Health Net, LLC

HIPAA 837 Institutional Transaction
Standard Companion Guide

**Refers to the Health Care Claim:
Institutional 837 Implementation Guides
Based on X12 version 005010X223A2**

Companion Guide Version Number: 2.0

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 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 HNT. 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 usages of data expressed in the 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 terms. 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 compliments the ASC X12N implementation guide currently adopted from HIPAA. As of 2007 this companion guide has been amended to include the National Provider Identifier requirements for the 837 X12 transaction.

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
- 837 (005010X223A2)

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 our computer application to translate the data. Health Net LLC (HNT)

supports the standard transactions adopted from HIPAA. HNT maintains a dedicated staff for the purpose of enabling and processing X12 EDI transmissions with its trading partners.

It is the goal of HNI 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. (See contact information 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 Health Net's 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 Health Net's Electronic File Transfer (EFT) team, an 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 Health Net's 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 as to 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 is established for the purpose of identification.
5. Required trading partner profiling is built into our 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 Transaction 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 from Claredi 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, BalancingTesting   (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, General Electric Information Systems (GEIS) now know as GXS 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.

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 specifics, 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 Health Net (see Figure 4.1), the trading partner would encrypted the data on an internal server and then transfer to either a trading partner owned FTP server or to Health Net's FTP server. Then, Health Net will retrieve the encrypted file from either the trading partner FTP server or from Health Net's 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 Health Net
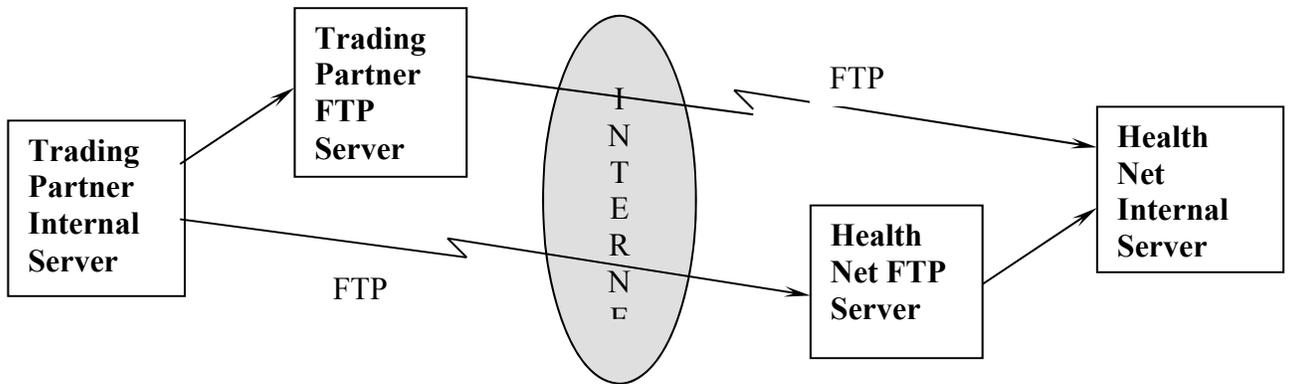
For data outbound from Health Net (see Figure 4.2), Health Net will generate the X12 data file and encrypt it. Once encrypted, the file will be sent either to Health Net's FTP server or the trading partners FTP server. Then the trading partner can retrieve the file from the appropriate FTP server, transfer it to their internal system, and encrypt it and process.

Figure 4.1.1B
FTP of Encrypted Data over the Internet from Health Net to Trading Partner
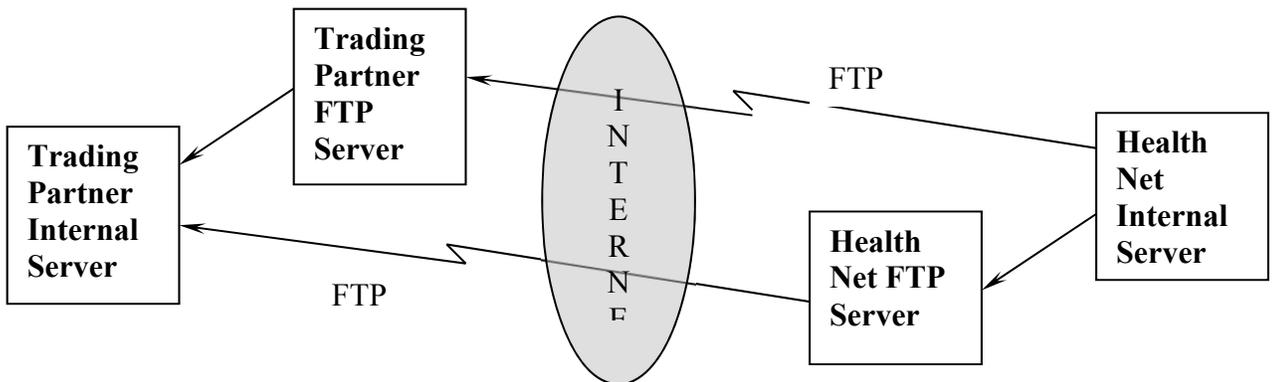
4.1.2 Use of Connect: Direct (NDM) over the AT&T AGNS (Advantis) SNA Network

Data may also be exchanged over the AT&T AGNS (formerly Advantis) SNA network (see Figure 4.3). The transmission software must Sterling Commerce Connect: Direct (formerly NDM). For data inbound to Health Net, the trading partner will make the data file available on their internal server. Health Net 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 Health Net's internal server.

Data outbound from Health Net takes just the opposite path with either Health Net (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 AGNS Network
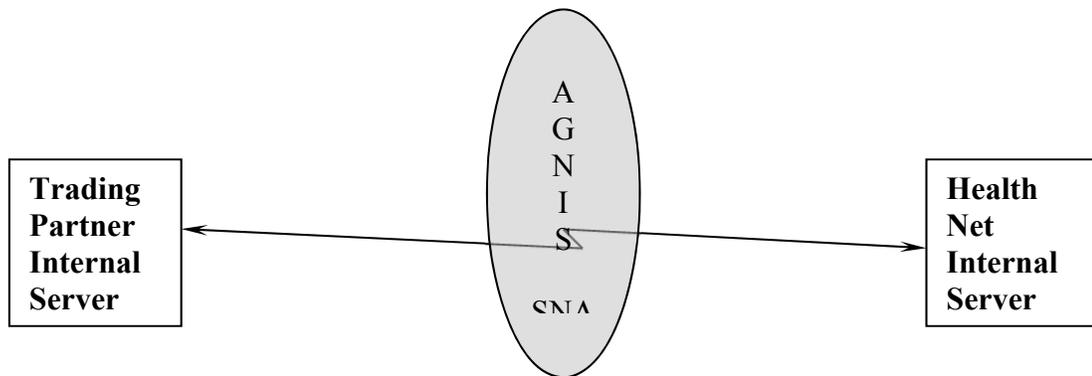
4.1.3 FTP Over Frame Relay

For trading partners with very large data volume to exchange with Health Net, 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
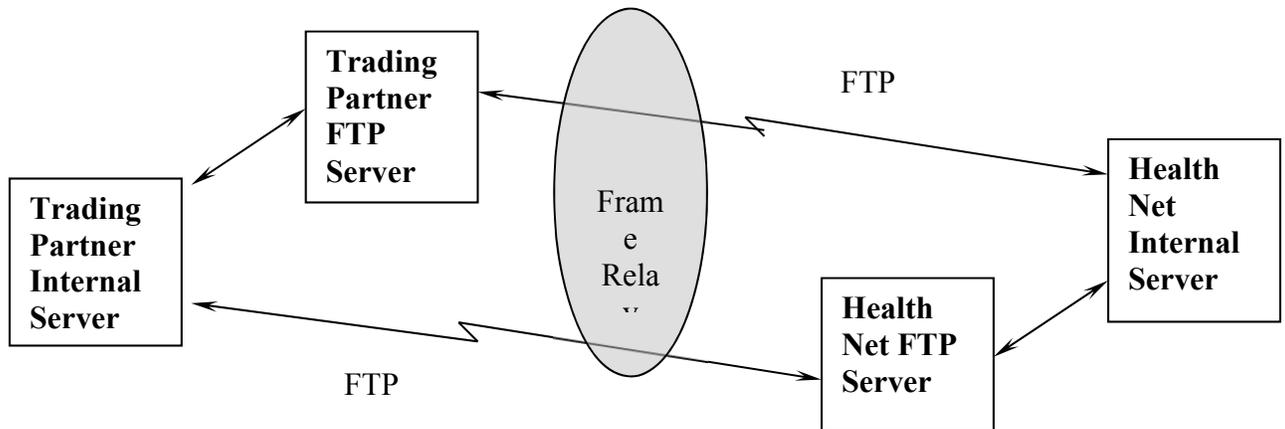
4.2 Transmission Administrative Procedures

Before establishing data communications with Health Net, a trading partner relationship must exist. As part of the process establishing the relationship, Health Net 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, user ID, 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 Health Net. At that time, procedures will be followed for Health Net 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 Health Net utilizing FTP over the Internet. The trading partner is responsible for the acquisition and installation of these items. This list assumes that Health Net 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. PGP software for encryption/decryption. RSA (also know as Legacy) keys must be generated and exchanged with Health Net 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 Health Net, 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 Health Net FTP server after which PGP will be used to decrypt the data.

4.3.2   Connect: Direct over the AT&T AGNS

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

1. Connectivity to a Frame Relay network common with Health Net.
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 Health Net 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

Health Net requires the uses of UserIDs and Passwords to access it's systems and servers. If Health Net's FTP server is to be used to exchange data, Health Net 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, Health Net will change the password after verifying the authenticity of the request.

Likely, Health Net will not utilize a trading partner owned FTP server that is not protected with a UserID and password.

4.5   Encryption

Health Net requires the encryption of data that is exchanged via the Internet or any other public network. Health Net 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 internally 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 (EDI ITG Team)
- HNT IT Payer Connectivity and Infrastructure EFT Team
- HNT EDI Business Operations Team

Contact Phone number for EDI Dept is:
NE and AZ 1-866-334-4638
CA and OR 1-800-977-3568

6 Control Segments / Envelopes

6.1 ISA-IEA

See Section 10.

6.2 GS-GE

See Section 10.

6.3 ST-SE

See 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.
- HNNE encourages the use of HNNE Group and Plan Information
- ICD-9 Procedure codes and dates are required by Health Net for all claims
- ICD-9 codes should not include the decimal point
- ICD-10 codes are not to be sent until mandated cutover date
- Condition code should be limited to a length of 5
- Treatment code and Value code should be limited to a length of 10
- Commercial Member numbers are alpha-numeric. They begin with an R or an HN. Medi-Cal members should submit the Medi-Cal ID.

8 Acknowledgements and or Reports

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

9 Trading Partner Agreements

- HNT is internally reviewing an industry standard draft for a trading partner agreement at this time.

10 Transaction Specification Information

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
C.3	Interchange Control Header	ISA01	R	Author Info Qualifier	2/2	00 – No Authorization Information Present
		ISA02	R	Author Information	10/10	Spaces
		ISA03	R	Security Info Qualifier	2/2	00 – No Security Information Present
		ISA04	R	Security Information	10/10	Spaces
		ISA05	R	Interchange Sender Qualifier	2/2	30 – Federal Tax ID ZZ – Mutually Defined
		ISA06	R	ISA Sender ID	15/15	(**As agreed upon**)
		ISA07	R	Interchange Receiver Qualifier	2/2	30 – Federal Tax ID ZZ – Mutually Defined
		ISA08	R	ISA Receiver ID	15/15	HNT Tax ID - 954402957 (**As agreed upon**)
		ISA09	R	Interchange Date	6/6	Date of Transmission (YYMMDD)
		ISA10	R	Interchange Time	4/4	Time of Transmission (HHMM)
		ISA11	R	Repetition Separator	1/1	
		ISA12	R	Interchange Control Version Number	5/5	00501
		ISA13	R	ISA Control Number	9/9	Control number assigned by the sender, Must be identical to control number in IEA02
		ISA14	R	Acknowledgement Indicator	1/1	**1** - Send TA1, **0** - Do not send TA1
		ISA15	R	Usage Indicator	1/1	**T** - Test, **P** - Production
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
C.7	Functional Group Header	GS01	R	Functional Identifier Code	2/2	**HC** - Health Care Claim (837)
		GS02	R	GS Sender's Code	2/15	(**As agreed upon**)
		GS03	R	GS Receiver's Code	2/15	HNCA-ENC (**As agreed upon**)
		GS04	R	Group GS Date	8/8	Functional group creation date (CCYYMMDD)
		GS05	R	Group GS Time	4/8	Functional group creation time (HHMM)
		GS06	R	Group Control Number	1/9	Control number assigned by the sender
		GS07	R	Responsible Agency Code		**X** Accredited Standards Committee X12

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		GS08	R	Version /Release ID Code	1/12	005010X223A2

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
67	Transaction Set Header	ST01	R	Transaction Set Identifier Code	3/3	**837** Health Care Claim: Institutional
		ST02	R	Transaction Set Control Number	4/9	Unique control number assigned by sender's translator
		ST03	R	Transaction Set Version	1/35	005010X223A2

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

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
71	1000A	NM101	R	Entity Identifier Code	2/3	**41 Submitter**
		NM102	R	Entity Type Qualifier	1/1	**1** person **2** non-person
		NM103	R	Submitter Name	1/60	
		NM104	S	Submitter First Name	1/35	
		NM105	S	Submitter Middle Name	1/25	
		NM106 NM107		Not Used by HIPAA		
		NM108	R	Identification Code Qualifier	1/2	**46** Electronic Transmitter ID Number (ETIN).
		NM109	R	Submitter Identifier	2/80	9-digit HNT Submitter ID (**Assign by Health Net**)
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
73	1000A	PER01	R	Contact Function Code	2/2	**IC** Inbound
		PER02	S	Submitter Contact Name 1	1/60	
		PER04/06/08	R	Contact Telephone Number 1	1/256	**PER03,05,07=TE**
		PER06/08	R	Contact Telephone Extension 2	1/256	**PER05,07=EX**
		PER04/06/08	R	Contact Fax number 1	1/256	**PER03,05,07=FX**
		PER04/06/0	R	Contact Email Address 1	1/256	**PER03,05,07=EM**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
				8		
		PER02	S	Submitter Contact Name 2	1/60	**IC** Used if more contact information needed.
		PER04/06/08	S	Contact Telephone Number 2	1/256	**PER03,05,07=TE**
		PER06/08	S	Contact Telephone Extension 2	1/256	**PER05,07=EX**
		PER04/06/08	S	Contact Fax number 2	1/256	**PER03,05,07=FX**
		PER04/06/08	S	Contact Email Address 2	1/256	**PER03,05,07=EM**
		PER09				Not Used by HIPAA
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
76	1000B	NM101	R	Entity Identifier Code	2/3	**40** Receiver
		NM102	R	Entity Type Qualifier	1/1	**2** Non-Person
		NM103	R	Receiver Name	1/60	
		NM104-NM107		Not Used by HIPAA		
		NM108	R	Identification Code Qualifier	1/2	**46** Electronic Transmitter ID Number (ETIN).
		NM109	R	Receiver Identifier	2/80	
		NM110-NM112		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
78	2000A	HL01	R	Hierarchical ID Number	1/12	
		HL02	R	Hierarchical Parent ID Number	1/12	
		HL03		Hierarchical Level Code	1/2	20 – Information Source
		HL04		Hierarchical Child Code	1/1	1 – Additional Subordinate
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
80	2000A	PRV01	R	Provider Code	1/3	**BI** Billing
		PRV02	R	Reference Identification Qualifier	2/3	**PXC** Provider Taxonomy Code
		PRV03	R	Billing Provider Taxonomy Code	1/50	
		PRV04-PRV06		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
81	2000A	CUR01	R	Entitiy Identifier Code	2/3	**B5** currency for Billing provider
		CUR02	R	Currency Code	3/3	
		CUR03-CUR21		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
84	2010AA	NM101	R	Entitiy Identifier Code	2/3	**85** Billing Provider
		NM102	R	Entity Type Qualifier	1/1	**2** Organization
		NM103	**R**	Billing Provider Name	1/60	

		NM104-NM107		Not Used by HIPAA		
		NM108	**R**	Identification Code Qualifier	1/2	**XX** HIPAA National Provider ID
		NM109	**R**	Billing Provider Primary ID XX	2/80	**REQUIRED**
		NM110-NM112		Not Used by HIPAA		

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

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
88	2010AA	N401	R	Billing Provider City	2/30	
		N402	R	Billing Provider State	2/2	
		N403	R	Billing Provider Zip Code	3/15	Nine digit Zip Code
		N404	S	Billing Provider Country Code	2/3	Required only if country not USA.
		N405 N406		Not Used by HIPAA		
		N407	S	Billing Provider Sub Country Code	1/3	Required only if country not USA.

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
90	2010AA	REF01	R	Reference Identification Qualifier	2/3	**EI** Employer's identification number
		REF02	R	Billing Provider Secondary ID **EI**	1/50	**REQUIRED**
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
91	2010AA	PER01	R	Contact Function Code		**IC** Informtion Contact
		PER02	S	Billing Provider Contact Name 1	1/60	
		PER04/06/08	S	Contact Telephone Number 1	1/256	**PER03,05,07 = TE**
		PER06/08	S	Contact Telephone Extension 1	1/256	**PER05,07 = EX**
		PER04/06/08	S	Contact Fax Number 1	1/256	**PER03,05,07 = FX**
		PER04/06/08	S	Contact Email Address 1	1/256	**PER03,05,07 = EM**
		PER02	S	Billing Provider Contact Name 2	1/60	**IC** Used if more Billing Provider contact
		PER04/06/08	S	ContactTelephone Number 2	1/256	**PER03,05,07 = TE**
		PER06/08	S	ContactTelephone Extension 2	1/256	**PER05,07 = EX**
		PER04/06/08	S	Contact Fax Number 2	1/256	**PER03,05,07 = FX**
		PER04/06/08	S	Contact Email Address 2	1/256	**PER03,05,07 = EM**
		PER09		Not Used by HIPAA		

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
94	2010AB	NM101	R	Entity Identifier Code	2/3	**87** Pay-to Provider

		NM102	R	Entity Type Qualifier	1/1	**2** Organization
		NM103-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
107	2000B	NL01		Hierarchical ID Number	1/12	
		HL02		Hierarchical Parent ID Number	1/12	
		HL03		Hierarchical Level Code	1/2	22 – Subscriber
		HL04		Hierarchical Child Code	1/1	0 – No Subordinate 1 – Additional Subordinate

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
109	2000B	SBR01	R	Payer Responsibility Sequence Number Code	1/1	COB Payment Sequence Indicator 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 Eleven U - Unknown
		SBR02	S	Individual Relationship Code	2/2	Individual Relationship Code 18 - Self, if patient is subscriber. Blank otherwise
		SBR03	S	Insured Group or Policy Number	1/30	Subscriber's group number
		SBR04	S	Insured Group Name	1/60	Subscriber's group name
		SBR05-SBR08		Not Used by HIPAA		
		SBR09	S	Claim Filing Indicator Code	1/2	11 - Other Non-Federal Programs 12 - PPO 13 - POS 14 - EPO 15 - Indemnity 16 - HMO Medicare Risk AM - Automobile Medical BL - Blue Cross/Blue Shield CH - CHAMPUS CI - Commercial Insurance Company DS - Disability HM - HMO 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	Code	Name	Length	Notes/Comments
112	2010BA	NM101	R	Entity Identifier Code	2/3	**IL** Insured or Subscriber
		NM102	R	Entity Type Code	1/1	**1** (person) **2** (non-person)

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		NM103	R	Subscriber Last Name	1/60	
		NM104	S	Subscriber First Name	1/35	
		NM105	S	Subscriber Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Subscriber Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	½	**MI** Member identification number *II HIPAA National Individual Identifier (future use)*
		NM109	R	Subscriber Primary ID	2/80	HN Member ID or Medi-Cal ID
		NM110-NM112		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
115	2010BA	N301	R	Subscriber Address 1	1/55	
		N302	S	Subscriber Address 2	1/55	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
116	2010BA	N401	R	Subscriber City Name	2/30	
		N402	S	Subscriber State	2/2	
		N403	S	Subscriber Zip Code	3/15	
		N404	S	Subscriber Country Code	2/3	Required only if country not USA.
		N405 N406		Not Used by HIPAA		
		N407	S	Subscriber Sub-Country Code	1/3	Required only if country not USA.
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
118	2010BA	DMG01	R	Date Time Period Format Qualifier	2/3	**D8** Date
		DMG02	R	Subscriber Birth Date	1/35	
		DMG03	R	Subscriber Gender Code	1/1	F - Female M - Male U - Unknown
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
120	2010BA	REF01	R	Reference Identification Qualifer	2/3	**SY** Social security number (cannot be used for Medicare)
		REF02	R	Subscriber Secondary ID SY	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
121	2010BA	REF01	R	Reference Identification Qualifier	2/3	**Y4** Property/Casualty Agency identification number
		REF02	R	Subscriber Secondary ID Y4	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
122	2010BB	NM101	R	Entity Identifier Code	2/3	**PR** Payer
		NM102	R	Entity Type Qualifer	1/1	**2** Non-Person Entity
		NM103	R	Payer Name	1/60	Health Net of CA, Healthnet of Arizona, (based on payer id)

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		NM104-NM107		Not Used by HIPAA		
		NM108	R	Identification Code Qualifier	1/2	**PI** Payer identification number **XV** *HCFA National Plan ID (future use)*
		NM109	R	Payer Primary ID	2/80	
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
124	2010BB	N301	R	Payer Address 1	1/55	
		N301	S	Payer Address 2	1/55	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
125	2010BB	N401	R	Payer City Name	2/30	
		N402	S	Payer State	2/2	
		N403	S	Payer Zip Code	3/15	
		N404	S	Payer Country Code	2/3	Required only if country not USA.
		N405 N406		Not Used by HIPAA		
		N407	S	Payer Sub-Country Code	1/3	Required only if country not USA.

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
127	2010BB	REF01	R	Reference Identification Qualifier	2/3	**2U** Supplemental payer id number **FY** Claim office number **EI** Federal Taxpayer's ID Number
		REF02	R	Payer Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
129		REF01	R	Reference Identification Qualifier	1/50	**LU** Provider Location ID Number **G2** Provider Commercial ID Number
		REF02	R	Billing Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
131	2000C	HL01		Hierarchical ID Number	1/12	
		HL02		Hierarchical Parent ID Number	1/12	
		HL03		Hierarchical Level Code	1/2	23 - Dependent
		HL04		Hierarchical Child Code	1/1	0 – No Subordinate

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
133	2000C	PAT01	R	Dependent Relationship Code	2/2	01 - Spouse 03 - Father or Mother Stepson or Stepdaugher 19 - Child 20 - Employee 21 - Unknown 39 - Organ Donor 40 - Cadaver Donor 53 - Life Partner G8 - Other Relationship

		PAT02-PAT09		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
135	2001CA	NM101	R	Entity Qualifier Code	2/3	**QC** Patient
		NM102	R	Entity Type Qualifier	1/1	**1** Person
		NM103	R	Dependent Last Name	1/60	
		NM104	R	Dependent First Name	1/35	
		NM105	S	Dependent Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Dependent Suffix Name	1/10	
		NM108-NM111		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
137	2010CA	N301	R	Dependent Address 1	1/55	
		N302	S	Dependent Address 2	1/55	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
138	2010CA	N401	R	Dependent City Name	2/30	
		N402	R	Dependent State	2/2	
		N403	R	Dependent Zip Code	3/15	
		N404	S	Dependent Country Code	2/3	Required only if country not USA.
		N405 N406		Not Used by HIPAA		
		N407	S	Dependent Sub-Country Code	1/3	Required only if country not USA.
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
140	2010CA	DMG01	R	Date Time Period Format Qualifier	2/3	**D8** Date
		DMG02	R	Dependent Birth Date	1/35	
		DMG03	R	Dependent Gender Code	1/1	F - Female M - Male U - Unknown
		DMG04-DMG11		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
142	2010CA	REF01	R	Reference Identification Qualifer	2/3	**Y4** Property/Casualty Agency identification number
		REF02	R	Dependent Secondary ID Y4	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
142	2010CA	REF01	R	Reference Identification Qualifer	2/3	**1W** Property/Casualty Patient Identifier **SY** Property/Casualty Patient Identifier
		REF02	R	Patient Identifier ID	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
143	2300	CLM01	R	Patient Account Number	1/38	Patient account number assigned by submitter's system

		CLM02	R	Total Claim Charge Amount	1/18	
		CLM03 CLM04		Not Used by HIPAA		
		CLM05-1	R	Facility Type Code	1/2	1st and 2nd positions of Uniform Bill Type code. CLM05-2 Always 'A'
		CLM05-3	R	Claim Frequency Code	1/1	3rd position of Uniform Bill Type code 1 = Admit thru Discharge 2 = Interim – First Claim 3 = Interim – Continuing Claim 4 = Interim – Last Claim 6 = Adjustment 7 = Repalcement 8 = Void **NOTE: REF*F8 is required if 3, 4, 5, 6,7, or 8**
		CLM06		Not Used by HIPAA		
		CLM07	S	Provider Accept Assignment Code	1/1	Indicates whether provider accepts assignment. A - Assigned B – Assignment Accepted on Clinical Lab Services Only C - Not Assigned
		CLM08	R	Assignment of Benefits Indicator	1/1	Indicates whether insured has authorized benefits to be assigned to the provider Y - Yes N - No W - Not Applicable
		CLM09	R	Release of Information Indicator	1/1	Indicates whether the provider has a 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 a signed statement permitting release of medical billing data related to a claim
		CLM10-CLM19		Not Used by HIPAA		
		CLM20	S	Delay Reason Code	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 the Billing Limitation Rules 10 - Administration Delay in the Prior Approval Process 11 - Other 15 - Natural Disaster
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
149	2300	DTP01	R	Date/Time Qualifier	3/3	096 - Discharge
		DTP02	R	Date Time Period Format Qualifier	2/3	TM
		DTP03	R	Discharge Hour	1/35	**096** Time patient was discharged

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
150	2300	DTP01	R	Date/Time Qualifier	3/3	**434** Statement
		DTP02	R	Date Time Period Format Qualifier	2/3	**RD8** Date Range
		DTP03	S	Date Time Period	1/35	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
151	2300	DTP01	R	Date/Time Qualifier	3/3	**435** Admission
		DTP03	R	Date Time Period Format Qualifier	1/35	**D8** Date or **DT** Date + Time
		DTP03	S	Date Time Period	1/35	**Required on Inpatient**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
152	2300	DTP01	R	Date/Time Qualifier		**050** Received
		DTP02	R	Date Time Period Format Qualifier		**D8** Date
		DTP03	R	Repricer Received Date	1/35	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
153	2300	CL101	R	Priority (Type) of Admission or Visit	1/1	Addendum 223A2 changed usage from S to R and element name
		CL102	S	Point of Origin for Admission or Visit	1/1	Addendum 223A2 changed element name
		CL103	R	Patient Status Code	1/2	
		CL104		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
154	2300	PWK01	R	Attachment Report Type Code	2/2	61 possible codes. See code list on pages 183-184 of HIPAA Guidelines.
		PWK02	R	Attachment Transmission Code	1/2	AA - Available on Request at Provider Site BM - By Mail EL - Electronically Only (X12 275) EM - Email FX - By Fax
		PWK03 PWK04		Not Used by HIPAA		
		PWK05		Identification Code Qualifier	1/2	**AC** Attachment Control Number
		PWK06	S	Attachment Control Number	2/80	
		PWK07-PWK09		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
158	2300	CN101	R	Contract Type Code	2/2	01 - DRG 02 - Per Diem 03 - Variable Per Diem 04 - Flat 05 - Capitated 06 - Percent 09 - Other
		CN102	S	Contract Amount	1/18	
		CN103	S	Contract Percentage	1/6	Allowance or charge percent
		CN104	S	Contract Code	1/50	
		CN105	S	Terms Discount Percentage	1/6	

		CN106	S	Contract Version Identifier	1/30	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
160	2300	AMT01		Amount qualifier Code	1/3	**F3 Patient Amount Paid/Responsibility**
		AMT02	R	Patient Responsibility Amount	1/18	Monetary Amount – Patient Amount Paid/Responsibility. **REQUIRED If Loop 2430 CAS*PR 1,2 or 3 is present. Value of all CAS*PR must match AMT*F3*Amount**
		AMT03		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
161-175	2300	REF01	R	Reference Identification Qualifier	2/3	**D9** VAN/Clearinghouse unique per claim ID **F8 ICN/DCN** **LX** IDE number **4N** Special Payment Reference Number **G4** PRO Approval Number **G1** Prior authorization number **9F** Referral number **EA** Medical record number **P4** Demonstration Project Identifier **LU** State of Record of Auto Accident. **9A** Repricer's claim number **9C** Repricer's claim number for a previously adjusted (resubmitted) claim
		REF02	R	Reference Identification Number	1/50	**NOTE: Required if CLM05-03 = 6,7, or 8 Payer Claim Control Number**
		REF03 REF04		Not Used by HIPAA		Ambulatory Patient Reference Numbers removed
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
181	2300	CRC02	R	Certification Condition Code Applies Indicator	1/1	**ZZ** Mutually Defined N - No, Y - Yes
		CRC03	R	Certification Condition Code 1	2/3	AV - Available - Not Used (Patient refused referral) NU - Not Used (Must be used when CRC02=N) S2 - Under Treatment (Patient currently under treatment for referred diagnostic or corrective health problem) ST - New Services Requested
		CRC04	S	Certification Condition Code 2	2/3	See CRC03 for expected codes.
		CRC05	S	Certification Condition Code3	2/3	See CRC03 for expected codes.
		CRC06 CRC07		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
184	2300	HI01-1	R	Principal Diagnosis Qualifier	1/3	BK - ICD-9 ABK - ICD-10
		HI01-2	R	Principal Diagnosis Code	1/30	
		HI01-3-HI01-8		Not Used by HIPAA		
		HI01-9	S	Principle Diagnosis POA Indicator	1/1	Y - Yes N - No U - Unknown W - Not Applicable 1 – Filler **Required on certain Inpatient**
		HI02-HI12		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments

187	2300	HI01-1	R	Admitting Diagnosis Qualifier	1/3	BJ = ICD-9 ABJ= ICD-10
		HI01-2	R	Admitting Diagnosis	1/30	if present, next HI segment in loop. **Required on Inpatient**
		HI01-3-HI01-9 HI02-HI12		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
189	2300	HI01-1	R	Patient Reason for Visit Qualifier	1/3	PR=ICD-9 APR=ICD-10
		HI01-2	S	Patient Reason for Visit	1/30	**Required on Outpatient visits**
		HI01-3-HI01-9		Not Used by HIPAA		
		HI02-1	R	Patient Reason for Visit Qualifier	1/3	PR=ICD-9 APR=ICD-10
		HI02-2	S	Patient Reason for Visit	1/30	
		HI02-3-HI02-9		Not Used by HIPAA		
		HI03-1	R	Patient Reason for Visit Qualifier	1/3	PR=ICD-9 APR=ICD-10
		HI03-2	S	Patient Reason for Visit	1/30	
		HI03-3-HI03-9 HI02-HI12		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
193	2300	HI01-1	R	External Cause of Injury Qualifier - 1	1/3	BN=ICD-9 ABN=ICD-10
		HI01-2	S	External Cause of Injury Code - 1	1/30	Also known as E-Code.
		HI01-3-HI01-8		Not Used by HIPAA		
		HI01-9	S	Other Diagnosis 1 POA Indicator	1/1	N - No U - Unknown W - Not Applicable Y – Yes **Required on certain Inpatient**
		HI02-1	R	External Cause of Injury Qualifier - 2	1/3	BN=ICD-9 ABN=ICD-10
		HI02-2	S	External Cause of Injury Code - 2	1/30	Also known as E-Code.
		HI02-3-HI02-9		Not Used by HIPAA		
		HI03-1	R	External Cause of Injury Qualifier - 3	1/3	BN=ICD-9 ABN=ICD-10
		HI03-2	S	External Cause of Injury Code - 3	1/30	Also known as E-Code.
		HI03-3-HI03-8 HI02-HI12		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
218	2300	HI01-2	S	Diagnosis Related Group Code	1/30	**DR** Also known as DRG Group Code.
		HI03-3-HI03-9 HI02-HI12		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments **Segment Repeat 2**
220	2300	HI01-01 – HI12-01	R	Other Diagnosis Qualifier	1/3	Segment 1. BN=ICD-9 ABN=ICD-10
		HI01-02 – HI12-02	R	Other Diagnosis 1	1/30	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		HI01-09 - HI12-09	S	Other Diagnosis 1 POA Indicator	1/1	N - No U - Unknown W - Not Applicable Y – Yes **Required on certain Inpatient**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
239	2300	HI01-1	R	Principal Procedure Code Qualifier	1/3	BR=ICD-9 ABR=ICD-10 CAH=Advanced Billing Concepts
		HI01-2	R	Principal Procedure Code	1/30	
		HI01-4	R	Principal Procedure Date	1/35	**D8**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments **Segment Repeat 2**
242	2300	HI01-01 – HI12-01	R	Other Procedure Code 1-12 Qualifier	1/3	Segment 1. BQ=ICD-9 ABQ=ICD-10
		HI01-02 – HI12-02	R	Other Procedure Code 1-12	1/30	Additional procedure
		HI01-03 – HI12-03	R	Other Procedure 1-12 Date	1/35	**D8**
		HI01-04 – HI12-04	R	Date Time Period	8	**CCYYMMDD**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
258	2300	HI01 - 2	R	Occurrence Span Code - 1	1/30	Segment 1. **BI** Occurrence Span
		HI01 - 4	R	Occurrence Span From Date - 1	1/35	**RD8** Date Range
		HI01 - 4	R	Occurrence Span To Date - 1	1/35	
		HI02 - 2	S	Occurrence Span Code - 2	1/30	**BI** Occurrence Span
		HI02 - 4	S	Occurrence Span From Date - 2	1/35	**RD8** Date Range
		HI02 - 4	S	Occurrence Span To Date - 2	1/35	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
271	2300	HI01 - 2	R	Occurence Code 1	1/30	Segment 1. **BH** Occurrence
		HI01 - 4	R	Occurrence Code Date 1	1/35	**D8** Date
		HI02 - 2	S	Occurence Code 2	1/30	**BH** Occurrence
		HI02 - 4	S	Occurrence Code Date 2	1/35	**D8** Date

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
284	2300	HI01 - 2	R	Value Code-1	1/30	**BE** Value
		HI01 - 5	R	Value Code Amount-1	1/18	
		HI02 - 2	S	Value Code-2	1/30	**BE** Value
		HI02- 5	S	Value Code Amount-2	1/18	
		HI03 - 2	S	Value Code-3	1/30	**BE** Value
		HI03- 5	S	Value Code Amount-3	1/18	
		HI04 - 2	S	Value Code-4	1/30	**BE** Value
		HI04- 5	S	Value Code Amount-4	1/18	
		HI05 - 2	S	Value Code-5	1/30	**BE** Value
		HI05- 5	S	Value Code Amount-5	1/18	
		HI06 - 2	S	Value Code-6	1/30	**BE** Value
		HI06- 5	S	Value Code Amount-6	1/18	
		HI07 - 2	S	Value Code-7	1/30	**BE** Value
		HI07- 5	S	Value Code Amount-7	1/18	
		HI08 - 2	S	Value Code-8	1/30	**BE** Value
		HI08- 5	S	Value Code Amount-8	1/18	
		HI09 - 2	S	Value Code-9	1/30	**BE** Value
		HI09- 5	S	Value Code Amount-9	1/18	
		HI10 - 2	S	Value Code-10	1/30	**BE** Value
		HI10- 5	S	Value Code Amount-10	1/18	
		HI11 - 2	S	Value Code-11	1/30	**BE** Value
		HI11- 5	S	Value Code Amount-11	1/18	

		HI12 - 2	S	Value Code-12	1/30	**BE** Value
		HI12- 5	S	Value Code Amount-12	1/18	
		HIxx-3 HIxx-4 Hixx-6- HIxx-9		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
294	2300	HI01 - 2	R	Condition Code 1	1/30	Segment 1 **BG** Condition
		HI02 - 2	S	Condition Code 2	1/30	**BG** Condition
		HI03 - 2	S	Condition Code 3	1/30	**BG** Condition
		HI04 - 2	S	Condition Code 4	1/30	**BG** Condition
		HI05 - 2	S	Condition Code 5	1/30	**BG** Condition
		HI06 - 2	S	Condition Code 6	1/30	**BG** Condition
		HI07 - 2	S	Condition Code 7	1/30	**BG** Condition
		HI08 - 2	S	Condition Code 8	1/30	**BG** Condition
		HI09 - 2	S	Condition Code 9	1/30	**BG** Condition
		HI10 - 2	S	Condition Code 10	1/30	**BG** Condition
		HI11 - 2	S	Condition Code 11	1/30	**BG** Condition
		HI12 - 2	S	Condition Code 12	1/30	**BG** Condition
		HIxx-3- HIxx-9		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
304	2300	HI01 - 2	R	Treatment Code 1	1/30	Segment 1. **TC** Treatment Codes
		HI02 - 2	S	Treatment Code 2	1/30	**TC** Treatment Codes
		HI03 - 2	S	Treatment Code 3	1/30	**TC** Treatment Codes
		HI04 - 2	S	Treatment Code 4	1/30	**TC** Treatment Codes
		HI05 - 2	S	Treatment Code 5	1/30	**TC** Treatment Codes
		HI06 - 2	S	Treatment Code 6	1/30	**TC** Treatment Codes
		HI07 - 2	S	Treatment Code 7	1/30	**TC** Treatment Codes
		HI08 - 2	S	Treatment Code 8	1/30	**TC** Treatment Codes
		HI09 - 2	S	Treatment Code 9	1/30	**TC** Treatment Codes
		HI10 - 2	S	Treatment Code 10	1/30	**TC** Treatment Codes
		HI11 - 2	S	Treatment Code 11	1/30	**TC** Treatment Codes
		HI12 - 2	S	Treatment Code 12	1/30	**TC** Treatment Codes
		HIxx-3- HIxx-9		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
313	2300	HCP01	R	Claim Pricing/Repricing Methodology	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 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	R	Claim Repricing Allowed Amount	1/18	

		Reference	Code	Name	Length	Notes/Comments
		HCP03	S	Claim Repricing Saving Amount	1/18	
		HCP04	S	Claim Level Repricing Organization ID	1/50	
		HCP05	S	Claim Repricing Per Diem or Flat Rate	1/9	
		HCP06	S	Claim Repricing Approved Ambulatory Patient Group Code	1/50	
		HCP07	S	Claim Repricing Approved Ambulatory Patient Group Amount	1/18	
		HCP08	S	Claim Repricing Approved Revenue Code	1/48	
		HCP09 HCP10		Not Used by HIPAA		
		HCP11	S	Claim Repricing Quantity Qualifier	2/2	Codes: DA - Days UN - Units Qualifies the basis for measurement represented in the HCP12 Quantity field.
		HCP12	S	Claim Repricing Approved Quantity	1/15	
		HCP13	S	Claim Repricing Reject Reason Code	2/2	T1 - Cannot identify provider as TPO 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 con
		HCP14	S	Claim Repricing Policy Compliance Code	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-Net
		HCP15	S	Claim Repricing Exception Code	1/2	Exception reason for consideration of out-of-network services 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 **Required if known 1 or 3 = Out of Network 6 = In Network**
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	**Notes/Comments**
319	2310A	NM101		Entity Identifier Code	2/3	**71** Attending Physician **Required when contains any service other than non-scheduled transportation**
		NM102		Entity Type Code	1/1	**1** Person
		NM103	R	Claim Attending Physician Last Name	1/60	**REQUIRED If loop is sent**
		NM104	S	Attending Physician First Name	1/35	**REQUIRED If loop is sent**
		NM105	S	Attending Physician Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Attending Physician Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	1/2	**XX** National Provider **Required**
		NM109	R	Attending Physician Primary ID XX	2/80	**REQUIRED If loop is sent**
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
322	2310A	PRV01		Provider Code	1/3	**AT** Attending physician specialty type
		PRV02	R	Reference Identification Qualifier	2/3	**PXC** Provider Taxonomy Code
		PRV03	R	Attending Physician Taxonomy Code	1/50	**REQUIRED If loop is sent**
		PRV04-PRV06		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
	REF	**S**	**Occur 4**	**Attending Provider Secondary Identification**	**Page: 324**	
324	2310A	REF01	S	Reference Identification Qualifer	2/3	**1G** UPIN number **0B** State license number **LU** Location Number **G2** Provider commercial number
		REF02	S	Attending Physician Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
326	2310B	NM101	R	Entity Identifier Code	2/3	**72** Operating Physician
		NM102	R	Entity Type Code	1/1	**1=**Person **2=**Organization
		NM103	R	Operating Physician Last Name	1/60	**REQUIRED If loop is sent**
		NM104	R	Operating Physician First Name	1/35	**REQUIRED If loop is sent**
		NM105	S	Operating Physician Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Operating Physician Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	1/2	**XX** HIPAA National Provider ID
		NM109	R	Operating Physician Primary ID XX	2/80	**REQUIRED If loop is sent**
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
329		REF01	S	Reference Identification Qualifer	2/3	UPIN number **=1G** State license number **=0B** (zero B) Location Number **=LU** Provider commercial number **=G2**
		REF02	S	Operating Physician Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
331	2310C	NM101	R	Entity Identifier Code	2/3	**ZZ** Mutually Defined
		NM102	R	Entity Type Qualifier	1/1	**1** Person
		NM103	R	Other Operating Physician Last Name	1/60	**REQUIRED If loop is sent**
		NM104	S	Other Operating Physician First Name	1/35	**REQUIRED If loop is sent**
		NM105	S	Other Operating Physician Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Other Operating Physician Name Suffix	1/10	

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID**=XX**
		NM109	R	Other Operating Physician Primary ID XX	2/80	**REQUIRED If loop is sent**
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
334	2310C	REF01	S	Reference Identification Qualifier	2/3	UPIN number **=1G** State license number **=0B** (Required) Location Number **=LU** Provider commercial number. **=G2**
		REF02	S	Other Operating Physician Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
336	2310D	NM101	R	Entity Identifier Code	2/3	**82** Rendering Provider **REQUIRED if different than Attending**
		NM102	R	Entity Type Qualifier	1/1	**1** Person
		NM103	R	Rendering Provider Last Name	1/60	**REQUIRED If loop is sent**
		NM104	S	Rendering Provider First Name	1/35	**REQUIRED If loop is sent**
		NM105	S	Rendering Provider Middle Name	1/25	
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID **=XX REQUIRED**
		NM109	R	Rendering Provider Primary ID XX	2/80	**REQUIRED**
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
339	2310D	REF01	S	Reference Identification Qualifier	2/3	UPIN number **=1G** State license number = **0B** (Required) Location Number **=LU** **Provider commercial number. =G2** **G2 Required to report Tribal Provider (REF02 = 9999)**
		REF02	S	Rendering Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code S	Name	Length	Notes/Comments
341	2310E	NM101	R	Entity Identifier Code	2/3	Service facility/Lab name **=77** **Required if different than Billing to idenitiy entity where service were preformed**
		NM102	R	Entity Type Qualifier	1/1	**2** Non-Person Entity
		NM103	R	Service Facility Name	1/60	**REQUIRED If loop is sent**
		NM104-NM107		Not Used by HIPAA		
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID **=XX REQUIRED**
		NM109	R	Service Facility Primary ID XX	2/80	**REQUIRED If loop is sent**
		NM110-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
344	2310E	N301	R	Service Facility Address 1	1/55	Must not be blank if loop used.
		N302	S	Service Facility Address 2	1/55	
Page	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments

#							
345	2310E	N401	R	Service Facility City	2/30	
		N402	R	Service Facility State	2/2	
		N403	R	Service Facility Zip Code	3/15	
		N404	S	Service Facility Country Code	2/3	Required only if country not USA.
		N405 N406		Not Used by HIPAA		
		N407	S	Service Facility Sub-Country Code	1/3	Required only if country not USA.

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
347	2310E	REF01	R	Reference Identification Qualifier	2/3	State license number **=0B** (zero B) Location Number **=LU** Provider commercial number. **=G2**
		REF02	R	Service Facility Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
349	2310F	NM101	R	Entity Identifier Code	2/3	**DN** Referring Provider **Required if Referred**
		NM102	R	Entity Type Qualifier	1/1	**1** Person
		NM103	R	Referring Provider Last Name	1/60	**REQUIRED If loop is sent**
		NM104	S	Referring Provider First Name	1/35	
		NM105	S	Referring Provider Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Referring Provider Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID **=XX**
		NM109	R	Referring Provider Primary ID XX	2/80	**Required if Loop is sent**
		NM110- NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
352	2310F	REF01	S	Reference Identification Qualifier	2/3	UPIN number **=1G** State license number **=0B** (zero B) Provider commercial number. **=G2** **G2 Required to report Tribal Provider (REF02 = 9999)**
		REF02	S	Referring Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
354	2320	SBR01	R	Payer Responsibility Sequence Number Code	1/1	COB Payment Sequence Indicator P - Primary S - Secondary T - Tertiary A - Payer Four B - Payer Five C - Payer Six D - Payer Seven E - Payer Eight F - Payer Nine G - Payer Ten H - Payer Eleven U – Unknown **NOTE: Required to report SVD or CAS segment (paid and patient responsibility) in loop 2430**

		SBR02	R	Individual Relationship Code	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	S	Other Insured Group or Policy Number	1/30	Subscriber's group number
		SBR04	S	Other Insured Group Name	1/60	Subscriber's group name
		SBR05- SBR08				Not Used by HIPAA
		SBR09	S	Claim Filing Indicator Code	1/2	11 - Other Non-Federal Programs 12 - PPO 13 - POS 14 - EPO 15 - Indemnity **16 - HMO Medicare Risk** 17 - Dental HMO AM - Automobile Medical BL - Blue Cross/Blue Shield CH - CHAMPUS **CI - Commercial Insurance Company** DS - Disability FI - Federal Employees Association **HM - HMO** 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	Code	Name	Length	Notes/Comments
358	2320	CAS01	R	Claim Adjustment Group Code 1	1/2	1st occurrence of segment. General category of payment adjustment: CO - Contractual Obligations CR - Correction and Reversals OA - Other Adjustments PI - Payor Initiated Reductions **PR - Patient Responsibility** **NOTE: Required in Loop 2430**
		CAS02	R	Adjustment Reason Code 1a	1/5	
		CAS03	R	Adjustment Amount 1a	1/18	
		CAS04	S	Adjustment Quantity 1a	1/15	

		CAS05	S	Adjustment Reason Code 1b	1/5	
		CAS06	S	Adjustment Amount 1b	1/18	
		CAS07	S	Adjustment Quantity 1b	1/15	
		CAS08	S	Adjustment Reason Code 1c	1/5	
		CAS09	S	Adjustment Amount 1c	1/18	
		CAS10	S	Adjustment Quantity 1c	1/15	
		CAS11	S	Adjustment Reason Code 1d	1/5	
		CAS12	S	Adjustment Amount 1d	1/18	
		CAS13	S	Adjustment Quantity 1d	1/15	
		CAS14	S	Adjustment Reason Code 1e	1/5	
		CAS15	S	Adjustment Amount 1e	1/18	
		CAS16	S	Adjustment Quantity 1e	1/15	
		CAS17	S	Adjustment Reason Code 1f	1/5	
		CAS18	S	Adjustment Amount 1f	1/18	
		CAS19	S	Adjustment Quantity 1f	1/15	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
364-366	2320	AMT01	R	Amount Qualifier Code	1/18	**D Payor Amount Paid Required when sending Loop 2430) Value must be greater than or equal to (0)** **EAF** Amount Owed **A8** Noncovered Charges - Actual
		AMT02	R	Remaining Patient Liability Amount	1/18	
		AMT02	R	Non-Covered Amount	1/18	
		AMT03		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
367	2320	OI01 OI02		Not Used by HIPAA		
		OI03	R	Benefits Assignment Certification Indicator	1/1	Indicates whether insured has authorized benefits to be assigned to the provider N - No Y - Yes W - patient refuses to assign benefits (**Required when sending Loop 2430**)
		OI04 OI05		Not Used by HIPAA		
		OI06	R	Release of Information Code	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 a signed statement permitting release of medical billing data related to a claim (**Required when sending Loop 2430**)
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
369	2320	MIA01	R	Covered Days	1/15	
		MIA02		Not Used by HIPAA		Lifetime Reserve Days Count
		MIA03	S	Lifetime Psychiatric Days Count	1/15	
		MIA04	S	Claim DRG Amount	1/18	
		MIA05	S	Remittance Remark Code 1	1/50	
		MIA06	S	Claim Disproportionate Share Amount	1/18	
		MIA07	S	Claim MSP Pass-through Amount	1/18	
		MIA08	S	Claim PPS Capital Amount	1/18	
		MIA09	S	PPS-Capital FSP DRG Amount	1/18	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		MIA10	S	PPS-Capital HSP DRG Amount	1/18	
		MIA11	S	PPS-Capital DSH DRG Amount	1/18	
		MIA12	S	Old Capital Amount	1/18	
		MIA13	S	PPS-Capital IME Amount	1/18	
		MIA14	S	PPS-Operating Hospital Specific DRG Amount	1/18	
		MIA15	S	Cost Report Day Count	1/15	
		MIA16	S	PPS-Operating Federal Specific DRG Amount	1/18	
		MIA17	S	Claim PPS Capital Outlier Amount	1/18	
		MIA18	S	Claim Indirect Teaching Amount	1/18	
		MIA19	S	Nonpayable Professional Component Amount	1/18	
		MIA20	S	Remittance Remark Code 2	1/50	
		MIA21	S	Remittance Remark Code 3	1/50	
		MIA22	S	Remittance Remark Code 4	1/50	
		MIA23	S	Remittance Remark Code 5	1/50	
		MIA24	S	PPS-Capital Exception Amount	1/18	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
374	2320	MOA01	S	Reimbursement Rate	1/10	
		MOA02	S	Claim HCPCS Payable Amount	1/18	**Required to report Medicare 100% Allowable**
		MOA03	S	Remittance Remark Code 6	1/50	
		MOA04	S	Remittance Remark Code 7	1/50	
		MOA05	S	Remittance Remark Code 8	1/50	
		MOA06	S	Remittance Remark Code 9	1/50	
		MOA07	S	Remittance Remark Code 10	1/50	
		MOA08	S	Claim ESRD Payment Amount	1/18	
		MOA09	S	Nonpayable Professional Component Amount	1/18	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
377	2330A	NM101	R	Entity Identifier Code	2/3	**IL** Insured or Subscriber **(Required when sending Loop 2430)**
		NM102	R	Entity Type Qualifier	1/1	**1** person **2** organization
		NM103	R	Other Insured Last Name	1/60	
		NM104	S	Other Insured First Name	1/35	
		NM105	S	Other Insured Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Other Insured Name Suffix	1/10	
		NM108	R	Identification Code Qualifer	1/2	Member identification number **=MI** HIPAA National Individual Identifier NM108=II (future use)
		NM109	R	Other Insured Primary ID	2/80	
		NM110-NM112		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
380	2330A	N301	R	Other Insured Address 1	1/55	
		N302	S	Other Insured Address 2	1/55	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
381	2330A	N401	R	Other Insured City	2/30	**Required when sending Loop 2430)**

		N402	S	Other Insured State	2/2	
		N403	S	Other Insured Zip Code	3/15	
		N404	S	Other Insured Country Code	2/3	
		N405 N406		Not Used by HIPAA		
		N407	S	Other Insured Sub-Country Code	1/3	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
383	2330A	REF01	R	Reference Identification Qualifier	2/3	Social security number (cannot be used for Medicare) **=SY**
		REF02	R	Other Insured Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
384	2330B	NM101	R	Entity Identifier Code	2/3	**PR** Payer **(Required when sending Loop 2430)**
		NM102	R	Entity Type Qualifier	1/1	**2** Non-Person Entity
		NM103	R	Other Payer Name	1/60	
		NM104- NM107		Not Used by HIPAA		
		NM108	R	Identification Code Qualifier	1/2	Payer identification number = **PI** *HCFA National Plan ID (future use)* **=XV**
		NM109	R	Other Payer Primary ID	2/80	95568
		NM110- NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
386	2330B	N301	R	Other Payer Address 1	1/55	
		N302	S	Other Payer Address 2	1/55	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
387	2330B	N401	R	Other Payer City	2/30	**Required when sending Loop 2430)**
		N402	S	Other Payer State	2/2	
		N403	S	Other Payer Zip Code	3/15	
		N404	S	Other Payer Country Code	2/3	
		N405 N406		Not Used by HIPAA		
		N407	S	Other Payer Sub-Country Code	1/3	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
389	2330B	DTP01	R	Date/ Time Qualifier	3/3	**573** Date Claim Paid **(Required when sending Loop 2430)**
		DTP02	R	Datye Time Period Format Qualifier	2/3	**D8** Date
		DTP03	R	Other Payer Adjudication or Payment Date	1/35	

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
390	2330B	REF01	R	Reference Identification Qualifier	2/3	Payer identification number **=2U** Claim office number **=FY** Tax ID **=EI**
		REF02	R	Other Payer Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
392-395	2330B	REF01	R	Reference Identifcation Qualifier	2/3	Prior Authorization Number **=G1** Referral number **=9F** Adjustment Indicator **=T4** Original reference number **=F8**
		REF02	R	Other Payer Referral Number	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
396	2330C	NM101	R	Entity Identifier Code	2/3	**71** Attending Physician
		NM102	R	Entity Type Qualifier	1/1	**1** Person
		NM103- NM112		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
398	2330C	REF01	R	Reference Identification Qualifier	2/3	State License Number **=0B** Provider UPIN Number **=1G** Provider Commercial Number **=G2** Location Number **=LU**
		REF02	R	Other Payer Attending Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
400	2330D	NM101	R	Entity Identifier Code	2/3	**2** Operating Physician
		NM102	R	Not mappedEntity Type Qualifier	1/1	**1** Person
		NM103- NM112		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
402	2330D	REF01	R	Reference Identification Qualifier	2/3	State License Number **=0B** Provider UPIN Number **=1G** Provider Commercial Number **=G2** Location Number **=LU**
		REF02	R	Other Payer Operating Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
404	2330E	NM101	R	Entity Identifier Code	2/3	**ZZ** Mutually Defined
		NM102	R	Not mappedEntity Type Qualifier	1/1	**1** Person
		NM103- NM112		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
406	2330E	REF01	R	Reference Identification Qualifier	2/3	State License Number **=0B** Provider UPIN Number **=1G** Provider Commercial Number **=G2** Location Number **=LU**
		REF02	R	Other Payer Other Operating Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments

408	2330F	NM101	R	Entity Identifier Code	2/3	**77** Service Location
		NM102	R	Not mappedEntity Type Qualifier	1/1	**2** Non-Person Entity
		NM103-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
410	2330F	REF01	R	Reference Identification Qualifier	1/50	State License Number **=0B** Provider Commercial Number **=G2** Location Number **=LU**
		REF02	R	Other Payer Service Facility Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
412	2330G	NM101	R	Entity Identifier Code	2/3	**82** Rendering Provider
		NM102	R	Not mappedEntity Type Qualifier	1/1	**1** Person
		NM103-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
414	2330G	REF01	R	Reference Identification Qualifier	1/50	State License Number **=0B** Provider UPIN Number **=1G** Provider Commercial Number **=G2** Location Number **=LU**
		REF02	R	Other Payer Other Operating Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
416	2330H	NM101	R	Entity Identifier Code	2/3	**DN** Referring Provider
		NM102	R	Not mappedEntity Type Qualifier	1/1	**1** Person
		NM103-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
418	2330H	REF01	R	Reference Identification Qualifier	1/50	State License Number **=0B** Provider UPIN Number **=1G** Provider Commercial Number **=G2**
		REF02	R	Other Payer Referring Provider Secondary ID	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
420	2330I	NM101	R	Entity Identifier Code	2/3	**85** Billing Provider
		NM102	R	Not mappedEntity Type Qualifier	1/1	**2** Non-Person Entity
		NM103-NM112		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
422	2330I	REF01	R	Reference Identification Qualifier	1/50	Provider Commercial Number **=G2** Location Number **=LU**
		REF02	R	Other Payer Billing Provider Secondary ID	1/50	

		REF03 REF04		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
423	2400	LX01	R	Service Line Number	1/6	Service line order as transmitted.
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
424	2400	SV201	R	Revenue Code	1/48	
		SV202-1	S	Procedure Code Qualifier	2/2	**HC** - CPT/HCPCS code **Required on certain Outpatient** ER - Health Insurance Prospective Payment System **HP** – HIPPS (**Required on Home Health and SNF**) IV - HIEC WK - DC-10
		SV202-2	S	Procedure Code	1/48	
		SV202-3	S	Procedure Code Modifier 1	2/2	**NOTE: 340B physician administered drug include modifier "UD' in either SV202-3, -4, -5, or -6**
		SV202-4	S	Procedure Code Modifier 2	2/2	
		SV202-5	S	Procedure Code Modifier 3	2/2	
		SV202-6	S	Procedure Code Modifier 4	2/2	
		SV202-7	S	Procedure Description	1/80	
		SV202-8		Not Used by HIPAA		
		SV203	R	Line Item Charge Amount	1/18	
		SV204	R	Quantity Qualifier	2/2	DA - Days UN - Unit
		SV205	R	Quantity	1/15	
		SV202-8		Not Used by HIPAA		
		SV207	S	Non-Covered Line Item Amount	1/18	
		SV208-SV210		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
429	2400	PWK01	R	Attachment Report Type Code	2/2	There are 61 possible codes. See HIPAA guide pages 430-431 for the list of codes.
		PWK02	R	Attachment Transmission Code	1/2	AA - Available on Request at Provider Site BM - By Mail EL - Electronically Only (X12 275) EM - Email FX - By Fax
		PWK03 PWK04		Not Used by HIPAA		
		PWK05		Identification Code Qualifier	1/2	**AC** Attachment Control Number
		PWK06	S	Attachment Control Number	2/80	
		PWK07-PWK09				
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
433	2400	DTP01		Date/Time Qualifier	3/3	**472** Service
		DTP02	R	Service Line From Date	2/3	**D8 or RD8**
		DTP03	S	Service Line To Date	1/35	
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
435-438	2400	REF01	R	Reference Identification Qualifier	2/3	**6R** Provider Control Number **9B** Repriced Line Item Reference Number **9D** Adjusted Repriced Line Item Reference

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
						Number
		REF02	R	Reference Identification	1/50	
		REF03 REF04		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
439-440	2400	AMT01	R	Amount Qualifier Code	1/3	Goods and services tax **=GT** Facility tax **=N8**
		AMT02	R	Monetary Amount	1/18	
		AMT03		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
441	2400	NTE01	S	NTE Ref Code	3/3	TPO - Third Party Organization
		NTE02	S	NTE Note	1/80	Note from Third Party Organization or Repricer
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
442	2400	HCP01	R	Service Line Pricing/Repricing Methodology	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 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	R	Service Line Repricing Allowed Amount	1/18	**REQUIRED to report Service Line Allowed Amount**
		HCP03	S	Service Line Repricing Saving Amount	1/18	
		HCP04	S	Service Line Repricing Organization Identifier	1/50	
		HCP05	S	Service Line Repricing Per Diem or Flat Rate Amount	1/9	
		HCP06	S	Service Line Repricing Approved Ambulatory Patient Group Code	1/50	
		HCP07	S	Service Line Repricing Approved Ambulatory Patient Group Amount	1/18	
		HCP08	S	Service Line Repricing Approved Revenue Code	1/48	
		HCP09	S	Service Line Repricing Approved Procedure Code Qualifier	2/2	HC - CPT/HCPCS code ER - Health Insurance Prospective Payment System HP - HIPPS IV - HIEC WK - DC-10
		HCP10	S	Service Line Repricing Approved Procedure Code	1/48	
		HCP11	S	Service Line Repricing Quantity Qualifier	2/2	DA - Days UN - Unit
		HCP12	S	Service Line Repricing Approved Quantity	1/15	

		HCP13	S	Service Line Reject Reason Code	2/2	T1 - Cannot identify provider as TPO 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	S	Service Line Policy Compliance Code	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
		HCP15	S	Service Line Exception Code	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

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
449	2410	LIN01		Not Used by HIPAA		
		LIN02			2/2	N4 National Drug Code in 5-4-2 Format
		LIN03	R	National Drug Code	1/48	**Required on all physicisan-administered drugs when billed by a provider other than a pharmacy.**
		LIN04-LIN31		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
452	2410	CTP01-CTP03		Not Used by HIPAA		
		CTP04	R	National Drug Unit Count	1/15	**Required on all physicisan-administered drugs when billed by a provider other than a pharmacy.**
		CTP05-1	R	Unit/Basis for Measurement	2/2	Basis of measurement for CTP04 F2 - International Unit GR - Gram ML - Milliliter ME - Milligram UN - Unit
		CTP05-2-CTP05-15		Not Used by HIPAA		
		CTP06-CTP11		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
452	2410	REF01	R	Reference Identification Qualifier	2/3	**XZ Link Sequence Number** **VY Link Sequence Number**
		REF02	R	Link Sequence Number	1/50	
		REF03 REF04		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
456	2420A	NM101	R	Entity Identifier Code	2/3	**72** Operating Physician
		NM102	R	Entity Type Qualifier	1/1	**1 Person**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		NM103	R	Service Line Operating Provider Last Name	1/60	
		NM104	R	Service Line Operating Provider First Name	1/35	
		NM105	S	Service Line Operating Provider Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Service Line Operating Provider Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID NM108=XX
		NM109	S	Service Line Operating Provider Primary ID XX	2/80	
		NM110-NM112		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
41		REF01	R	Reference Identification Qualifier	1/50	State license number **= 0B** (zero B). Provider UPIN number **= 1G** Provider commercial number **= G2** Location number **= LU**
42		REF02	R	Service Line Operating Provider Secondary ID	1/50	
		REF03		Not Used by HIPAA		
		REF04-1 REF04-2				
		REF04-3-REF04-6		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
461	2420B	NM101	R	Entity Identifier Code	2/3	**ZZ** Mutually Defined
		NM102	R	Entity Type Qualifier	1/1	**1 Person**
		NM103	R	Service Line Other Other Operating Provider Last Name	1/60	
		NM104	R	Service Line Other Operating Provider First Name	1/35	
		NM105	S	Service Line Other Operating Provider Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Service Line Other Operating Provider Name Suffix	1/10	
		NM109	R	Identification Code Qualifier	1/2	HIPAA National Provider ID **=XX**
		NM109	S	Service Line Other Operating Provider Primary ID	2/80	
		NM110-NM112		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
464	2420B	REF01	R	Reference Identification Qualifier	2/3	State license number **= 0B** (zero B). Provider UPIN number **= 1G** Provider commercial number **= G2** Location number **= LU**
		REF02	R	Service Line Other Operating Provider Secondary ID	1/50	
		REF03		Not Used by HIPAA		
		REF04-1 REF04-2				
		REF04-3-REF04-6		Not Used by HIPAA		
Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
466	2420C	NM101	R	Entity Identifier Code	2/3	**82** Rendering Provider
		NM102	R	Entity Type Qualifier	1/1	**1 Person**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
		NM103	R	Service Line Rendering Provider Last Name	1/60	
		NM104	R	Service Line Rendering Provider First Name	1/35	
		NM105	S	Service Line Rendering Provider Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Service Line Rendering Provider Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID **=XX**
		NM109	R	Service Line Rendering Provider Primary ID XX	2/80	
		NM110-NM112		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
469	2420C	REF01	R	Reference Identification Qualifier	2/3	State license number **= 0B** (zero B Provider UPIN number **= 1G** Provider commercial number **= G2** Location number **= LU**
		REF02	R	Service Line Rendering Provider Secondary ID	1/50	
		REF03		Not Used by HIPAA		
		REF04-1 REF04-2				
		REF04-3-REF04-6		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
471	2420D	NM101	R	Entity Identifier Code	2/3	**DN** Referring Provider
		NM102	R	Entity Type Qualifier	1/1	**1 Person**
		NM103	R	Service Line Referring Provider Last Name	1/60	
		NM104	R	Service Line Referring Provider First Name	1/35	
		NM105	S	Service Line Referring Provider Middle Name	1/25	
		NM106		Not Used by HIPAA		
		NM107	S	Service Line Referring Provider Name Suffix	1/10	
		NM108	R	Identification Code Qualifier	1/2	HIPAA National Provider ID **= XX**
		NM109	R	Service Line Referring Provider Primary ID XX	2/80	
		NM110-NM112		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
474	2420D	REF01	R	Reference Identification Qualifier	2/3	State license number **= 0B** (zero B). Provider UPIN number **= 1G** Provider commercial number **= G2**
		REF02	R	Service Line Referring Provider Secondary ID 1G	1/50	
		REF03		Not Used by HIPAA		
		REF04-1 REF04-2				
		REF04-3-REF04-6		Not Used by HIPAA		
Page #	**Loop ID**	**Reference**	**Code**	**Name**	**Length**	Notes/Comments
476	2430	SVD01	R	Other Payer Primary Identifier	2/80	**Required to report Paid Amount and Patient Responsibility when greater than zero (0)**
		SVD02	R	Service Line Paid Amount	1/18	**NOTE: Loop 2430 CAS03 and SVD02 must balance to Loop 2400 SV203 (Insti) Line Item**

						Charge Amount – Amount must be greater than or equal to zero (0)
		SVD03-1	R	Procedure Code Qualifier	2/2	ER - Jurisdictionally Defined Procedure and Supply Codes HC - CPT/HCPCS code HP - Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code IV - HEIC code WK - Advanced Billing (ABC) code
		SVD03-2	R	Procedure Code	1/48	
		SVD03-3	S	Procedure Code Modifier 1	2/2	
		SVD03-4	S	Procedure Code Modifier 2	2/2	
		SVD03-5	S	Procedure Code Modifier 3	2/2	
		SVD03-6	S	Procedure Code Modifier 4	2/2	
		SVD03-7	S	Procedure Code Description	1/80	
		SVD03-8		Not Used by HIPAA		
		SVD04	R	Revenue Code	1/48	
		SVD05	R	Paid Service Unit Count	1/15	
		SVD06	S	Bundled or Unbundled Line Number	1/6	References the service line number which this line was bundled into.

age #	Loop ID	Reference	Code	Name	Length	Notes/Comments
495	2430	CAS01	R	Service Line Adjustment Group Code 1	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: Loop 2430 Required to report Patient Responsibility when greater than 0**
		CAS02	R	Adjustment Reason Code 1a	1/5	Service Line adjustment reason code **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/**
		CAS03	R	Adjustment Amount 1a	1/18	Montary Amount
		CAS04	S	Adjustment Quantity 1a	1/15	Unit of Service
		CAS05	S	Adjustment Reason Code 1b	1/5	Service Line adjustment reason code
		CAS06	S	Adjustment Amount 1b	1/18	Montary Amount
		CAS07	S	Adjustment Quantity 1b	1/15	Unit of Service
		CAS08	S	Adjustment Reason Code 1c	1/5	1 = Deductible Amount 2 = Coinsurance Amount 3 = Co-payment Amount
		CAS09	S	Adjustment Amount 1c	1/18	Montary Amount
		CAS10	S	Adjustment Quantity 1c	1/15	Unit of Service
		CAS11	S	Adjustment Reason Code 1d	1/5	Service Line adjustment reason code
		CAS12	S	Adjustment Amount 1d	1/18	Montary Amount
		CAS13	S	Adjustment Quantity 1d	1/15	Unit of Service
		CAS14	S	Adjustment Reason Code 1e	1/5	Service Line adjustment reason code
		CAS15	S	Adjustment Amount 1e	1/18	Montary Amount

		CAS16	S	Adjustment Quantity 1e	1/15	Unit of Service
		CAS17	S	Adjustment Reason Code 1f	1/5	Service Line adjustment reason code
		CAS18	S	Adjustment Amount 1f	1/18	Montary Amount
		CAS19	S	Adjustment Quantity 1f	1/15	Unit of Service

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
486	2430	DTP01	R	Date/Time Qualifier	3/3	**573 Date Claim Paid or Processed** **NOTE: Required when sending Loop 2430**
		DTP02	R	Date Time Period Format Qualifier	2/3	**D8** Date Expressed in Format CCYYMMDD **NOTE: Required when sending Loop 2430**
		DTP03	R	Service Adjudication or Payment Date	1/35	**NOTE: Required when sending Loop 2430**

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
487	2430	AMT01		Amount Qualifier Code	1/3	**EAF** Amount Owed
		AMT02	R	Remaining Patient Liability	1/18	
		AMT03		Not Used by HIPAA		

Page #	Loop ID	Reference	Code	Name	Length	Notes/Comments
488	Transaction Set Trailer	SE01	R	Number of Included Segments	1/10	
		SE02	R	Other Payer ID Referring Provider	4/9	

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

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