2~SV2*0730*HC:93005*76.54*UN*3~DTP*472*D8*19960911~SE*43*987654~

Business Scenario 2 - Two Claims for the Same Provider

For both claims the patient is the subscriber and the transaction is being directly submitted from the provider to the payer.

This example combines two claims for the same provider.

DESTINATION PAYER: TRICARE

PAYER ID: 99999
BILLING PROVIDER: Jones Hospital
BILLING PROVIDER ADDRESS: 225 MAIN STREET, ANYWHERE, PA, 17111
BILLING PROVIDER SPECIALTY: 282N00000X
BILLING PROVIDER EMPLOYER ID: 123456789
BILLING PROVIDER NPI: 1234567890
SUBMITTER ETIN: 12345
SUBMITTER CONTACT: Jane Doe
SUBMITTER CONTACT TELEPHONE: (111)222-3333

CLAIM #1:
SUBSCRIBER: John T. Doe
MEMBER ID: 030005074
SUBSCRIBER ADDRESS: 125 City Avenue, Anywhere, PA, 17111
DOB: November 11, 1968
SEX: M
PATIENT ACCOUNT #: 756048Q
CLAIM AMOUNT: 89.95
TYPE OF BILL: 131
CLAIM DATE: March 15, 2005
PRINCIPAL DIAGNOSIS: 366.9

OTHER DIAGNOSIS: 401.9, 794.31
ATTENDING PHYSICIAN: John J. Jones
ATTENDING PHYSICIAN NPI: 1122334455
UPIN: U12345
PROCEDURES:
Rev code: 0305 HCPCS: 85025 Billed Amt: 13.39 Units: 1.
Rev code: 0730 HCPCS: 93010 Billed Amt: 76.56 Units: 3.

CLAIM #2:
SUBSCRIBER: Joe Smith
MEMBER ID: 123405074
SUBSCRIBER ADDRESS: 5 Main Street, Anywhere, PA, 17111
DOB: December 12, 1962
SEX: M
PATIENT ACCOUNT #: 756049Q
CLAIM AMOUNT: 50.00
TYPE OF BILL: 131
CLAIM DATE: April 1, 2005
PRINCIPAL DIAGNOSIS: 300.00

ATTENDING PHYSICIAN: Judy J. Jones
NPI: 9999999999
PROVIDER SPECIALTY: 363LP0200N
PROCEDURES:
Rev code: 0300 HCPCS: 85087 Billed Amt: 50.00 Units: 1.

SEG #	LOOP SEGMENT/ELEMENT STRING
1	TRANSACTION SET HEADER
	ST*837*987654*005010X223A1~
2	BHT BEGINNING OF HIERARCHICAL TRANSACTION
	BHT*0019*00*0123*20050630*0932*CH~
3	1000A SUBMITTER NAME
	NM1 SUBMITTER NAME
	NM1*41*2*JONES HOSPITAL*****46*12345~
4	PER SUBMITTER EDI CONTACT INFORMATION
	PER*IC*JANE DOE*TE*1112223333~
5	1000B RECEIVER NAME
	NM1 RECEIVER NAME

	NM1*40*2*TRICARE*****46*99999~
6	2000A BILLING PROVIDER
	HL BILLING PROVIDER HIERARCHICAL LEVEL
	HL*1**20*1~
7	PRV BILLING PROVIDER SPECIALTY
	PRV*BI*PXC*282N00000X~
8	2010AA BILLING PROVIDER NAME
	NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID
	NM1*85*2*JONES HOSPITAL*****XX*1234567890~
9	N3 BILLING PROVIDER ADDRESS
	N3*225 MAIN STREET~
10	N4 BILLING PROVIDER LOCATION
	N4*ANYWHERE*PA*17111~
11	2000B SUBSCRIBER HL LOOP
	HL SUBSCRIBER HIERARCHICAL LEVEL
	HL*2*1*22*0~
12	SBR SUBSCRIBER INFORMATION
	SBR*P*18*******CH~
13	2010BA SUBSCRIBER NAME LOOP
	NM1 SUBSCRIBER NAME
	NM1*IL*1*DOE*JOHN*T***MI*030005074~
14	N3 SUBSCRIBER ADDRESS
	N3*125 CITY AVENUE~
15	N4 SUBSCRIBER LOCATION

	N4*CENTERVILLE*PA*17111~
16	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19681111*M~
17	2010BB PAYER NAME LOOP
	NM1 PAYER NAME
	NM1*PR*2*TRICARE*****PI*99999~
18	2300 CLAIM INFORMATION
	CLM CLAIM LEVEL INFORMATION
	CLM*756048Q*89.95***13:A:1*Y*C*Y*Y~
19	DTP STATEMENT DATES
	DTP*434*RD8*20050315-20050315~
20	CL1 INSTITUTIONAL CLAIM CODE
	CL1***01~
21	HI PRINCIPAL DIAGNOSIS CODES
	HI*BK:3669~
23	2310A ATTENDING PROVIDER NAME
	NM1 ATTENDING PROVIDER
	NM1*71*1*JONES*JOHN*J***XX*1122334455~
24	REF ATTENDING PROVIDER SECONDARY IDENTIFICATION
	REF*1G*U12345~
25	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*1~
26	SV2 INSTITUTIONAL SERVICE
	SV2*0305*HC:85025*13.39*UN*1~

27	DTP DATE - SERVICE DATES
	DTP*472*D8*20050315~
28	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*2~
29	SV2 INSTITUTIONAL SERVICE
	SV2*0730*HC:93010*76.56*UN*3~
30	DTP DATE - SERVICE DATES
	DTP*472*D8*20050315~
31	2000B SUBSCRIBER HL LOOP
	HL SUBSCRIBER HIERARCHICAL LEVEL
	HL*3*1*22*0~
32	SBR SUBSCRIBER INFORMATION
	SBR*P*18*******CH~
33	2010BA SUBSCRIBER NAME LOOP
	NM1 SUBSCRIBER NAME
	NM1*IL*1*SMITH*JOE****MI*123405074~
35	N4 SUBSCRIBER LOCATION
	N4*ANYWHERE*PA*17111~
36	DMG SUBSCRIBER DEMOGRAPHIC INFORMATION
	DMG*D8*19621210*M~
37	2010BB PAYER NAME LOOP
	NM1 PAYER NAME
	NM1*PR*2*TRICARE*****PI*99999~

38	2300 CLAIM INFORMATION
	CLM CLAIM LEVEL INFORMATION
	CLM*756049Q*50***13:A:1*Y*C*Y*Y~
39	DTP STATEMENT DATES
	DTP*434*RD8*20050401-20050401~
40	CL1 INSTITUTIONAL CLAIM CODE
	CL1***01~
41	HI PRINCIPAL DIAGNOSIS CODES
	HI*BK:30000~
42	2310A ATTENDING PROVIDER NAME
	NM1 ATTENDING PROVIDER
	NM1*71*1*JONES*JUDY*J***XX*9999999999~
43	PRV - ATTENDING PROVIDER SPECIALTY INFORMATION
	PRV*AT*PXC*363LP0200N~
44	2400 SERVICE LINE
	LX SERVICE LINE COUNTER
	LX*1~
45	SV2 INSTITUTIONAL SERVICE
	SV2*0300*HC:85087*50*UN*1~
47	DTP DATE - SERVICE DATES
	DTP*472*D8*20050401~
48	TRAILER
	SE TRANSACTION SET TRAILER
	SE*48*987654~

Complete Data String:

ST*837*987654*005010X223A1~BHT*0019*00*0123*20050630*0932*CH~NM1*41*2*JONES HOSPITAL*****46*12345~PER*IC*JANE DOE*TE*1112223333~NM1*40*2*TRICARE*****46*99999~HL*1**20*1~PRV*BI*PXC*282N00000X~NM1*85*2*JONES HOSPITAL*****XX*1234567890~N3*225 MAIN STREET~N4*ANYWHERE*PA*17111~REF*EI*123456789~HL*2*1*22*0~SBR*P*18*******CH~NM1*IL*1*DOE*JOHN*T***MI*030005074~N3*125CITY AVENUE~N4*ANYWHERE*PA*17111~DMG*D8*19681111*M~NM1*PR*2*TRICARE*****PI*99999~CLM*756048Q*89.95***13:A:1*Y*C*Y*Y~DTP*434*RD8*20050315-20050315~CL1***01~HI*BK:3669~HI*BF:4019*BF:79431~NM1*71*1*JONES*JOHN*J***XX*1122334455~REF*1G*U12345~LX*1~SV2*0305*HC:85025*13.39*UN*1~DTP*472*D8*20050315~LX*2~SV2*0730*HC:93010*76.56*UN*3~DTP*472*D8*20050315~HL*3*1*22*0~SBR*P*18*******CH~NM1*IL*1*SMITH*JOE****MI*123405074~N3*5 MAINSTREET~N4*ANYWHERE*PA*17111~DMG*D8*19621210*M~NM1*PR*2*TRICARE*****PI*99999~CLM*756049Q*50***13:A:1*Y*C*Y*Y~DTP*434*RD8*20050401-20050401~CL1***01~HI*BK:30000~NM1*71*1*JONES*JUDY*J***XX*9999999999~PRV*AT*PXC*363LP0200N~LX*1~SV2*0300*HC:85087*50*UN*1~DTP*472*D8*20050401~SE*48*987654~