Health Net, LLC.

HIPAA Transaction 837 Professional
Standard Companion Guide

**Refers to the Implementation Guides
Based on X12 version 005010X222A1**

Companion Guide Version Number: 2.1

February 22, 2019

Disclosure Statement

This Companion Guide describes the EDI requirements for the submission of CA and Arizona Encounters to Health Net. Throughout the remainder of this document Health Net, LLC. will be referred to HNT to describe the all regions of Health Net.

Preface

This Companion Document to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Health Net, LLC. Transmissions based on this companion document, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the ASC X12N 837 Implementation Guides.

EDITOR'S NOTE:
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1 Introduction

1.1 Scope

This Companion document supports the implementation of a batch processing application.

HNT will accept inbound submissions that are formatted correctly in X12 requirements. The files must comply with the specifications outlined in this companion document as well as the corresponding HIPAA implementation guide.

HNT EDI applications will edit for these conditions and reject files that are out of compliance.

This companion document will specify everything that is necessary to conduct EDI for this standard transaction. This includes;

- Specifications on the communications link
- Specifications on the submission methods
- Specifications on the transactions

1.2 Overview

This companion guide complements the ASC X12N 837 Professional implementation guide currently adopted by HIPAA.

This companion guide will be the vehicle that HNT uses with its trading partners to further qualify the HIPAA adopted implementation guide. This companion guide is compliant with the corresponding HIPAA implementation guide in terms of data element and code sets standards and requirements.

Data elements that require mutual agreement and understanding will be specified in this companion guide. Types of information that will be clarified within this companion are:

- Qualifiers that will be used from the HIPAA implementation guides to describe certain data elements
- Situational segments and data elements that will be utilized to satisfy business conditions
- Trading partner profile information for purpose of establishing who we are trading with for the transmissions exchanged

1.3 References

ASC X12N Implementation Guides
1. Health Care Claim: Professional
   - 837 (005010X222A1)

1.4 Additional Information

Electronic Data Interchange (EDI) is the computer-to-computer exchange of formatted business data between trading partners. The computer system generating the transactions must supply complete and accurate information while

the system receiving the transactions must be capable of interpreting and utilizing the information in ASC X12N format, without human intervention.

The transactions must be sent in a specific format that will allow HNT's computer application to translate the data. HNT supports the standard transactions adopted from HIPAA. Maintains a dedicated staff for the purpose of enabling and processing X12 EDI transmissions with its trading partners.

It is the goal of HNT to establish trading partner relationships and to conduct EDI as opposed to paper information flows whenever and wherever possible.

1.5 National Provider Identifier

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated that the Secretary of Health and Human Services adopt a standard unique health identifier for health care providers. On January 23, 2004, the Secretary published a Final Rule that adopted the National Provider Identifier (NPI) as this identifier.
HIPAA covered healthcare providers that choose to submit transactions electronically, whether they are individuals or organizations, must obtain an NPI for use to identify themselves in HIPAA standard transactions. Once enumerated, the National Provider Identifier (NPI) is meant to be a lasting identifier, and would not change based on changes in a health care provider's name, address, ownership, membership in health plans or Healthcare Provider Taxonomy classification.
HIPAA covered entities such as providers completing electronic transactions, healthcare clearinghouses, and large health plans (including Health Net), must use only the NPI in the primary identifier position to identify covered healthcare providers in standard transactions by May 23, 2007. Small health plans must use only the NPI by May 23, 2008.

This companion guide has been updated to reflect how the NPI will be integrated in the 837 X12 transaction.

2 Getting Started

2.1 Working with Health Net, LLC

Contact HNT EDI Dept. for all EDI related customer service requests. (Contact information is identified in section 5 below.)

There are three units within HNT that work internally to complete EDI service requests from our trading partners.

The first unit is HNT EDI Operations Dept. This group will serve as the trading partner's central point of contact. This group will also facilitate the implementation of trading partners through all steps of external testing.

The second unit is HNT EDI IT infrastructure group. This is a technical team that implements the communication link and ensures that trading partner to payer connectivity is established properly.

The third unit is HNT EDI IT Translator team. This group is responsible for our inbound and outbound X12 Translator applications.

2.2 Trading Partner Registration

To register as a trading partner with HNT the following sequence of events will take place.

1. Initial conversations are held between the trading partner and HNT
2. Verbal agreements are reached to agree on the transactions that will be conducted.
3. A trading partner agreement and associated companion guides are provided and reviewed.
4. Submitter Id and Receiver Id are established for the purpose of identification.
5. Required trading partner profiling is built into our HNT EDI translator.
6. Test files are exchanged and test runs conducted.
7. Once a brief testing phase is completed and a trading partner agreement is in place; the trading partner is registered.

2.3 Certification and Testing Overview

HNT requires its trading partners to show evidence of third party certification. This is consistent with industry standard conventions that have been adopted for HIPAA Transactions and Code Sets implementation.

HNT will also show evidence of third party certification for standard transactions.

This requirement exists so that the process to test and implement a trading partner for the purpose of conducting EDI with standard transactions is a smooth and efficient process.

The complexity of X12 files when not tested and certified by a third party will cause delays in the ability to enable the X12 submissions in a production environment.

HNT wants to spend the majority of the testing period time, working with prospective trading partners on the agreed components of this companion document rather than X12 or HIPAA implementation guide syntax.

HNT will be certified incorporating the following WEDI/SNIP levels of testing where applicable:
Level 1, Integrity Testing   (X12 Syntax)
Level 2, Requirement Testing (HIPAA Implementation Guide Syntax)
Level 3, Balancing Testing   (i.e. 835 claim line balancing to the claim document)
Level 4, Situation Testing   (Use of Situational Segments that business relevant
Level 5, Code Sets Testing
Level 6, Product Types/Types of Service Testing (i.e. provider specialties)

3 Testing with the Payer

HNT would like to establish with the trading partner a set of scenarios that are intended for testing. This can be a high level description of the contents of the transaction. It should be a representation or cross section of the majority of conditions that will be encountered with production data from these transactions.

HNT requires testing be completed with all trading partners. The testing phase will consist of several smaller phases of testing, as appropriate.

3.1 HIPAA Compliance Testing

HNT uses an industry standard data translator to validate transactions meet the 6 levels of HIPAA compliance, and to translate them into an acceptable format for internal processing. The 997/999 Acknowledgement will be tested during this phase. Any issues identified during this phase of testing will have to be addressed in order for subsequent phases to continue. HNT will use the 277CA for claims acknowledgements.

3.2 Trading Partner Agreement Testing

Trading partner specific setup, as defined in either the trading partner agreement or companion guide will be verified. Generally, this will be done in conjunction with Compliance testing.

3.3 Functional and Regression Testing

Once the transactions have successfully tested through GXS and trading partner specifications, they will be processed through our internal system to ensure they are handled appropriately. Response transactions will be generated during this phase, where applicable.

3.4 Parallel Testing

Depending on the stage of the HNT implementation, a period of parallel testing may be required. This would involve sending the current proprietary transaction format, as well as, sending the same transactions in the x12 format, to our test system. This phase will allow for the comparative analysis necessary to ensure appropriate handling by our system.

4 Connectivity with the Payer / Communications

4.1 Process flows

Three file exchange methods are supported to enable batch data file transmission; (1) FTP of encrypted data over the Internet, (2) use of Connect: Direct (NDM) over the AT&T AGNS (formerly Advantis) SNA network, and (3) FTP over frame relay for trading partners with very high volumes.

4.1.1 FTP of Encrypted data over the Internet

One method of exchanging data files is encrypting the file, sending it over the Internet where it is then decrypted. For data inbound to HNT (see Figure 4.1), the trading partner would encrypt the data on an internal server and then transfer to either a trading partner owned FTP server or to HNT FTP server. Then, HNT will retrieve the encrypted file from either the trading partner FTP server or from HNT FTP server to an internal server where the file is decrypted and processed.

Figure 4.1.1A
FTP of Encrypted Data over the Internet from Trading Partner to HNT
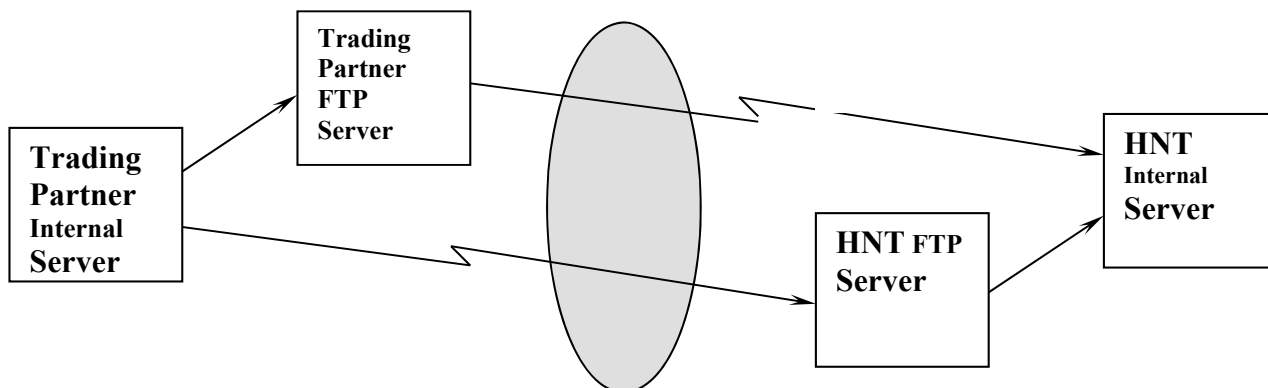
For data outbound from HNT (see Figure 4.1.1B), HNT will generate the X12 data file and encrypt it. Once encrypted, the file will be sent either to HNT's FTP server or the trading partners FTP server. Then the trading partner can retrieve the file from the appropriate FTP server, transfer it to their internal system, encrypt it and process.

Figure 4.1.1B

FTP of Encrypted Data over the Internet from HNT to Trading Partner
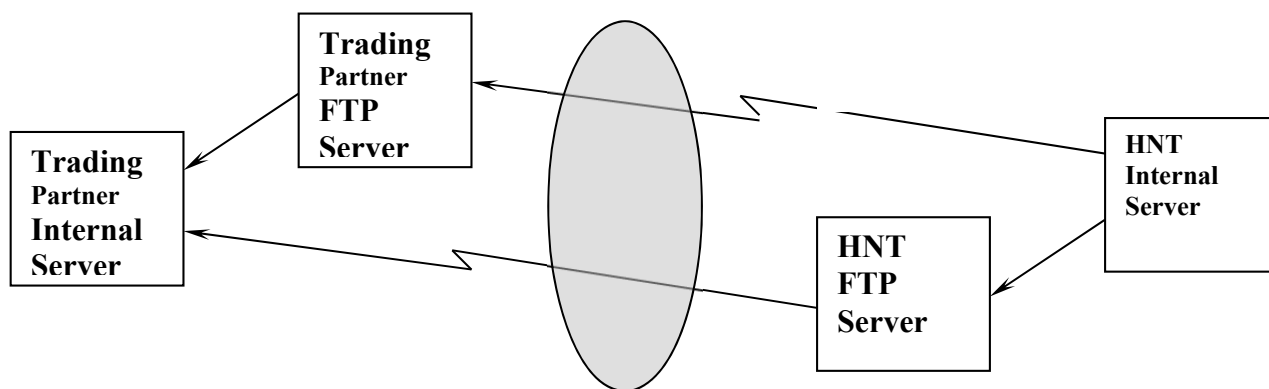
4.1.2   Use of Connect: Direct (NDM) over the AT&T AGNS (Advantis) SNA Network

Data may also be exchanged over the AT&T AGNS (formerly Advantis) SNA network (see Figure 4.3). The transmission software must be Sterling

Commerce Connect:Direct (formerly NDM). For data inbound to HNT, the trading partner will make the data file available on their internal server. HNT will retrieve the data from the trading partner server with Connect:Direct (preferred) or the trading partner my initiate the transfer and send the data to HNT's internal server.

Data outbound from HNT takes just the opposite path with either HNT (preferred) or the trading partner initiating the file transfer.

Data transferred over the AGNS network may be encrypted or sent in clear text.

Figure 4.1.2
Connect:Direct Transfer over the AT&T AGNIS Network
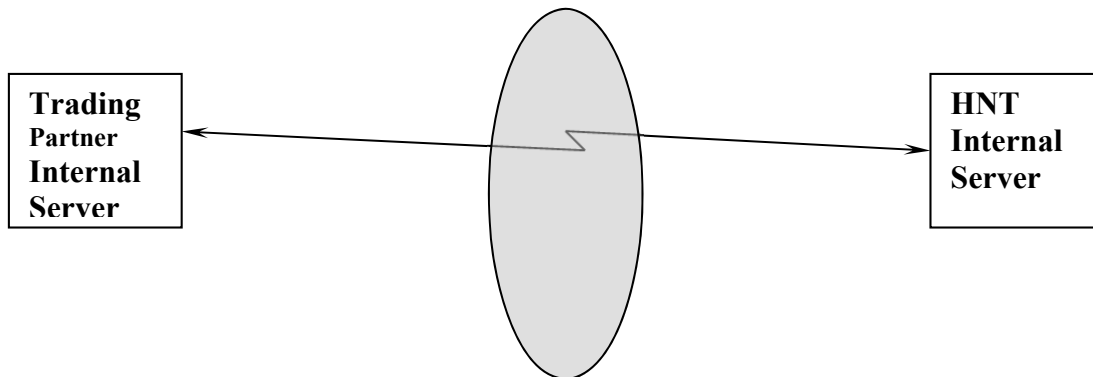

4.1.3 FTP Over Frame Relay

For trading partners with very large data volume to exchange with HNT, a private virtual circuit may be established over a frame relay link (see Figure 4.4). Once established, data will be exchanged similarly to the FTP over the Internet approach except the data will not flow over the Internet.

Data transferred over the frame relay network may be encrypted or sent in clear text.

Figure 4.1.3

FTP Over Frame Relay
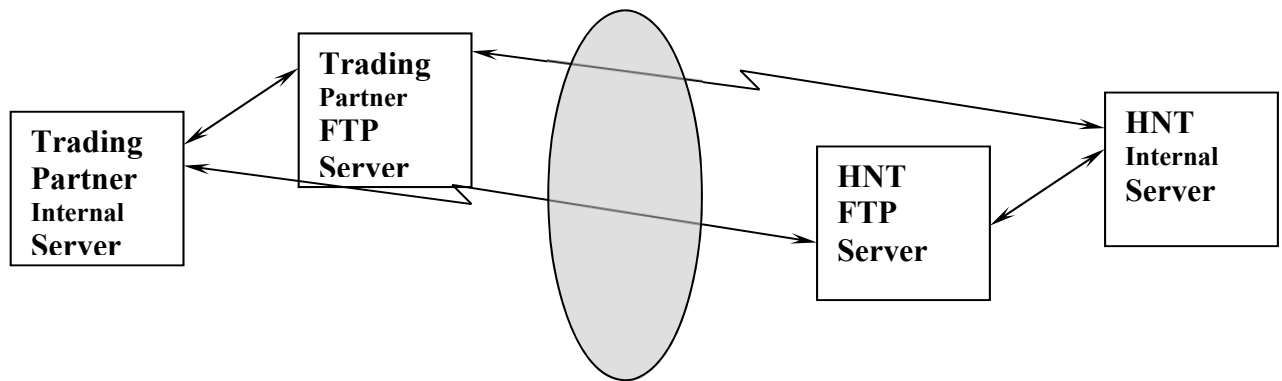
4.2 Transmission Administrative Procedures

Before establishing data communications with HNT, a trading partner relationship must exist. As part of the process establishing the relationship, HNT and the trading partner must exchange certain technical information. This information is needed by both parties in order to establish communications.

The information requested will include:

1. Contacts; business, data and communications
2. Dates; testing, production
3. File information; size, naming
4. Transfer; schedule, protocol
5. Server information; host name, userID, password, file location, file name
6. Notification; failure, success

4.2.1 Re-transmission procedures

When a file needs to be retransmitted, the trading partner will contact their primary contact at HNT. At that time, procedures will be followed for HNT to accept and re-transmit a file.

4.3 Communication protocol specifications

4.3.1 FTP over the Internet

The following items are required to exchange data with HNT utilizing FTP over the Internet. The trading partner is responsible for the acquisition and installation of these items. This list assumes that HNT FTP server will be used.

1. Internet Connectivity; if large files will be exchanged, then the trading partner should consider a broadband connection.
2. Computer with FTP client and connectivity to the Internet.
3. Optionally, PGP software for encryption/decryption. RSA (also know as Legacy) keys must be generated and exchanged with HNT via e-mail (public keys only).
4. E-mail capability to exchange configuration and testing information.

Initial setup will include confirming FTP connectivity, exchanging PGP public keys and performing end-to-end communications testing.

Before sending data to HNT, the data must be encrypted with PGP and then sent to the Health Net FTP using the FTP client over the Internet connection. When receiving data from Health Net, the FTP client will be used to get the data from the HNT FTP server after which PGP will be used to decrypt the data.

4.3.2 Connect: Direct over the AT&T AGNS Network

The following items are required to exchange data with HNT utilizing Connect: Direct (formerly NDM) over the AT&T AGNS network (formerly Advantis).

1. SNA Connectivity to the AT&T AGNS network.
2. Connect:Direct software loaded and configured on an applicable host system. HNT runs Connect:Direct on an OpenVMS system. Not all Connect:Direct versions are compatible with Connect:Direct for OpenVMS. The trading partner must confirm that their version is compatible.
3. Optionally, PGP software for encryption/decryption. RSA (also know as Legacy) keys must be generated and exchanged with HNT via e-mail (public keys only).
4. E-mail capability to exchange configuration and testing information.

Initial setup will include the exchange of Connect:Direct parameters (APPLID, LUs, etc.), submission of security requests to AT&T and end-to-end communications testing.

Using Connect:Direct, data may be "pushed" or "pulled" by either party. HNT prefers to initiate the connection. Data is exchanged when one party initiates a Connect:Direct session with the other and either "pushes" or "pulls" a file to/from the other party.

4.3.3 FTP over Frame Relay

This method of communications is only appropriate for trading partners with a very high and frequent volume. The initial setup of this method can be lengthy.

The following items are required to exchange data with HNT utilizing FTP over Frame Relay.

1. Connectivity to a Frame Relay network common with HNT.

2. Computer with FTP client and connectivity to the Internet.
3. Optionally, PGP software for encryption/decryption. RSA (also know as Legacy) keys must be generated and exchanged with HNT via e-mail (public keys only).
4. E-mail capability to exchange configuration and testing information.

Initial setup will include the exchange of Frame Relay PVC parameters and submission of a request to the frame relay carrier for connectivity. Once connectivity is established at the frame relay level, this method is similar to the FTP over the Internet method.

4.4 Passwords

HNT requires the use of UserIDs and Passwords to access its systems and servers. If HNT's FTP server is to be used to exchange data, HNT will assign each trading partner a unique UserID and Password. The UserID and other information will be communicated with the trading partner via e-mail. However, the password will be communicated via another method such as phone or fax.

In the event a trading partner forgets their password, HNT will change the password after verifying the authenticity of the request.

HNT will not utilize a trading partner owned FTP server that is not protected with a UserID and password.

4.5   Encryption

HNT requires the encryption of data that is exchanged via the Internet or any other public network. HNT utilizes PGP with 1024 or 2048 bit keys for file encryption.

5 Contact information

5.1 HNT EDI Department

HNT EDI Dept. is the central point of contact for all trading partner EDI activity including questions relating to file submissions. They will triage the issue and route EDI questions to one of three EDI areas for resolution.

Once resolution is reached, trading partners will receive a response from this same central EDI Dept.

The three areas within HNT EDI that work on EDI customer service issues are;

- HNT IT EDI Translator Team
- HNT IT Payer Connectivity and Infrastructure Team
- HNT EDI Business Operations Team

Contact Phone numbers for our HNT EDI Department:
North East and AZ: 1-866-334-4638
CA and OR: 1-800-977-3568
.

6 Control Segments / Envelopes

6.1 ISA-IEA

See Transaction Specifications, Section 10.

6.2 GS-GE

See Transaction Specifications, Section 10.

6.3 ST-SE

See Transaction Specifications, Section 10.

7 Payer Specific Business Rules and Limitations

- All monetary amounts are to include decimal points with two positions allowed to the right of the decimal point to represent cents.
- CLM segments per patient loop is limited to 100 CLM segments
- Service lines per CLM loop must be limited to 50 service lines
- Billing Provide Name Contact Information (Loop ID 2010AA) is limited to one instance.
- The following segments should **not** be sent:
  - Loop 2010AA REF - Credit/Debit Card Billing Information.
  - Loop 2010BA REF– Property and Casualty Number
  - Loop 2010BD NM1 and REF– Credit/Debit Card Holder Name and Information
  - Loop 2010CA REF– Property and Casualty Claim Number
  - Loop 2300 AMT – Credit/Debit Card Maximum

8 Acknowledgements and or Reports

997/999 and 277CA Acknowledgement will be sent so the trading partner will get confirmation that we received their 837 submission.

9 Trading Partner Agreements

Trading Partner Agreements specify the terms and conditions by which transactions are exchanged electronically with HNT.

This companion document will be an addendum to the trading partner agreement that is signed by both HNT and the trading partner with whom EDI is to be conducted.

Health Net, LLC.'s trading partner agreement is attached as an appendix to this companion document. The version of X12N that Health Net, LLC. is supporting will be identified in the trading partner agreement. As versions offered by HNT change to newer releases of X12N and adopted by HIPAA, the trading partner agreement will be amended to reflect the version changes as they occur and become required.

10 Transaction Specification Information

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
C.3	Interchange Control Header	ISA01	Authorization Information Qualifier	R	2/2	00 – No Authorization Information Present
		ISA02	Authorization Information	R	10/10	Spaces
		ISA03	Security Information Qualifier	R	2/2	00 – No Security Information Present
		ISA04	Security Information	R	10/10	Spaces
		ISA05	Interchange Sender Qualifier	R	2/2	30 – Federal Tax ID ZZ – Mutually Defined
		ISA06	ISA Sender ID	R	15/15	(**As agreed upon**)
		ISA07	Interchange Receiver Qualifier	R	2/2	30 – Federal Tax ID ZZ – Mutually Defined
		ISA08	ISA Receiver ID	R	15/15	HNT Tax ID - 954402957 (**As agreed upon**)
		ISA09	Interchange Date	R	6/6	Date of Transmission (YYMMDD)
		ISA10	Interchange Time	R	4/4	Time of Transmission (HHMM)
		ISA11	Repetition Separator	R	1/1	
		ISA12	Interchange Control Version Number	R	5/5	00501
		ISA13	ISA Control Number	R	9/9	Control number assigned by the sender, Must be identical to control number in IEA02
		ISA14	Acknowledgement Indicator	R	1/1	**1** - Send TA1, **0** - Do not send TA1
		ISA15	Usage Indicator	R	1/1	**T** - Test, **P** - Production

Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	Notes/ Comments
C.7	Functional Group Header	GS01	Functional Identifier Code	R	2/2	**HC** - Health Care Claim (837)
		GS02	GS Sender's Code	R	2/15	(**As agreed upon**)
		GS03	GS Receiver's Code	R	2/15	HNCA-ENC (**As agreed upon**)
		GS04	Group GS Date	R	8/8	Functional group creation date (CCYYMMDD)
		GS05	Group GS Time	R	4/8	Functional group creation time (HHMM)
		GS06	Group Control Number	R	1/9	Control number assigned by the sender
		GS07	Responsible Agency Code		1/2	**X** accredited standards committee
		GS08	Version /Release ID Code	R	1/12	005010X222A1

Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	Notes/ Comments
70	Transaction Set Header	ST01	Transaction Set Identifier Code	R	3/3	**837** - Health Care Claim: Professional
		ST02	Transaction Set Control Number	R	4/9	Unique control number assigned by sender's translator
		ST03	Transaction Set Version	R	1/35	Matches GS08 value

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
71	Beginning of Hierarchical Transaction	BHT01	Hierarchical Structure Code	R	4/4	**0019** (Information Source, Subscriber, Dependent)
		BHT02	Transaction Set Purpose Code	R	2/2	00 - Original 18 - Reissue
		BHT03	Originator Application Transaction Identifier	R	1/50	
		BHT04	Application Creation Date	R	8/8	CCYYMMDD
		BHT05	Application Creation Time	R	4/8	
		BHT06	Claim or Encounter Indicator	R	2/2	Identifies cap vs. fee for service claims RP - Reporting (**Encounters/ Capitation**)

Page #:	Loop Id	Reference	Name	Codes	Length	Notes/ Comments
74	1000A	NM101	Entity Identifier Code	R	1/1	**41** (Submitter)
		NM102	Entity Type Qualifier	R	1/60	**1** - person, **2** - Non-Person
		NM103	Submitter Name	R	1/60	
		NM104	Submitter First Name	S	1/35	
		NM105	Submitter Middle Name	S	1/25	
		NM106 NM107	Not Used by HIPAA			
		NM108	Identification Code	R	1/2	46 Electronic Transmitter ID Number ETIN).
		NM109	Submitter Electronic Transmitter ID	R	2/80	9-digit HNT Submitter ID (**Assign by Health Net**)
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop Id	Reference	Name	Codes	Length	Notes/ Comments
76	1000A	PER01	Contact Function Code	R	2/2	**IC** Information Contact
		PER02	Submitter Contact Name 1	S	1/60	
		PER04/06/08	Contact Telephone Number 1	R	1/256	**PER03,05,07=TE**
		PER06/08	Contact Telephone Extension 1	R	1/256	**PER05,07=EX**
		PER04/06/08	Contact Fax Number 1	R	1/256	**PER03,05,07=FX**
		PER04/06/08	Contact Email Address 1	R	1/256	**PER03,05,07=EM**
		PER09	Not Used by HIPAA			
		PER02	Submitter Contact Name 2	S	1/60	Used if more contact information needed. Inbound: Populated by EDI translator. Outbound: Determined by EDI Business.
		PER04/06/08	Contact Telephone Number 2	S	1/256	**PER03,05,07=TE**
		PER06/08	Contact Telephone Extension 2	S	1/256	**PER05,07=EX**
		PER04/06/08	Contact Fax Number 2	S	1/256	**PER03,05,07=FX**
		PER04/06/08	Contact Email Address 2	S	1/256	**PER03,05,07=EM**
		PER09	Not Used by HIPAA			

Page #:	Loop Id	Reference	Name	Codes	Length	Notes/ Comments

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
79	1000B	NM101	Entity Identifier Code	R	2/3	**40** (Receiver)
		NM102	Entity Type Qualifier	R	1/1	**2** (Non-Person Entity)
		NM103	Receiver Name	R	1/60	
		NM104-NM107	Not Used by HIPAA			
		NM108	Identification Code Qualifier	R	1/2	**46** Electronic Transmitter ID Number (ETIN)
		NM109	Receiver Electronic Transmitter ID Number	R	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
83	2000A	PRV01	Provider Code	R	1/3	**BI** (Billing)
		PRV02	Reference Identification Qualifier	R	2/3	**PXC** (Provider Taxonomy Code)
		PRV03	Billing Provider Taxonomy Code	R	1/50	*(REQUIRED)*
		PRV04-PRV06	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
84	2000A	CUR01	Entity Identifier Code	R	2/3	**85** (Billing Provider)
		CUR02	Currency Code	R	3/3	
		CUR03-CUR16	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
87	2010AA	NM101	Entity Identifier Code	R	2/3	**85** (Billing Provider)
		NM102	Entity Type Qualifier	R	1/1	1=Person 2=Organization
		NM103	Billing Provider Name	R	1/60	
		NM104	Billing Provider First Name	S	1/35	
		NM105	Billing Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Billing Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier	R	1/2	**XX** HIPAA National Provider ID
		NM109	Billing Provider Primary NPI	R	2/80	**REQUIRED**
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
87	2010AA	N301	Billing Provider Address 1	R	1/55	
		N302	Billing Provider Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
92	2010AA	N401	Billing Provider City	R	2/30	
		N402	Billing Provider State	S	2/2	
		N403	Billing Provider Zip Code	S	3/15	(Nine digit zip code)
		N404	Billing Provider Country Code	S	2/3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
		N405	Not Used by HIPAA			
		N406				
		N407	Billing Provider Sub Country Code	S	1/3	Required only if country is not USA.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
94	2010AA	REF01	Reference Identification Qualifier	**R**	2/3	**EI Employer's identification number (IRS ID number)** SY Social Security Number
		REF02	Billing Provider Taxpayer ID	R	1/50	
		REF02	Billing Provider SSN	R	1/50	
		REF03	Not Used by HIPAA			
		REF04				
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
96	2010AA	REF01	Reference Identification Qualifier	S	2/3	**0B** (State License Number) **1G** (Provider UPIN Number**)**
		REF02	Billing Provider Identification	S	1/50	
		REF03	Not Used by HIPAA			
		REF04				
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
98	2010AA	PER01	Contact Function Code	R	2/2	**IC** Billing provider
		PER02	Billing Provider Contact Name 1	S	1/60	
		PER04/06 /08	Contact Telephone Number 1	S	1/256	**PER03,05,07=TE**
		PER06/08	Contact Telephone Extension 1	S	1/256	**PER05,07=EX**
		PER04/06 /08	Contact Fax Number 1	S	1/256	**PER03,05,07 = FX**
		PER04/06 /08	Contact Email Address 1	S	1/256	**PER03,05,07 = EM**
		PER09	Not Used by HIPAA			
		PER02	Billing Provider Contact Name 2	S	1/60	Used if more Billing Provider contact information needed.
		PER04/06 /08	Contact Telephone Number 2	S	1/256	**PER03,05,07=TE**
		PER06/08	Contact Telephone Extension 2	S	1/256	**PER05,07=EX**
		PER04/06 /08	Contact Fax Number 2	S	1/256	**PER03,05,07 = FX**
		PER04/06 /08	Contact Email Address 2	S	1/256	**PER03,05,07 = EM**
		PER09	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes** **S**	**Length**	Notes/ Comments
101	2010AB	NM101	Entity Identifier Code	R	2/3	87 Pay to provider
		NM102	Entity Type Qualifier	R	1/1	1 person 2 non-person
		NM103-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**

Page	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
116	2000B	SBR01	Payer Responsibility Sequence Number Code	R	1/1	P - Primary S - Secondary T - Tertiary A - Payer Responsibility Four B - Payer Responsibility Five C - Payer Responsibility Six D - Payer Responsibility Seven E - Payer Responsibility Eight F - Payer Responsibility Nine G - Payer Responsibility Ten H - Payer Responsibility 11 U - Unknown
		SBR02	Individual Relationship Code	S	2/2	Individual Relationship Code "18' - Self, if patient is subscriber. Blank otherwise
		SBR03	Insured Group or Policy Number	S	1/50	
		SBR04	Insured Group Name	S	1/60	
		SBR05	Insurance Type Code	S	1/3	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary ESRD Beneficiary in 12 month coordination period with employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto as Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary PHS or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with LGHP 47 - Medicare Secondary, Other Liability Insurance Primary
		SBR06-SBR08	Not Used by HIPAA			
		SBR09	Claim Filing Indicator Code	S	1/2	11 - Other Non-Federal Programs 12 - PPO 13 - POS 14 - EPO 15 - Indemnity 16 - HMO Medicare Risk 17 - Dental Maintenance Organization AM - Automobile Medical BL - Blue Cross/Blue Shield CH - CHAMPUS CI - Commercial Insurance Company DS - Disability HM - HMO FI - Federal Employees Program LM - Liability Medical MA - Medicare Part A MB - Medicare Part B MC - Medicaid OF - Other Federal Program TV - Title V VA - Veteran Administration Plan WC - Workers' Compensation Health Claim ZZ - Mutually Defined

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
119	2000B	PAT01-PAT04	Not Used by HIPAA			
		PAT05	Date Time Period Format Qualifier	R	2/3	**D8 - Date** Applies to Subscriber, blank for dependent
		PAT06	Insured Date of Death	R	1/35	
		PAT07	Unit or Basis Measurement Code	R	2/2	**01** (Actual Pounds)
		PAT08	Insured (Patient) Weight	R	1/10	
		PAT09	Pregnancy Indicator	R	1/1	Y - Yes

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
121	2010BA	NM101	Entity Identifier Code	R	2/3	**IL** Insured or Subscriber
		NM102	Entity Type Qualifier	R	1/1	1 - person, 2 – Non-Person
		NM103	Subscriber Last Name	R	1/60	
		NM104	Subscriber First Name	S	1/35	
		NM105	Subscriber Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Subscriber Name Suffix	S	1/10	
		NM108	Subscriber Primary ID	S	2/80	**MI** Member identification number *II HIPAA National Individual Identifier (future use)*
		NM109	Subscriber Primary ID	S	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
124	2010BA	N301	Subscriber Address 1	R	1/55	
		N302	Subscriber Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
125	2010BA	N401	Subscriber City Name	R	2/30	
		N402	Subscriber State	S	2/2	
		N403	Subscriber Zip Code	S	3/15	
		N404	Subscriber Country Code	S	2/3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Subscriber Sub-Country Code	S	2/3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
127	2010BA	DMG01	Date Time Period Format Qualifier	R	2/3	**D8** Date
		DMG02	Subscriber Birth Date	R	1/35	
		DMG03	Subscriber Gender Code	R	1/1	F - Female M - Male U - Unknown
		DMG04-DMG11	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
129	2010BA	REF01	Reference Identification Qualifier	R	2/3	**SY** SSN (cannot be used for Medicare)
		REF02	Subscriber SSN	R	1/50	

| | | REF03 | Not Used by HIPAA | | | |
| | | REF04 | | | | |

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
130	2010BA	REF01	Reference Identification Qualifier	R	2/3	**Y4** Agency Claim Number
		REF02	Property/Casualty Agency ID number	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
131	2010BA	PER01	Contact Function Code	R	2/2	**IC** Information Contact
		PER02	Property Casualty Patient Contact Name	S	1/60	
		PER03	Communication Number Qualifier	R	2/2	**TE** Telephone
		PER04	Contact Telephone Number	R	1/256	
		PER05	Communication Number Qualifier	R	2/2	**EX** Telephone Ext**.**
		PER06	Contact Telephone Extension	S	1/256	
		PER07-PER09	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
133	2010BB	NM101	Entity Identifier Code	R	2/3	**PR** Payer
		NM102	Entity Type Qualifier	R	1/1	**2 –** Non-Person
		NM103	Payer Name	R	1/60	
		NM104-NM107	Not Used by HIPAA			
		NM108	Identification Code Qualifier	R	1/2	**PI** Payer identification number *XV* HCFA National Plan ID (future use)
		NM109	Payer Primary ID XV	S	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
135	2010BB	N301	Payer Address 1	R	1/55	
		N302	Payer Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
136	2010BB	N401	Payer City Name	R	30	
		N402	Payer State	S	2	
		N403	Payer Zip Code	S	3/15	
		N404	Payer Country Code	S	3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Payer Sub-Country Code	S	3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
138	2010BB	REF01	Reference Identification Qualifier	R	2/3	**2U** Supplemental payer id number **FY** Claim office number **EI** Federal Taxpayer's ID Number
		REF02	Payer Secondary ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
140	2010BB	REF01	Reference Identification Qualifier	R	2/3	**LU** Provider Location ID Number **G2** Provider Commercial ID Number
		REF02	Billing Provider Secondary ID	R	1/50	

| | | REF03 | Not Used by HIPAA | | | |
| | | REF04 | | | | |

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
144	2000C	PAT01	Dependent Relationship Code	R	2/2	01 - Spouse 19 - Child 20 - Employee 21 - Unknown 39 - Organ Donor 40 - Cadaver Donor 53 - Life Partner G8 - Other Relationship
		PAT02-PAT04	Not Used by HIPAA			
		PAT06	Insured Date of Death	R	1/35	**D8** Date
		PAT08	Insured (Patient) Weight	R	1/10	**01** Actual Pounds
		PAT09	Pregnancy Indicator	R	1/1	Y - Yes

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
147	2010CA	NM101	Entity Identification Code	R	2/3	**QC** Patient
		NM102	Entity Type Qualifier	R	1/1	**1** Person
		NM103	Dependent Last Name	R	1/60	
		NM104	Dependent First Name	R	1/35	
		NM105	Dependent Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Dependent Suffix Name	S	1/10	
		NM108-NM111	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
149	2010CA	N301	Dependent Address 1	R	1/55	
		N302	Dependent Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
150	2010CA	N401	Dependent City Name	R	2/30	
		N402	Dependent State	S	2/2	
		N403	Dependent Zip Code	S	3/15	
		N404	Dependent Country Code	S	2/3	Required only if country not USA.
		N405 N406	Not Used by HIPAA			
		N407	Dependent Sub-Country Code	S	2/3	Required only if country not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
152	2010CA	DMG01	Date Time Period Format Qualifier		2/3	**D8** Date
		DMG02	Dependent Birth Date	R	1/35	
		DMG03	Dependent Gender Code	R	1/1	F - Female M - Male U - Unknown (Note: Required on Outbound)
		DMG04-DMG11	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
154	2010CA	REF01	Reference Identification Qualifier	R	2/3	**Y4** Property/Casualty Agency identification number
		REF02	Dependent Secondary ID Y4	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
155	2010CA	PER01	Contact Function Code	R	2/2	**IC** Information Contact
		PER02	Property Casualty Patient Contact Name	S	1/60	
		PER03	Communication Number Qualifier	R	2/2	**TE** Telephone
		PER04	Contact Telephone Number	R	1/256	
		PER05	Communication Number Qualifier	S	2/2	**EX** Telephone Ext.
		PER06	Contact Telephone Extension	S	1/256	
		PER07-PER09	Not Used by HIPAA		1/60	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
157	2300	CLM01	Patient Account Number	R	1/38	
		CLM02	Total Claim Charge Amount	R	1/18	
		CLM03 CLM04	Not Used by HIPAA			
		CLM05-01	Facility Type Code	R	1/2	Place of service
		CLM05-02	Facility Code Qualifier	R	1/1	**B** Claim submission reason code.
		CLM5-03	Claim Frequency Code	R	1/1	1 = Original 7 = Replacement/Adjustment 8 = Void **www.nubc.org**
		CLM06	Provider Signature Indicator	R	1/1	Y - Yes N - No
		CLM07	Provider Accept Assignment Code	S	1/1	A - Assigned B - Assignment Accepted on Clinical Lab Services Only C - Not Assigned
		CLM08	Assignment of Benefits Indicator	R	1/1	Y - Yes N - No W - Not Applicable
		CLM09	Release of Information Indicator	R	1/1	I - Informed Consent to Release Medical Information for conditions or diagnoses regulated by federal statutes Y - Yes, provider has a signed statement permitting release of medical billing data related to a claim
		CLM10	Patient Signature Source Code	S	1/1	P - Signature generated by provider because patient was unavailable.
		CLM11-1	Related Causes Code 1	R	2/3	AA - Auto Accident EM - Employment OA - Other Accident
		CLM11-2	Related Causes Code 2	S	2/3	AA - Auto Accident EM - Employment OA - Other Accident
		CLM11-3	Not Used by HIPAA			
		CLM11-4	Auto Accident State or Province Code	S	2/2	Auto accident state or province code
		CLM11-5	Auto Accident Country Code	S	2/3	Required only if country is not USA.
		CLM12	Special Program Indicator	S	2/3	02 - Physically Handicapped Children's Program 03 - Special Federal Funding 05 - Disability 7 Third Party Processing Delay 09 - Second Opinion or Surgery
		CLM13-CLM19	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
		CLM20	Delay Reason Code	S	1/2	1 - Proof of Eligibility Unknown or Unavailable 2 - Litigation, 3 - Authorization Delays 4 - Delay in Certifying Provider, 5 - Delay in Supplying Billing Forms 6 - Delay in Delivery of Custom-made Appliances 7 - Third Party Processing Delay 8 - Delay in Eligibility Determination 9 - Original Claim Rejected or Denied Due to a Reason Unrelated to Billing Limitation Rules 10 - Administration Delay in Prior Approval Process 11 Other 15 Natural Disaster
164-181	2300	DTP01	Onset of Current Illness or Injury Date	R	1/35	**431** Onset of Current Symptoms or Illness **454** Initial Treatment **453** Acute Manifestation **439** Accident **484** Last Menstrual Period **471** Hearing or Vision Prescription **297** Last Worked **304** Last Seen **296** Work Return **435 Hospital Admission** **096** Hospital Discharge **090** Assumed Care **091** Relinquished Care **444** Property Casualty First **050** Repricer Received **NOTE: 435 Admission required on Inpatient Claims**
		DTP02	Initial Treatment Date	R	1/35	**D8** - Date (when DTP01 = 314 or 361) or **RD8** - Date Range (when DTP01 = 314)
		DTP03	Last Seen Date	R	1/35	
186		CN101	Contract Type Code	R	2/2	01 - Diagnosis Related Group (DRG) 02 - Per Diem 03 - Variable Per Diem 04 - Flat 05 - Capitated 06 - Percent 09 – Other
		CN102	Contract Amount	S	1/18	
		CN103	Contract Percentage	S	1/6	
		CN104	Contract Code	S	1/50	
		CN105	Terms Discount Percentage	S	1/6	
		CN106	Contract Version Identifier	S	1/30	
188	**2300**	**AMT01**	**Amount Qualifier Code**	R	1/3	**F5** Patient Amount Paid/Responsibility
		AMT02	**Patient Amount Paid**	R	1/18	**(REQUIRED)** Monetary Amount – Patient Amount Paid/Responsibility **If Loop 2430 CAS*PR is sent. Value of all CAS*PR must match AMT*F5 Amount**
		AMT03	Not Used by HIPAA			
Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
189-206	2300	REF01	Referencing Identification Qualifier	R	2/3	**F5** Medicare Version Code **EW** Mammography Certification **4N** Special Payment Reference **G1 (G - one)** Prior Authorization Number **9F** Referral Number **F8** Original Reference ID Number **X4** CLIA number **9C** Repricer's claim number for a previously adjusted (resubmitted) claim **9A** Repricer's claim number **D9** Clearinghouse or Value Added Network unique claim ID **1J** NPI of Home Health or Hospice Care Facility **EA** Medical Record Identification Number **P4** Project Code **LX** IDE number **NOTE: REF*F8 REQUIRED if CLM05-03 = 7 or 8**
		REF02	Reference Identification Reference Information	R	1/50	**NOTE: If F8 is sent Original Payer Claim Control Number**
		REF03 REF04	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
211	2300	CR102	Patient Weight	S	1/10	**LB** Pound **NOTE: Required when CLM05-01 is '41' or '42'**
		CR103	Not Used by HIPAA			
		CR104	Ambulance Transport Reason Code	R	1/1	A - Patient was transported to nearest facility for care of symptoms, complaints, or both B - Patient was transported for the benefit of a preferred physician C - Patient was transported for the nearness of family members D - Patient was transport E - Patient transferred to rehabilitation facility
		CR106	Transport Distance	R	1/15	**DH** Miles
		CR107 CR108	Not Used by HIPAA			
		CR109	Round Trip Purpose Description	S	1/80	
		CR110	Stretcher Purpose Description	S	1/80	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
214	2300	CR201-CR207	Not Used by HIPAA			
		CR208	Patient Condition Code for Spinal Manipulation	R	1/1	A - Acute Condition C - Chronic Condition D - Non-acute E - Non-Life Threatening F - Routine G - Symptomatic M - Acute Manifestation of a Chronic Condition
		CR209	Not Used by HIPAA			
		CR210	Patient Condition Description - Spinal Manipulation 1	S	1/80	

| | | CR211 | Patient Condition Description - Spinal Manipulation 2 | S | 1/80 | |
| | | CR212 | Not Used by HIPAA | | | |

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
216	2300	CRC01	Code Category		2/2	**07** Certification condition code applies indicator. N No, Y Yes
		CRC02	Ambulance Certification Condition Indicator 1	R	1/1	
		CRC03	Ambulance Condition Indicator Code 1a	R	2/3	01 Patient was admitted to a hospital 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 12 Patient is confined to a bed or chair
		CRC04	Ambulance Condition Indicator Code 1b	S	2/3	See codes in CRC03 (field 48)
		CRC05	Ambulance Condition Indicator Code 1c	S	2/3	See codes in CRC03 (field 48)
		CRC06	Ambulance Condition Indicator Code 1d	S	2/3	See codes in CRC03 (field 48)
		CRC07	Ambulance Condition Indicator Code 1e	S	2/3	See codes in CRC03 (field 48)

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
219	2300	CRC01	Vision Code Category 1	R	2/2	E1 - Spectacle Lenses E2 - Contact Lenses E3 - Spectacle Frames
		CRC02	Vision Certification Condition Indicator 1	R	1/1	Y - Yes N - No
		CRC03	Vision Condition Indicator Code 1a	R	2/3	L1 - General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 - Replacement Due to Loss or Theft L3 - Replacement Due to Breakage or Damage L4 - Replacement Due to Patient Preference L5 - Replacement Due to Medical Reason
		CRC04	Vision Condition Indicator Code 1b	S	2/3	See CRC03 (field 67)
		CRC05	Vision Condition Indicator Code 1c	S	2/3	See CRC03 (field 67)
		CRC06	Vision Condition Indicator Code 1d	S	2/3	See CRC03 (field 67)
		CRC07	Vision Condition Indicator Code 1e	S	2/3	See CRC03 (field 67)

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
221	2300	CRC01	Code Category	R	2/2	**75** Functional limitations
		CRC02	Homebound Certification Condition Indicator	R	1/1	
		CRC03	Homebound Indicator	R	2/3	IH - Independent at Home
		CRC04- CRC07	Not Used by HIPAA		1/1	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
221	2300	CRC01	Code Category		2/2	**ZZ** Mutually defined

		CRC02	EPSDT Certification Condition Indicator	R	1/1	Y - Yes N - No
		CRC03	EPSDT Condition Indicator Code 1	R	2/3	AV - Available - Not Used NU - Not Used S2 - Under Treatment ST - New Services Requested
		CRC04	EPSDT Condition Indicator Code 2	S	2/3	See CRC03 (field 89)
		CRC05	EPSDT Condition Indicator Code 3	S	2/3	See CRC03 (field 89)
		CRC06 CRC07	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
226	2300	HI01-1	Principal Diagnosis Qualifier	R	1/3	BK - ICD-9 ABK - ICD-10
		HI01-2	Principal Diagnosis	R	1/30	
		HI02-1	Diagnosis Qualifier 2	R	1/3	BK - ICD-9 ABK - ICD-10
		HI02-2	Diagnosis Code 2	S	1/30	
		HI03-1	Diagnosis Qualifier 3	R	1/3	BK - ICD-9 ABK - ICD-10
		HI03-2	Diagnosis Code 3	S	1/30	
		HI04-1	Diagnosis Qualifier 4	R	1/3	BK - ICD-9 ABK - ICD-10
		HI04-2	Diagnosis Code 4	S	1/30	
		HI05-1	Diagnosis Qualifier 5	R	1/3	BK - ICD-9 ABK - ICD-10
		HI05-2	Diagnosis Code 5	S	1/30	
		HI06-1	Diagnosis Qualifier 6	R	1/3	BK - ICD-9 ABK - ICD-10
		HI06-2	Diagnosis Code 6	S	1/30	
		HI07-1	Diagnosis Qualifier 7	R	1/3	BK - ICD-9 ABK - ICD-10
		HI07-2	Diagnosis Code 7	S	1/30	
		HI08-1	Diagnosis Qualifier 8	R	1/3	BK - ICD-9 ABK - ICD-10
		HI08-2	Diagnosis Code 8	S	1/30	
		HI09-1	Diagnosis Qualifier 9	R	1/3	BK - ICD-9 ABK - ICD-10
		HI09-2	Diagnosis Code 9	S	1/30	
		HI010-1	Diagnosis Qualifier 10	R	1/3	BK - ICD-9 ABK - ICD-10
		HI10-2	Diagnosis Code 10	S	1/30	
		HI011-1	Diagnosis Qualifier 11	R	1/3	BK - ICD-9 ABK - ICD-10
		HI11-2	Diagnosis Code 11	S	1/30	
		HI012-1	Diagnosis Qualifier 12	R	1/3	BK - ICD-9 ABK - ICD-10
		HI12-2	Diagnosis Code 12	S	1/30	
			Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
239	2300	HI01-2	Principal Anesthesia Related Code	S	1/30	**BP** Health Care Financing Administration Common Procedural Coding System Principal Procedure
		HI02-2	Additional Anesthesia Related Code	S	1/30	**BO** Health Care Financing Administration Common Procedural Coding System
		HI03-HI12	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
242	2300	HI01-2	Condition Indicator Code 1	S	1/30	**BG** Condition
		HI02-2	Condition Indicator Code 2	S	1/30	See HI01-2 for codes
		HI03-2	Condition Indicator Code 3	S	1/30	See HI01-2 for codes
		HI04-2	Condition Indicator Code 4	S	1/30	See HI01-2 for codes

		HI05-2	Condition Indicator Code 5	S	1/30	See HI01-2 for codes
		HI06-2	Condition Indicator Code 6	S	1/30	See HI01-2 for codes
		HI07-2	Condition Indicator Code 7	S	1/30	See HI01-2 for codes
		HI08-2	Condition Indicator Code 8	S	1/30	See HI01-2 for codes
		HI09-2	Condition Indicator Code 9	S	1/30	See HI01-2 for codes
		HI10-2	Condition Indicator Code 10	S	1/30	See HI01-2 for codes
		HI11-2	Condition Indicator Code 11	S	1/30	See HI01-2 for codes
		HI12-2	Condition Indicator Code 12	S	1/30	See HI01-2 for codes
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
252	2300	HCP01	Claim Pricing/Repricing Methodology	R	2/2	00 - Zero Pricing (Not Covered Under Contract) 01 - Priced as Billed at 100% 02 - Priced at the Standard Fee Schedule 03 - Priced at a Contractual Percentage 04 - Bundled Pricing 05 - Peer Review Pricing 07 - Flat Rate Pricing 08 - Combination Pricing 09 - Maternity Pricing 10 - Other Pricing 11 - Lower of Cost 12 - Ratio of Cost 13 - Cost Reimbursed 14 - Adjustment Pricing
		HCP02	Claim Repricing Allowed Amount	R	1/18	
		HCP03	Claim Repricing Saving Amount	S	1/18	
		HCP04	Claim Level Repricing Organization ID	S	1/50	
		HCP05	Claim Repricing Per Diem or Flat Rate	S	1/9	
		HCP06	Claim Repricing Approved Ambulatory Patient Group Code	S	1/50	
		HCP07	Claim Repricing Approved Ambulatory Patient Group Amount	S	1/18	
		HCP08- HCP12	Not Used by HIPAA			
		HCP13	Claim Repricing Reject Reason Code	S	2/2	T1 - Cannot Identify Provider as TPO (3rd Party Organization) Participant T2 - Cannot Identify Payer as TPO Participant T3 - Cannot Identify Insured as TPO Participant T4 - Payer Name or Identifier Missing T5 - Certification Information Missing T6 - Claim does not contain enough information for repricing
		HCP14	Claim Repricing Policy Compliance Code	S	1/2	1 - Procedure Followed (Compliance) 2 - Not Followed - Call Not Made (Non-Compliance) 3 - Not Medically Necessary (Non-Compliance) 4 - Not Followed Other (Non-Compliance Other) 5 - Emergency Admit to Non-Network Hospital
		HCP15	Claim Repricing Exception Code	R	1/2	1 - Non-Network professional provider in Network hospital 2 - Emergency Care 3 - Services or Specialist not in Network 4 - Out-of-Service Area 5 - State Mandates 6 – Other **NOTE: REQUIRED if Known** **1 or 3 = Out of Network** **6 = In Network**

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
257	2310A	NM101	Entity Identifier Code	R	2/3	**DN** Referring Provider
		NM102	Entity Type Qualifier	R	1/1	**1** Person
		NM103	Referring Provider Last Name	R	1/60	
		NM104	Referring Provider First Name	S	1/35	
		NM105	Referring Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Referring Provider Name Suffix	S	1/10	
		NM109	Referring Provider Primary ID XX	R	2/80	**XX** NPI (HIPAA National Provider ID)
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
257	2310A	NM101	Entity Identifier Code	R	2/3	**P3** Primary Care Provider
		NM102	Entity Type Qualifier	R	1/1	**1** Person
		NM103	PCP Provider Last Name	R	1/60	
		NM104	PCP Provider First Name	S	1/35	
		NM105	PCP Provider Middle Name	S	1/25	
		NM107	PCP Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier	R	1/2	**XX** NPI (HIPAA National Provider ID)
		NM109	PCP Provider Primary ID	R	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
260	2310A	REF01	Reference Identifier Qualifier	S	2/3	**0B** State license number **G2** Provider commercial number (**REQUIRED**) **1G** Provider UPIN number
		REF02	Referring Provider Secondary ID	S	1/50	**REF*G2*9999 = Tribal Provider**
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
						In the absence of a valid Rendering Provider Name or NPI (i.e. PA, PT, or nurse) please use the Physician Name and NPI that the services were provided under or the Physician Name and NPI that the member is assigned to.
262	**2310B**	NM101	Entity Identifier Code	R	2/3	**82** Rendering Provider **REQUIRED** *if different than Billling*
		NM102	**Entity Type Qualifier**	**R**	**1/1**	**1** Person
		NM103	**Rendering Provider Last/Organization Name**	**R**	**1/60**	
		NM104	Rendering Provider First Name	S	1/35	
		NM105	Rendering Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Rendering Provider Name Suffix	S	1/10	
		NM108	**Identification Code Qualifier**	**R**	**1/2**	**XX** NPI (HIPAA National Provider ID)
		NM109	**Rendering Provider Primary ID**	**R**	**2/80**	**REQUIRED** *if different than Billling*

		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
265	2310B	PRV01	Provider Code		1/3	**PE** Performing
		PRV02	Reference Identifier Qualifier		2/3	**PXC** Rendering provider specialty type
		PRV03	**Rendering Provider Taxonomy Code**	R	1/50	***REQUIRED if Rendering Provider is present***
		PRV04-PRV06	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
267	2310B	REF01	Reference Identification Qualifier	S	2/3	**0B** State license number **G2** Provider commercial number **1G** Provider UPIN number
		REF02	Rendering Provider Secondary ID G2	S	1/50	**REF*G2*9999 = Tribal Provider**
		REF03 REF04	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
269	2310C	NM101	Entity Identifier Code	R	2/3	**77** Service Location **NOTE: Required if Rendering Provider is present**
		NM102	Entity Type Qualifier	R	1/1	**2** (non-Person)
		NM103	Service Facility Name	R	1/60	
		NM104-NM107	Not Used by HIPAA			
		NM108	Identification Code Qualifier	R	1/2	**XX** HIPAA National Provider ID
		NM109	Service Facility Primary ID	R	2/80	
		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
272	2310C	N301	Service Facility Address 1	R	1/55	
		N302	Service Facility Address 2	S	1/55	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
273	2310C	N401	Service Facility City	R	2/30	
		N402	Service Facility State	S	2/2	
		N403	Service Facility Zip Code	S	3/15	
		N404	Service Facility Country Code	S	2/3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Service Facility Sub Country Code	S	1/3	Required only if country is not USA.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
275	2310C	REF01	Reference Identification Qualifier	S	2/3	**0B** State license number **G2** Provider commercial number **1G** Provider UPIN number
		REF02	Service Facility Secondary ID	S	1/50	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
277	2310C	PER01	Contact Function Code	R	2/2	**IC** Information Contact
		PER02	Service Facility Contact Name 1	S	1/60	
		PER03	Communication Number Qualifier	R	2/2	**TE** Telephone
		PER04	Contact Telephone Number 1	S	1/256	
		PER05	Communication Number Qualifier	S	2/2	**EX** Telephone Ext
		PER06	Contact Telephone Extension 1	S	1/256	
		PER07-PER09	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
280	2310D	NM101	Entity Identifier Code	R	2/3	**DQ** Referring Provider Entity Identifier Code
		NM102	Entity Type Qualifier	R	1/1	**1** Person
		NM103	Supervising Provider Last Name	R	1/60	
		NM104	Supervising Provider First Name	S	1/35	
		NM105	Supervising Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Supervising Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier	R	1/2	**XX** NPI (HIPAA National Provider ID)
		NM109	Supervising Provider Primary ID XX	R	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
283	2310D	REF01	Reference Identification Qualifier	R	2/3	**0B** State license number **G2** Provider commercial number **1G** Provider UPIN number
		REF02	Supervising Provider Secondary ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
285	2310E	NM101	Entity Identifier Code	R	2/3	**PW** Pickup address **Note: Required when CLM05-01 = '41'**
		NM102	Entity Type Qualifier	R	1/1	**2** non-person
		NM103-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
287	2310E	N301	Ambulance Pickup Address 1	R	1/55	
		N302	Ambulance Pickup Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
288	2310E	N401	Ambulance Pickup City	R	2/30	
		N402	Ambulance Pickup State	R	2/2	
		N403	Ambulance Pickup Zip Code	R	3/15	
		N404	Ambulance Pickup Country Code	S	2/3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Ambulance Pickup Sub Country Code	S	1/3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments

	2310F	NM101	Entity Identifier Code	R	2/3	**45** drop off location
						Note: Required when CLM05-01 = '41'
		NM102	Entity Type Qualifier	R	1/1	**2** non-person
		NM103-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
292	2310F	N301	Ambulance Drop-Off Address 1	R	1/55	
		N302	Ambulance Drop-Off Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
293	2310F	N401	Ambulance Drop-Off City	R	2/30	
		N402	Ambulance Drop-Off State	R	2/2	
		N403	Ambulance Drop-Off Zip Code	R	3/15	
		N404	Ambulance Drop-Off Country Code	S	2/3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Ambulance Drop-Off Sub Country Code	S	1/3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
295	2320	SBR01	Payer Responsibility Sequence Number Code	R	1/1	A - Payer Responsibility Four B - Payer Responsibility Five C - Payer Responsibility Six D - Payer Responsibility Seven E - Payer Responsibility Eight F - Payer Responsibility Nine G - Payer Responsibility Ten H - Payer Responsibility Eleven **P - Primary** S - Secondary T - Tertiary U - Unknown **NOTE: Required to report Paid Amount and non-zero Member Cost Share in Loop 2430**
		SBR02	Individual Relationship Code	R	2/2	01 - Spouse 18 - Self 19 - Child 20 - Employee 21 - Unknown 39 - Organ Donor 40 - Cadaver Donor 53 - Life Partner G8 - Other Relationship
		SBR03	Other Insured Group or Policy Number	S	1/50	
		SBR04	Other Insured Group Name	S	1/60	

		SBR05	Insurance Type Code	S	1/3	12 - Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan 13 - Medicare Secondary End-Stage Renal Disease Beneficiary in 12 month coordination period with employer's group health plan 14 - Medicare Secondary, No-fault Insurance including Auto as Primary 15 - Medicare Secondary Worker's Compensation 16 - Medicare Secondary Public Health Service (PHS) or Other Federal Agency 41 - Medicare Secondary Black Lung 42 - Medicare Secondary Veteran's Administration 43 - Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP) 47 - Medicare Secondary, Other Liability Insurance is Primary
		SBR06 SBR08	Not Used by HIPAA			
		SBR09	Claim Filing Indicator Code	S	1/2	11' - Other Non-Federal Programs, '12' - PPO, '13' - POS, '14' - EPO, '15' - Indemnity, '16' - HMO Medicare Risk, '17' - Dental Maintenance Organization 'AM' - Automobile Medical, 'BL' - Blue Cross/Blue Shield, 'CH' - CHAMPUS, 'CI' - Commercial Insurance Company, 'DS' - Disability, 'HM' - HMO, 'FI' - Federal Employees Program, 'LM' - Liability Medical, 'MA' - Medicare Part A, 'MB' - Medicare Part B, 'MC' - Medicaid, 'OF' - Other Federal Program, 'TV' - Title V, 'VA' - Veteran Administration Plan, 'WC' - Workers' Compensation Health Claim, 'ZZ' - Mutually Defined
Seg:	**CAS**	**Occur 5**	**Claim Level Adjustments**	**S**	**Page: 299**	
299-304	2320	CAS01	Claim Adjustment Group Code 1	R	1/2	General category of payment adjustment CO - Contractual Obligations CR - Correction and Reversals OA - Other Adjustments PI - Payor Initiated Reductions **PR - Patient Responsibility** **NOTE: Required at Loop 2430**
		CAS02	Adjustment Reason Code 1a	R	1/5	
		CAS03	Adjustment Amount 1a	R	1/18	
		CAS04	Adjustment Quantity 1a	S	1/15	
		CAS05	Adjustment Reason Code 1b	S	1/5	
		CAS06	Adjustment Amount 1b	S	1/18	
		CAS07	Adjustment Quantity 1b	S	1/15	
		CAS08	Adjustment Reason Code 1c	S	1/5	
		CAS09	Adjustment Amount 1c	S	1/18	
		CAS10	Adjustment Quantity 1c	S	1/15	
		CAS11	Adjustment Reason Code 1d	S	1/5	
		CAS12	Adjustment Amount 1d	S	1/18	
		CAS13	Adjustment Quantity 1d	S	1/15	
		CAS14	Adjustment Reason Code 1e	S	1/5	
		CAS15	Adjustment Amount 1e	S	1/18	
		CAS16	Adjustment Quantity 1e	S	1/15	

		CAS17	Adjustment Reason Code 1f	S	1/5	
		CAS18	Adjustment Amount 1f	S	1/18	
		CAS19	Adjustment Quantity 1f	S	1/15	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
305-307	2320	AMT01	Amount Qualifier Code	R	1/3	**D** Payor Amount Paid **(Required when sending SVD segment)** **EAF** Amount Owed **A8** Non-covered Charges - Actual
		AMT02	Amount	R	1/18	
		AMT03	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
308	2320	OI01 OI02	Not Used by HIPAA			
		OI03	Benefits Assignment Certification Indicator	R	1/1	Indicates whether insured has authorized benefits to be assigned to the provider N - No W - Not Applicable (Use when patient refuses to assign benefits) Y – Yes **(Required when sending segment)**
		OI04	Patient Signature Source Code	R	1/1	P - Signature generated by provider
		OI05	Not Used by HIPAA			
		OI06	Release of Information Code	R	1/1	Indicates whether provider has signed authorization for release of medical information I - Informed Consent to Release Medical Information for conditions or diagnoses regulated by federal statutes Y - Yes, provider has signed statement perm
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
310	2320	MOA01	Reimbursement Rate	S	1/10	
		MOA02	Claim HCPCS Payable Amount	S	1/18	
		MOA03	Remittance Remark Code 1	S	1/50	
		MOA04	Remittance Remark Code 2	S	1/50	
		MOA05	Remittance Remark Code 3	S	1/50	
		MOA06	Remittance Remark Code 4	S	1/50	
		MOA07	Remittance Remark Code 5	S	1/50	
		MOA08	Claim ESRD Payment Amount	S	1/18	End Stage Renal Disease payment amount
		MOA09	Nonpayable Professional Component Amount	S	1/18	Professional component amount billed but not payable
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
313	2330A	NM101	Entity Identifier Code	R	2/3	**IL** Insured or Subscriber **(Required when sending SVD segment)**
		NM102	Entity Type Qualifier	R	1/1	**1** - person **2** - organization
		NM103	Other Insured Last Name	R	1/60	
		NM104	Other Insured First Name	S	1/35	
		NM105	Other Insured Middle Name	S	1/25	
		NM106	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
		NM107	Other Insured Name Suffix	S	1/10	
		NM108	Identification Code Qualifier	R	1/2	**MI** Member identification number
						II HIPAA National Individual Identifier (future use)
		NM109	Other Insured Primary ID	S	2/80	
		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
316	2330A	N301	Other Insured Address 1	R	1/55	
		N302	Other Insured Address 2	S	1/55	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
317	2330A	N401	Other Insured City	R	2/30	**(Required when sending SVD segment**
		N402	Other Insured State	S	2/2	
		N403	Other Insured Zip Code	S	3/15	
		N404	Other Insured Country Code	S	2/3	
		N405 N406	Not Used by HIPAA			
		N407	Other Insured Sub-Country Code	S	2/3	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
319	2330A	REF01	Reference Identification Qualifier		2/3	**SY** Social security number (cannot be used for Medicare)
		REF02	Other Insured Secondary ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
320	2330B	NM101	Entity Identifier Code	R	2/3	**PR** Payer **(Required when sending SVD segment)**
		NM102	Entity Type Qualifier	R	1/1	**2** Non-Person Entity
		NM103	Other Payer Name	R	1/60	
		NM104-NM107	Not Used by HIPAA			
		NM108	Identification Code Qualifier	R	½	**PI** Payer identification number
						XV HCFA National Plan ID (future use)
		NM109	Other Payer Primary ID 2	S	2/80	
		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
322	2330B	N301	Other Payer Address 1	R	1/55	
		N302	Other Payer Address 2	S	1/55	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
323	2330B	N401	Other Payer City	R	2/30	
		N402	Other Payer State	S	2/2	
		N403	Other Payer Zip Code	S	3/15	
		N404	Other Payer Country Code	S	2/3	
		N405 N406	Not Used by HIPAA			
		N407	Other Payer Sub-Country Code	S	2/3	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
325	2330B	DTP01	Date/Time Qualifier	R	3/3	**573** Date Claim paid
		DTP02	Date Time Period Format Qualifier	R	2/3	**D8** Date Expressed in Format CCYYMMDD
		DTP03	Other Payer Adjudication or Payment Date	R	1/35	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
326	2330B	REF01	Reference Identification Qualifier	R	2/3	**2U** Payer identification number **FY** Claim office number **EI** Tax ID
		REF02	Other Payer Secondary ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
328	2330B	REF01	Reference Identification Qualifier	R	2/3	**G1** Prior Authorization Number **9F** Referral number **T4** Adjustment Indicator **F8** Original reference number
		REF02	Other Payer Control ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
332	2330C	NM101	Entity Identifier Code	R	2/3	**DN** Referring Provider
		NM102	Entity Type Qualifier	R	1/1	**1** Person
		NM103-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
334	2330C	REF01	Reference Identification Qualifier	R	2/3	**0B** State License Number **1G** Provider UPIN Number **G2** Provider Commercial Number
		REF02	Other Payer Referring Provider 1 Secondary ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
336	2330D	NM101	Entity Identifier Code	R	2/3	**82** Rendering Provider
		NM102	Entity Type Qualifier	R	1/1	**1** person **2** non-person
		NM103-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
338	2330D	REF01	Reference Identification Qualifier	R	2/3	**0B** State License Number **1G** Provider UPIN Number **G2** Provider Commercial Number
		REF02	Other Payer Rendering Provider Secondary ID	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
340	2330E	NM101	Entity Identifier Code	R	2/3	**77** Service Location
		NM102	Entity Type Qualifier	R	1/1	**1** Person

			NM103-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
342	2330E	REF01		Reference Identification Qualifier	R	2/3	**0B** State License Number **LU** Location Number **G2** Provider Commercial Number
		REF02		Other Payer Service Facility Secondary ID	R	1/50	
		REF03 REF04		Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
340	2330F	NM101		Entity Identifier Code	R	2/3	**DQ** Supervising Physician
		NM102		Entity Type Qualifier	R	1/1	**1** Person
		NM103-NM112		Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
345	2330F	REF01		Reference Identification Qualifier	R	2/3	**0B** State License Number **LU** Location Number **G2** Provider Commercial Number
		REF02		Other Payer Supervising Provider Secondary ID	R	1/50	
		REF03 REF04		Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
347	2330G	NM101		Entity Identifier	R	2/3	**85** Billing Provider
		NM102		Entity Type Qualifier	R	1/1	**1** Person **2** non-person
		NM103-NM112		Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
349	2330G	REF01		Reference Identification Qualifier	R	2/3	**LU** Location Number **G2** Provider Commercial Number
		REF02		Other Payer Billing Provider Secondary ID	R	1/50	**LU** Location Number
		REF03 REF04		Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
350	2400	LX01		Service Line Number	R	1/6	
Page #:	**Loop ID**	**Reference**		**Name**	**Codes**	**Length**	**Notes/ Comments**
351	2400	SV101-1		Procedure Code Qualifier	R	2/2	ER - Jurisdictionally Defined Procedure and Supply Codes HC - CPT/HCPCS code IV - HEIC code WK - Advanced Billing (ABC) code
		SV101-2		Procedure Code	R	1/48	
		SV101-3		Procedure Code Modifier 1	S	2/2	**NOTE: 340B physician administered drug include modifier "UD' in either SV101-3, -4, -5, or -6**
		SV101-4		Procedure Code Modifier 2	S	2/2	
		SV101-5		Procedure Code Modifier 3	S	2/2	
		SV101-6		Procedure Code Modifier 4	S	2/2	
		SV101-7		Procedure Code Description	S	1/80	Additional information when procedure code does not definitively describe condition.
		SV101-8		Not Used by HIPAA			

		SV102	Line Item Charge Amount	R	1/18	Submitted charge amount (implied decimal) Note: Zero is acceptable
		SV103	Quantity Qualifier	R	2/2	MJ - Minutes UN - Unit
		SV104	Quantity	R	1/15	Number of units (floating point)
		SV105	Place of Service Code	S	1/2	
		SV106	Not Used by HIPAA			
		SV107-1	Diagnosis Code Pointer 1	R	1/2	Diagnosis code pointer
		SV107-2	Diagnosis Code Pointer 2	S	1/2	Additional diagnosis code pointer
		SV107-3	Diagnosis Code Pointer 3	S	1/2	Additional diagnosis code pointer
		SV107-4	Diagnosis Code Pointer 4	S	1/2	Additional diagnosis code pointer
		SV108	Not Used by HIPAA			
		SV109	Emergency Indicator	S	1/1	Y - Yes
		SV110	Not Used by HIPAA			
		SV111	EPSDT Indicator	S	1/1	Y - Yes
		SV112	Family Planning Indicator	S	1/1	Y - Yes
		SV113	Not Used by HIPAA			
		SV114	Not Used by HIPAA			
		SV115	Co-Pay Status Code	S	1/1	0 - Copay Exempt
		SV116-SV121	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
359	2400	SV501-1	Product/Service ID Qualifier		2/2	**HC** (HCPCS) Codes
		SV501-2	Durable Medical Equipment Procedure Code	R	1/48	
		SV501-3-SV501-8	Not Used by HIPAA			
		SV503	Length of Medical Necessity	R	1/15	**DA** Length of medical necessity in days (floating point)
		SV504	DME Rental Price	R	1/18	DME Rental Price (implied decimal)
		SV505	DME Purchase Price	R	1/18	DME Purchase Price (implied decimal)
		SV506	Rental Unit Price Indicator	R	1/1	1 - Weekly 4 - Monthly 6 - Daily
		SV507	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
362	2400	PWK01	Attachment Report Type Code	R	2/2	03 Report Justifying Treatment Beyond Utilization Guidelines 04 Drugs Administered 05 Treatment Diagnosis 06 Initial Assessment 07 Functional Goals 08 Plan of Treatment 09 Progress Report 10 Continued Treatment 11 Chemical Analysis 13 Certified Test Report 15 Justification for Admission 21 Recovery Plan A3 Allergies/Sensitivities Document A4 Autopsy Report AM Ambulance Certification AS Admission Summary B2 Prescription B3 Physician Order B4 Referral Form BR Benchmark Testing Results

						BS Baseline BT Blanket Test Results CB Chiropractic Justification CK Consent Form(s) CT Certification D2 Drug Profile Document DA Dental Models DB Durable Medical Equipment Prescription DG Diagnostic Report DJ Discharge Monitoring Report DS Discharge Summary EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) HC Health Certificate HR Health Clinic Records I5 Immunization Record IR State School Immunization Records LA Laboratory Results M1 Medical Record Attachment MT Models NN Nursing Notes OB Operative Note OC Oxygen Content Averaging Report OD Orders and Treatments Document OE Objective Physical Examination (including vital signs) Document OX Oxygen Therapy Certification OZ Support Data for Claim P4 Pathology Report P5 Patient Medical History Document PE Parenteral or Enteral Certification PN Physical Therapy Notes PO Prosthetics or Orthotic Certification PQ Paramedical Results PY Physician's Report PZ Physical Therapy Certification RB Radiology Films RR Radiology Reports RT Report of Tests and Analysis Report RX Renewable Oxygen Content Averaging Report SG Symptoms Document V5 Death Notification XP Photographs
3		PWK02	1/2	Attachment Transmission Code	R	2	AA - Available on Request at Provider Site BM - By Mail EL - Electronically Only EM - Email FX - By Fax FT - File Transfer
		PWK03 PWK04		Not Used by HIPAA			
		PWK05					**AC** Attachment Control Number
4		PWK06	2/80	Attachment Control Number	S	80	
		PWK07- PWK09					

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
366	2400	PWK01	Report Type Code		2/2	
		PWK02	DMERC Attachment Transmission Code	R	1/2	AB - Previously Submitted to Payer AD - Certification Included in this Claim AF - Narrative Segment Included in this Claim AG - No Documentation is Required NS - Not Specified (Paperwork available on request at provider's site)

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
368	2400	CR101	Unit or Basis for Measurement Code		2/2	**LB** Pound
		CR102	Patient Weight	S	1/10	
		CR103				Not Used by HIPAA
		CR104	Ambulance Transport Reason Code	R	1/1	A - Patient was transported to nearest facility for care of symptoms, complaints, or both B - Patient was transported for the benefit of a preferred physician C - Patient was transported for the nearness of family members D - Patient was transport E - Patient transported to Rehabilitation Facility
		CR105	Unit or Basis for Measurement Code		2/2	**DH** Miles
		CR106	Transport Distance	R	1/15	
		CR107 CR108	Not Used by HIPAA			
		CR109	Round Trip Purpose Description	S	1/80	
		CR110	Stretcher Purpose Description	S	1/80	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
371	2400	CR301	DME Certification	S	1/1	I - Initial R - Renewal S - Revised
		CR302	Unit or Basis for Measurement Code			**MO** Months
		CR303	DME Duration	S	1/15	
		CR304 CR305	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
373	2400	CRC01	Code Category		2/2	**07** Ambulance Certification
		CRC02	Ambulance Certification Condition 1	S	1/1	Y - Yes N - No . Note: This segment can occur up to 3 times. 1st occurrence
		CRC03	Ambulance Condition Indicator 1	S	2/3	01 - Patient was admitted to a hospital 04 - Patient was moved by stretcher 05 - Patient was unconscious or in shock 06 - Patient was transported in an emergency situation 07 - Patient had to be physically restrained 08 - Patient had visible hemorrhaging 09 - Ambulance service medically necessary 12 - Patient is confined to a bed or chair
		CRC04	Ambulance Condition Indicator 2	S	2/3	See CRC03 for list.
		CRC05	Ambulance Condition Indicator 3	S	2/3	See CRC03 for list.
		CRC06	Ambulance Condition Indicator 4	S	2/3	See CRC03 for list.
		CRC07	Ambulance Condition Indicator 5	S	2/3	See CRC03 for list.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
376	2400	CRC01	Code Category		2/2	**70** Hospice
		CRC02	Hospice Employee Indicator	S	1/1	Y - Yes N - No
		CRC03				**65** Open
		CRC04- CRC07	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
378	2400	CRC01	Code Category		2/2	**09 D**urable Medical Equipment Certification
		CRC02	DME Certification Condition	S	1/1	Y - Yes N - No
		CRC03	DME Certification Condition Indicator 1	S	2/3	38 - Certification signed by the physician is on file at the supplier's office ZV - Replacement Item
		CRC04	DME Certification Condition Indicator 2	S	2/3	38 - Certification signed by the physician is on file at the supplier's office ZV - Replacement Item
		CRC05-CRC07	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
380	2400	DTP01	Date/Time Qualifier	R	3/3	**472** Service
		DTP02	Date Time Period Format Qualifier		2/3	**D8 or RD8**
		DTP03	Service Line To Date	S	1/35	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
386	2400	DTP03	Prescription Date	R	1/35	**DTP01 = 471** Prescription **DTP02 = D8**
		DTP03	Certification Revision Date	R	1/35	**DTP01 = 607** Certification Revision **DTP02 = D8**
		DTP03	Begin Therapy Date	R	1/35	**DTP01 = 463** Begin Therapy **DTP02 = D8**
		DTP03	Last Certification Date	R	1/35	**DTP01 = 461**Last Certification **DTP02 = D8**
		DTP03	Date Last Seen	R	1/35	**DTP01 = 304** Last Seen **DTP02 = D8**
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
387	2400	DTP03	Most Recent Hemoglobin or Hematocrit Date	R	1/35	Test Date. **DTP01 = 738 DTP02 = D8**
		DTP03	Most Recent Serum Creatine Date	R	1/35	Test Date. **DTP01 = 739 DTP02 = D8**
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
390	2400	DTP03	Shipped Date	R	1/35	**DTP01 = 011** Shipped **DTP02 = D8**
		DTP03	Last X-Ray Date	R	1/35	**DTP01 = 455** Last X-Ray **DTP02 = D8**
		DTP03	Initial Treatment Date	R	1/35	**DTP01 = 454** Initial Treatment **DTP02 = D8**
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
391-392	2400	QTY01	Quantity Qualifier		2/2	
		QTY02	Ambulance Patient Count	R	1/15	**PT** Patients
		QTY02	Obstetric Anesthesia Additional Units	R	1/15	**FL** Units
		QTY03 QTY04	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
393	2400	MEA01	Test Result ID 1	R	2/2	OG - Original TR - Test Results
		MEA02	Test Result Qualifier 1	R	1/3	HT – Height R1 – Hemoglobin R2 – Hematocrit R3 - Epoetin Starting Dosage R4 - Creatinine
		MEA03	Test Result Value 1	R	1/20	
		MEA01	Test Result ID 2	R	2/2	2nd occurrence. See Field 101 for codes
		MEA02	Test Result Qualifier 2	R	1/3	See Field 102 for codes
		MEA03	Test Result Value 2	R	1/20	
		MEA01	Test Result ID 3	R	2/2	3rd occurrence. See Field 101 for codes
		MEA02	Test Result Qualifier 3	R	1/3	See Field 102 for codes
		MEA03	Test Result Value 3	R	1/20	

		MEA01	Test Result ID 4	R	2/2	4th occurrence. See Field 101 for codes
		MEA02	Test Result Qualifier 4	R	1/3	See Field 102 for codes
		MEA03	Test Result Value 4	R	1/20	
		MEA01	Test Result ID 5	R	2/2	5th occurrence. See Field 101 for codes
		MEA02	Test Result Qualifier 5	R	1/3	See Field 102 for codes
		MEA03	Test Result Value 5	R	1/20	
		MEA04-MEA12	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
395	2400	CN101	Contract Type Code	R	1/2	01 - Diagnosis Related Group (DRG) 02 - Per Diem 03 - Variable Per Diem 04 – Flat 05 – Capitated 06 – Percent 09 - Other
		CN102	Contract Amount	S	1/18	
		CN103	Contract Percentage	S	1/6	
		CN104	Contract Code	S	1/50	
		CN105	Terms Discount Percentage	S	1/6	
		CN106	Contract Version Number	S	1/30	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
397-398	2400	REF01	Reference Identification Qualifier	R	2/3	**9B** Repriced Line Item Reference Number **9D** Adjusted Repriced Line Item Reference Number
		REF02	Reference Identification	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
399	2400	REF01	Reference Identification Qualifier	R	2/3	**G1** Prior Authorization Number
		REF02	Prior Authorization Number 2	R	1/50	See first REF02 above for codes/notes.
		REF03	Not Used by HIPAA			
		REF04	Other Payer IDs mapped on CBS record.			COB Data.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
401-406	2400	REF01	Reference Identification Qualifier	R	2/3	**6R** Provider Control Number **BT** Batch Number **EW** Mammography Certification Number **X4** CLIA Number **F4** CLIA Facility Certification Number
		REF02	Line Item Control Number	R	1/50	
		REF03 REF04	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
407	2400	REF01		R	2/3	**9F** Referral Number
		REF02	Referral Number	R	1/50	
		REF03	Not Used by HIPAA			
		REF04	Other Payer IDs mapped on CBS record.			COB Data.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
409-410	2400	AMT01	Amount Qualifier Code	R	1/3	**T** Tax **F4** Postage Claimed
		AMT02	Postage Claimed Amount	R	1/18	
		AMT03	Not Used by HIPAA			
Page	Loop ID	Reference	Name	Codes	Length	Notes/ Comments

		#:				
415	2400	PS101	Purchased Service Provider Identifier	R	1/50	
		PS102	Purchased Service Charge Amount	R	1/18	
		PS103	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
416	2400	HCP01	Line Pricing/Repricing Methodology	R	2/2	00 - Zero Pricing (Not Covered Under Contract) 01 - Priced as Billed at 100% 02 - Priced at the Standard Fee Schedule 03 - Priced at a Contractual Percentage 04 - Bundled Pricing 05 - Peer Review Pricing 06 - Per Diem Pricing 07 - Flat Rate Pricing 08 - Combination Pricing 09 - Maternity Pricing **10 - Other Pricing** 11 - Lower of Cost 12 - Ratio of Cost 13 - Cost Reimbursed 14 - Adjustment Pricing
		HCP02	**Line Repricing Allowed Amount**	R	1/18	**REQUIRED to report Service Line Allowed Amt**
		HCP03	Line Repricing Saving Amount	S	1/18	
		HCP04	Line Level Repricing Organization ID	S	1/50	
		HCP05	Line Repricing Per Diem or Flat Rate	S	1/9	
		HCP06	Line Repricing Approved Ambulatory Patient Group Code	S	1/50	
		HCP07	Line Repricing Approved Ambulatory Patient Group Amount	S	1/18	
		HCP08	Not Used by HIPAA			
		HCP09	Line Repricing Procedure Code Qualifier	S	2/2	ER - Jurisdiction Specific Procedure and Supply Codes HC - CPT/HCPCS code IV - HEIC code WK - Advanced Billing Concepts (ABC) Codes
		HCP10	Line Repricing Procedure Code	S	1/48	
		HCP11	Line Repricing Procedure Quantity Qualifier	S	2/2	MJ - Minutes UN - Unit
		HCP12	Line Repricing Procedure Quantity	S	1/15	
		HCP13	Line Repricing Reject Reason Code	S	2/2	T1 - Cannot Identify Provider as TPO (Third Party Organization) Participant T2 - Cannot Identify Payer as TPO Participant T3 - Cannot Identify Insured as TPO Participant T4 - Payer Name or Identifier Missing T5 - Certification Information Missing T6 - Claim does not contain enough information for repricing
		HCP14	Line Repricing Policy Compliance Code	S	1/2	1 - Procedure Followed (Compliance) 2 - Not Followed - Call Not Made (Non-Compliance Call Not Made) 3 - Not Medically Necessary (Non-Compliance Non-Medically Necessary) 4 - Not Followed Other (Non-Compliance Other) 5 - Emergency Admit to Non-Network Hospital

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
		HCP15	Line Repricing Exception Code	S	1/2	1 - Non-Network Professional Provider in Network Hospital 2 - Emergency Care 3 - Services or Specialist not in Network 4 - Out-of-Service Area 5 - State Mandates 6 - Other
416	2410	LIN01	Not Used by HIPAA			
		LIN03	National Drug Code or UPC	R	1/48	**N4** National Drug Code in 5-4-2 Addendum 222A1changed element name. **REQUIRED if PAD is administered by a physician not a pharmacy.**
		LIN04-LIN31	Not Used by HIPAA			
426	2410	CTP01-CTP03	Not Used by HIPAA			
		CTP04	National Drug Unit Count	R	1/15	Quantity
		CTP05-1	Unit/Basis for Measurement	R	2/2	Basis of measurement for CTP04. F2 - International Unit GR – Gram ME – Milligram ML – Milliliter UN - Unit
		CTP05-2-CTP05-15	Not Used by HIPAA			
		CTP06-CTP11	Not Used by HIPAA			
428	2410	REF01	Prescription Number Qualifier	R	2/3	VY - Link Sequence Number XZ - Pharmacy Prescription Number
		REF02	Prescription Number	R	1/50	
		REF03 REF04	Not Used by HIPAA			
430	2420A	NM101	Entity Identifier Code	R	2/3	**82** Rendering Provider
		NM102	Entity Type Qualifier	R	1/1	**1 - Person** **2 - Non-Person**
		NM103	Service Line Rendering Provider Last/Organization Name	R	1/60	
		NM104	Service Line Rendering Provider First Name	S	1/35	
		NM105	Service Line Rendering Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Service Line Rendering Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier	R	1/2	**XX** HIPAA National Provider ID
		NM109	Service Line Rendering Provider Primary ID XX	S	2/80	
		NM110-NM112	Not Used by HIPAA			
433	2420A	PRV01	Provider Code	R	1/3	**PE** Performing

		PRV02	Reference Identification Qualifier	R	2/3	**PXC** Provider Taxonomy Code
		PRV03	Service Line Rendering Provider Taxonomy Code	R	1/50	
		PRV04-PRV06	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
434	2420A	REF01	Reference Identification Qualifier	R	2/3	**0B** State license number **G2** Provider commercial number **1G** Provider UPIN number **LU** Location number
		REF02	Service Line Rendering Provider Secondary ID	R	1/50	
		REF03	Not Used by HIPAA			
		REF04	Other Payer IDs			COB Data.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
436	2420B	NM101	Entity Identifier Code	R	2/3	**QB** Purchase Service Provider
		NM102	Entity Type Qualifier	R	1/1	**1** Person 2 Non-Person Entity
		NM103-NM106	Not Used by HIPAA			
		NM108	Identification Code Qualifier	R	1/2	**XX** HIPAA National Provider ID
		NM109	Service Line Purchased Service Provider Primary ID XX	S	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
439	2420B	REF01	Reference Identification Qualifier	S	2/3	**0B** State license number **G2** Provider commercial number **1G** UPIN
		REF02	Service Line Purchased Service Provider Secondary ID	S	1/50	
		REF03	Not Used by HIPAA			
		REF04				COB Data.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
441	2420C	NM101	Entity Identifier Code	R	2/3	**77** Service Facility last/organization name
		NM102	Entity Type Qualifier	R	1/1	**2** (Service Location)
		NM103	Service Line Service Facility Name	R	1/60	
		NM104-NM107	Not Used by HIPAA			
		NM108	Identification Code Qualifier	R	1/2	**XX** HIPAA National Provider ID
		NM109	Service Line Service Facility Primary ID XX	S	2/80	
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
444	2420C	N301	Service Facility Address 1	R	1/55	
		N302	Service Facility Address 2	S	1/55	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
445	2420C	N401	Service Facility City	R	2/30	
		N402	Service Facility State	S	2/2	
		N403	Service Facility Zip Code	S	3/15	
		N404	Service Facility Country Code	S	2/3	Required only if country is not USA.
		N405	Not Used by HIPAA			
		N406				
		N407	Service Facility Sub-Country Code	S	2/3	Required only if country is not USA.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
447	2420C	REF01	Reference Identification Qualifier	R	2/3	**LU** Location Number**.** **G2** Provider commercial number
		REF02	Service Line Service Facility Secondary ID	R	1/50	
		REF03	Not Used by HIPAA			
		REF04	Other Payer IDs mapped on CBS record.			COB Data.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
449	2420D	NM101	Entity Identifier Code	R	2/3	**DQ** Supervising Physician
		NM102	Entity Type Qualifier	R	1/1	**1 -** Person
		NM103	Supervising Provider Last Name	R	1/60	
		NM104	Supervising Provider First Name	R	1/35	
		NM105	Supervising Provider Middle Name	R	1/25	
		NM106	Not Used by HIPAA			
		NM107	Supervising Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier	R	1/2	**XX** HIPAA National Provider ID
		NM109	Supervising Provider Primary ID	S	2/80	
		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
452	2420D	REF01	Reference Identification Qualifier	S	2/3	**0B** State license number **LU** Location Number**.** **G2** Provider commercial number
		REF02	Supervising Provider Secondary ID	S	1/50	
		REF03	Not Used by HIPAA			
		REF04				COB Data.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
454	2420E	NM101	Entity Identifier Code	R	2/3	**DK** Ordering Physician
		NM102	Entity Type Qualifier	R	1/1	**1** Person
		NM103	Ordering Provider Last Name	R	1/60	
		NM104	Ordering Provider First Name	R	1/35	
		NM105	Ordering Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Ordering Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier		1/2	**XX** HIPAA National Provider ID
		NM109	Ordering Provider Primary ID	S	2/80	

		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
457	2420E	N301	Ordering Provider Address 1	R	1/55	
		N302	Ordering Provider Address 2	S	1/55	
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
458	2420E	N401	Ordering Provider City	R	2/30	
		N402	Ordering Provider State	S	2/2	
		N403	Ordering Provider Zip Code	S	3/15	
		N404	Ordering Provider Country Code	S	2/3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Ordering Provider Country Sub-Code	S	2/3	Required only if country is not USA.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
460	2420E	REF01	Reference Identification Qualifier	R	2/3	**0B** State license number **G2** Provider commercial number **1G** UPIN
		REF02	Ordering Provider Secondary ID	R	1/50	
		REF03	Not Used by HIPAA			
		REF04	Other Payer IDs mapped on CBS record for REF01= G2			COB Data.
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
462	2420E	PER01	Contact Function Code	R		**IC**
		PER02	Ordering Provider Contact Name	S	1/60	
		PER04/06 /08	Ordering Provider Telephone	S	1/80	**PER03/05/07 = TE**
		PER04/06 /08	Ordering Provider Telephone Extension	S	1/80	**PER05/07 = EX**
		PER04/06 /08	Ordering Provider Fax Number	S	1/80	**PER03/05/07 = FX**
		PER04/06 /08	Ordering Provider Email Address	S	1/80	**PER03/05/07 = EM**
		PER09	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
465	2420F	NM101	Entity Identifier Code	S	2/3	**DN** Referring Provider
		NM102	Entity Type Qualifier	S	1/1	**1** Person
		NM103	Referring Provider Last Name	S	1/60	
		NM104	Referring Provider First Name	S	1/35	
		NM105	Referring Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	Referring Provider Name Suffix	S	1/10	
		NM108	Identification Code Qualifier		1/2	**XX** HIPAA National Provider ID
		NM109	Referring Provider Primary ID XX	S	1/80	
		NM110-NM112	Not Used by HIPAA			
Page #:	**Loop ID**	**Reference**	**Name**	**Codes**	**Length**	**Notes/ Comments**
468	2420F	REF01	Reference Identification Qualifier	S	2/3	**0B** State license number **G2** Provider commercial number **1G** UPIN
		REF02	Referring Provider Secondary ID	S	1/50	
		REF03	Not Used by HIPAA			
		REF04	Other Payer IDs mapped on CBS record for REF01= G2			COB Data.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
465	2420F	NM101	Entity Identifier Code	R	2/3	**P3** Primary Care Provider
		NM102	Entity Type Qualifier	R	1/1	**1** Person. If not the primary care provider, this is the initial referring provider
		NM103	PCP Provider Last Name	S	1/60	
		NM104	PCP Provider First Name	S	1/35	
		NM105	PCP Provider Middle Name	S	1/25	
		NM106	Not Used by HIPAA			
		NM107	PCP Provider Name Suffix	S	1/10	
		NM109	PCP Provider Primary ID XX	S	1/80	**XX** HIPAA National Provider ID
		NM110-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
468	2420F	REF01	Reference Identification Qualifier	S	2/3	**0B** State license number **G2** Provider commercial number **1G** UPIN
		REF02	PCP Provider Secondary ID	S	1/50	
		REF03	Not Used by HIPAA			
		REF04				COB Data.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
470	2420G	NM101	Entity Identifier Code		2/3	**PW** Pickup Up Address
		NM102	Entity Type Qualifier		1/1	**2** Non-person
		NM103-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
472	2420G	N301	Ambulance Pickup Address 1	R	1/55	
		N302	Ambulance Pickup Address 2	S	1/55	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
473	2420G	N401	Ambulance Pickup City	R	2/30	
		N402	Ambulance Pickup State	S	2/2	
		N403	Ambulance Pickup Zip Code	S	3/15	
		N404	Ambulance Pickup Country Code	S	2/3	Required only if country is not USA.
		N405 N406	Not Used by HIPAA			
		N407	Ambulance Pickup Country Sub-Code	S	2/3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
475	2420H	NM101	Entity Identifier Code	R	2/3	**45** Drop off Location
		NM102	Entity Type Qualifier	R	1/1	**2** non-person
		NM103-NM112	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
477	2420H	N301	Ambulance Dropoff Address 1	R	1/55	
		N302	Ambulance Dropoff Address 2	S	1/55	
478	2420H	N401	Ambulance Dropoff City	R	2/30	
		N402	Ambulance Dropoff State	S	2/2	
		N403	Ambulance Dropoff Zip Code	S	3/15	
		N404	Ambulance Dropoff Country Code	S	2/3	

		N405 N406	Not Used by HIPAA			
		N407	Ambulance Dropoff Country Sub-Code	S	2/3	Required only if country is not USA.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
480	2430	SVD01	Other Payer Primary Identifier	R	2/80	Must match Loop 2330B NM109 REQUIRED to report PAID Amount
		SVD02	Service Line Paid Amount	R	1/18	Note: Zero is acceptable
						NOTE: Loop 2430 CAS03 and SVD02 must balance to Loop 2400 SV103 (Prof) Line Item Charge Amount. SVD02 must balance to a value greater than or equal to zero (0)
		SVD03-1	Procedure Code Qualifier	R	2/2	ER - Jurisdictionally Defined Procedure and Supply Codes HC - CPT/HCPCS code IV - HEIC code WK - Advanced Billing (ABC) code
		SVD03-2	Procedure Code	R	1/48	
		SVD03-3	Procedure Code Modifier 1	S	2/2	
		SVD03-4	Procedure Code Modifier 2	S	2/2	
		SVD03-5	Procedure Code Modifier 3	S	2/2	
		SVD03-6	Procedure Code Modifier 4	S	2/2	
		SVD03-7	Procedure Code Description	S	1/80	
		SVD03-8 SVD04	Not Used by HIPAA			
		SVD05	Paid Service Unit Count	R	1/15	
		SVD06	Bundled or Unbundled Line Number	S	1/6	References the service line number which this line was bundled into.

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
	2430	CAS01	Claim Adjustment Group Code	R	1/2	General category of payment adjustment: CO - Contractual Obligations CR - Correction and Reversals OA - Other Adjustments PI - Payor Initiated Reductions **PR - Patient Responsibility** NOTE**: Required to report non-zero Member Cost Share** and paid amount. When submitting Member Cost Share use code PR and include the appropriate Claim Adjustment Reason Code in (CAS02) as listed below
	2430	CAS02	Adjustment Reason Code	R	1/5	Line Adjustment Reason Code – Required Member Cost Share (PR qualifier), reason codes: **1 = Deductible Amount** **2 = Coinsurance Amount** **3 = Co-payment Amount** Claim Adjustment Reason Codes are available via Washington Publishing: http://www.wpc-edi.com/reference/codelists/healthcare/claim-adjustment-reason-codes/
	2430	CAS03	Monetary Amount	R	1/18	
	2430	CAS04	Quantity	S	1/5	Unit of Service
	2430	CAS05	Claim Reason Code	S	1/2	Line Adjustment Reason Code

Loop ID	Reference	Name	Codes	Length	Notes/ Comments
2430	CAS06	Monetary Amount	S	1/5	
2430	CAS07	Quantity	S	1/5	Unit of Service
2430	CAS08	Claim Reason Code	S	1/2	Line Adjustment Reason Code
2430	CAS09	Monetary Amount	S	1/5	
2430	CAS10	Quantity	S	1/5	Units of service
2430	CAS11	Claim Reason Code	S	1/2	Line Adjustment Reason Code
2430	CAS12	Monetary Amount	S	1/5	
2430	CAS13	Quantity	S	1/5	Units of service
2430	CAS14	Claim Reason Code	S	1/2	Line Adjustment Reason Code
2430	CAS15	Monetary Amount	S	1/5	
2430	CAS16	Quantity	S	1/5	Units of service
2430	CAS17	Claim Reason Code	S	1/2	Line Adjustment Reason Code
2430	CAS18	Monetary Amount	S	1/5	
2430	CAS19	Quantity	S	1/5	Units of service

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
490	2430	DTP01	Date/Time Qualifier	R	3/3	**573** Date Claim Paid or Processed
		DTP02	Date Time Period Format Qualifier	R	2/3	**D8** Date Expressed in Format CCYYMMDD
		DTP03	Service Adjudication or Payment Date	R	1/35	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
491	2430	AMT01	Amount Qualifier Code		1/3	**EAF** (implied decimal) (Amount owed)
		AMT02	Remaining Patient Liability	R	1/18	
		AMT03	Not Used by HIPAA			

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
492	2440	LQ01	Form Identification Code	R	1/3	AS - Form Type Code UT - HCFA DMERC Certificate of Medical Necessity Forms
		LQ02	Form Identifier	R	1/30	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
494	2440	FRM01	Question Number/Letter	R	1/20	
		FRM02	Question Response	S	1/1	N - No W - Not Applicable Y - Yes
		FRM03	Question Response Text	S	1/50	
		FRM04	Question Response Date	S	8/8	
		FRM05	Question Response Percent	S	1/6	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
496	Transaction Set Trailer	SE01	Number of Included Segments	R	1/10	
		SE02	Transaction Set Control Number	S	4/9	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
C.9	Functional Group Trailer	GE01	Number of Transactional Sets Included	R	1/6	
		GE02	Group Control Number	S	1/9	

Page #:	Loop ID	Reference	Name	Codes	Length	Notes/ Comments
C.10	Interchange Control Trailer	IEA01	Number of Included Functional Groups	R	1/5	
		IEA02	Interchange Control Number	S	9/9	

Appendix

EDITOR'S NOTE:
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