

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

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

Health Plan Systems is a pioneer in the development of administrative software for the health care industry and, after ten years to 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 an elite group of companies to have its software certified by Claredi, a national third-party organization accrediting entities that send or receive HIPAA-regulated transactions, Health Plan System's proven software makes HIPAA compliance a simple and easy part of everyday business.

HPS Clearinghouse EDI Enrollment Procedure

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

This is a technical document. 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 (004010X098A1)

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Disclaimer

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

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

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

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

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

Business Requirements

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

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

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

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

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

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

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

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

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

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

837 Health Care Claim: Professional – Data Clarification

Level: HEADER

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

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Identifier	TDCC, and UCS)
Header	ISA12	I11	M	ID	5/5	R	Interchange Control Version Number	00401
Header	ISA13	I12	M	NO	9/9	R	Interchange Control Number	The Interchange Control Number, ISA13, must be identical to the Associated Interchange Trailer IEA02.
Header	ISA14	I13	M	ID	1/1	R	Acknowledgment Requested	Must contain '1'
Header	ISA15	I14	M	ID	1/1	R	Usage Indicator	Must contain 'P' or 'T'
Header	ISA16	I15	M		1/1	R	Component Sub element Separator	Must contain ':'
Header	GS		M	ID	2 / 2	R-1	Functional Group Header	
Header	GS01	479	M	ID	2/2	R	Functional Identifier code	HC-Health Care Claim (837)
Header	GS02	142	M	AN	2/15	R	Application Sender's Code	Submitter's Tax ID
Header	GS03	124	M	AN	2/15	R	Receiver ID	Must contain '024272739'
Header	GS04	373	M	DT	8/8	R	Creation Date	CCYYMMDD
Header	GS05	337	M	TM	4/8	R	Creation Time	The recommended format is HHMM
Header	GS06	028	M	NO	1/9	R	Group Control	Must begin

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Number	with 1 and increment by 1 for each subsequent GS with in a file. Reset back to 1 for new file.
Header	GS07	455	M	ID	1/2	R	Responsible Agency Code	X- Accredited Standards Committee X12N(Code used in conjunction with Data Element 480 to identify the issuer of the Standard)
Header	GS08	480	M	AN	1/12	R	Version / Release Industry ID Code	004010X098A1
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

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								(ISA-IEA), but can repeat in other groups and interchanges.
Header	BHT		M	ID	3 / 3	R-1	Beginning of Hierarchical Transaction	
Header	BHT01	1005	M	ID	4/4	R	Hierarchical Structure Code	0019 (Information Source, Subscriber, Dependent)
Header	BHT02	353	M	ID	2/2	R	Transaction Set Purpose Code	00 Original, 18 Reissue
Header	BHT03	127	O	AN	1/30	R	Originator Application Transaction Identifier	
Header	BHT04	373	O	DT	8/8	R	Transaction Set Creation Date	The date that the submitter created the file(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	CH (Chargeable) RP (Reporting)
Header	REF		O	ID	3 / 3	R-1	Transmission Type Identifier	
Header	REF01	128	M	ID	2/3	R	Reference Qualifier	87(Functional Category)
Header	REF02	127	X	AN	1/30	R	Transmission Type Code	Use this reference number as qualified by the preceding

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

LOOP 1000 - SUBMITTER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
	LOOP 1000 A					R-1	SUBMITTER INFORMATION	
1000A	NM1		O	ID	3 / 3	R-1	Submitter 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	1/35	R	Submitter Last/Org Name	
1000A	NM104	1036	O	AN	1/25	S	Submitter First Name	Use this name only if NM102 is "1".
1000A	NM105	1037	O	AN	1/25	S	Submitter Middle Name	Use this name only if NM102 is "1".
1000A	NM106-107					N/U		
1000A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	46 (Electronic Transmitter Identification Number (ETIN)1815 Established by a trading partner agreement)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
1000A	NM109	67	X	AN	2/80	R	Submitter Identifier	Must contain the ID assigned by HPS
1000A	PER		O	ID	3 / 3	R-2	Submitter Contact Information	
1000A	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
1000A	PER02	93	O	AN	1/60	R	Submitter Contact Name	
1000A	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation on guide for code list
1000A	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
1000A	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation on guide for code list
1000A	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
1000A	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation on guide for code list
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	HPS
	LOOP 1000 B					R-1	RECEIVER NAME	
1000B	NM1		O	ID	3/3	R-1	Individual or Organization Name	
1000B	NM101	98	M	ID	2/3	R	Entity Identifier Code	40 (Receiver)
1000B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
1000B	NM103	1035	O	AN	1/35	R	Receiver Last/Org Name	Must contain 'HEALTH PLAN SYSTEMS'
1000B	NM104-107					N/U		
1000B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	46 (Electronic Transmitter Identification Number (ETIN))
1000B	NM109	67	X	AN	2/80	R	Receiver Primary Identifier	Must contain '024272739'

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

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000A	LOOP 2000 A	R- >1 (Max 5000)	BILLING / PAY-TO PROVIDER INFORMATION					
2000A	HL		M	ID	2/2	R- > 1	Hierarchical Level	
2000A	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must begin with 1 and increment by 1 for each subsequent HL with in

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								a file.
2000A	HL02		O	AN		N/U		
2000A	HL03	735	M	ID	1/2	R	Hierarchical Level Code	
2000A	HL04	736	O	ID	1/1	R	Hierarchical Child Code	
2000A	PRV		M	ID	3 / 3	S-1	Billing / Pay-To Provider	This is a Required Segment at this time.
2000A	PRV01	1221	M	ID	1/3	R	Provider Code	BI (Billing), PT (Pay-To)
2000A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2000A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2000A	CUR		M	ID	3 / 3	S-1	Foreign Currency Code	
2000A	CUR01	98	M	ID	2/3	R	Entity Identifier Code	
2000A	CUR02	100	M	ID	3/3	R	Currency Code	must equal 'USA'

Loop 2010AA - BILLING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	LOOP 2010AA					R-1	BILLING PROVIDER NAME	
2010AA	NM1		O	ID	3 / 3	R-1	Billing Provider Individual or Organization Name	
2010AA	NM101	98	M	ID	2/3	R	Entity Identifier Code	85 (Billing Provider)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2(Non-Person Entity)
2010AA	NM103	1035	O	AN	1/35	R	Billing Provider Last/Org Name	
2010AA	NM104	1036	O	AN	1/25	S	Billing Provider First Name	Use this name only if NM102 is "1".
2010AA	NM105	1037	O	AN	1/25	S	Billing Provider Middle Name	Use this name only if NM102 is "1".
2010AA	NM106					N/U		
2010AA	NM107	1039	O	AN	1/10	S	Billing Provider Name Suffix	
2010AA	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2010AA	NM109	67	X	AN	2/80	R	Billing Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
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	
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	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AA	REF		O	ID	3 / 3	S-8	Billing Provider Secondary Identification Numbers	
2010AA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	REF02	127	X	AN	1/30	R	Billing Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2010AA	REF		O	ID	3 / 3	S-8	Billing Provider Credit / Debit Card Billing Information	Credit card information should not be sent
2010AA	PER		O	ID	3 / 3	S-2	Billing Provider Contact Information	
2010AA	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
2010AA	PER02	93	O	AN	1/60	R	Contact Name	
2010AA	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2010AA	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								preceding data element
2010AA	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2010AA	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

Loop 2010AB - PAY-TO PROVIDER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AB	LOOP 2010 AB					S-1	PAY-TO PROVIDER INFORMATION	
2010AB	NM1		O	ID	3 / 3	S-1	Pay-To Provider Name Information	
2010AB	NM101	98	M	ID	2/3	R	Entity Identifier Code	87 (Pay-to Provider)
2010AB	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2(Non-Person Entity)
2010AB	NM103	1035	O	AN	1/35	R	Pay-To Provider Last/Org Name	
2010AB	NM104	1036	O	AN	1/25	S	Pay-To Provider First Name	Use this name only if NM102 is "1".
2010AB	NM105	1037	O	AN	1/25	S	Pay-To Provider Middle Name	Use this name only if NM102 is "1".
2010AB	NM106					N/U		
2010AB	NM107	1039	O	AN	1/10	S	Pay-To Provider Name Suffix	
2010AB	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010AB	NM109	67	X	AN	2/80	R	Pay-To Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
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	
2010AB	N403	116	O	ID	3/15	R	Pay-To Provider Zip Code	
2010AB	N404	26	O	ID	2/3	S	Pay-To Provider Country Code	
2010AB	REF		O	ID	3 / 3	S-5	Pay-To Provider Secondary Reference Numbers	
2010AB	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010AB	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).

Level: DETAIL, SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000B	LOOP 2000 B					R- > 1	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	
2000B	HL04	736	O	ID	1/1	R	Hierarchical Child Code	Verify Hipaa implementation guide for code list
2000B	SBR		O	ID	3 / 3	R-1	Subscriber Information	
2000B	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	Verify Hipaa implementation guide for code list
2000B	SBR02	1069	O	ID	2/2	S	Relationship Code	
2000B	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number	
2000B	SBR04	93	O	AN	1/60	S	Group or Plan Name	
2000B	SBR05	1336	O	ID	1/3	S	Insurance Type Code	Verify Hipaa implementation guide for code list
2000B	SBR06-08					N/U		
2000B	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000B	PAT		O	ID	3 / 3	S-1	Patient Information	
2000B	PAT01-02					N/U		
2000B	PAT03					N/U	Employment Status Code	
2000B	PAT04					N/U		
2000B	PAT05	1250	X	ID	2/3	S	DTP Qualifier	
2000B	PAT06	1251	X	AN	1/35	S	Insured Individual Death Date	
2000B	PAT07	355	X	ID	2/2	S	Unit or Basis for Measurement Code	
2000B	PAT08	81	X	R	1/10	S	Patient Weight	
2000B	PAT09	1073	O	ID	1/1	S	Pregnancy Indicator	

LOOP 2010BA - SUBSCRIBER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BA	LOOP 2010 BA					R-1	SUBSCRIBER INFORMATION	
2010BA	NM1		O	ID	3 / 3	R-1	Subscriber 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' is the only acceptable value. '2' is only applicable to Property Casualty and Worker's Compensation.
2010BA	NM103	1035	O	AN	1/35	R	Subscriber Last Name	
2010BA	NM104	1036	O	AN	1/25	S	Subscriber First Name	Required if NM102=1

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								(person).
2010BA	NM105	1037	O	AN	1/25	S	Subscriber Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2010BA	NM106					N/U		
2010BA	NM107	1039	O	AN	1/10	S	Name Suffix	
2010BA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Required if NM102 = 1 (person)
2010BA	NM109	67	X	AN	2/80	S	Subscriber Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010BA	N3		O	ID	2 / 2	S-1	Subscriber Address	This is a situational Required segment. If patient is the subscriber this is required.
2010BA	N301	166	M	AN	1/55	R	Subscriber Address1	
2010BA	N302	166	O	AN	1/55	S	Subscriber Address2	
2010BA	N4		O	ID	2 / 2	S-1	Subscriber City / State / Zip Code	This is a Situationally Required segment. If patient is the subscriber this is required.
2010BA	N401	19	O	AN	2/30	R	Subscriber City Name	
2010BA	N402	156	O	ID	2/2	R	Subscriber State / Prov	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	
2010BA	N403	116	O	ID	3/15	R	Subscriber Zip Code	
2010BA	N404	26	O	ID	2/3	S	Subscriber Country Code	
2010BA	DMG		O	ID	3 / 3	S-1	Subscriber Demographic Information	
2010BA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2010BA	DMG02	1251	X	AN	1/35	R	Subscriber Birth Date	
2010BA	DMG03	1068	O	ID	1/1	R	Gender Code	Verify Hipaa implementation guide for code list
2010BA	REF		O	ID	3 / 3	S-4	Subscriber Secondary Identification	
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010BA	REF02	127	X	AN	1/30	R	Subscriber Secondary ID	Use this reference number as qualified by the preceding data element (REF01).
2010BA	REF		O	ID	3 / 3	S-1	Property and Casualty Claim Number	
2010BA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010BA	REF02	127	X	AN	1/30	R	Property Casualty Claim Number	Use this reference number as qualified by the preceding data element

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								(REF01).

Loop 2010BB - PAYER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BB	LOOP 2010 BB				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)
2010BB	NM103	1035	O	AN	1/35	R	Payer Last/Org Name	
2010BB	NM104-107					N/U		
2010BB	NM108	66	X	ID	1/2	R	Primary Payer ID Qualifier	PI(Payer Identification) , XV (Health Care Financing Administration National PlanID)
2010BB	NM109	67	X	AN	2/80	R	Payer Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2010BB	N3		O	ID	2 / 2	S-1	Payer Address Information	
2010BB	N301	166	M	AN	1/55	R	Payer Address 1	
2010BB	N302	166	O	AN	1/55	S	Payer Address 2	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BB	N4		O	ID	2 / 2	S-1	Payer City / State / Zip	
2010BB	N401	19	O	AN	2/30	R	Payer City Name	
2010BB	N402	156	O	ID	2/2	R	Payer State/Prov Code	
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	
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	FY(Claim Office Number) qualifier is required at this time. 2U(Payer Identification Number) and FY are the only data that will be passed.
2010BB	REF02	127	X	AN	1/30	R	Payer Additional Identifier	Use this reference number as qualified by the preceding data element (REF01).

Loop 2010BC - RESPONSIBLE PARTY INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BC	LOOP 2010 BC				S-1	RESPONSIBLE PARTY INFORMATION		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BC	NM1		O	ID	3 / 3	S-1	Individual or Organizational Name	
2010BC	NM101	98	M	ID	2/3	R	Entity Identifier Code	QD (Responsible Party)
2010BC	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2010BC	NM103	1035	O	AN	1/35	R	Responsible Party Last/Org Name	
2010BC	NM104	1036	O	AN	1/25	S	Responsible Party First Name	Required if NM102=1 (person).
2010BC	NM105	1037	O	AN	1/25	S	Responsible Party Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2010BC	NM106					N/U		
2010BC	NM107	1039	O	AN	1/10	S	Responsible Party Suffix Name	Required if NM102=1 (person).
2010BC	N3		O	ID	2 / 2	R-1	Responsible Party Address Information	
2010BC	N301	166	M	AN	1/55	R	Responsible Party Address 1	
2010BC	N302	166	O	AN	1/55	S	Responsible Party Address 2	
2010BC	N4		O	ID	2 / 2	R-1	Responsible Party City State and Zip	
2010BC	N401	19	O	AN	2/30	R	Responsible Party City Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BC	N402	156	O	ID	2/2	R	Responsible Party State/Prov Code	
2010BC	N403	116	O	ID	3/15	R	Responsible Party Zip Code	Sized to 9 bytes.
2010BC	N404	26	O	ID	2/3	S	Responsible Party Country Code	

Loop 2010BD - CREDIT/DEBIT CARD HOLDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010BD	LOOP 2010 BD				S-1	CREDIT/DEBIT CARD HOLDER NAME	ACCEPTED BY CONTRACTUAL ARRANGEMENTS ONLY.	Credit card information should not be sent

Level : PATIENT HIERARCHICAL LEVEL

LOOP ID - 2000C

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000C	LOOP 2000 C					S->1	PATIENT HIERARCHICAL INFORMATION	1 PER CLAIM, 5000 CLAIMS PER BATCH
2000C	HL		M	ID	2/2	S->1	Hierarchical Level	
2000C	HL01	628	M	AN	1/12	R	Hierarchical ID Number	Must increment +1 from previous HL Segment
2000C	HL02	734	O	AN	1/12	R	Hierarchical Parent ID Number	Must = HL01 from Loop 2000C
2000C	HL03	735	M	ID	1/2	R	Hierarchical Level Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2000C	HL04	736	O	ID	1/1	R	Hierarchical Child Code	
2000C	PAT		O	ID	3/3	R-1	Patient Information	
2000C	PAT01	1069	O	ID	2/2	R	Individual Relationship Code	Verify Hipaa implementation guide for code list
2000C	PAT02-PAT04					N/U		
2000C	PAT05	1250	X	ID	2/3	S	Patient Death Date Qualifier	Date Expressed in Format CCYYMMDD
2000C	PAT06	1251	X	AN	1/35	S	Patient Death Date	
2000C	PAT07	355	X	ID	2/2	S	Unit or Basis for Measurement Code	
2000C	PAT08	81	X	R	1/10	S	Patient Weight	
2000C	PAT09	1073	O	ID	1/1	S	Pregnancy Indicator	

LOOP ID - 2010CA PATIENT NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010C A	LOOP 2010 CA				R-1	PATIENT INFORMATION		
2010C A	NM1		O	ID	3/3	R-1	Patient Name Information	
2010CA	NM101	98	M	ID	2/3	R	Entity Identifier Code	QC (Patient)
2010CA	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2010CA	NM103	1035	O	AN	1/35	R	Patient Last Name	
2010CA	NM104	1036	O	AN	1/25	R	Patient First Name	Required if NM102=1 (person).

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2010CA	NM105	1037	O	AN	1/25	S	Patient Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2010CA	NM106					N/U		
2010CA	NM107	1039	O	AN	1/10	S	Patient Name Suffix	
2010CA	NM108	66	X	ID	1/2	S	Identification Code Qualifier	MI (Member Identification Number), ZZ (Mutually Defined)
2010CA	NM109	67	X	AN	2/80	S	Patient Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
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	
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 information may not be supported by all
2010CA	DMG		O	ID	3/3	R-1	Patient Demographic	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Information	
2010CA	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)
2010CA	DMG02	1251	X	AN	1/35	R	Patient Birth Date	
2010CA	DMG03	1068	O	ID	1/1	R	Gender Code	Verify Hipaa implementation guide for code list
2010CA	REF		O	ID	3/3	S-5	Patient Secondary Identification	
2010CA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	23(submitted to the Indian Health Service / Contract Health Services (IHC/CHS)) is the only data that will be passed
2010CA	REF02	127	X	AN	1/30	R	Patient Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2010CA	REF		O	ID	3/3	S-1	Property and Casualty Claim Number	
2010CA	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2010CA	REF02	127	X	AN	1/30	R	Property Casualty Claim Number	Use this reference number as qualified by

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

LOOP ID - 2300 CLAIM INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	LOOP 2300					R-100	CLAIM INFORMATION	1 PER CLAIM, 5000 CLAIMS PER BATCH
2300	CLM		O	ID	3 / 3	R-1	Health Claim	
2300	CLM01	1028	M	AN	1/38	R	Patient Account Number	
2300	CLM02	782	O	R	1/18	R	Total Submitted Charges	Sized to 8 bytes. \$999,999.99
2300	CLM03 - CLM04				N/U			
2300	CLM05	C023	O				Place Of Service Code	
2300	CLM05-1	1331	M	AN	1/2	R	Facility Type Code	
2300	CLM05-2	1332				N/U		
2300	CLM05-3	1325	O	ID	1/1	R	Frequency Type Code	
2300	CLM06	1073	O	ID	1/1	R	Provider Signature On File	Verify Hipaa implementation guide for code list
2300	CLM07	1359	O	ID	1/1	R	Medicare Assignment Code	Verify Hipaa implementation guide for code list
2300	CLM08	1073	O	ID	1/1	R	Assignment of Benefits Indicator	Verify Hipaa implementation guide for code list
2300	CLM09	1363	O	ID	1/1	R	Release of Information	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Code	guide for code list
2300	CLM10	1351	O	ID	1/1	S	Patient Signature Source Code	Verify Hipaa implementation guide for code list
2300	CLM11	C024	O			S	Accident /Employment /Related Causes	
2300	CLM11-1	1362	M	ID	2/3	R	Related-Causes Code	
2300	CLM11-2	1362	O	ID	2/3	S	Related-Causes Code	
2300	CLM11-3	1362	O	ID	2/3	S	Related-Causes Code	
2300 O ID 2/2	CLM11-4	156	O	ID	2/2	S	Auto Accident State/Prov Code	
2300	CLM11-5	26	O	ID	2/3	S	Country Code	
2300	CLM12	1366	O	ID	2/3	S	Special Program Code	Verify Hipaa implementation guide for code list
2300	CLM13-15					N/U		
2300	CLM16	1360	O	ID	1/1	S	Participation Agreement	
2300	CLM17-19					N/U		
2300	CLM20	1514	O	ID	1/2	S	Delay Reason Code	
2300	DTP		O	ID	3/3	S-1	Date - Initial Treatment	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	DTP Dates	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	DTP		O	ID	3 / 3	S-1	Date - Date Last Seen	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Last Seen Date	
2300	DTP		O	ID	3 / 3	S-1	Date - Onset of Current Symptoms or Illness	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Onset of Current Symptoms or Illness Date	
2300	DTP		O	ID	3 / 3	S-5	Date - Acute Manifestation	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Acute Manifestation Date	
2300	DTP		O	ID	3 / 3	S-10	Date - Similar Illness / Symptom	Only one repeat of this information

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Onset	will be passed and only to some receivers.
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Similar Illness or Symptom Date	
2300	DTP		O	ID	3 / 3	S-10	Date - Accident	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Accident Date and Hour	
2300	DTP		O	ID	3 / 3	S-1	Last Menstrual Period	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Last Menstrual Period Date	
2300	DTP		O	ID	3 / 3	S-1	Date - Last X-Ray	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								guide for code list
2300	DTP03	1251	M	AN	1/35	R	Last X-Ray Date	
2300	DTP		O	ID	3 / 3	S-1	Date - Hearing and Vision Prescription	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Hearing and Vision Prescription Date	
2300	DTP		O	ID	3 / 3	S-5	Date - Disability Begin	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Disability Begin	
2300	DTP		O	ID	3 / 3	S-5	Date - Disability End	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	DTP03	1251	M	AN	1/35	R	Disability End Date	
2300	DTP		O	ID	3 / 3	S-1	Date - Last Worked	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Last Worked Date	
2300	DTP		O	ID	3 / 3	S-1	Date - Authorized Return To Work	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Work Return Date	
2300	DTP		O	ID	3 / 3	S-1	Date - Admission	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Admission Date	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	DTP		O	ID	3 / 3	S-1	Date - Discharge	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Related Hospital Discharge Date	
2300	DTP		O	ID	3 / 3	S-2	Date - Assumed and Relinquished Care	
2300	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2300	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2300	DTP03	1251	M	AN	1/35	R	Assumed Care Date	
2300	PWK		O	ID	3 / 3	S-10	Claim Supplemental Information	Only some receivers will be passed this information.
2300	PWK01	755	M	ID	2/2	R	Report Type Code	Verify Hipaa implementation guide for code list
2300	PWK02	756	O	ID	1/2	R	Report Transmission Code	Verify Hipaa implementation guide for code list
2300	PWK03-04					N/U		
2300	PWK05	66	X	ID	1/2	S	Identification Code Qualifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	PWK06	67	X	AN	2/80	S	Attachment Control Number	
2300	CN1		O	ID	3 / 3	S-1	Contract Information	
2300	CN101	1166	M	ID	2/2	R	Contract Type Code	
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 Percent	
2300	CN106	799	O	AN	1/30	S	Contract Version Identifier	
2300	AMT		O	ID	3 / 3	S-1	Credit / Debit Card Maximum Amount	Credit card information should not be sent
2300	AMT		O	ID	3 / 3	S-1	Patient Amount Paid	
2300	AMT01	522	M	ID	1/3	R	Amount Qualifier	
2300	AMT02	782	M	R	1/18	R	Patient Amount Paid	Sized to 8 bytes. \$999,999.99
2300	AMT		O	ID	3 / 3	S-1	Total Purchased Service Amount	
2300	AMT01	522	M	ID	1/3	R	Amount Qualifier	
2300	AMT02	782	M	R	1/18	R	Total Purchased Service Amount	
2300	REF		O	ID	3 / 3	S-1	Service Authorization Exception Code	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Mandatory Medicare (Section 4081) Crossover Indicator	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	
2300	REF02	127	X	AN	1/30	R	Reference Identification	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Mammography Certification Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Mammography Certification Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-2	Prior Authorization or Referral Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								element (REF01).
2300	REF		O	ID	3 / 3	S-1	Original Reference Number (ICN/DCN)	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Claim Original Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-3	CLIA Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	CLIA 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	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Repriced Claim Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Adjusted Repriced Claim Number	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Adjusted Repriced Claim Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Investigational Device Exemption Number	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Investigational Device Exemption Identifier	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-1	Claim Id Number for Clearinghouses	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2300	REF02	127	X	AN	1/30	R	Clearing House Trace Number	Use this reference number as qualified by the preceding data element (REF01).
2300	REF		O	ID	3 / 3	S-4	Ambulatory Patient Group (APG)	
2300	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

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

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	CR1		O	ID	3 / 3	S-1	Ambulance Transport Information	
2300	CR101	355	X	ID	2/2	S	Unit or Basis for Measurement Code	
2300	CR102	81	X	R	1/10	S	Patient Weight	
2300	CR103	1316	O	ID	1/1	R	Ambulance Transport Code	
2300	CR104	1317	O	ID	1/1	R	Ambulance Transport Reason Code	
2300	CR105	355	X	ID	2/2	R	Miles	
2300	CR106	380	X	R	1/15	R	Transport Distance	
2300	CR107-108					N/U		
2300	CR109	352	O	AN	1/80	S	Round Trip Purpose Description	
2300	CR110	352	O	AN	1/80	S	Stretcher Purpose Description	
2300	CR2		O	ID	3 / 3	S-1	Spinal Manipulation Service Information	
2300	CR201-207					N/U		
2300	CR208	1342	O	ID	1/1	R	Patient Condition Code	
2300	CR209					N/U		
2300	CR210	352	O	AN	1/80	S	Patient Condition Description	
2300	CR211	352	O	AN	1/80	S	Patient Condition Description	
2300	CR212	1073	O	ID	1/1	S	X-Ray Availability Indicator	
2300	CRC		O	ID	3 / 3	S-3	Ambulance Conditions Indicator	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	CRC01	1136	M	ID	2/2	R	Code Category	
2300	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	
2300	CRC03	1321	M	ID	2/2	R	Condition Code	
2300	CRC04	1321	O	ID	2/2	S	Condition Code	
2300	CRC05	1321	O	ID	2/2	S	Condition Code	
2300	CRC06	1321	O	ID	2/2	S	Condition Code	
2300	CRC07	1321	O	ID	2/2	S	Condition Code	
2300	CRC		O	ID	3 / 3	S-3	Vision Conditions Indicator	
2300	CRC01	1136	M	ID	2/2	R	Code Category	
2300	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	
2300	CRC03	1321	M	ID	2/2	R	Condition Code	
2300	CRC04	1321	O	ID	2/2	R	Condition Code	
2300	CRC05	1321	O	ID	2/2	R	Condition Code	
2300	CRC06	1321	O	ID	2/2	R	Condition Code	
2300	CRC07	1321	O	ID	2/2	R	Condition Code	
2300	CRC		O	ID	3 / 3	S-1	Homebound Indicator	
2300	CRC01	1136	M	ID	2/2	R	Code Category	
2300	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	
2300	CRC03	1321	M	ID	2/2	R	Condition Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	CRC		O	ID	3 / 3	S-1	EPSDT Referral	
2300	CRC01	1136	M	ID	2/2	R	Code Category	ZZ (Mutually Defined)
2300	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	
2300	CRC03	1321	M	ID	2/2	R	Condition Code	
2300	CRC04	1321	O	ID	2/2	S	Condition Code	
2300	CRC05	1321	O	ID	2/2	S	Condition Code	
2300	HI		O	ID	2 / 2	S-1	Healthcare Diagnosis Code	
2300	HI01	C022	M			R	HealthCare Code Information	
2300	HI01-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI01-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI01-3- HI01-7					N/U		
2300	HI02	C022	O			S	HealthCare Code Information	
2300	HI02-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI02-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI02-3- HI02-7					N/U		
2300	HI03	C022	O			S	HealthCare Code Information	
2300	HI03-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI03-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI03-3- HI03-7					N/U		
2300	HI04	C022	O			S	HealthCare Code Information	
2300	HI04-1	1270	M	ID	1/3	R	Code List Qualifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HI04-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI04-3- HI04-7					N/U		
2300	HI05	C022	O			S	HealthCare Code Information	
2300	HI05-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI05-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI05-3- HI05-7					N/U		
2300	HI06	C022	O			S	HealthCare Code Information	
2300	HI06-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI06-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI06-3- HI06-7					N/U		
2300	HI07	C022	O			S	HealthCare Code Information	
2300	HI07-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI07-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HI07-3- HI07-7					N/U		
2300	HI08	C022	O			S	HealthCare Code Information	This information may not be supported by all Receivers.
2300	HI08-1	1270	M	ID	1/3	R	Code List Qualifier	
2300	HI08-2	1271	M	AN	1/30	R	Diagnosis Code	Sized to 5 bytes
2300	HCP		O	ID	3 / 3	S-1	Claim Pricing / Re pricing Information	
2300	HCP01	1473	X	ID	2/2	R	Pricing Methodology	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2300	HCP02	782	O	R	1/18	R	Repriced Allowed Amount	
2300	HCP03	782	O	R	1/18	S	Repriced Savings Amount	
2300	HCP04	127	O	AN	1/30	S	Repricing Organization ID	
2300	HCP05	118	O	R	1/9	S	Repricing Per Diem or Flat Rate Amount	
2300	HCP06	127	O	AN	1/30	S	Repriced APG Code	
2300	HCP07	782	O	R	1/18	S	Repriced Approved Ambulatory Patient Group Amount	
2300	HCP08-HCP12					N/U		
2300	HCP13	901	X	ID	2/2	S	Reject Reason Code	
2300	HCP14	1526	O	ID	1/2	S	Policy Compliance Code	
2300	HCP15	1527	O	ID	1/2	S	Exception Code	

LOOP ID - 2305 HOME HEALTHCARE PLAN INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2305	LOOP 2305					S-6	HOME HEALTH CARE PLAN INFORMATION	
2305	CR7		O	ID	3/3	S-1	Home Health Treatment Plan Certification Information.	
2305	CR701	921	M	ID	2/2	R	Discipline Type Code	
2305	CR702	1470	M	N0	1/9	R	Total Visits Rendered Count	
2305	CR703	1470	M	N0	1/9	R	Certification Period Projected	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Visit Count	
2305	HSD		O	ID	3 / 3	S-3	Home Health Care Services Delivery Information	
2305	HSD01	673	X	ID	2/2	S	Quantity Qualifier	VS (Visits)
2305	HSD02	380	X	R	1/15	S	Number Of Visits	
2305	HSD03	355	O	ID	2/2	S	Modulus UBM Code	Verify Hipaa implementation guide for code list
2305	HSD04	1167	O	R	1/6	S	Modulus, Amount	
2305	HSD05	615	X	ID	1/2	S	Time Period Qualifier	7 (Day), 35 (Week).
2305	HSD06	616	O	N0	1/3	S	Number of Periods	
2305	HSD07	678	O	ID	1/2	S	Calendar Pattern Code	Verify Hipaa implementation guide for code list
2305	HSD08	679	O	ID	1/1	S	Delivery Pattern Time Code	D (A.M.) E (P.M.) F (As Directed)

LOOP ID - 2310A REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310A	LOOP 2310 A				S-2	REFERRING PCP / PROVIDER	LIMIT OF 1 PER CLAIM	
2310A	NM1		O	ID	3 / 3	S-1	Referring Provider Name Information	
2310A	NM101	98	M	ID	2/3	R	Entity Identifier Code	DN(Referring Provider Use on first iteration of this loop. Use

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								if loop is used only once.) P3 (Primary Care Provider Use only if loop is used twice. Use only on second iteration of this loop.)
2310A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310A	NM103	1035	O	AN	1/35	R	Referring Provider Last Name	
2310A	NM104	1036	O	AN	1/25	S	Referring Provider First Name	Required if NM102=1 (person).
2310A	NM105	1037	O	AN	1/25	S	Referring Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2310A	NM106					N/U		
2310A	NM107	1039	O	AN	1/10	S	Referring Provider Name Suffix	Required if NM102=1 (person).
2310A	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310A	NM109	67	X	AN	2/80	S	Referring Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2310A	PRV		O	ID	3/3	S-1	Referring Provider	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Specialty Information	
2310A	PRV01	1221	M	ID	1/3	R	Provider Code	RF (Referring)
2310A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2310A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2310A	REF		O	ID	3/3	S-5	Referring Provider Secondary Identification Numbers	
2310A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310A	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2310B RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310B	LOOP 2310B					S-1	RENDERING PROVIDER INFORMATION	
2310B	NM1		O	ID	3/3	S-1	Rendering Provider Name Information	
2310B	NM101	98	M	ID	2/3	R	Entity Identifier Code	82 (Rendering Provider)
2310B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								Entity)
2310B	NM103	1035	O	AN	1/35	R	Last Name or Organization Name	
2310B	NM104	1036	O	AN	1/25	S	Rendering Provider First Name	Required if NM102=1 (person).
2310B	NM105	1037	O	AN	1/25	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2310B	NM106					N/U		
2310B	NM107	1039	O	AN	1/10	S	Rendering Provider Name Suffix	Required if NM102=1 (person).
2310B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310B	NM109	67	X	AN	2/80	R	Rendering Provider ID	Use this reference number as qualified by the preceding data element (NM108)
2310B	PRV		O	ID	3/3	S-1	Rendering Provider Specialty Information	
2310B	PRV01	1221	M	ID	1/3	R	Provider Code	PE (Performing)
2310B	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2310B	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2310B	REF		O	ID	3/3	S-5	Rendering Provider Secondary Identification Numbers	

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

LOOP ID - 2310C PURCHASED SERVICE PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310C	LOOP 2310 C				S-1	PURCHASE SERVICE PROVIDER INFORMATION		
2310C	NM1		O	ID	3/3	S-1	Purchase Service Provider Name Information	
2310C	NM101	98	M	ID	2/3	R	Entity Identifier Code	QB (Purchase Service Provider)
2310C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310C	NM103	1035	O	AN	1/35	R	Name Last or Organization Name	
2310C	NM104	1036	O	AN	1/25	S	Name First	Required if NM102=1 (person).
2310c	NM105	1037	O	AN	1/25	S	Name Middle	Required if NM102=1 and the middle

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								name/initial of the person is known.
2310C	NM106-107					N/U		
2310C	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310C	NM109	67	X	AN	2/80	S	Purchase/Service Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2310C	REF		O	ID	3/3	S-5	Purchase Service Provider Secondary	
							Identification Numbers	
2310C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310C	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2310D SERVICE FACILITY LOCATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310D	LOOP 2310 D				S-1	SERVICE FACILITY INFORMATION		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310D	NM1		O	ID	3 / 3	S-1	Service Facility Name Information	
2310D	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2310D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310D	NM103	1035	O	AN	1/35	S	Laboratory or Facility Name	
2310D	NM104-07					N/U		
2310D	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310D	NM109	67	X	AN	2/80	S	Service Facility Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2310D	N3		O	ID	2 / 2	R-1	Service Facility Location Address	
2310D	N301	166	M	AN	1/55	R	Laboratory or Facility Address Line 1	
2310D	N302	166	O	AN	1/55	S	Laboratory or Facility Address Line 2	
2310D	N4		O	ID	2 / 2	R-1	Service Facility Location City/State/Zip Code	
2310D	N401	19	O	AN	2/30	R	Laboratory or Facility City Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310D	N402	156	O	ID	2/2	R	Laboratory or Facility State/Province Name	
2310D	N403	116	O	ID	3/15	R	Laboratory or Facility Zip Code	Sized to 9 bytes.
2310D	N404	26	O	ID	2/3	S	Laboratory or Facility Country Code	
2310D	REF		O			S-5	Service Facility Location Secondary Identification Numbers	
2310D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310D	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2310E SUPERVISING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310E	LOOP 2310 E					S-1	SUPERVISING PROVIDER INFORMATION	
2310E	NM1		O	ID	3/3	S-1	Supervision Provider Name Information	
2310E	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2310E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2310E	NM103	1035	O	AN	1/35	R	Supervising Provider Last Name	
2310E	NM104	1036	O	AN	1/25	R	Supervising Provider First Name	Required if NM102=1 (person).
2310E	NM105	1037	O	AN	1/25	S	Supervising Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2310E	NM106					N/U		
2310E	NM107	1039	O	AN	1/10	S	Supervising Provider Name Suffix	Required if NM102=1 (person).
2310E	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2310E	NM109	67	X	AN	2/80	S	Supervising Provider Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2310E	REF		O	ID	3/3	S-5	Supervising Provider Secondary Identification Numbers	Only some receivers will be passed this information.
2310E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2310E	REF02	127	X	AN	1/30	R	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	HPS
2320	LOOP 2320					S-10	OTHER SUBSCRIBER INFORMATION	LIMIT OF 4 PER CLAIM
2320	SBR		O	ID	3/3	S-1	Subscriber Information	
2320	SBR01	1138	M	ID	1/1	R	Payer Responsibility Sequence Number Code	Verify Hipaa implementation guide for code list
2320	SBR02	1069	O	ID	2/2	R	Individual Relationship Code	Verify Hipaa implementation guide for code list
2320	SBR03	127	O	AN	1/30	S	Insured Group or Policy Number	
2320	SBR04	93	O	AN	1/60	S	Group or Plan Name	
2320	SBR05	1336	O	ID	1/3	R	Insurance Type Code	
2320	SBR06-08					N/U		
2320	SBR09	1032	O	ID	1/2	S	Claim Filing Indicator Code	Verify Hipaa implementation guide for code list
2320	CAS		O	ID	3/3	S-5	Claim Level Adjustments	Some values may not be supported by all receivers.
2320	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	Verify Hipaa implementation guide for code list
2320	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS03	782	M	R	1/18	R	Adjustment Amount	Sized to 8 bytes.
2320	CAS04	380	O	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS06	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS07	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS09	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS10	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS12	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS13	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS15	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS16	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2320	CAS18	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2320	CAS19	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Payer Paid Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Payer Paid Amount	Sized to 8 bytes. \$999,999.99
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Approved Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Approved Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Allowed Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Allowed Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Patient Responsibility Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Patient Responsibility Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Covered Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Covered Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Discount Amount	

Loop	Segment	Data Element	Condition	Data Element Types	Min/Max	Usage	Description	HPS
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Discount Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Per Day Limit Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Per Day Limit Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Patient Paid Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Patient Paid Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Tax Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Tax Amount	
2320	AMT		O	ID	3/3	S-1	Coordination of Benefits (COB) Total Claim Before Taxes Amount	
2320	AMT01	522	M	ID	1/3	R	Amount Qualifier Code	
2320	AMT02	782	M	R	1/18	R	Other Payer Pre-Tax Claim Total Amount	
2320	DMG		O	ID	3/3	S-1	Subscriber Demographic Information	
2320	DMG01	1250	X	ID	2/3	R	DTP Format Qualifier	D8 (Date Expressed in Format CCYYMMDD)

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	DMG02	1251	X	AN	1/35	R	Subscriber Birth Date	
2320	DMG03	1068	O	ID	1/1	R	Other Insured Gender Code	Verify Hipaa implementation guide for code list
2320	OI		O	ID	2 / 2	R-1	Other Insurance Coverage Information	
2320	OI01-02					N/U		
2320	OI03	1073	O	ID	1/1	R	Benefits Assignment Certification Indicator	Verify Hipaa implementation guide for code list
2320	OI04	1351	O	ID	1/1	S	Patient Signature Source Code	Verify Hipaa implementation guide for code list
2320	OI05					N/U		
2320	OI06	1363	O	ID	1/1	R	Release of Information Code	Verify Hipaa implementation guide for code list
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	HCPCS Payable Amount	
2320	MOA03	127	O	R	1/30	S	Claim Payment Remark Code	
2320	MOA04	127	O	AN	1/30	S	Claim Payment Remark Code	
2320	MOA05	127	O	AN	1/30	S	Claim Payment Remark Code	
2320	MOA06	127	O	AN	1/30	S	Claim Payment Remark Code	
2320	MOA07	127	O	AN	1/30	S	Claim Payment Remark Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2320	MOA08	782	O	R	1/18	S	End Stage Renal Disease Payment Amount	
2320	MOA09	782	O	R	1/18	S	Nonpayable Professional Component Billed Amount	

LOOP ID - 2330A OTHER SUBSCRIBER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330A	LOOP 2330 A				R-1	OTHER SUBSCRIBER NAME		
2330A	NM1		O	ID	3/3	R-1	Individual or Organization Name	
2330A	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2330A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330A	NM103	1035	O	AN	1/35	R	Other Subscriber Last Name	
2330A	NM104	1036	O	AN	1/25	S	Other Subscriber First Name	Required if NM102=1 (person).
2330A	NM105	1037	O	AN	1/25	S	Other Subscriber Middle Name	Required if NM102=1 and the middle name/initial of the person is

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								known.
2330A	NM106					N/U		
2330A	NM107	1039	O	AN	1/10	S	Name Suffix	Required if NM102=1 (person).
2330A	NM108	66	X	ID	1/2	R	Identification Number Qualifier	Verify Hipaa implementation guide for code list
2330A	NM109	67	X	AN	2/80	R	Other Subscriber Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2330A	N3		O	ID	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 Subscriber 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	
2330A	N403	116	O	ID	3/15	S	Other Insured Zip Code	Sized to 9 bytes.
2330A	N404	26	O	ID	2/3	S	Subscriber Country Code	
2330A	REF		O	ID	3/3	S-3	Other Subscriber	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Secondary Information	
2330A	REF01	128	M	ID	2/3	R	Reference Id Qualifier	Verify Hipaa implementation guide for code list
2330A	REF02	127	X	AN	1/30	R	Other Subscriber Secondary ID	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330B OTHER PAYER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	LOOP 2330 B					R-1	OTHER PAYER NAME	
2330B	NM1		O	ID	3/3	R-1	Other Payer Name	
2330B	NM101	98	M	ID	2/3	R	Entity Identifier Code	PR (Payer)
2330B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2330B	NM103	1035	O	AN	1/35	R	Other Payer Last/Org Name	
2330B	NM104-07					N/U		
2330B	NM108	66	X	ID	1/2	R	Identification Code Qualifier	PI (Payor Identification, XV (Health Care Financing Administration National PlanID)
2330B	NM109	67	X	AN	2/80	R	Other Payer Primary Identifier	This number must be identical to SVD01 (Loop

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								ID-2430) for COB.
2330B	PER		O	ID	3 / 3	S-2	Other Payer Contact Information	
2330B	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
2330B	PER02	93	O	AN	1/60	R	Other Payer Contact Name	
2330B	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2330B	PER04	364	X	AN	1/80	R	Communication Number	Use this reference number as qualified by the preceding data element
2330B	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2330B	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2330B	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2330B	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2330B	DTP		O	ID	3 / 3	S-1	Claim Adjudication Date	
2330B	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2330B	DTP03	1251	M	AN	1/35	R	Adjudication or Payment Date	
2330B	REF		O	ID	3/3	S-2	Other Payer Secondary Identifier	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	FY (Claim Office Number) is the only data that will be passed.
2330B	REF02	127	X	AN	1/30	R	Other Payer Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
2330B	REF		O	ID	3/3	S-2	Other Payer Prior Authorization or Referral Number	
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	9F(Referral Number) will pass to all receivers and G1(Prior Authorization Number) will pass to some receivers.
2330B	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2330B	REF		O	ID	3/3	S-2	Other Payer Claim Adjustment Indicator	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330B	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330B	REF02	127	X	AN	1/30	R	Other Payer Claim Adjustment Indicator	Use this reference number as qualified by the preceding data element (REF01).

LOOP 2330C OTHER PAYER INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330C	LOOP 2330C				S-1	OTHER PAYER PATIENT INFORMATION		
2330C	NM1		O	ID	3/3	S-1	Individual or Organization Name	
2330C	NM101	98	M	ID	2/3	R	Entity Identifier Code	QC (Patient)
2330C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2330C	NM103-07					N/U		
2330C	NM108	66	X	ID	1/2	R	Identification Code Qualifier	MI (Member Identification Number)
2330C	NM109	67	X	AN	2/80	R	Other Payer Patient Primary Identifier	Use this reference number as qualified by the preceding data element (NM108)
2330C	REF		O	ID	3/3	S-3	Other Payer Patient Identification	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330C	REF02	127	X	AN	1/30	R	Reference Identifiers	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330D OTHER PAYER REFERRING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330 D	LOOP 2330 D				S-2	OTHER PAYER REFERRING / P CP PROVIDER INFORMATION		
2330 D	NM1		O	ID	3 / 3	S-1	Other Payer Referring Provider Name Information	
2330 D	NM101	98	M	ID	2/3	R	Entity Identifier Code	DN (Referring Provider Use on first iteration of this loop. Use only once.) P3 (Primary Care Provider Use only if loop is used twice. Use only on second iteration of this loop.)

2330 D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non- Person Entity)
2330 D	NM103- 111					N/U		
2330 D	REF		O	ID	3/3	S-3	Other Payer Referring Provider Secondary Identificati on Numbers	
2330 D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementati on guide for code list
2330 D	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330E OTHER PAYER RENDERING PROVIDER

LOOP	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2330E	LOOP 2330 E					S-1	OTHER PAYER RENDERING PROVIDER INFORMATION	
2330E	NM1		O	ID	3/3	S-1	Rendering Provider Name Information	
2330E	NM101	98	M	ID	2/3	R	Entity Identifier Code	82 (Rendering Provider)
2330E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330E	NM103- 111					N/U		
2330E	REF		O	ID	3/3	S-3	Other Payer Rendering Provider Secondary	

							Identification Numbers	
2330E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330E	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330F OTHER PAYER PURCHASED SERVICE PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330F	LOOP 2330 F					S-1	OTHER PAYER PURCHASE SERVICE PROVIDER INFORMATION	
2330F	NM1		O	ID	3/3	S-1	Other Payer Purchase Service Provider Name Information	
2330F	NM101	98	M	ID	2/3	R	Entity Identifier Code	QB(Purchase Service Provider)
2330F	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330F	NM103-111					N/U		
2330F	REF		O	ID	3/3	S-3	Other Payer Purchase Service Provider Secondary Identification Numbers	
2330F	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

2330F	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).
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LOOP ID - 2330G OTHER PAYER SERVICE FACILITY LOCATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330G	LOOP 2330 G				S-1	OTHER PAYER SERVICE FACILITY INFORMATION		
2330G	NM1		O	ID	3/3	S-1	Other Payer Service Facility Name Information	
2330G	NM101	98	M	ID	2/3	R	Entity Identifier Code	
2330G	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	
2330G	NM103-11					N\U		
2330G	REF		O	ID	3/3	S-3	Other Payer Service Facility Secondary Identification Numbers	
2330G	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330G	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2330H OTHER PAYER SUPERVISING PROVIDER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2330H	LOOP 2330H				S-1	OTHER PAYER SUPERVISING PROVIDER INFORMATION		
2330H	NM1		O	ID	3/3	S-1	Other Payer Supervising Provider Name Information	
2330H	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2330H	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2330H	NM103-11					N\U		
2330H	REF		O	ID	3/3	S-3	Other Payer Supervising Provider Secondary Identification Numbers	
2330H	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2330H	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2400 SERVICE LINE

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	LOOP 2400					R-50	SERVICE LINE NUMBER	
2400	LX		O	ID	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	SV1		O	ID	3 / 3	R-1	Professional Service	
2400	SV101	C003	M			R	Composite Medical Procedure Identifier	
2400	SV101-1	235	M	ID	2/2	R	Product or Service ID Qualifier	Some values may not be supported by all receivers.
2400	SV101-2	234	M	AN	1/48	R	Procedure Code	
2400	SV101-3	1339	O	AN	2/2	S	Procedure Modifier 1	
2400	SV101-4	1339	O	AN	2/2	S	Procedure Modifier 2	
2400	SV101-5	1339	O	AN	2/2	S	Procedure Modifier 3	
2400	SV101-6	1339	O	AN	2/2	S	Procedure Modifier 4	
2400	SV101-7					N/U		

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	SV102	782	O	R	1/18	R	Line Item Charge Amount	Sized to 8 bytes. \$999,999.99
2400	SV103	355	X	ID	2/2	R	UBM Service Units	F2 may not supported to all receivers.
2400	SV104	380	X	R	1/15	R	Service Unit Count	Sized to 3 bytes.
2400	SV105	1331	O	AN	1/2	S	Facility Code Value	Verify Hipaa implementation guide for code list
2400	SV106	1365	O	ID	1/2	N/U	Service Type Code	
2400	SV107	C004	O			S	Diagnosis Code Pointer	
2400	SV107-1	1328	M	N0	1/2	R	Diagnosis Code Pointer	Sized to 1 byte.
2400	SV107-2	1328	O	N0	1/2	S	Diagnosis Code Pointer	Sized to 1 byte.
2400	SV107-3	1328	O	N0	1/2	S	Diagnosis Code Pointer	Sized to 1 byte.
2400	SV107-4	1328	O	N0	1/2	S	Diagnosis Code Pointer	Sized to 1 byte.
2400	SV108				1/18	N/U		
2400	SV109	1073	O	ID	1/1	S	Emergency Indicator	
2400	SV110					N/U		
2400	SV111	1073	O	ID	1/1	S	EPSDT Indicator	
2400	SV112	1073	O	ID	1/1	S	Family Planning Indicator	
2400	SV113-114					N/U		
2400	SV115	1327	O	ID	1/1	S	Copay Status Code	
2400	SV5		O	ID	3/3	S-1	Durable Medical Equipment Service	
2400	SV501	C003	M			R	Composite Medical Procedure Identifier	
2400	SV501-1	235	M	ID	2/2	R	Product / Service ID Qualifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	SV501-2	234	M	AN	1/48	R	Procedure Code	
2400	SV501-3 - 501-7				N/U			
2400	SV502	355	M	ID	2/2	R	Unit or Basis For Measurement Code	
2400	SV503	380	M	R	1/15	R	Length of Medical Necessity	
2400	SV504	782	X	R	1/18	S	DME Rental Amount	
2400	SV505	782	X	R	1/18	S	DME Purchase Price	
2400	SV506	594	O	ID	1/1	S	Rental Unit Price Indicator	
2400	PWK		O	ID	3/3	S-1	DMERC CMN Indicator	
2400	PWK01	755	M	ID	2/2	R	Report Type Code	
2400	PWK02	756	O	ID	1/2	R	Attachment Transmission Code	
2400	CR1		O	ID	3/3	S-1	Ambulance Transport Information	
2400	CR101	355	X	ID	2/2	S	Unit or Basis For Measurement Code	
2400	CR102	81	X	R	1/10	R	Patient Weight	
2400	CR103	1316	O	ID	1/1	R	Ambulance Transport Code	
2400	CR104	1317	O	ID	1/1	R	Ambulance Transport Reason Code	
2400	CR105	355	X	ID	2/2	R	UBM	
2400	CR106	380	X	R	1/15	R	Transport Distance	
2400	CR107-108					N/U		
2400	CR109	352	O	AN	1/80	S	Round Trip Purpose Description	
2400	CR110	352	O	AN	1/80	S	Stretcher Purpose Description	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	CR2		O	ID	3/3	S-1	Spinal Manipulation Service Information	
2300	CR201-207					N/U		
2400	CR208	1342	O	ID	1/1	R	Patient Condition Code	
2400	CR209					N/U		
2400	CR210	352	O	AN	1/80	S	Patient Condition Description	
2400	CR211	352	O	AN	1/80	S	Patient Condition Description	
2400	CR212	1073	O	ID	1/1	S	X-Ray Availability Indicator	
2400	CR3		O	ID	3/3	S-1	Durable Medical Equipment Certification	
2400	CR301	1322	O	ID	1/1	R	Certification Type Code	
2400	CR302	355	X	ID	2/2	R	UBM Code	
2400	CR303	380	X	R	1/15	R	Durable Medical Equipment Duration	
2400	CR5		O	ID	3/3	S-1	Home Oxygen Therapy Information	
2400	CR501	1322	O	ID	1/1	R	Certification Type Code	
2400	CR502	380	O	R	1/15	R	Treatment Period Count	
2400	CR503-509					N/U		
2400	CR510	380	O	R	1/15	S	Arterial Blood Gas Quantity	
2400	CR511	380	O	R	1/15	S	Oxygen Saturation Quantity	
2400	CR512	1349	O	ID	1/1	R	Oxygen Test Condition Code	
2400	CR513	1350	O	ID	1/1	S	Oxygen Test Findings Code	
2400	CR514	1350	O	ID	1/1	S	Oxygen Test Condition Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	CR515	1350	O	ID	1/1	S	Oxygen Test Findings Code	
2400	CRC		O	ID	3/3	S-3	Ambulance Certification	
2400	CRC01	1136	M	ID	2/2	R	Code Category	
2400	CRC02	1073	M	ID	1/1	R	Certification Condition Indicator	
2400	CRC03	1321	M	ID	2/2	R	Condition Code	
2400	CRC04	1321	O	ID	2/2	S	Condition Code	
2400	CRC05	1321	O	ID	2/2	S	Condition Code	
2400	CRC06	1321	O	ID	2/2	S	Condition Code	
2400	CRC07	1321	O	ID	2/2	S	Condition Code	
2400	CRC		O	ID	3/3	S-1	Hospice Employee Indicator	Only some receivers will be passed this information.
2400	CRC01	1136	M	ID	2/2	R	Code Category	
2400	CRC02	1073	M	ID	1/1	R	Hospice Employee Provider Indicator	Verify Hipaa implementation guide for code list.
2400	CRC03	1321	M	ID	2/2	R	Condition Indicator	
2400	CRC		O	ID	3/3	S-2	DMERC Condition Indicator	
2400	CRC01	1136	M	ID	2/2	R	Code Category	
2400	CRC02	1073	M	ID	1/1	R	Certification Code Indicator	
2400	CRC03	1321	M	ID	2/2	R	Condition Indicator	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	CRC04	1321	O	ID	2/2	S	Condition Indicator	
2400	CRC05	1321	O	ID	2/2	S	Condition Indicator	
2400	CRC06	1321	O	ID	2/2	S	Condition Indicator	
2400	CRC07	1321	O	ID	2/2	S	Condition Indicator	
2400	DTP		O	ID	3/3	R-1	Service Line Date or Time or Period	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	Date Time Period Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	DTP Dates	
2400	DTP		O	ID	3/3	S-1	Date - Certification Revision	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Certification Revision Date	
2400	DTP		O	ID	3/3	S-1	Date - Begin Therapy	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	DTP03	1251	M	AN	1/35	R	Begin Therapy Date	
2400	DTP		O	ID	3/3	S-1	Date - Last Certification	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Last Certification Date	
2400	DTP		O	ID	3/3	S-1	Date - Last Seen	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Treatment or Therapy Date	
2400	DTP		O	ID	3/3	S-2	HGB Date - Test	
2400	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Date Time Period	
2400	DTP		O	ID	3/3	S-3	Date - Oxygen Saturation / Arterial Blood Gas Test	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Oxygen Saturation Test Date	
2400	DTP		O	ID	3/3	S-1	Date - Shipped	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	Date Expressed in Format	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Shipped Date	
2400	DTP		O	ID	3/3	S-1	Date - Onset of Current Symptom / Illness	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Onset Date	
2400	DTP		O	ID	3/3	S-1	Date - Last X-Ray	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Last X-Ray Date	
2400	DTP		O	ID	3/3	S-1	Date - Acute Manifestation	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Acute Manifestation Date	
2400	DTP		O	ID	3 / 3	S-1	Date - Initial Treatment	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Initial Treatment Date	
2400	DTP		O	ID	3 / 3	S-1	Date - Similar Illness/Symptom Onset	
2400	DTP01	374	M	ID	3/3	R	Date Time Qualifier	Verify Hipaa implementation guide for code list
2400	DTP02	1250	M	ID	2/3	R	DTP Format Qualifier	Verify Hipaa implementation guide for code list
2400	DTP03	1251	M	AN	1/35	R	Similar Illness or Symptom Date	
2400	MEA		O	ID	3 / 3	S-20	Test Result	Some values may not be supported by all receivers.
2400	MEA01	737	O	ID	2/2	R	Measurement Reference Identification Code	Verify Hipaa implementation guide for code list
2400	MEA02	738	O	ID	1/3	R	Measurement Qualifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	MEA03	739	X	R	1/20	R	Test Results	
2400	CN1		O	ID	3/3	S-1	Contract Information	
2400	CN101	1166	M	ID	2/2	R	Contract Type Code	
2400	CN102	782	O	R	1/18	S	Contract Amount	
2400	CN103	332	O	R	1/6	S	Contract Percentage	
2400	CN104	127	O	AN	1/30	S	Contract Code	
2400	CN105	338	O	AN	1/6	S	Terms Discount Percentage	
2400	CN106	799	O	AN	1/30	S	Contract Version Identifier	
2400	REF		O	ID	3/3	S-1	Repriced Line Item Reference Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Repriced Line Item Reference Number	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-1	Adjusted Repriced Line Item Reference Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Adjusted Repriced Line Item Reference 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	HPS
2400	REF		O	ID	3 / 3	S-2	Prior Authorization or Referral Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3 / 3	S-1	Line Item Control Number	Only some receivers will be passed this information.
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Line Item Control Number	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3 / 3	S-1	Mammography Certification Number	Only some receivers will be passed this information.
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	
2400	REF02	127	X	AN	1/30	R	Mammography Certification Number	
2400	REF		O	ID	3 / 3	S-1	CLIA Number	Only some receivers will be passed this information.
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								list
2400	REF02	127	X	AN	1/30	R	CLIA Identification	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-1	Referring CLIA Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Referring CLIA Number	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-1	Immunization Batch Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Immunization Batch Number	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-4	Ambulatory Patient Group (APG) Number	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Ambulatory Patient Group Number	Use this reference number as qualified by the preceding data

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								element (REF01).
2400	REF		O	ID	3/3	S-1	Oxygen Flow Rate	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Oxygen Flow Rate	Use this reference number as qualified by the preceding data element (REF01).
2400	REF		O	ID	3/3	S-1	Universal Product Number (UPN)	
2400	REF01	128	M	ID	2/3	R	Reference Qualifier	Verify Hipaa implementation guide for code list
2400	REF02	127	X	AN	1/30	R	Universal Product Number	Use this reference number as qualified by the preceding data element (REF01).
2400	AMT		O	ID	3/3	S-1	Sales Tax Amount	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	
2400	AMT02	782	M	R	1/18	R	Sales Tax Amount	
2400	AMT		O	ID	3/3	S-1	Approved Amount	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	
2400	AMT02	782	M	R	1/18	R	Approved Amount	
2400	AMT		O	ID	3/3	S-1	Postage Claimed Amount	
2400	AMT01	522	M	ID	1/3	R	Amount Qualifier	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	AMT02	782	M	R	1/18	R	Postage Claimed Amount	
2400	K3		O	ID	2/2	S-10	File Information	
2400	K301	449	M	AN	1/80	R	Fixed Format Information	
2400	NTE		O	ID	3/3	S-1	Line Note	
2400	NTE01	363	O	ID	3/3	R	Note Reference Code	Verify Hipaa implementation guide for code list.
2400	NTE02	352	M	AN	1/80	R	Line Note Text	
2400	PS1		O	ID	3/3	S-1	Purchased Service Information	Only some receivers will be passed this information.
2400	PS101	127	M	ID	1/30	R	Purchased Service Provider Identifier	
2400	PS102	782	M	R	1/18	R	Purchased Service Charge Amount	Sized to 8 bytes. \$99,999.99
2400	HSD		O	ID	3/3	S-1	Healthcare Services Delivery	
2400	HSD01	673	X	ID	2/2	S	Quantity Qualifier	
2400	HSD02	380	X	R	1/15	S	Number of Visits	
2400	HSD03	355	O	ID	2/2	S	Frequency Period	
2400	HSD04	1167	O	R	1/6	S	Sample Selection Modulus	
2400	HSD05	615	X	ID	1/2	S	Time Period Qualifier	
2400	HSD06	616	O	N0	1/3	S	Duration of Visits, Number of Units	
2400	HSD07	678	O	ID	1/2	S	Ship/Delivery or Calendar Pattern Code	
2400	HSD08	679	O	ID	1/1	S	Delivery Pattern Time Code	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2400	HCP		O	ID	3/3	S-1	Line Pricing / Repricing Information	
2400	HCP01	1473	X	ID	2/2	R	Pricing Methodology	Verify Hipaa implementation guide for code list.
2400	HCP02	782	O	R	1/18	R	Repriced Allowed Amount	Sized to 8 bytes. \$99,999.99
2400	HCP03	782	O	R	1/18	S	Repriced Savings Amount	Sized to 8 bytes. \$99,999.99
2400	HCP04	127	O	AN	1/30	S	Repricing Organization ID	Sized to 8 bytes.
2400	HCP05	118	O	R	1/9	S	Repricing Per Diem or Flat Rate Amount	Sized to 8 bytes. \$999,999.99
2400	HCP06	127	O	AN	1/30	S	Repriced APG Code	This information may not be available for Usage.
2400	HCP07	782	O	R	1/18	S	Repriced Approved Ambulatory Patient Group Amount	Sized to 8 bytes. \$999,999.99
2400	HCP08					N/U		
2400	HCP09	235	X	ID	2/2	S	Product or Service ID Qualifier	Verify Hipaa implementation guide for code list
2400	HCP10	234	X	AN	1/48	S	Procedure Code	
2400	HCP11	355	X	ID	2/2	S	Unit or Basis for Measurement Code	Verify Hipaa implementation guide for code list
2400	HCP12	380	X	R	1/15	S	Repriced Approved Service Unit Count	
2400	HCP13	901	X	ID	2/2	S	Reject Reason Code	Verify Hipaa implementation guide for code list
2400	HCP14	1526	O	ID	1/2	S	Policy Compliance Code	Verify Hipaa implementation

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								guide for code list
2400	HCP15	1527	O	ID	1/2	S	Exception Code	Verify Hipaa implementation guide for code list.

LOOP ID - 2410 DRUG IDENTIFICATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2410	LOOP 2410					S-25	DRUG IDENTIFICATION	
2410	LIN		O			S-1	LIN	
2410	LIN01					N/U		
2410	LIN02	235	M	ID	2/2	R	Product / Service ID Qualifier	
2410	LIN03	234	M	AN	1/48	R	National Drug Code	
2410	CTP		O			S-1	Drug Pricing	
2410	CTP01-02					N/U		
2410	CTP03	212	X	R	1/17	R	Unit Price / Drug Unit Price	
2410	CTP04	380	X	R	1/15	R	Quantity / National Drug Unit Ct.	
2410	CTP05	C001				R	Composite Unit of Measure	
2410	REF		O			S-1	Prescription Number	
2410	REF01	128	M	ID	2/3	R	Code Qualifier	Verify Hipaa implementation guide for code list
2410	REF02	127	X	AN	1/30	R	Reference ID	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2420A RENDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420A	LOOP 2420 A				S-1	RENDERING PROVIDER INFORMATION		
2420A	NM1		O	ID	3/3	S-1	Rendering Provider Name Information	
2420A	NM101	98	M	ID	2/3	R	Entity Identifier Code	82 (Rendering Provider)
2420A	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person), 2 (Non-Person Entity)
2420A	NM103	1035	O	AN	1/35	R	Last Name or Organization Name	
2420A	NM104	1036	O	AN	1/25	S	Rendering Provider First Name	Required if NM102=1 (person).
2420A	NM105	1037	O	AN	1/25	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
2420A	NM106					N/U		
2420A	NM107	1039	O	AN	1/10	S	Rendering Provider Name Suffix	Required if NM102=1 (person).

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420A	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420A	NM109	67	X	AN	2/80	R	Rendering Provider ID	Use this reference number as qualified by the preceding data element (NM108)
2420A	PRV		O	ID	3 / 3	S-1	Rendering Provider Specialty Information	
2420A	PRV01	1221	M	ID	1/3	R	Provider Code	PE (Performing)
2420A	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	ZZ (Mutually Defined)
2420A	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2420A	REF		O	ID	3 / 3	S-5	Rendering Provider Secondary Identification Numbers	
2420A	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list

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

LOOP ID - 2420B PURCHASED SERVICE PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420B	LOOP 2420 B					S-1	PURCHASE SERVICE PROVIDER INFORMATION	
2420B	NM1		O	ID	3/3	S-1	Purchase Service Provider Name Information	
2420B	NM101	98	M	ID	2/3	R	Entity Identifier Code	QB (Purchase Service Provider)
2420B	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2420B	NM103-107					N/U		
2420B	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420B	NM109	67	X	AN	2/80	S	Purchase/Service Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2420B	REF		O	ID	3/3	S-5	Purchase Service Provider	

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

LOOP ID - 2420C SERVICE FACILITY LOCATION

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420C	LOOP 2420 C				S-1	SERVICE FACILITY INFORMATION		
2420C	NM1		O	ID	3/3	S-1	Service Facility Name Information	
2420C	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2420C	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	2 (Non-Person Entity)
2420C	NM103	1035	O	AN	1/35	S	Service Facility Name	
2420C	NM104-07					N/U		
2420C	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420C	NM109	67	X	AN	2/80	S	Service Facility	Use this reference

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Provider Identifier	number as qualified by the preceding data element (NM108)
2420C	N3		O	ID	2 / 2	R-1	Service Facility Location Address	
2420C	N301	166	M	AN	1/55	R	Service Facility Address Line 1	
2420C	N302	166	O	AN	1/55	S	Service Facility Address Line 2	
2420C	N4		O	ID	2 / 2	R-1	Service Facility Location City/State/Zip Code	
2420C	N401	19	O	AN	2/30	R	Service Facility City Name	
2420C	N402	156	O	ID	2/2	R	Service Facility State/Province Name	
2420C	N403	116	O	ID	3/15	R	Service Facility Zip Code	Sized to 9 bytes.
2420C	N404	26	O	ID	2/3	S	Service Facility Country Code	
2420C	REF		O	ID	3 / 3	S-5	Service Facility Location Secondary Identification Numbers	
2420C	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								code list
2420C	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2420D SUPERVISING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420D	LOOP 2420 D				S-1	SUPERVISING PROVIDER INFORMATION		
2420D	NM1		O	ID	3/3	S-1	Supervising Provider Name Information	
2420D	NM101	98	M	ID	2/3	R	Entity Identifier Code	DQ (Supervising Physician)
2420D	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 Person
2420D	NM103	1035	O	AN	1/35	R	Supervising Provider Last Name	
2420D	NM104	1036	O	AN	1/25	R	Supervising Provider First Name	Required if NM102=1
2420D	NM105	1037	O	AN	1/25	S	Supervising Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420D	NM106					N/U		
2420D	NM107	1039	O	AN	1/10	S	Supervising Provider Name Suffix	Required if NM102=1.
2420D	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420D	NM109	67	X	AN	2/80	S	Purchase/Service Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2420D	REF		O	ID	3/3	S-5	Supervising Provider Secondary Identification Numbers	
2420D	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2420D	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2420E ORDERING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420E	LOOP 2420 E					S-1	ORDERING PROVIDER INFORMATION	
2420E	NM1		O	ID	3/3	S-1	Ordering Provider Name Information	
2420E	NM101	98	M	ID	2/3	R	Entity Identifier Code	DK (Ordering Physician)
2420E	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	1 (Person)
2420E	NM103	1035	O	AN	1/35	R	Last Name or Organization Name	
2420E	NM104	1036	O	AN	1/25	R	Ordering Provider First Name	Required if NM102=1.
2420E	NM105	1037	O	AN	1/25	S	Ordering Provider Middle Name	Required if NM102=1.
2420E	NM106					N/U		
2420E	NM107	1039	O	AN	1/10	S	Ordering Provider Name Suffix	Required if NM102=1.
2420E	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420E	NM109	67	X	AN	2/80	S	Ordering Provider ID	Use this reference number as qualified by the preceding data element (NM108)
2420E	N3		O	ID	2/2	S-1	Ordering Provider Address Information	
2420E	N301	166	M	AN	1/55	R	Ordering Provider Address 1	
2420E	N302	166	O	AN	1/55	S	Ordering Provider	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
							Address 2	
2420E	N4		O	ID	2/2	S-1	Ordering Provider City State and Zip	
2420E	N401	19	O	AN	2/30	R	Ordering Provider City	
2420E	N402	156	O	ID	2/2	R	Ordering Provider State / Province Code	
2420E	N403	116	O	ID	3/15	R	Ordering Provider Zip Code	Sized to 9 bytes.
2420E	N404	26	O	ID	2/3	S	Ordering Provider Country Code	
2420E	REF		O	ID	3/3	S-5	Ordering Provider Secondary Identification Numbers	
2420E	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2420E	REF02	127	X	AN	1/30	R	Provider Secondary	Use this reference number as qualified by the preceding data element (REF01).
2420E	PER		O	ID	3/3	S-1	Ordering Provider Contact Information	
2420E	PER01	366	M	ID	2/2	R	Contact Function Code	IC(Information Contact)
2420E	PER02	93	O	AN	1/60	R	Contact Name	
2420E	PER03	365	X	ID	2/2	R	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2420E	PER04	364	X	AN	1/80	R	Communication Number	Use this reference

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								number as qualified by the preceding data element
2420E	PER05	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2420E	PER06	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element
2420E	PER07	365	X	ID	2/2	S	Communication Number Qualifier	Verify Hipaa implementation guide for code list
2420E	PER08	364	X	AN	1/80	S	Communication Number	Use this reference number as qualified by the preceding data element

LOOP ID - 2420F REFERRING PROVIDER NAME

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420 F	LOOP 2420 F					S-2	REFERRING / PCP PROVIDER INFORMATION	
2420 F	NM1		O	ID	3/3	S-1	Referring Provider Name Information	
2420F	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation guide for code list
2420F	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	
2420F	NM103	1035	O	AN	1/35	R	Referring/PCP Provider Last Name	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420F	NM104	1036	O	AN	1/25	R	Referring Provider First Name	Required if NM102=1
2420F	NM105	1037	O	AN	1/25	S	Referring Provider Middle Name	Required if NM102=1
2420F	NM106					N/U		
2420F	NM107	1039	O	AN	1/10	S	Referring Provider Name Suffix	Required if NM102=1
2420F	NM108	66	X	ID	1/2	S	Identification Code Qualifier	Verify Hipaa implementation guide for code list
2420F	NM109	67	X	AN	2/80	S	Referring Provider Identifier	Use this reference number as qualified by the preceding data element (NM108)
2420 F	PRV		O	ID	3/3	S-1	Referring Provider Specialty Information	
2420F	PRV01	1221	M	ID	1/3	R	Provider Code	
2420F	PRV02	128	M	ID	2/3	R	Reference Number Qualifier	
2420F	PRV03	127	M	AN	1/30	R	Provider Taxonomy Code	
2420 F	REF		O	ID	3/3	S-5	Referring/PCP Provider Secondary Identification Numbers	
2420F	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation guide for code list
2420F	REF02	127	X	AN	1/30	R	Provider Secondary Identifier	Use this reference number as qualified by the preceding data element (REF01).

LOOP ID - 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2420 G	LOOP 2420 G				S-4	OTHER PAYER PRIOR AUTHORIZATION OR	REFERRAL NUMBER	
2420 G	NM1		O	ID	3/3	S-1	Other Payer Name Information	
2420 G	NM101	98	M	ID	2/3	R	Entity Identifier Code	Verify Hipaa implementation on guide for code list
2420 G	NM102	1065	M	ID	1/1	R	Entity Type Qualifier	
2420 G	NM103	1035	O	AN	1/35	R	Other Payer Last Name	
2420 G	NM108	66	X	ID	1/2	R	Identification Code Qualifier	Verify Hipaa implementation on guide for code list
2420 G	NM109	67	X	AN	2/80	R	Other Payer Identifier	Use this reference number as qualified by the preceding data element (NM108)
2420 G	REF		O	ID	3/3	S-2	Other Payer Referral / Prior Authorization Numbers	
2420 G	REF01	128	M	ID	2/3	R	Reference Number Qualifier	Verify Hipaa implementation on guide for code list

2420 G	REF02	127	X	AN	1/30	R	Referral Number	Use this reference number as qualified by the preceding data element (REF01).
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LOOP ID - 2430 LINE ADJUDICATION INFORMATION

Loop	Segment	Data Element	Condition	Data Element Types	Min/ Max	Usage	Description	HPS
2430	LOOP 2430					S-25	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	This number should match NM109 in Loop ID-2330B identifying Other Payer.
2430	SVD02	782	M	R	1/18	R	Service Line Paid Amount	Zero "0" is an acceptable value for this element.
2430	SVD03	C003	O			S	Composite Medical Procedure	Verify Hipaa implementation guide for code list
2430	SVD03-1	235	M	ID	2/2	R	Product or Service ID Qualifier	AD (American Dental Association Codes)
2430	SVD03-2	234	M	AN	1/48	R	Procedure Code	
2430	SVD03-3	1339	O	AN	2/2	S	Procedure Modifier 1	
2430	SVD03-4	1339	O	AN	2/2	S	Procedure Modifier 2	
2430	SVD03-5	1339	O	AN	2/2	S	Procedure Modifier 3	
2430	SVD03-6	1339	O	AN	2/2	S	Procedure Modifier 4	

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	SVD03-7	352	O	AN	1/80	S	Procedure Code Description	
2430	SVD04					N/U		
2430	SVD05	380	O	AN	1/15	R	Paid Service Unit Count	
2430	SVD06	554	O	NO	1/6	S	Bundled Line Number	
2430	CAS		O	ID	3 / 3	S-99	Line Adjustment	
2430	CAS01	1033	M	ID	1/2	R	Claim Adjustment Group Code	Verify Hipaa implementation guide for code list
2430	CAS02	1034	M	ID	1/5	R	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS03	782	M	R	1/18	R	Adjustment Amount	Sized to 8 bytes.
2430	CAS04	380	O	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS05	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS06	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS07	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS08	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS09	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS10	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS11	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS12	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2430	CAS13	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS14	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS15	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS16	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	CAS17	1034	X	ID	1/5	S	Adjustment Reason Code	Verify Hipaa implementation guide for code list
2430	CAS18	782	X	R	1/18	S	Adjustment Amount	Sized to 8 bytes.
2430	CAS19	380	X	R	1/15	S	Adjustment Quantity	Sized to 14 bytes.
2430	DTP		O	ID	3/3	S-1	Line Adjudication Date	
2430	DTP01	374	M	ID	3/3	R	DTP Qualifier	Verify Hipaa implementation guide for code list
2430	DTP02	1250	M	ID	2/3	R	Date	Verify Hipaa implementation guide for code list
2430	DTP03	1251	M	AN	1/35	R	Date Time Period	

LOOP ID - 2440 FORM IDENTIFICATION CODE

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
2440	LOOP 2440					S-5	FORM IDENTIFICATION CODE	
2440	LQ		O	ID	2/2	S-1	Form Identification Code	
2440	LQ01	1270	O	ID	1/3	R	Form Identification Code	

2440	LQ02	1271	X	AN	1/30	R	Form Identifier	
2440	FRM		M	ID	3/3	R-99	Supporting Documentation	
2440	FRM01	350	M	AN	1/20	R	Question Number/Letter	
2440	FRM02	1073	X	ID	1/1	S	Question Response	
2440	FRM03	127	X	AN	1/30	S	Question Response	
2440	FRM04	373	X	DT	8/8	S	Question Response	
2440	FRM05	332	X	R	1/6	S	Question Response	

Level: TRAILER

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
Trailer	TRANSACTION SET TRAILER							
Trailer	SE		M	ID	2/2	R-1	Transaction set trailer	
Trailer	SE01	96	M	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

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
								group (GS-GE) and interchange (ISA-IEA).
Trailer	GE		M	ID	2 / 2	R-1	Functional Group Trailer	
Trailer	GE01	97	M	NO	1 / 6	R	Number Of Transactions Sets Included	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element
Trailer	GE02	28	M	NO	1 / 9	R	Group Control Number	The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Loop	Segment	Data Element	Condition	Data Element Types	Min / Max	Usage	Description	HPS
Trailer	IEA		M	ID	3 / 3	R-1	Interchange Control Identifier	
Trailer	IEA01	I16	M	NO	1/5	R	Number Of Included Functional Groups	A count of the number of functional groups included in an interchange
Trailer	IEA02	I12	M	NO	9/9	R	Interchange Control Number	A control number assigned by the interchange sender