



837I
Inbound
Companion Guide

Institutional Claim Submission

Version 2.2

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SECTION 01: INTRODUCTION

Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and eligibility, be standardized into the same national format for all payers, providers and clearinghouses.

HIPAA specifies the electronic standards that must be followed when certain health care information is exchanged. These standards are published in National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IG) and are referred to as IG throughout this document. The following table illustrates the adopted standards and the related UNIVERSITY HEALTH PLAN (UHP) business categories.

Table 1.1 – Standards and Business Categories

Business Category	Transaction Name – Implementation Guide (IG)	Description
Enrollment Roster	ASC X12N 834 (004010X095A1)	Enrollment/Disenrollment in a Health Plan
Capitation Payment Reporting	ASC X12N 820 (004010X061A1)	Health Plan Premium Payments
Claims Processing	ASC X12N 837 (004010X098A1)	Healthcare Claim or Encounter: Professional
Claims Processing	ASC X12N 837 (004010X097A1)	Healthcare Claim or Encounter: Dental
Claims Processing	ASC X12N 837 (004010X096A1)	Healthcare Claim or Encounter: Institutional
Explanation of Payment/Remittance Advice	ASC X12N 835 (004010X091A1)	Claim payment and Remittance Advice
Eligibility Verification	ASC X12N 270/271 (004010X092A1)	Health Plan Eligibility
Claim Status	ASC X12N 276/277 (004010X093A1)	Health Claim Status
Prior Authorization	ASC X12N 278 (004010X094A1)	Referral Certification and Authorization

The IG's are available for download through the Washington Publishing Company Web site at <http://hipaa.wpc-edi.com>. Developers should have copies of the respective IG's prior to beginning the development process.

UNIVERSITY HEALTH PLAN has developed technical companion guides to assist application developers during the implementation process. The information contained in the UNIVERSITY HEALTH PLAN Companion Guide is only intended to supplement the adopted IG's and provide guidance and clarification as it applies to UNIVERSITY HEALTH PLAN. The

UNIVERSITY HEALTH PLAN Companion Guide is never intended to modify, contradict, or interpret the rules established in HIPAA or IG's.

EDI Registration and Trading Partner Agreements

EDI Registration

There is no EDI Enrollment form to be filled out, however, prior to submitting claims electronically to UNIVERSITY HEALTH PLAN, providers are encouraged to contact the Provider Relations Department and verify the appropriate provider number(s) are on file. In order for EDI claims to be accepted into the Claim Processing system, the provider number must be on file.

Trading Partner Agreement

Anyone wanting to exchange Health Information electronically directly with UNIVERSITY HEALTH PLAN must complete and submit a Trading Partner Agreement form.

Data Flow

UNIVERSITY HEALTH PLAN has secure options available for exchanging data electronically. All transactions will be submitted in a batch mode. *Section 02: Method of Transmission* provides information on data transmissions.

For each batch transaction received, UNIVERSITY HEALTH PLAN will return a 997 – Functional Acknowledgement. This file acknowledges the receipt of the file and reports any data compliance issues. UNIVERSITY HEALTH PLAN also expects to receive a 997 – Functional Acknowledgement transaction when the trading partner receives any outbound batch transaction. For additional information about the use of the 997 transactions, refer to *Section 04: Acknowledgements and Reports*, of this companion guide.

UNIVERSITY HEALTH PLAN has created an Audit Report for any health care claim transaction (837I and 837P) received. This is not a HIPAA-mandated report; however it summarizes the number of claims received and any claims that were rejected due to invalid information. Additional information is available in *Section 04 – Acknowledgements and Reports*.

A batch request or inquiry transaction, 270, 276, 278 results in the creation of the response transaction, 271, 277 or 278 respectively. UNIVERSITY HEALTH PLAN will post the responses in a reasonable amount of time for the requestor to retrieve. *Section 02: Method of Transmission* provides communication specifications for data exchange.

Finally, some transactions can be submitted interactively. UNIVERSITY HEALTH PLAN only creates a 997 – *Acknowledgement* for an interactive request transaction if it fails the compliance check. Otherwise, the appropriate response transaction serves as the acknowledgement of the receipt of the transaction.

Processing Assumptions

Some transactions are created and generated by, or on behalf of, a provider. Others are created by UNIVERSITY HEALTH PLAN either in response to a request received from a provider or as a means to provide pertinent information to providers or contracted vendors. The following list identifies each transaction by UNIVERSITY HEALTH PLAN's definition as inbound and/or outbound:

Table 1.2 –UNIVERSITY HEALTH PLAN Transaction Definition

Inbound	Outbound
NCPDP (Provider)	NCPDP (State Agency)
270	271
276	277
278 (request)	278 (response)
820 (State Agency)	820 (Provider)
834 (State Agency)	834 (Provider)
835 (State Agency)	835 (Provider)
837I (Provider)	837I (State Agency)
837P (Provider)	837P (State Agency)
837D (Provider)	837D (State Agency)

Basic Technical Information

The following list includes basic technical information for each transaction:

- Lower case characters on inbound transactions are converted to uppercase on outbound transactions
- The following delimiters are used for all outbound transactions:

*	(Asterisk)	=	Data element separator
:	(Colon)	=	Sub element separator
~	(Tilde)	=	Segment separator
- All monetary amounts and quantity fields have explicit decimals. The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer, with the decimal point at the right end, the decimal point should be omitted. See the *IG* for additional clarification. UNIVERSITY HEALTH PLAN is referred to as UNIVERSITY HEALTH PLAN in applicable Submitter and Receiver segments.
- The *TA1 – Interchange Acknowledgement*, is not used.
- The *997 – Functional Acknowledgement*, is generated in response to all inbound batch transactions.

- The *997 – Functional Acknowledgement*, is expected in response to all outbound batch transactions created by UNIVERSITY HEALTH PLAN.
- Required data elements considered non-critical to UNIVERSITY HEALTH PLAN processing that must be returned on outbound transactions, such as member's birth date, are returned as they appear on the UNIVERSITY HEALTH PLAN files.
- If one item within a functional group is non-compliant, the entire transaction, ST-SE, is rejected.
- Data elements required by the *IG*, but not used by UNIVERSITY HEALTH PLAN can be gap-filled with any valid value to avoid compliance errors.

Provider Selection Criteria Information

The following criteria will be used to select the appropriate provider for claim processing.

- **NM109 = Provider NPI**
- **REF01 = Tax ID**
- **PRV03 = Provider Taxonomy**
- **N403 = Provider 9-digit Zip Code (required in loop 2010AA only)**

Loop 2010AA – Billing Provider is a required loop. The provider TaxID, NPI and Taxonomy Code are required in this loop. The billing provider can also be the pay-to provider as well as the rendering provider.

Provider Selection Criteria if used from loop 2010AA:

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code

If the Pay-To provider on the claim is different then the Billing provider, the provider TaxID, NPI and Taxonomy Code are required in Loop 2010AB.

Provider Selection Criteria if used from loop 2010AB:

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code

Atypical Provider Selection Criteria Information

Atypical providers – are not always assigned a NPI number, however, if an Atypical provider has been assigned a NPI number, then they need to follow the same requirements as Medical providers.

Atypical Providers who provide non-medical services are not required to have an NPI number, (e.g., carpenters, transportation, etc.).

Atypical providers need to only send the Provider TaxID in the NM1 segment and their Medicaid number or Health Plan Identifier in REF segment.

Atypical Provider Selection Criteria used in all loops:

- NM108 = qualifier 24, NM109 = Provider TaxID number
- N403 = Provider 9-digit Zip Code (required in loop 2010AA only)
- REF01 = qualifier 1D, REF02 = Medicaid number or Health Plan Identifier

SECTION 02: METHOD OF TRANSMISSION

Communications

The methods of sending and receiving electronic transactions with UNIVERSITY HEALTH PLAN are:

- ✓ UNIVERSITY HEALTH PLAN an Bulletin Board System (BBS)
 - Requires terminal emulation software
 - Hypterminal (standard on windows O/S), ProComm Plus, Tiny Term
- ✓ UNIVERSITY HEALTH PLAN secure ftp site (sftp)
 - Requires transfer client that can support SSL/TLS:
 - CoreFTP, CuteFtp, WSFTP Pro

If you would prefer to utilize the UNIVERSITY HEALTH PLAN's BBS, please contact an EDI Business Analyst at 800-225-2573 extension 25525. Direct submitters are required to receive approval from the health plan along with completion of the EDI Trading Partner Agreement.

SECTION 03: INTERCHANGE CONTROL STRUCTURE

Overview

Appendix A, Section A.1.1 of each X12N HIPAA IG provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to UNIVERSITY HEALTH PLAN for processing. Examples include 837, 270 and 276 transactions. An outbound interchange control structure wraps transactions that are created by UNIVERSITY HEALTH PLAN and returned to the requesting provider or contracted vendor. Examples of outbound transactions include 835, 271 and 277 transactions. The following tables define the use of this control structure as it relates to communication with UNIVERSITY HEALTH PLAN.

Inbound Transactions

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.		
	The character immediately following the segment ID, <i>ISA</i> , defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator	
~	Tilde	Segment Terminator	
While it is not required that submitters use these specific delimiters it is recommended, since they are the ones that the TOTAL CAROLINA CARE HEALTH PLAN uses for all outbound transactions.			

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	

Element ID	Usage	Guide Description/Valid Values	Comments
ISA04	R	Security Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by the Trading Partner.. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier 33 – National Association of Insurance Commissioners Company Code (NAIC)	
ISA08	R	Interchange Receiver ID	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	The interchange control number is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero filled. This number should be unique and UNIVERSITY HEALTH PLAN recommends that it be incremented by one with each ISA segment.
ISA14	R	Acknowledgment Requested 0 – No acknowledgment requested 1 – Interchange Acknowledgment Requested	UNIVERSITY HEALTH PLAN always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator entered must be T . After testing approval, P must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different

Element ID	Usage	Guide Description/Valid Values	Comments
			than the data element separator and the segment terminator.

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code RA – Payment Order/Remittance Advice (820) BE – Benefit Enrollment and Maintenance (834) HP – Health Care Claim Payment/Advice (835) HC – Health Care Claim (837) HS – Eligibility, Coverage or Benefit Inquiry (270) HR – Health Care Claim Status Request (276) HI – Health Care Services Review Information (278)	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X061A1 - 820 004010X095A1 – 834 004010X091A1 - 835 004010X098A1 – 837P 004010X097A1 – 837 D	Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction /G for proper value.

Element ID	Usage	Guide Description/Valid Values	Comments
		004010X096A1 – 837 I 004010X092A1 – 270 004010X093A1 – 276 004010X094A1 – 278	

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

Outbound Transactions

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.		
	The character immediately following the segment ID, /ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	Name	Delimiter
	*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator	
~	Tilde	Segment Terminator	
While it is not required that submitters use these specific delimiters it is recommended, since they are the ones that the UNIVERSITY HEALTH PLAN uses for all outbound transactions.			

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier 00 – No Authorization Information Present	
ISA02	R	Authorization Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier 00 – No Security Information Present	
ISA04	R	Security Information Insert 10 blanks	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier 33 – National Association of Insurance Commissioners Company Code (NAIC)	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by UNIVERSITY HEALTH PLAN. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier ZZ – Mutually Defined	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the sender ID assigned by the Trading Partner. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.

Element ID	Usage	Guide Description/Valid Values	Comments
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier U – U.S. EDI Community of ASC X12, TDCC, and UCS	
ISA12	R	Interchange Control Version Number 00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested 1 – Interchange Acknowledgment Requested	UNIVERSITY HEALTH PLAN always requires an acknowledgment file for each file submitted to a trading partner.
ISA15	R	Usage Indicator P – Production Data T – Test Data	During testing the usage indicator is a T . After the trading partner has approved, the usage indicator will be a P .
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon (:).

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code RA – Payment Order/Remittance Advice (820) BE – Benefit Enrollment and Maintenance (834) HP – Health Care Claim Payment/Advice (835) HC – Health Care Claim (837) HB – Eligibility, Coverage or Benefit Information (271)	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.

Element ID	Usage	Guide Description/Valid Values	Comments
		HN – Health Care Claim Status Notification (277) HI – Health Care Services Review Information (278)	
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment
GS07	R	Responsible Agency Code X – Accredited Standards Committee X12	
GS08	R	Version/Release/Industry Identifier Code 004010X061A1 - 820 004010X095A1 – 834 004010X091A1 - 835 004010X098A1 – 837P 004010X097A1 – 837 D 004010X096A1 – 837 I 004010X092A1 – 270 004010X093A1 – 276 004010X094A1 – 278	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

SECTION 04: INSTITUTIONAL CLAIM SUBMISSIONS

Introduction

The ASC X12N 837 (004010X096) transaction is the HIPAA-mandated transaction for submitting UNIVERSITY HEALTH PLAN benefit and enrollment information to Covered Entities and Business Associates.

One version of the 837 file will be made available by UNIVERSITY HEALTH PLAN which will be considered an Audit File in 834 terminology.

The Audit File will be made available based on the schedule you have been using prior to HIPAA implementation. This file will contain member information on currently enrolled and active members only. Terminated members will not be provided in this file. If a member was in the previous file submitted but is not in the current file received, the expectation is that member has been terminated or placed on review.

This is intended only as a companion guide and is not intended to contradict or replace any information in the Implementation Guide or Health Plan Provider Manual's.

It is highly recommended that implementers have the following resources available during the development process:

- This document (837 Implementation Companion Document)
- ASC X12N 837 (004010X096A1) Implementation Guide

Segment Usage

The following matrix lists all segments available to the submitted on the 4010 version of the 837 Implementation Guide. Additionally, it includes a Usage column that identifies those segments, which are required, situational, or not used by UNIVERSITY HEALTH PLAN. A required segment element will be reported on all transactions. A situational segment may not be reported on every transaction record; however, a situational segment may be reported under certain circumstances. For example, any data in a segment that is identified in the Usage column with an X will be ignored by UNIVERSITY HEALTH PLAN. Any segment identified in the Usage column as required is explained in detail in the Data and Element Description Section of the Companion Document.

Reminders

1. The maximum number of records within a single 837 Transaction is 10,000. Therefore, multiple 834 transactions may exist within one file.
2. Some element values may be defined as NULL. This means that there will not be a value in this element (i.e. INS*Y*18*001**A*B**FT)

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identification	R
NM1	1000A	Submitter Name	R
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
HL	2000A	Billing/Pay-To Hierarchical Level	R
PRV	2000A	Billing/Pay-To Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/Zip Code	R
REF	2010AA	Billing Provider Secondary Information	R
REF	2010AA	Credit/Debit Card Billing Information	X
PER	2010AA	Billing Provider Contact Information	X
NM1	2010AB	Pay-To Provider Name	S
N3	2010AB	Pay-To Provider Address	S
N4	2010AB	Pay-To Provider City/State/Zip Code	S
REF	2010AB	Pay-To Provider Secondary Information	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
PAT	2000B	Patient Information	X – deleted per addenda
NM1	2010BA	Subscriber Name	R
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/Zip Code	R
DMG	2010BA	Subscriber Demographic Information	R
REF	2010BA	Subscriber Secondary Information	X
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Credit/Debit Card Account Holder Name	X
REF	2010BB	Credit/Debit Card Information	X
NM1	2010BC	Payer Name	R

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
N3	2010BC	Payer Address	R
N4	2010BC	Payer City/State/Zip Code	R
REF	2010BC	Payer Secondary Information	S
NM1	2010BD	Responsible Party Name	X
N3	2010BD	Responsible Party Address	X
N4	2010BD	Responsible Party City/State/Zip Code	X
HL	2000C	Patient Hierarchical Level	R
PAT	2000C	Patient Information	R
NM1	2010CA	Patient Name	S
N3	2010CA	Patient Address	S
N4	2010CA	Patient City/State/Zip Code	S
DMG	2010CA	Patient Demographic Information	S
REF	2010CA	Patient Secondary Information Number	X
REF	2010CA	Property and Casualty Claim Number	X
CLM	2300	Claim Information	R
DTP	2300	Discharge Hour	S
DTP	2300	Statement Dates	R
DTP	2300	Admission Date/Hour	S
CL1	2300	Institutional Claim Code	S
PWK	2300	Claim Supplemental Information	X
CN1	2300	Contract Information	X
AMT	2300	Payer Estimated Amount Due	R
AMT	2300	Patient Estimated Amount Due	X
AMT	2300	Patient Paid Amount	S
AMT	2300	Credit/Debit Card Maximum Amount	X
REF	2300	Adjusted Repriced Claim Number	X
REF	2300	Repriced Claim Number	X
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
REF	2300	Document Identification Code	S
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Investigational Device Exemption Number	S

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
REF	2300	Service Authorization Exception Code	X
REF	2300	Peer Review Organization (PRO) Approval Number	X
REF	2300	Prior Authorization or Referral Number	S
REF	2300	Medical Record Number	S
REF	2300	Demonstration Project Identifier	X
K3	2300	File Information	X
NTE	2300	Claim Note	S
NTE	2300	Billing Note	S
CR6	2300	Home Health Care Information	S
CRC	2300	Home Health Functional Liabilities	S
CRC	2300	Home Health Activities Permitted	S
CRC	2300	Home Health Mental Status	S
HI	2300	Principal, Admitting, E-code, and Patient Reason for Visit Diagnosis Information	R
HI	2300	Diagnosis Related Group (DRG) Information	S
HI	2300	Other Diagnosis Information	S
HI	2300	Principal Procedure Information	S
HI	2300	Other Procedure Information	S
HI	2300	Occurrence Span Information	S
HI	2300	Occurrence Information	S
HI	2300	Value Information	S
HI	2300	Condition Information	S
HI	2300	Treatment Code Information	S
QTY	2300	Claim Quantity	S
HCP	2300	Claim Pricing/Repricing Information	X
CR7	2305	Home Health Care Plan Information	S
HSD	2305	Home Care Services Delivery	S
NM1	2310A	Attending Physician Name	S
PRV	2310A	Attending Physician Specialty Information	S
REF	2310A	Attending Physician Secondary Information	S
NM1	2310B	Operating Physician Name	S

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
PRV	2310B	Operating Physician Specialty Information	S
REF	2310B	Operating Physician Secondary Information	S
NM1	2310C	Other Provider Name	S
PRV	2310C	Other Provider Specialty Information	S
REF	2310C	Other Provider Secondary Information	S
NM1	2310D	Referring Provider Name	S
PRV	2310D	Referring Provider Specialty Information	S
REF	2310D	Referring Provider Secondary Information	S
NM1	2310E	Service Facility Name	S
PRV	2310E	Service Facility Specialty Information	S
N3	2310E	Service Facility Address	S
N4	2310E	Service Facility City/State/Zip Code	S
REF	2310E	Service Facility Secondary Information	X
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	X
AMT	2320	Payer Prior Payment	S
AMT	2320	Coordination of Benefits (COB) Total Allowed Amount	X
AMT	2320	Coordination of Benefits (COB) Total Submitted Charges	X
AMT	2320	Diagnosis Related Group (DRG) Outlier Amount	X
AMT	2320	Coordination of Benefits (COB) Total Medicare Paid Amount	X
AMT	2320	Medicare Paid Amount – 100%	X
AMT	2320	Medicare Paid Amount – 80%	X
AMT	2320	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Total Non-covered Amount	X
AMT	2320	Coordination of Benefits (COB) Total Denied Amount	X

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
DMG	2320	Other Subscriber Demographic Information	S
OI	2320	Other Insurance Coverage Information	S
MIA	2320	Medicare Inpatient Adjudication Information	X
MOA	2320	Medicare Outpatient Adjudication Information	X
NM1	2330A	Other Subscriber Name	S
N3	2330A	Other Subscriber Address	S
N4	2330A	Other Subscriber City/State/Zip Code	S
REF	2330A	Other Subscriber Secondary Information	S
NM1	2330B	Other Payer Name	S
N3	2330B	Other Payer Address	S
N4	2330B	Other Payer City/State/Zip Code	S
DTP	2330B	Claim Adjudication Date	X
REF	2330B	Other Payer Secondary Identification and Reference Number	S
REF	2330B	Other Payer Prior Authorization or Referral Number	X
NM1	2330C	Other Payer Patient Information	X
REF	2330C	Other Payer Patient Identification Number	X
NM1	2330D	Other Payer Attending Provider	X
REF	2330D	Other Payer Attending Provider Identification	X
NM1	2330E	Other Payer Operating Provider	X
REF	2330E	Other Payer Operating Provider Identification	X
NM1	2330F	Other Payer Other Provider	X
REF	2330F	Other Payer Other Provider Identification	X
NM1	2330G	Other Payer Referring Provider	X
REF	2330G	Other Payer Referring Provider Identification	X
NM1	2330H	Other Payer Service Facility Provider	X
REF	2330H	Other Payer Service Facility Provider Identification	X
LX	2400	Service Line Number	R

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
SV2	2400	Institutional Service Line	R
SV4	2400	Prescription Number	X – deleted per addenda
PWK	2400	Line Supplemental Information	X
DTP	2400	Service Line Date	S
STP	2400	Assessment Date	X
AMT	2400	Service Tax Amount	X
AMT	2400	Facility Tax Amount	X
LIN	2410	Drug Identification – <i>New segment per addenda</i>	X
CTP	2410	Drug Pricing – <i>New segment per addenda</i>	X
REF	2410	Prescription Number	X
NM1	2420A	Attending Physician Name	S
PRV	2420A	Attending Physician Specialty Information	S
REF	2420A	Attending Physician Secondary Information	S
NM1	2420B	Operating Physician Name	S
PRV	2420B	Operating Physician Specialty Information	S
REF	2420B	Operating Physician Secondary Information	S
NM1	2420C	Other Provider Name	S
PRV	2420C	Other Provider Specialty Information	S
REF	2420C	Other Provider Secondary Information	S
NM1	2420D	Referring Provider Name	S
PRV	2420D	Referring Provider Specialty Information	S
REF	2420D	Referring Provider Secondary Information	S
SVD	2430	Service Line Adjudication Information	X
CAS	2430	Service Line Adjustment	X
DTP	2430	Service Line Adjudication Date	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the UNIVERSITY HEALTH PLAN HIPAA implementation of the 837. Each segment table contains rows and columns describing different elements of the segment.

Segment Name	The industry assigned segment name as identified in the Implementation Guide (IG)
Segment ID	The industry assigned segment ID as identified in the IG
Loop ID	The loop within which the segment should appear
Usage	Identifies the segment as required or situational
Segment Notes	A brief description of the purpose or use of the segment
Element ID	
Usage	Identifies the data element as R-required, S-situational, or X-not used
Guide Description/Valid Values	Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in BOLD type values and/or code sets to be used.
Comments	Description of the contents of the data elements (including field lengths)

Segment Name		Transaction Set Header	
Segment ID		ST	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Transaction Set Identifier Code	837: Health Care Claim
ST02	R	Transaction set Control Number	

Segment Name		Beginning of Hierarchical Transaction	
Segment ID		BHT	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
BHT01	R	Hierarchical Structure Code	0019- Information Source, Subscriber, Dependent
BHT02	R	Transaction Set Purpose Code	00: Original 18 Reissue

BHT03	R	Originator Application Transaction Identifier	Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.
BHT04	R	Transaction Set Creation Date	Date expressed CCYYMMDD. Use this date to identify the date on which the submitter created the file.
BHT05	R	Transaction Set Creation Time	Use this time to identify the time of day that the submitter created the file.
BHT06	R	Claim or Encounter Identifier	<p>CH: Chargeable Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item.</p> <p>RP: Reporting Use this code to send a batch of encounters.</p>

Segment Name		Transmission type Identification	
Segment ID		REF	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	87: Functional Category
REF02	R	Transmission Type Code	When this draft is used to pilot the transaction set, this value is 004010X096A1. When this draft is used to send the transaction set in a production mode, this value is 004010X096A1.
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used.

Segment Name		Submitter Name	
Segment ID		NM1	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	41: Submitter
NM102	R	Entity Type Qualifier	1: Person 2: Non-Person Entity
NM103	R	Submitter Last or Organizational Name	.

NM104	S	Submitter First Name	Required if NM102 = 1(person)
NM105	S	Submitter Middle Name	Required if NM102 +1 and the middle name/initial of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	46: Electronic Transmitter Identification Number (ETIN)
NM109	R	Submitter Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Submitter EDI Contact Information	
Segment ID		PER	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PER01	R	Contact Function Code	IC: Information Contact
PER02	R	Submitter Contact Name	
PER03	R	Communication Number Qualifier	ED: Electronic Data Interchange Access Number EM: Electronic Mail FX: Facsimile TE: Telephone
PER04	R	Communication Number	
PER05	S	Communication Number Qualifier	Used when additional contact numbers are to be communicated. ED Electronic Data Interchange Access Number EM: Electronic Mail EX Telephone Extension- the use of this number indicates it is the extension of the number in PER04. FX: Facsimile TE: Phone
PER06	S	Communication Number	
PER07	S	Communication Number Qualifier	Used when additional contact numbers are to be communicated. ED Electronic Data Interchange Access Number EM: Electronic Mail EX Telephone Extension- the use of this

			number indicates it is the extension of the number in PER06. FX: Facsimile TE: Phone
PER08	S	Communication Number	
PER09	N/A	Contact Inquiry Reference	Not Used

Segment Name		Billing/Pay to Provider Hierarchical Level	
Segment ID		HL	
Loop ID		2000A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HL01	R	Hierarchical ID Number	
HL02	X	Hierarchical Parent ID number	
HL03	R	Hierarchical Level Code	
HL04	R	Hierarchical Child Code	

Segment Name		Billing/Pay to Provider Specialty Information	
Segment ID		PRV	
Loop ID		2000A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	BI = Billing PT = Pay to
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	Provider Billing Name
Segment ID	NM1
Loop ID	2010AA
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	85: Billing Provider Use this code to indicate billing provider, billing submitter, and encounter reporting entity.
NM102	R	Entity Type Qualifier	2: Non-person Entity
NM103	R	Billing Provider Last or Organizational Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Billing Provider Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SS N If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Billing Provider Address	
Segment ID		N3	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Billing Provider Address Line	
N302	S	Billing Provider Address Line	Required if a second address line exists

Segment Name		Billing Provider City/State/Zip Code	
Segment ID		N4	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element	Usage	Guide	Comments

ID		Description/Valid Values	
N401	R	Billing Provider City Name	
N402	R	Billing Provider State or Province Code	
N403	R	Billing Provider Postal Zone or ZIP code	
N404	S	Country Code	This data element is required when the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Billing Provider Secondary Information	
Segment ID		REF	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identifier Qualifier	1D
REF02	R	Billing Provider Additional Identifier	New Jersey Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Billing Provider Contact Information	
Segment ID		PER	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PER01	R	Contact Function Code	IC: Information Contact
PER02	R	Billing Provider Contact Name	
PER03	R	Communication Number Qualifier	EM: Electronic Mail FX: Facsimile TE: Telephone
PER05	S	Communication Number Qualifier	EM: Electronic Mail FX: Facsimile TE: Telephone

PER06	S	Communication Number	
PER07	S	Communication Number Qualifier	EM: Electronic Mail EX Telephone Extension FX: Facsimile TE: Telephone
PER08	S	Communication Number	
PER09	N/A	Contact Inquiry Reference	Not Used

Segment Name		Subscriber Information	
Segment ID		SBR	
Loop ID		2000B	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
SBR01	R	Payer Responsibility Sequence Number Code	Code: P: Primary S: Secondary T: Tertiary Use to indicate 'payor of last resort'
SBR02	S	Individual Relationship Code	18: Self
SBR03	S	Insured Group or Policy Number	
SBR04	S	Insured Group Name	Used only when no group number is reported in SBR03.
SBR05	N/A	Insurance Type Code	Not Used
SBR06	N/A	Coordination of Benefits Code	Not Used
SBR07	N/A	Yes/No Condition or Response Code	Not Used
SBR08	N/A	Employment Status Code	
SBR09	S	Claim Filing Indicator Code	

Segment Name		Subscriber Name	
Segment ID		NM1	
Loop ID		2010BA	
Usage		Required	
Segment Notes			
Element	Usage	Guide	Comments

ID		Description/Valid Values	
NM101	R	Entity Identifier Code	IL Insured or Subscriber
NM102	R	Entity Type Qualifier	1 Person 2 Non-Person Entity
NM103	R	Subscriber Last Name	
NM104	S	Subscriber First Name	This data element is required when NM102 equals one (1).
NM105	S	Subscriber Middle Name	This data element is required when NM102 equals one (1) and the middle initial of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	S	Subscriber Name Suffix	This data element is required when NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr. Sr.
NM108	R	Identification Code Qualifier	MI: Member Identification Number ZZ: Mutually defined
NM109	S	Subscriber Primary Identifier	This data element is required when NM102 equals one (1). Use the 12-digit UHP member ID.
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Subscriber Address	
Segment ID		N3	
Loop ID		2010B	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Subscriber Address Line	
N302	S	Subscriber Address Line	Required if a second address line exists

Segment Name		Subscriber City/State/ Zip Code	
Segment ID		N4	
Loop ID		2010BA	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Subscriber City Name	
N402	R	Subscriber State Code	

N403	R	Subscriber Postal Zone or ZIP code	
N404	S	Country Code	This data element is required when the address is outside the US.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Subscriber Demographic Information	
Segment ID		DMG	
Loop ID		2010	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier	Date Expressed in Format CCYYMMDD
DMG02	R	Subscriber Birth Date	
DMG03	R	Subscriber Gender Code	F: Female M: Male U: Unknown
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification	Not Used
DMG09	N/A	Quantity	Not Used

Segment Name		Payer Name	
Segment ID		NM1	
Loop ID		2010BC	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	PR: Payer
NM102	R	Entity Type Qualifier	2: Non-person entity
NM103	R	Payer Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used

NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	PI: Payer Identification XV: Health Care Financing Administration National Plan ID
NM109	R	Primary Payer ID	
NM110	N/A	Entity Relationship code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Payer Address	
Segment ID		N3	
Loop ID		2010BC	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Payer Address Line	
N302	S	Payer Address Line	Required if a second address line exists.

Segment Name		Payer City/State/Zip Code	
Segment ID		N4	
Loop ID		2010BC	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Payer City Name	
N402	R	Payer State Code	
N403	R	Payer Postal Zone or Post Code	
N404	S	Payer Country Code	This data element is required if the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Payer Secondary Information	
Segment ID		REF	
Loop ID		2010BC	
Usage		Situational	
Segment Notes			
Element	Usage	Guide	Comments

ID		Description/Valid Values	
REF01	R	Reference Identification Qualifier	2U: Payer Identification Number FY: Claim Office Number NF: National Association of Insurance Commissioners Code TJ: Federal Taxpayer's Identification Number
REF02	R	Payer Additional Identifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Patient Information	
Segment ID		PAT	
Loop ID		2000C	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PAT01	R	Patients Relationship to Insured	
PAT02	N/A	Patient Location Code	Not Used
PAT03	N/A	Employment Status Code	Not Used
PAT04	N/A	Student Status Code	Not Used
PAT05	N/A	Date Time Period Format Qualifier	Not Used
PAT06	N/A	Date Time Period	
PAT07	S	Unit or Basis for Measurement Code	This data element is used when the patient's age is less than 29 days old.
PAT08	S	Patient Weight	
PAT09	S	Pregnancy Indicator	

Segment Name		Patient Name	
Segment ID		NM1	
Loop ID		2010C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	QC: Patient
NM102	R	Entity Type Qualifier	1: Person
NM103	R	Patient Last Name	

NM104	R	Patient First Name	
NM105	S	Patient Middle Name	This data element is required when NM102 equals one (1) and the middle initial of the person is known.
NM106	N/A	Name Prefix	Not Used
NM107	S	Patient Name Suffix	This data element is required when NM102 equals one (1) and the name suffix of the person is known.
NM108	S	Identification Code Qualifier	This data element is required when the Patient's identifier is different from the subscriber's ID.
NM109	S	Identification Code	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Patient Address	
Segment ID		N3	
Loop ID		2010C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Patient Address Information	
N302	S	Patient Address Information	Required if a second address line exists.

Segment Name		Patient City/State/Zip Code	
Segment ID		N4	
Loop ID		2010C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Patient City Name	
N402	R	Patient State Code	
N403	R	Patient Postal Code	
N404	S	Country Code	This data element is required if the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Patient Demographic Information	
Segment ID		DMG	

Loop ID		2010CA	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DMG01	R	Date time Period Format Qualifier	Date Expressed in format CCYYMMDD
DMG02	R	Patient Birth Date	
DMG03	R	Patient Gender Code	F: Female M: Male U: Unknown
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification Code	Not Used
DMG09	N/A	Quantity	Not Used

Segment Name		Claim Information	
Segment ID		CLM	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CLM01	R	Patient Account Number	Use patient account number of up to 20 characters
CLM02	R	Total Claim Charge Amount	Use the sum of all service line or detail charges up to 10 bytes. UHP format 9999999.99
CLM03	N/A	Claim Filing Indicator Code	Not Used
CLM04	N/A	Non- Institutional Claim type code	Not Used
CLM05	R	Health Care Service Location Information	
CLM05-1	R	Facility Type Code	Use the first two digits of the type of bill.
CLM05-02	R	Facility Code Qualifier	A: Uniform Billing Claim Form
CLM05-	R	Claim Frequency	Use the third digit of the type of bill.

03		Code	
CLM06	R	Provider or Supplier Signature Indicator	N: No Y: Yes
CLM07	S	Medicare Assignment Code	A: Assigned C: Not assigned
CLM08	R	Benefits Assignment Certification Indicator	N: No Y: Yes
CLM09	R	Release of Information Code	
CLM10	N/A	Patient Signature Source Code	Not Used
CLM11	S	Related Causes Information	
CLM11-1	R	Related Causes Code	
CLM11-2	S	Related Causes Code	
CLM11-3	S	Related Causes Code	
CLM11-4	S	Auto Accident State or Province Code	
CLM11-5	S	Country Code	This data element is required when CLM11-4 is present and the accident occurred outside of the U.S.
CLM12	S	Special Program Indicator	
CLM13	N/A	Yes/No Condition Response Code	Not Used
CLM14	N/A	Level of Service Code	Not Used
CLM15	N/A	Yes/No Condition Response Code	Not Used
CLM16	N/A	Provider Agreement Code	Not Used
CLM17	N/A	Claim Status Code	Not Used
CLM18	R	Explanation of Benefits Indicator	N: No Y: Yes
CLM19	N/A	Claim Submission Reason Code	Not Used
CLM20	S	Delay Reason Code	

Segment Name		Discharge Hour	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid	Comments

		Values	
DTP01	R	Date Time Qualifier	096: Discharge
DTP02	R	Date Time Period Format Qualifier	Time Expressed in HHMM
DTP03	R	Discharge Hour	21: Discharge hour

Segment Name		Statement Dates	
Segment ID		DTP	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	434: Statement
DTP02	R	Date Time Period Format Qualifier	Date Expressed in format CCYYMMDD
DTP03	R	Statement From or To Date	

Segment Name		Admission Date/Hour	
Segment ID		DTP	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date Time Qualifier	435: Admission
DTP02	R	Date Time Period Format Qualifier	Date Expressed in format CCYYMMDDHHMM
DTP03	R	Admission Date and Hour	

Segment Name		Institutional Claim Code	
Segment ID		CL1	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CL101	S	Admission Type Code	Required when patient is being admitted to the

			hospital for inpatient services.
CL102	S	Admission Source Code	
CL103	S	Patient Status Code	This element is required for inpatient claims/encounters.
CI104	N/A	Nursing Home Residential Status Code	Not Used

Segment Name		Payer Estimated Amount Due	
Segment ID		AMT	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
AMT01	R	Amount Qualifier Code	C5: Claim Amount Due- Estimated
AMT02	R	Estimated Claim Due Amount	
AMT 03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		Patient Paid Amount	
Segment ID		AMT	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
AMT01	R	Amount Qualifier Code	F5: Patient Amount Paid
AMT02	R	Patient Amount Paid	
AMT03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		Document Identification Code	
Segment ID		REF	
Loop ID		2300	
Usage		Situational	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	DD Document Identification Code
REF02	R	Document Control Identifier	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name		Original Reference Number (ICN/DCN)	
Segment ID		REF	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	F8: Original Reference Number
REF02	R	Claim Original Reference Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Investigational Device Exemption Number	
Segment ID		REF	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	LX: Qualified Products List
REF02	R	Investigational Device Exemption Identifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Prior Authorization or Referral Number	
Segment ID		REF	
Loop ID		2300- Claim Information	
Usage		Situational	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	9F: Referral Number G1: Prior Authorization Number
REF02	R	Prior Authorization Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Medical Record Number	
Segment ID		REF	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	EA: Medical Record Identification Number
REF02	R	Medical Record Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Billing Note	
Segment ID		NTE	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NTE01	R	Note Reference Code	ADD: Additional Information
NTE02	R	Description	

Segment Name		Home Health Care Information	
Segment ID		CR6	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CR601	R	Prognosis Code	
CR602	R	Service From Date	MMDDYY
CR603	S	Date Time Period Format Qualifier	RD8: Range of Dates expressed on format CCYYMMDD – CCYYMMDD
CR604	S	Date Time Period	Required all claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.
CR605	R	Diagnosis Date	MMDDYY
CR606	R	Skilled Nursing Facility Indicator	N: No U: Unknown Y: Yes
CR607	R	Medicare Coverage Indicator	N: No Y: Yes
CR608	R	Certification Type Indicator	I: Initial R: Renewal S: Revised
CR609	S	Surgery date	This element is required when a surgical procedure was preformed on the patient.
CR610	S	Product or Service ID Qualifier	This element is required when a surgical procedure was preformed on the patient.
CR611	S	Surgical Procedure Code	This element is required when a surgical procedure was preformed on the patient.
CR612	S	Physician Order Date	MMDDYY
CR613	S	Last Visit Date	MMDDYY
CR614	S	Physician Contact Date	
CR615	S	Date Time Period Format Qualifier	RD8: Range of dates expressed in format CCYYMMDD-CCYYMMDD
CR616	S	Last Admission Period	MMDDYY
CR617	R	Patient Discharge Facility Type Code	
CR618	S	Diagnosis Date	CCYYMMDD
CR619	S	Diagnosis Date	This data element is required when a second secondary diagnosis code is present.
CR620	S	Diagnosis Date	This data element is required when a third

			secondary diagnosis code is present.
CR621	S	Diagnosis Date	This data element is required when a fourth secondary diagnosis code is present.

Segment Name		Home Health Functional Limitations	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Code Category	75: Functional Limitations
CRC02	R	Certification Condition Indicator	N: No Y: Yes
CRC03	R	Functional Limitation Code	This data element is required when there is more than one Functional Limitation Code is applicable to the patient.
CRC04	S	Functional Limitation Code	This data element is required when there is more than one Functional Limitation Code is applicable to the patient.
CRC05	S	Functional Limitation Code	This data element is required when there is more than one Functional Limitation Code is applicable to the patient.
CRC06	S	Functional Limitation Code	This data element is required when there is more than one Functional Limitation Code is applicable to the patient.
CRC07	S	Functional Limitation Code	This data element is required when there is more than one Functional Limitation Code is applicable to the patient.

Segment Name		Home Health Activities Permitted	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Certification Condition Indicator	76: Activities Permitted
CRC02	R	Functional Limitations Code	N: No Y: Yes
CRC03	R	Activities Permitted Code	
CRC04	S	Activities Permitted Code	This data element is required when there is more than one Activities Permitted Code is

			applicable to the patient.
CRC05	S	Activities Permitted Code	This data element is required when there is more than one Activities Permitted Code is applicable to the patient.
CRC06	S	Activities Permitted Code	This data element is required when there is more than one Activities Permitted Code is applicable to the patient.
CRC07	S	Activities Permitted Code	This data element is required when there is more than one Activities Permitted Code is applicable to the patient.

Segment Name		Home Health Mental Status	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CRC01	R	Certification Condition Indicator	77: Mental Status
CRC02	R	Functional Limitation Code	N: No Y: Yes
CRC03	R	Mental Status Code	
CRC04	S	Mental Status Code	This data element is required when there is more than one Mental Status Code is applicable to the patient.
CRC05	S	Mental Status Code	This data element is required when there is more than one Mental Status Code is applicable to the patient.
CRC06	S	Mental Status Code	This data element is required when there is more than one Mental Status Code is applicable to the patient.
CRC07	S	Mental Status Code	This data element is required when there is more than one Mental Status Code is applicable to the patient.

Segment Name		Principal, Admitting, E-code, and Patient reason for Visit Diagnosis Information	
Segment ID		HI	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code	

		Information	
HI01-1	R	Code List Qualifier Code	BK: Principle Diagnosis
HI01-2	R	Industry Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Required for all unscheduled outpatient visits or upon patient's admission to hospital.
HI02 -1	R	Code List Qualifier Code	BJ: Admitting Diagnosis ZZ: Mutually Defined
HI02 -2	R	Industry Code	
HI02 -3	N/A	Date Time Period Format Qualifier	Not Used
HI02 -4	N/A	Date Time Period	Not Used
HI02- 5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02- 7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI03-1	R	Code List Qualifier Code	BN: US Department of Health and Human Services, Office of Vital Statistics E-code
HI03-2	R	Industry Code	77: External Cause of Injury code (e-code)
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	N/A	Health Care Code Information	Not Used
HI05	N/A	Health Care Code Information	Not Used
HI06	N/A	Health Care Code Information	Not Used
HI07	N/A	Health Care Code Information	Not Used
HI08	N/A	Health Care Code Information	Not Used
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code	Not Used

		Information	
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Segment Name		Diagnosis Related Group	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	DR: Diagnosis Related Group
HI01-2	R	Diagnosis Related Group (DRG) Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	N/A	Health Care Code Information	Not Used
HI03	N/A	Health Care Code Information	Not Used
HI04	N/A	Health Care Code Information	Not Used
HI05	N/A	Health Care Code Information	Not Used
HI06	N/A	Health Care Code Information	Not Used
HI07	N/A	Health Care Code Information	Not Used
HI08	N/A	Health Care Code Information	Not Used
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code Information	Not Used

Segment Name		Other Diagnosis Information	
Segment ID		HI	

Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	BF: Diagnosis
HI01-2	R	Other Diagnosis	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI02-1	R	Code List Qualifier Code	BF: Diagnosis
HI02-2	R	Other Diagnosis	
HI02-3	N/A	Date Time Period Format Qualifier	Not Used
HI02-4	N/A	Date Time Period	Not Used
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI03-1	R	Code List Qualifier Code	BF: Diagnosis
HI03-2	R	Other Diagnosis	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier Code	BF: Diagnosis
HI04-2	R	Other Diagnosis	
HI04-3	N/A	Date Time Period Format Qualifier	Not Used
HI04-4	N/A	Date Time Period	Not Used
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used

HI04-7	N/A	Version Identifier	Not Used
HI05	R	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI05-1	S	Code List Qualifier Code	BF: Diagnosis
HI05-2	S	Other Diagnosis	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI06-1	R	Code List Qualifier Code	BF: Diagnosis
HI06-2	R	Other Diagnosis	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI07-1	R	Code List Qualifier Code	BF: Diagnosis
HI07-2	R	Other Diagnosis	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI08-1	R	Code List Qualifier Code	BF: Diagnosis
HI08-2	R	Other Diagnosis	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier Code	BF: Diagnosis

HI09-2	R	Other Diagnosis	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI10-1	R	Code List Qualifier Code	BF: Diagnosis
HI10-2	R	Other Diagnosis	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI11-1	R	Code List Qualifier Code	BF: Diagnosis
HI11-2	R	Other Diagnosis	
HI11-3	N/A	Date Time Period Format Qualifier	
HI11-4	N/A	Date Time Period	Not Used
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI12-1	R	Code List Qualifier Code	BF: Diagnosis
HI12-2	R	Other Diagnosis	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		Principal Procedure Information	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid	Comments

		Values	
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	BP: Health Care Financing Administration Common Procedural Coding System Principal Procedure BR: International Classification of Disease Clinical Modification (ICD-9-CM) Principal Procedure
HI01-2	R	Principal Procedure Code	
HI01-3	S	Date Time Period Format Qualifier	Date expressed in format CCYYMMDD Use code D8 when the value in composite data element HI01 equals "BR"
HI01-4	S	Date Time Period	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	N/A	Health Care Code Information	Not Used
HI03	N/A	Health Care Code Information	Not Used
HI04	N/A	Health Care Code Information	Not Used
HI05	N/A	Health Care Code Information	Not Used
HI06	N/A	Health Care Code Information	Not Used
HI07	N/A	Health Care Code Information	Not Used
HI08	N/A	Health Care Code Information	Not Used
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code Information	Not Used

Segment Name		Other Procedure Information	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid	Comments

		Values	
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI01-2	R	Procedure Code	
HI01-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI01-4	S	Procedure Date	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI02-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI02-2	R	Procedure Code	
HI02-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI02-4	S	Procedure Date	
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI03-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI03-2	R	Procedure Code	
HI03-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI03-4	S	Procedure Date	
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04-	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI04-2	R	Procedure Code	
HI04-3	S	Date Time Period	D8: Date expressed in format CCYYMMDD

		Format Qualifier	
HI04-4	S	Procedure Date	
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI05-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI05-2	R	Procedure Code	
HI05-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI05-4	S	Procedure Date	
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI06-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI06-2	R	Procedure Code	
HI06-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI06-4	S	Procedure Date	
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI07-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI07-2	R	Procedure Code	
HI07-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI07-4	S	Procedure Date	
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI08-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases

			Clinical Modification (ICD-9-CM) procedure
HI08-2	R	Procedure Code	
HI08-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI08-4	S	Procedure Date	
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI09-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI09-2	R	Procedure Code	
HI09-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI09-4	S	Procedure Date	
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI10-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI10-2	R	Procedure Code	
HI10-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI10-4	S	Procedure Date	
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.
HI11-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI11-2	R	Procedure Code	
HI11-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI11-4	S	Procedure Date	
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions.

HI12-1	R	Code List Qualifier Code	BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure
HI12-2	R	Procedure Code	
HI12-3	S	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI12-4	S	Procedure Date	
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		Occurrence Span Information	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	BI: Occurrence Span
HI01-2	R	Occurrence Span Code	
HI01-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD
HI01-4	R	Occurrence or Occurrence Span Code Associated Date	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI02-1	R	Code List Qualifier Code	BI: Occurrence Span
HI02-2	R	Occurrence Span Code	
HI02-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI02-4	R	Occurrence or Occurrence Span Code Associated Date	
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used

HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI03-1	R	Code List Qualifier Code	BI: Occurrence Span
HI03-2	R	Occurrence Span Code	
HI03-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI03-4	R	Occurrence or Occurrence Span Code Associated Date	
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier Code	BI: Occurrence Span
HI04-2	R	Occurrence Span Code	
HI04-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI04-4	R	Occurrence or Occurrence Span Code Associated Date	
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI05-1	R	Code List Qualifier Code	BI: Occurrence Span
HI05-2	R	Occurrence Span Code	
HI05-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI05-4	R	Occurrence or Occurrence Span Code Associated Date	
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI06-1	R	Code List Qualifier Code	BI: Occurrence Span
HI06-2	R	Occurrence Span Code	
HI06-3	R	Date Time Period	Range of Dates expressed in format

		Format Qualifier	CCYYMMDD-CCYYMMDD
HI06-4	R	Occurrence or Occurrence Span Code Associated Date	
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI07-1	R	Code List Qualifier Code	BI: Occurrence Span
HI07-2	R	Occurrence Span Code	
HI07-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI07-4	R	Occurrence or Occurrence Span Code Associated Date	
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI08-1	R	Code List Qualifier Code	BI: Occurrence Span
HI08-2	R	Occurrence Span Code	
HI08-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI08-4	R	Occurrence or Occurrence Span Code Associated Date	
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier Code	BI: Occurrence Span
HI09-2	R	Occurrence Span Code	
HI09-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI09-4	R	Occurrence or Occurrence Span Code Associated Date	
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used

HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI10-1	R	Code List Qualifier Code	BI: Occurrence Span
HI10-2	R	Occurrence Span Code	
HI10-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI10-4	R	Occurrence or Occurrence Span Code Associated Date	
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI11-1	R	Code List Qualifier Code	BI: Occurrence Span
HI11-2	R	Occurrence Span Code	
HI11-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI11-4	R	Occurrence or Occurrence Span Code Associated Date	
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI12-1	R	Code List Qualifier Code	BI: Occurrence Span
HI12-2	R	Occurrence Span Code	
HI12-3	R	Date Time Period Format Qualifier	Range of Dates expressed in format CCYYMMDD-CCYYMMDD
HI12-4	R	Occurrence or Occurrence Span Code Associated Date	
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name	Occurrence Information
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier	BH: Occurrence
HI01-2	R	Occurrence Code	
HI01-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI01-4	R	Occurrence or Occurrence Span Code Associated Date	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI02-1	R	Code List Qualifier	BH: Occurrence
HI02-2	R	Occurrence Code	
HI02-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI02-4	R	Occurrence or Occurrence Span Code Associated Date	
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI03-1	R	Code List Qualifier	BH: Occurrence
HI03-2	R	Occurrence Code	
HI03-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI03-4	R	Occurrence or Occurrence Span Code Associated Date	
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier	BH: Occurrence
HI04-2	R	Occurrence Code	
HI04-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI04-4	R	Occurrence or Occurrence Span Code Associated Date	

HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI05-1	R	Code List Qualifier	BH: Occurrence
HI05-2	R	Occurrence Code	
HI05-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI05-4	R	Occurrence or Occurrence Span Code Associated Date	
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI06-1	R	Code List Qualifier	BH: Occurrence
HI06-2	R	Occurrence Code	
HI06-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI06-4	R	Occurrence or Occurrence Span Code Associated Date	
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI07-1	R	Code List Qualifier	BH: Occurrence
HI07-2	R	Occurrence Code	
HI07-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI07-4	R	Occurrence or Occurrence Span Code Associated Date	
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI08-1	R	Code List Qualifier	BH: Occurrence
HI08-2	R	Occurrence Code	
HI08-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI08-4	R	Occurrence or Occurrence Span Code Associated Date	
HI08-5	N/A	Monetary Amount	Not Used

HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier	BH: Occurrence
HI09-2	R	Occurrence Code	
HI09-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI09-4	R	Occurrence or Occurrence Span Code Associated Date	
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI10-1	R	Code List Qualifier	BH: Occurrence
HI10-2	R	Occurrence Code	
HI10-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI10-4	R	Occurrence or Occurrence Span Code Associated Date	
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI11-1	R	Code List Qualifier	BH: Occurrence
HI11-2	R	Occurrence Code	
HI11-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI11-4	R	Occurrence or Occurrence Span Code Associated Date	
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI12-1	R	Code List Qualifier	BH: Occurrence
HI12-2	R	Occurrence Code	
HI12-3	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
HI12-4	R	Occurrence or Occurrence Span Code Associated Date	
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used

HI12-7	N/A	Version Identifier	Not Used
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Segment Name		Value Information	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	BE: Value
HI01-2	R	Value Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	R	Monetary Amount	
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI02-1	R	Code List Qualifier Code	BE: Value
HI02-2	R	Value Code	
HI02-3	N/A	Date Time Period Format Qualifier	Not Used
HI02-4	N/A	Date Time Period	Not Used
HI02-5	R	Monetary Amount	
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI03-1	R	Code List Qualifier Code	BE: Value
HI03-2	R	Value Code	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	R	Monetary Amount	
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier Code	BE: Value
HI04-2	R	Value Code	

HI04-3	N/A	Date Time Period Format Qualifier	Not Used
HI04-4	N/A	Date Time Period	Not Used
HI04-5	R	Monetary Amount	
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI05-1	R	Code List Qualifier Code	BE: Value
HI05-2	R	Value Code	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	R	Monetary Amount	
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI06-1	R	Code List Qualifier Code	BE: Value
HI06-2	R	Value Code	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	R	Monetary Amount	
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI07-1	R	Code List Qualifier Code	BE: Value
HI07-2	R	Value Code	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used
HI07-5	R	Monetary Amount	
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI08-1	R	Code List Qualifier Code	BE: Value
HI08-2	R	Value Code	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	R	Monetary Amount	
HI08-6	N/A	Quantity	Not Used

HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier Code	BE: Value
HI09-2	R	Value Code	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	R	Monetary Amount	
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI10-1	R	Code List Qualifier Code	BE: Value
HI10-2	R	Value Code	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	R	Monetary Amount	
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI11-1	R	Code List Qualifier Code	BE: Value
HI11-2	R	Value Code	
HI11-3	N/A	Date Time Period Format Qualifier	Not Used
HI11-4	N/A	Date Time Period	Not Used
HI11-5	R	Monetary Amount	
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI12-1	R	Code List Qualifier Code	BE: Value
HI12-2	R	Value Code	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	R	Monetary Amount	
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name	Condition Information
Segment ID	HI

Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	BG: Condition
HI01-2	R	Condition Code	
HI01-3	N/A	Date Time Period Format Qualifier	
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI02-1	R	Code List Qualifier Code	BG: Condition
HI02-2	R	Condition Code	
HI02-3	N/A	Date Time Period Format Qualifier	
HI02-4	N/A	Date Time Period	Not Used
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI03-1	R	Code List Qualifier Code	BG: Condition
HI03-2	R	Condition Code	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier Code	BG: Condition
HI04-2	R	Condition Code	
HI04-3	N/A	Date Time Period Format Qualifier	Not Used
HI04-4	N/A	Date Time Period	Not Used
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used

HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI05-1	R	Code List Qualifier Code	BG: Condition
HI05-2	R	Condition Code	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI06-1	R	Code List Qualifier Code	BG: Condition
HI06-2	R	Condition Code	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI07-1	R	Code List Qualifier Code	BG: Condition
HI07-2	R	Condition Code	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI08-1	R	Code List Qualifier Code	BG: Condition
HI08-2	R	Condition Code	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier Code	BG: Condition

HI09-2	R	Condition Code	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI10-1	R	Code List Qualifier Code	BG: Condition
HI10-2	R	Condition Code	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI11-1	R	Code List Qualifier Code	BG: Condition
HI11-2	R	Condition Code	
HI11-3	N/A	Date Time Period Format Qualifier	Not Used
HI11-4	N/A	Date Time Period	Not Used
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI12-1	R	Code List Qualifier Code	BG: Condition
HI12-2	R	Condition Code	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		Treatment Code Information	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid	Comments

		Values	
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	TC: Treatment Codes
HI01-2	R	Treatment Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI02-1	R	Code List Qualifier Code	TC: Treatment Codes
HI02-2	R	Treatment Code	
HI02-3	N/A	Date Time Period Format Qualifier	Not Used
HI02-4	N/A	Date Time Period	Not Used
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI03-1	R	Code List Qualifier Code	TC: Treatment Codes
HI03-2	R	Treatment Code	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI04-1	R	Code List Qualifier Code	TC: Treatment Codes
HI04-2	R	Treatment Code	
HI04-3	N/A	Date Time Period Format Qualifier	
HI04-4	N/A	Date Time Period	Not Used
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI05-1	R	Code List Qualifier Code	TC: Treatment Codes

HI05-2	R	Treatment Code	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI06-1	R	Code List Qualifier Code	TC: Treatment Codes
HI06-2	R	Treatment Code	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI07-1	R	Code List Qualifier Code	TC: Treatment Codes
HI07-2	R	Treatment Code	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI08-1	R	Code List Qualifier Code	TC: Treatment Codes
HI08-2	R	Treatment Code	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier Code	TC: Treatment Codes
HI09-2	R	Treatment Code	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	N/A	Monetary Amount	Not Used

HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI10-1	R	Code List Qualifier Code	TC: Treatment Codes
HI10-2	R	Treatment Code	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI11-1	R	Code List Qualifier Code	TC: Treatment Codes
HI11-2	R	Treatment Code	
HI11-3	N/A	Date Time Period Format Qualifier	Not Used
HI11-4	N/A	Date Time Period	Not Used
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI12-1	R	Code List Qualifier Code	TC: Treatment Codes
HI12-2	R	Treatment Code	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		Claim Quantity	
Segment ID		QTY	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
QTY 01	R	Quantity Qualifier	
QTY02	R	Claim Days Count	
QTY03	R	Composite Unit of	

		Measure	
QTY03-1	R	Unit or Basis for Measurement Code	DA: Days
QTY03-2	N/A	Exponent	Not Used
QTY03-3	N/A	Multiplier	Not Used
QTY03-4	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-5	N/A	Exponent	Not Used
QTY03-6	N/A	Multiplier	Not Used
QTY03-7	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-8	N/A	Exponent	Not Used
QTY03-9	N/A	Multiplier	Not Used
QTY03-10	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-11	N/A	Exponent	Not Used
QTY03-12	N/A	Multiplier	Not Used
QTY03-13	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-14	N/A	Exponent	Not Used
QTY03-15	N/A	Multiplier	Not Used
QTY04	N/A	Unit or Basis for Measurement Code	Not Used

Segment Name		Home Health Care Plan Information	
Segment ID		CR7	
Loop ID		2305	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
CR701	R	Discipline Type Code	
CR702	R	Visits Prior to Recertification Date Count	
CR703	R	Total Visits Projected	

		this Certification Count	
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Segment Name		Home Care Services Delivery	
Segment ID		HSD	
Loop ID		2305	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
HSD01	S	Quantity Qualifier	VS: Visits
HSD02	S	Number of Visits	Required if the physician's orders or prescription for the service contains data.
HSD03	S	Frequency Period	
HSD04	S	Frequency Count	Required if the physician's orders or prescription for the service contains data.
HSD05	S	Duration of Visits Units	7: Day 35: Week
HSD06	S	Duration of Visits, Number of Units	Required if the physician's orders or prescription for the service contains data.
HSD07	S	Ship, Delivery, or Calendar Pattern Code	
HSD08	S	Delivery Pattern Time Code	

Segment Name		Attending Physicians Name	
Segment ID		NM1	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	71: Attending Physician
NM102	R	Entity Type Qualifier	1: Person 2. Non-Person Entity
NM103	R	Attending Physician Last Name	
NM104	S	Attending Physician First Name	Required if NM=102=1 (person)
NM105	S	Attending Physician Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Attending Physician Name Suffix	

NM108	R	Identification Code Qualifier	If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Attending Physician Primary Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SS N If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Attending Physician Specialty Information	
Segment ID		PRV	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	AT = Attending SU= Supervising
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Attending Physician Secondary Information	
Segment ID		REF	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D
REF02	R	Attending Physician Secondary Identifier	New Jersey Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Operating Physician Name
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Segment ID		NM	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	72: Operating Physician
NM102	R	Entity Type Qualifier	1: Person
NM103	R	Operating Physician Last Name	
NM104	R	Operating Physician First Name	
NM105	S	Operating Physician Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Operating Physician Name Suffix	
NM108	R	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Operating Physician Primary Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Operating Physician Specialty Information	
Segment ID		PRV	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	OP
PRV02	R	Reference Identification Qualifier	<i>ZZ</i>
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Operating Physician Secondary Identification	
Segment ID		REF	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D
REF02	R	Operating Physician Secondary Identifier	New Jersey Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Other Provider Name	
Segment ID		NM1	
Loop ID		2310C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	73: Other Physician
NM102	R	Entity Type Qualifier	1: Person 2. Non-person entity
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Other Physician Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI

NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Other Provider Specialty Information	
Segment ID		PRV	
Loop ID		2310C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	OT = Other Physician PE = Performing
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Other Provider Secondary Information	
Segment ID		REF	
Loop ID		2310C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	1D
REF02	R	Other Provider Secondary Identifier	New Jersey Medicaid numbers can be a minimum of 9 positions up to 11 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Referring Provider Name	
Segment ID		NM1	
Loop ID		2310D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	DN: Referring Provider P3: Primary Care Provider
NM102	R	Entity Type Qualifier	1: Person 2. Non-person entity
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Other Physician Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Other Provider Specialty Information	
Segment ID		PRV	
Loop ID		2310D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	RF = Referring
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	Other Provider Secondary Information
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Segment ID		REF	
Loop ID		2310D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	OB: State License Number 1A: Blue Cross Provider number 1B: Blue Shield Provider Number 1C: Medicare Provider Number 1D: Medicaid Provider Number 1G: Provider UPIN Number B3: Preferred Provider Organization Number BQ: Health Maintenance Organization Code EI: Employer's Identification Number G2: ProviderCommercial Number LU: Location Number N5: Provider Plan Network Identification Number SY: Social Security Number - may be used for Medicare XS: State Industrial Accident Provider Number
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Service Facility Name	
Segment ID		NM1	
Loop ID		2310E	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	FA: Facility
NM102	R	Entity Type Qualifier	2. Non-person entity
NM103	R	Name Last or Organization Name	
NM104	N/A	First Name	
NM105	N/A	Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	
NM108	S	Identification Code Qualifier	If "XX" is used, then either the Employer's Identification number or the Social Security Number

			of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	S	Other Physician Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Service Facility Specialty Information	
Segment ID		PRV	
Loop ID		2310E	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	RP = Reporting Provider
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Service Facility Secondary Identification	
Segment ID		REF	
Loop ID		2310E	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	OB: State License Number 1A: Blue Cross Provider number 1B: Blue Shield Provider Number 1C: Medicare Provider Number 1D: Medicaid Provider Number 1G: Provider UPIN Number IH: CHAMPUS Identification Number 1J: Facility ID Number EI: Employer's Identification Number FH: Clinic Number G2: Provider Commercial Number G5: Provider Site Number LU: Location Number N5: Provider Plan Network Identification Number X5: State Industrial Accident Provider Number
REF02	R	Reference Identification	Provider Identification Number for University Health Plan.
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Other Subscriber Information	
Segment ID		SBR	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
SBR 01	R	Payer Responsibility Sequence Number Code	
SBR02	R	Individual Relationship Code	
SBR03	S	Industry Group or Policy Number	
SBR04	S	Other Insured Group Name	

SBR05	N/A	Insurance Type Code	Not Used
SBR06	N/A	Coordination of Benefits	Not Used
SBR07	N/A	Yes/No Condition or Response Code	Not Used
SBR08	N/A	Employment Status Code	Not Used
SBR09	S	Claim Filing Indicator Code	

Segment Name		Payer Prior Payment	
Segment ID		AMT	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
AMT01	R	Amount Qualifier Code	C4: Prior payment –actual
AMT02	R	Other payer Patient Paid Amount	
AMT03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		Other Subscriber Demographic Information	
Segment ID		DMG	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
DMG 01	R	Date Time Period Format Qualifier	D8: Date expressed in format CCYYMMDD
DMG02	R	Other Insured Birth Date	
DMG03	R	Other Insured Gender Code	F: Female M: Male U: Unknown
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification	Not Used

		Code	
DMG09	N/A	Quantity	Not Used

Segment Name		Other Insurance Coverage Information	
Segment ID		OI	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
OI01	N/A	Claim Filing Indicator Code	Not Used
OI02	N/A	Claim Submission Reason Code	Not Used
OI03	R	Benefits Assignment Certification Indicator	N: NO Y: Yes
OI04	N/A	Patient Signature Source Code	Not Used
OI05	N/A	Provider Agreement Code	Not Used
OI06	R	Release of Information Code	

Segment Name		Other Subscriber Name	
Segment ID		NM1	
Loop ID		2330A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	IL: Insured or Subscriber
NM102	R	Entity Type Qualifier	1: Person 2: Non-person entity
NM103	R	Other Insured Last Name	
NM104	S	Other Insured First Name	

Segment Name		Other Subscriber Address	
Segment ID		N3	
Loop ID		2330A	
Usage		Situational	
Segment Notes			

Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Other Insured Address Line	
N302	S	Other Insured Address Line	

Segment Name		Other Subscriber City/State/Zip Code	
Segment ID		N4	
Loop ID		2330A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Other Insured City Name	
N402	R	Other Insured State Code	
N403	R	Other Insured Postal Zone or Zip Code	
N404	S	Subscriber Country Code	This data element is used when the address is outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Other Subscriber Secondary Information	
Segment ID		REF	
Loop ID		2330A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	
REF02	R	Other Insured Additional Qualifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Other Payer Name	
Segment ID		NM1	
Loop ID		2330B	
Usage		Situational	

Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	PR: Payer
NM102	R	Entity Type Qualifier	2: Non-person entity
NM103	R	Other payer Last or Organization Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	
NM109	R	Other Payer Primary Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Other Payer Address	
Segment ID		N3	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Other Payer Address Line	
N302	S	Other Payer Address Line	Required if a second address line exists.

Segment Name		Other payer City/State/Zip Code	
Segment ID		N4	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Other Payer City Name	
N402	R	Other Payer State Code	
N403	R	Other Payer Postal	

		Code or Zip Code	
N404	S	Payer Country Code	This data element is required when the address is out of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Other Payer Secondary Identification and Reference Number	
Segment ID		REF	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Service Line Number
Segment ID	LX
Loop ID	2400
Usage	Required
Segment Notes	This segment contains the line item number that is incremented by one for each service line/detail. UHP processes a maximum of 99 LX segments (2400 loops) for each CLM segment.
Example	LX*1~

Element ID	Usage	Guide Description/Valid Values	Comments
LX01	R	Assigned Number	The first service line should begin with the number 1 . Each subsequent service line/detail should be incremented by 1 .

Segment Name	Institutional Service Line
Segment ID	SV2
Loop ID	2400
Usage	Required
Segment Notes	This segment reports revenue code, procedure code, modifiers, charge amounts, and units. UHP only recognizes the first 99 service lines on a claim. The Total Claim Charge Amount from CLM02 must reflect the total of the first 99 details. Failure to comply results in denial of the claim for an out of balance condition.
Example	SV2*300*HC:80019*301*UN*5~

Element ID	Usage	Guide Description/Valid Values	Comments
SV201	R	Service Line Revenue Code	Use the appropriate revenue code for the service rendered.
SV202	S	Composite Medical Procedure Identifier	This is a composite data element.
SV202-1	R	Product/Service ID Qualifier HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	HC is the only valid value accepted by UHP. Per the addenda, NDC information now resides on the LIN/CTP segments in the 2410 loop.
SV202-2	R	Procedure Code	Use the five-digit HCPCS procedure code for the service rendered.
SV202-3	S	HCPCS Modifier 1	
SV202-4	S	HCPCS Modifier 2	
SV202-5	S	HCPCS Modifier 3	
SV202-6	S	HCPCS Modifier 4	
SV202-7	N/A	Description	Not used
SV203	R	Line Item Charge Amount	UHP format 9999999.99
SV204	R	Unit or Basis of Measurement Code DA – Days UN – Units	
SV205	R	Service Unit Count	UHP only recognizes up to a seven-digit whole number. Fractional quantities are not recognized. UHP format 9999999
SV206	S	Service Line Rate	Not used by UHP
SV207	S	Line Item Denied Charge or Non-Covered Charge Amount	Not used by UHP
SV208	N/A	Yes/No Condition or Response Code	Not used
SV209	N/A	Nursing Home Residential Status Code	Not used
SV210	N/A	Level of Care Code	Not used

Segment Name	Service Line Date		
Segment ID	DTP		
Loop ID	2400		
Usage	Situational		
Segment Notes	This segment reports the detail date of service. Required for home health and outpatient claims.		
Example	DTP*472*D8*20021130~		
Element ID	Usage	Guide Description/Valid Values	Comments
DTP01	R	Date/Time Qualifier 472 – Service	
DTP02	R	Date Time Period Format Qualifier D8 – Date Expressed in Format CCYYDDMM RD8 – Date Expressed in Format CCYYMMDD-CCYYMMDD	If qualifier RD8 is used, UHP uses the first occurrence of CCYYMMDD as the detail date of service.
DTP03	R	Service Date	

Segment Name		Attending Physician Name	
Segment ID		NM1	
Loop ID		2420A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	71: Attending Physician
NM102	R	Entity Type Qualifier	1: Person 2. Non-person entity
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	If “XX” is used, then either the Employer’s Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Other Physician Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Attending Physician Specialty Information	
Segment ID		PRV	
Loop ID		2420A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments

PRV01	R	Provider Code	AT = Attending Physician
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Attending Physician Secondary Identification	
Segment ID		REF	
Loop ID		2420A	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	OB: State License Number 1A: Blue Cross Provider number 1B: Blue Shield Provider Number 1C: Medicare Provider Number 1D: Medicaid Provider Number 1G: Provider UPIN Number IH: CHAMPUS Identification Number EI: Employer's Identification Number G2: Provider Commercial Number LU: Location Number N5: Provider Plan Network Identification Number SY: Social Security Number X5: State Industrial Accident Provider Number
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Operating Physician Name	
Segment ID		NM1	
Loop ID		2420B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	72: Operating Physician
NM102	R	Entity Type Qualifier	1: Person
NM103	R	Other Provider Last	

		Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Other Physician Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Operating Physician Specialty Information	
Segment ID		PRV	
Loop ID		2420B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	OP = Operating
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Operating Physician Secondary Identification	
Segment ID		REF	
Loop ID		2420B	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	OB: State License Number 1A: Blue Cross Provider number 1B: Blue Shield Provider Number 1C: Medicare Provider Number 1D: Medicaid Provider Number 1G: Provider UPIN Number IH: CHAMPUS Identification Number EI: Employer's Identification Number G2: ProviderCommercial Number LU: Location Number N5: Provider Plan Network Identification Number SY: Social Security Number X5: State Industrial Accident Provider Number
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Other Provider Name	
Segment ID		NM1	
Loop ID		2420C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	73: Other Physician
NM102	R	Entity Type Qualifier	1: Person 2. Non-person entity
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	

NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Other Physician Identifier	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Other Provider Specialty Information	
Segment ID		PRV	
Loop ID		2420C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	OT = Other Physician PE = Performing
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Other Provider Secondary Information	
Segment ID		REF	
Loop ID		2420C	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	OB: State License Number 1A: Blue Cross Provider number 1B: Blue Shield Provider Number 1C: Medicare Provider Number 1D: Medicaid Provider Number 1G: Provider UPIN Number IH: CHAMPUS Identification Number EI: Employer's Identification Number G2: Provider Commercial Number LU: Location Number N5: Provider Plan Network Identification Number SY: Social Security Number X5: State Industrial Accident Provider Number
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Referring Provider Name	
Segment ID		NM1	
Loop ID		2420D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	DN: Referring Provider
NM102	R	Entity Type Qualifier	1: Person 2: Non-person entity
NM103	R	Other payer Last or Organization Name	
NM104	N/A	Name First	Required if NM102 = 1 (person)
NM105	N/A	Name Middle	
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Required of known
NM108	R	Identification Code	If "XX" is used, then either the Employer's

		Qualifier	Identification number or the Social Security Number of the provider must be carried in the REF segment, in this loop. 24: Employer Identification Number 34: Social Security number XX: HCFA National Provider Identifier (NPI is required for typical providers.)
NM109	R	Identification Code	If NM108 = 24, then give provider TIN, IRS number. If NM108 = 34, then give provider SSN If NM108 = XX, then give provider NPI
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		Referring Provider Specialty Information	
Segment ID		PRV	
Loop ID		2420D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	RF = Referring
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Referring Provider Secondary Information	
Segment ID		REF	
Loop ID		2420D	
Usage		Situational	
Segment Notes			
Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	OB: State License Number 1A: Blue Cross Provider number 1B: Blue Shield Provider Number 1C: Medicare Provider Number 1D: Medicaid Provider Number 1G: Provider UPIN Number B3: Preferred Provider Organization Number BQ: Health Maintenance Organization Code number EI: Employer's Identification Number G2: Provider Commercial Number LU: Location Number N5: Provider Plan Network Identification Number SY: Social Security Number X5: State Industrial Accident Provider Number
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

SECTION 05: ACKNOWLEDGEMENTS AND REPORTS

997 Functional Acknowledgement

A functional acknowledgement is used to report the acceptance or rejection of functional group, transaction set or segment. UNIVERSITY HEALTH PLAN will generate an outbound 997 to acknowledge all inbound transactions received. The software used by UNIVERSITY HEALTH PLAN is Sybase's *EC MAP* with a HIPAA toolkit extension. Sybase's method for creating a 997 acknowledgement is to run data through a compliance map. The compliance map is defined to validate the EDI against the complete standard transaction set definition or to validate EDI data against a specific subset of the standard transaction.

UNIVERSITY HEALTH PLAN implemented the standard HIPAA compliance maps created by Sybase without modifications. If any part of the transaction from the ISA to IEA does not pass Compliance, the entire file will not be processed and will need to be fixed by the sender and resent.

Segment Name	Transaction Set Header
Segment ID	ST
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Transaction Set Identifier Code	997 – Functional Acknowledgement
ST02	R	Transaction Set Control Number	This number is assigned locally and must match the value in the corresponding SE segment.

Segment Name	Functional Group Response Header
Segment ID	AK1
Loop	N/A
Usage	Required
Segment Notes	This segment is used to respond to the functional group information in the interchange envelope.

Element ID	Usage	Guide Description/Valid Values	Comments
AK101	R	Functional Identifier Code	This is only a list of identifier codes used for 997s generated by UNIVERSITY HEALTH PLAN in response to inbound transactions. RA – Payment Order/Remittance Advice (820) BE – Benefit Enrollment and Maintenance (834) HP – Health Care Claim Payment/Advice (835) HC – Health Care Claim (837) HS – Eligibility, Coverage or Benefit Inquiry (270) HR – Health Care Claim Status Request (276) HI – Health Care Services Review Information (278)
AK10	R	Transaction Set	This data element contains the value from the GS06

Element ID	Usage	Guide Description/Valid Values	Comments
2		Control Number	data element from the GS segment of the original file being acknowledged.

Segment Name	Transaction Set Response Header
Segment ID	AK2
Loop	AK2
Usage	Situational
Segment Notes	This segment is used to start the acknowledgment of a transaction set. If there are no errors at the transaction set level, this segment is not returned.

Element ID	Usage	Guide Description/Valid Values	Comments
AK201	R	Functional Identifier Code	This is only a list of identifier codes used for 997's generated by UNIVERSITY HEALTH PLAN in response to inbound transactions. 834 – Benefit Enrollment and Maintenance 835 – Health Care Claim Payment/Advice 837 – Health Care Claim 270- Eligibility, Coverage or Benefit Inquiry 276– Health Care Claim Status Request 278– Health Care Services Review Information
AK202	R	Transaction Set Control Number	This data element contains the value from the ST02 data element from the ST segment of the original file being acknowledged.

Segment Name	Data Segment Note
Segment ID	AK3
Loop	AK2/AK3
Usage	Situational
Segment Notes	This segment is used to report segment/looping errors in the submitted transaction.

Element ID	Usage	Guide Description/Valid Values	Comments
AK301	R	Segment ID Code	This data element lists the two or three byte segment ID that contains the error, such as ST, SBR.

AK302	R	Segment Position in Transaction Set	This data element contains the sequential position of the Segment ID identified in AK301. This count begins with 1 for the ST segment and increments by 1 from that point.
AK303	S	Loop Identifier Code	This data element identifies the loop where the erroneous segment resides.
AK304	S	Segment Syntax Error Code	This data element describes the type of error encountered. See code list in the IG

Segment Name	Data Segment Note
Segment ID	AK4
Loop	AK2/AK3
Usage	Situational
Segment Notes	This segment is used to report data element/composite errors in the submitted transaction.

Element ID	Usage	Guide Description/Valid Values	Comments
AK401	R	Position in Segment	This is a composite data element.
AK401-1	R	Segment Position in Transaction Set	This data element contains the sequential position of the simple data element or composite data structure. This count begins with 1 for the initial element and increments by 1 from that point.
AK401-2	S	Component Data Element Position in Composite	This data element identifies within the composite structure where the error occurs.
AK403	S	Data Element Reference Number	This is the Data Element Dictionary reference number associated with the erroneous data element/composite.
AK404	R	Data Element Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK405	S	Copy of Bad Data Element	

Segment Name	Transaction Set Response Trailer
Segment ID	AK5
Loop	AK2/AK3
Usage	Required

Segment Notes	This segment is used to acknowledge the acceptance or rejection of a transaction and any report errors.
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Element ID	Usage	Guide Description/Valid Values	Comments
AK501	R	Transaction Set Acknowledgment Code	A – Accepted R – Rejected
AK502	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK503	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK504	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK505	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK506	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. See code list in the IG

Segment Name	Functional Group Response Trailer
Segment ID	AK9
Loop	N/A
Usage	Required
Segment Notes	This segment is used to acknowledge the acceptance or rejection of a functional group and report the number of transaction sets originally included, received, and accepted.

Element ID	Usage	Guide Description/Valid Values	Comments
AK901	R	Functional Group Acknowledgment Code	A – Accepted R – Rejected P – Partial (Rejected)
AK902	S	Number of Transaction Sets Included	This data element contains the value from the GE01 data element from the GE segment of the original file being acknowledged.
AK903	S	Number of Received	

Element ID	Usage	Guide Description/Valid Values	Comments
		Transaction Sets	
AK904	S	Number of Accepted Transaction Sets	
AK905	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK906	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK907	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK908	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in the IG
AK909	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. See code list in the IG

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Number of Included Segments	This is the total number of segments included in this acknowledgment. This value includes the ST and SE segments.
ST02	R	Transaction Set Control Number	This number is assigned locally and matches the value in the preceding ST segment.

Claim Audit Report

UNIVERSITY HEALTH PLAN will continue to provide a Claim Audit report for each Inbound 837 Transaction received for both Institutional and Professional files. The format of the report has not changed and the error codes will remain the same. A sample of the report is available in *Appendix B*. A listing of the error codes can be found in *Appendix C*.

Any claim that has been rejected and acknowledged on this report must be fixed and resent either electronically via an 837 or on paper. Those claims that have been rejected are based on up front edits and do not pertain to our claims adjudication process.

SECTION 06: TESTING

Summary

There are three levels of transaction testing required before an application is considered approved by UNIVERSITY HEALTH PLANS. These testing levels include the following:

- Compliance Testing
- UNIVERSITY HEALTH PLANS Specification Validation Testing
- End-to-End Testing

Prior to testing, anyone wanting to exchange information electronically directly with UNIVERSITY HEALTH PLANS must receive plan approval then complete and submit a signed Trading Partner Agreement.

UNIVERSITY HEALTH PLANS requires a minimum of a three week testing cycle to include sending three test files containing “live” information to its’ business partners in the same manner as production files would be sent. This will allow us to test the file transmission process and the data content. The three files will contain multiple scenarios depending on the type of transaction being sent. If your company requires additional testing, please contact an EDI Business Analyst at 800-225-2573 extension 25525.

Once both UNIVERSITY HEALTH PLANS and your company have approved this transaction, we will work together on setting up a timeframe to implement it into production.

A: Sample Audit Report

Process Date	6 characters	Date Claims Processed (CCMMDD)
Claim Number	12 characters	Health Plan Claim Number
Member#	12 characters	Health Plan Member Number
Amt Billed	10 characters	Billed Amount for Claim 9(07)v99
Status	6 characters	ACCEPT or INVALID
Prov Nbr	6 characters	Health Plan Provider Number
Tax ID	9 characters	Provider Tax ID Number
Reason	2 characters	Reason for error if INVALID status (see below)
Serv Date	8 characters	Date of Service
Patient ID	17 characters	Patient ID as sent by provider (from clm segment)

PROCESS	DATE	CLAIM NUMBER	MEMBER	AMT BILLED	STATUS	PROV NBR	TAX ID	REASON	SERV DATE	PATIENT ID
	080329	H089NJE00001	11111111111	000005500	INVALID	232323232	752674893	06	20011110	3T12579039
	080329	H089NJE00002	22222222222	000160904	ACCEPT	200000	752674894		20011026	3T12579407
	080329	H089NJE00003	33333333333	000007700	INVALID	300009	752674895	01	20011110	3T12579042
	080329	H089NJE00004	44444444444	000014900	ACCEPT	555666	752674896		20011117	3T12579048
	080329	H089NJE00005	44444444444	000007700	ACCEPT	555666	752674896		20011117	3T12579049
	080329	H089NJE00006	44444444444	000007000	ACCEPT	555666	752674896		20011129	3T12580690
	080329	H089NJE00007	44444444444	000022700	ACCEPT	555666	752674896	17	20011129	3T12580691
	080329	H089NJE00008	44444444444	000005500	ACCEPT	555666	752674896		20011117	3T12579056
	080329	H089NJE00009	44444444444	000009300	ACCEPT	555666	752674896		20011117	3T12580680
	080329	H089NJE00010	55555555555	000030700	ACCEPT	808999	752674897		20011206	3T12583224
	080329	H089NJE00011	55555555555	000036500	ACCEPT	808999	752674897		20011212	3T12583191
	080329	H089NJE00012	66666666666	000027500	ACCEPT	776776	752674898		20011206	3T12583265
	080329	H089NJE00013	77777777777	000037300	ACCEPT	220220	752674899		20011206	3T12583212
	080329	H089NJE00014	12121212121	000022800	INVALID	100000	652674893	02	20011212	3T12583199
	080329	H089NJE00015	13131313131	000110200	INVALID	999999999	652674893	08	20011209	3T12579770

***TOTAL CLAIMS
ACCEPTED 00011

***TOTAL CLAIMS
REJECTED 00004

B: Sample Audit Report

Process Date	6 characters	Date Claims Processed (CCMMDD)
Claim Number	12 characters	Health Plan Claim Number
Member Nbr	12 characters	Health Plan Member Number
Amt Billed	10 characters	Billed Amount for Claim 9(07)v99
Status	6 characters	ACCEPT or INVALID
Provider	6 characters	Health Plan Provider Number
Tax ID	9 characters	Provider Tax ID Number
Reason	2 characters	Reason for error if INVALID status (see below)
Serv Date	8 characters	Date of Service
Patient Acct	20 characters	Patient ID as sent by provider in clm segment (revised from 17characters)
Ref/D9	30 characters	Claim number for intermediaries

ST*864*000000001

BMG*00*CLAIM AUDIT REPORT*CK

MIT*20060601*PROFESSIONAL CLAIM AUDIT REPORT*136

MSG*PROCESS DATE CLAIM NUMBER MEMBER NBR AMT BILLED STATUS PROV NBR TAX ID REASON SERV DATE PATIENT ACCT# REF/D9 CLM NO FOR INTERMEDIARIES MSG*060531

MSG	PROCESS DATE	CLAIM NUMBER	MEMBER NBR	AMT BILLED	STATUS	PROV NBR	TAX ID	REASON	SERV DATE	PATIENT ACCT#	REF/D9	CLM NO FOR INTERMEDIARIES	MSG
061510001T80	00000242501	000003900	ACCEPT	100023	741842169	20060530	086987004792	12345678901234567890					
MSG*060531	H089NJE00001	00012570801	000006850	ACCEPT	100023	741842169	20060530	117168004808	23456789012345678901				
MSG*060531	H089NJE00002	00010908601	000003900	ACCEPT	100023	741842169	20060530	151696004839	34567890123456789012				
MSG*060531	H089NJE00003	00004153901	000006550	ACCEPT	100023	741842169	20060530	151698004840	45678901234567890123				
MSG*060531	H089NJE00004	00015280501	000003900	ACCEPT	100023	741842169	20060530	153592004843	56789012345678901234				
MSG*060531	H089NJE00005	00000149901	000027575	ACCEPT	100023	741842169	20060530	154091004845	67890123456789012345				
MSG*060531	H089NJE00006	00040551901	000003900	ACCEPT	100023	741842169	20060530	155920004848	78901234567890123456				
MSG*060531	H089NJE00007	00040684801	000006200	ACCEPT	101472	741842169	20060530	057202004779	89012345678901234567				

SE*13*000000001

Where:

BMG*00*CLAIM AUDIT REPORT*CK

aa bbbbbbbbbbbbbbbbbbb cc

a = submission type (00 = Original)

b = description

c = submission code (CK = Claim Submission)

MIT*20060601*PROFESSIONAL CLAIM AUDIT REPORT*115

Aaaaaaa bbbbbbbbbbbbbbbbbbb ccc

a = document control number

b = description (yet another one)

c = columns in report layout

BMG and MIT are mandatory, MSG can contain up to 264 characters of free-form text

C: Audit Report Error Codes

- 01 Invalid Mbr DOB
- 02 Invalid Mbr
- 06 Provider# or Medicaid TPI missing or does not match payer records
- 07 Invalid Member DOB; Invalid Provider ID or TPI nbr
- 08 Invalid Mbr & Prv
- 09 Mbr not valid at DOS
- 10 Invalid Mbr DOB; Mbr not valid at DOS
- 12 Provider# inactive at DOS
- 13 Invalid Mbr DOB; Prv not valid at DOS
- 14 Invalid Mbr; Prv not valid at DOS
- 15 Member inactive at DOS; Invalid Provider or TPI nbr
- 16 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
- 17 Invalid Diag
- 18 Invalid Mbr DOB; Invalid Diag
- 19 Invalid Mbr; Invalid Diag
- 21 Mbr not valid at DOS; Prv not valid at DOS
- 22 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS
- 23 Invalid Prv; Invalid Diag
- 24 Invalid Mbr DOB; Invalid Prv; Invalid Diag
- 25 Invalid Mbr; Invalid Prv; Invalid Diag
- 26 Mbr not valid at DOS; Invalid Diag
- 27 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
- 29 Prv not valid at DOS; Invalid Diag
- 30 Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
- 31 Invalid Mbr; Prv not valid at DOS; Invalid Diag
- 32 Mbr not valid at DOS; Prv not valid; Invalid Diag
- 33 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag
- 34 Invalid Proc
- 35 Invalid Mbr DOB; Invalid Proc
- 36 Invalid Mbr; Invalid Proc
- 38 Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
- 39 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
- 40 Invalid Prv; Invalid Proc
- 41 Invalid Mbr DOB, Invalid Prv; Invalid Proc
- 42 Invalid Mbr; Invalid Prv; Invalid Proc
- 43 Mbr not valid at DOS; Invalid Proc
- 44 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Proc
- 46 Prv not valid at DOS; Invalid Proc
- 48 Invalid Mbr; Prv not valid at DOS; Invalid Proc
- 49 Mbr not valid at DOS; Invalid Prv; Invalid Proc
- 51 Invalid Diag; Invalid Proc
- 52 Invalid Mbr DOB; Invalid Diag; Invalid Proc
- 53 Invalid Mbr; Invalid Diag; Invalid Proc

- 57 Invalid Prv; Invalid Diag; Invalid Proc
- 58 Invalid Mbr DOB; Invalid Prv; Invalid Diag; Invalid Proc
- 59 Invalid Mbr; Invalid Prv; Invalid Diag; Invalid Proc
- 60 Mbr not valid at DOS; Invalid Diag; Invalid Proc
- 61 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag; Invalid Proc
- 63 Prv not valid at DOS; Invalid Diag; Invalid Proc
- 64 Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 65 Invalid Mbr; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 66 Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
- 67 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
- 72 Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 73 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
- 74 Rejected. Date of service prior to mm/dd/ccyy
- 75 Invalid Units of service
- 81 Invalid Units, Invalid Prv