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Health Care Claim: Institutional (837)

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| | | Subscriber Address | |
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| | | | |

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| REF | Property and Casualty Claim Number | 121 |
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| N3 | Payer Address | 124 |
| N4 | Payer City, State, ZIP Code | 125 |
| REF | Payer Secondary Identification | |
| REF | Billing Provider Secondary Identification | |
| HL | Patient Hierarchical Level | |
| PAT | Patient Information | |
| NM1 | Patient Name | 135 |
| N3 | Patient Address | 137 |
| | Patient City, State, ZIP Code | |
| | Patient Demographic Information | |
| REF | Property and Casualty Claim Number | |
| CLM | | |
| DTP | | |
| DTP | 5 | |
| DTP | | |
| DTP | Date - Repricer Received Date | |
| CL1 | Institutional Claim Code | |
| PWK | Claim Supplemental Information | |
| CN1 | | |
| AMT | Patient Estimated Amount Due | |
| REF | | |
| REF | Referral Number | |
| REF | Prior Authorization | |
| REF | Payer Claim Control Number | |
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| | Other Diagnosis Information | |
| | Principal Procedure Information | |
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| | Occurrence Span Information | |
| | Occurrence Information | |
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| | | •. |

| | | - |
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| REF | Operating Physician Secondary Identification 329 | 9 |
| NM1 | Other Operating Physician Name | 1 |
| REF | Other Operating Physician Secondary | |
| | Identification | 4 |
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| | Rendering Provider Secondary Identification 339 | |
| NM1 | • | |
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| | Amount | 4 |
| AMT | Remaining Patient Liability | |
| AMT | | |
| | Non-Covered Amount | 6 |
| OI | Other Insurance Coverage Information | |
| | Inpatient Adjudication Information | |
| | Outpatient Adjudication Information | |
| | Other Subscriber Name | |
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| | Other Subscriber Secondary Identification | |
| | Other Payer Name | |
| N3 | Other Payer Address | 6 |
| N4 | Other Payer City, State, ZIP Code | 7 |
| | Claim Check or Remittance Date | |
| REF | Other Payer Secondary Identifier | 0 |
| REF | Other Payer Prior Authorization Number | 2 |
| REF | Other Payer Referral Number | 3 |
| REF | Other Payer Claim Adjustment Indicator 394 | 4 |
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| NM1 | Other Payer Attending Provider | 6 |
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| | Identification | 8 |
| NM1 | | |
| REF | Other Payer Operating Physician Secondary | |
| | Identification | 2 |
| NM1 | Other Payer Other Operating Physician 404 | 4 |
| REF | Other Payer Other Operating Physician | |
| | Secondary Identification 400 | 6 |
| NM1 | Other Payer Service Facility Location 408 | |
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| | REF | Other Payer Service Facility Location | |
|-----|----------------|--|-----|
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1 Purpose and Business Information

1.1 Implementation Purpose and Scope

For the health care industry to achieve the potential administrative cost savings with Electronic Data Interchange (EDI), standards have been developed and need to be implemented consistently by all organizations. To facilitate a smooth transition into the EDI environment, uniform implementation is critical.

This is the technical report document for the ANSI ASC X12N 837 Health Care Claims (837) transaction for institutional claims and/or encounters. This document provides a definitive statement of what trading partners must be able to support in this version of the 837. This document is intended to be compliant with the data standards set out by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its associated rules.

1.2 Version Information

This implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010).

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 005010**X223**.

The two-character Functional Identifier Code for the transaction set included in this implementation guide:

• HC Health Care Claim (837)

The Version/Release/Industry Identifier Code and the applicable Functional Identifier Code must be transmitted in the Functional Group Header (GS segment) that begins a functional group of these transaction sets. For more information, see the descriptions of GS01 and GS08 in Appendix C, EDI Control Directory.

1.3 Implementation Limitations

1.3.1 Batch and Real-time Usage

There are multiple methods available for sending and receiving business transactions electronically. Two common modes for EDI transactions are batch and real-time.

Batch - In a batch mode the sender does not remain connected while the receiver processes the transactions. Processing is usually completed according to a set schedule. If there is an associated business response transaction (such as a 271 Response to a 270 Request for Eligibility), the receiver creates the response transaction and stores it for future delivery. The sender of the original transmission reconnects at a later time and picks up the response transaction. This implementation guide does not set specific response time parameters for these activities.

Real Time - In real-time mode the sender remains connected while the receiver processes the transactions and returns a response transaction to the sender. This implementation guide does not set specific response time parameters for implementers.

This implementation guide is intended to support use in batch mode. This implementation guide is not intended to support use in real-time mode. A statement that the transaction is not intended to support a specific mode does not preclude its use in that mode between willing trading partners.

1.3.2 Other Usage Limitations

Receiving trading partners may have system limitations which control the size of the transmission they can receive. Some submitters may have the capability and the desire to transmit large 837 transactions with thousands of claims contained in them. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. Willing trading partners can agree to higher limits. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA.

1.4 Business Usage

This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billing services and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment

responsibilities where coordination of benefits (COB) is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, dentists, hospitals, pharmacies, other medical facilities or suppliers, and entities providing medical information to meet regulatory requirements. The payer is a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, TRICARE, etc.) or an entity such as a third party administrator (TPA), repricer, or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific segment of the health care/insurance industry.

The transaction defined by this implementation guide is intended to originate with the health care provider or the health care provider's designated agent. In some instances, a health care payer may originate an 837 to report a health care encounter to another payer or sponsoring organization. The 837 Transaction provides all necessary information to allow the destination payer to at least begin to adjudicate the claim. The 837 coordinates with a variety of other transactions including, but not limited to, the following: Health Care Information Status Notification (277), Health Care Claim Payment/Advice (835) and the Functional Acknowledgment (997). See Section 1.6 - <u>Transaction Acknowledgments</u>, and Section 1.7 - <u>Related Transactions</u>, for a summary description of these interactions.

1.4.1 Coordination of Benefits

A primary enhancement for this version is upgrading COB functionality to minimize manual intervention and/or the necessity for paper supporting document. Electronic COB is predicated upon using two transactions – the 837 and the 835 Health Care Claim Payment/Advice. See Section 1.4.1.1 - <u>Coordination of Benefits Data Models -- Detail</u> for details about the two models for using these transactions to achieve a totally electronic interchange of COB information. Section 3, EDI Transmission Examples for Different Business Uses, contains detailed examples of how these transactions are completed for several business situations. Section 1.4.1.3 - <u>Coordination of Benefits Claims from</u> <u>Paper or Proprietary Remittance Advices</u> provides guidance on creating electronic COB claims when the payer's remittance was a paper or proprietary remittance advice.

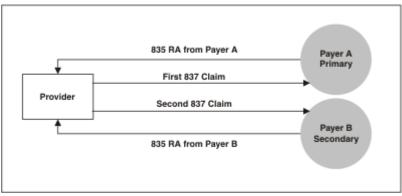
1.4.1.1 Coordination of Benefits Data Models -- Detail

The 837 Transaction handles two different models of benefit coordination. Both models are discussed in this section. Section 3, Examples, contains detailed examples of these models. Each COB related data element contains notes within this implementation guide specifying when it is used. The HIPAA final rules contain additional information on COB.

Model 1 -- Provider-to-Payer-to-Provider

Step 1. In model 1, the provider originates the transaction and sends the claim information to Payer A, the primary payer. See Figure 1.1 - *Provider-to-Payer-to-Provider COB Model*. The Subscriber loop (Loop ID-2000B) contains information about the person who holds the policy with Payer A. Loop ID-2320 contains information about Payer B and the subscriber who holds the policy with Payer B. In this model, the primary payer adjudicates the claim and sends an electronic remittance advice (RA) transaction (835) back to the provider. The 835 contains any claim adjustment reason codes that apply to that specific claim. The claim adjustment reason codes detail what was adjusted and why.





Step 2. Upon receipt of the 835, the provider sends a second health care claim transaction (837) to Payer B, the secondary payer. The Subscriber loop (Loop ID-2000B) now contains information about the subscriber who holds the policy with Payer B. The Other Subscriber Information loop (Loop ID-2320) now contains information about the subscriber for Payer A. Any total amounts paid at the claim level go in the AMT segment in Loop ID-2320. Any claim level adjustment codes are retrieved from the 835 from Payer A and put in the CAS (Claims Adjustment) segment in Loop ID-2320. Line Level adjustment reason codes are retrieved similarly from the 835 and go in the CAS segment in the 2430 loop. Payer B adjudicates the claim and sends the provider an electronic remittance advice.

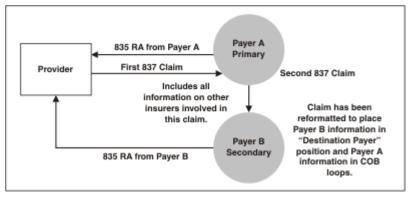
Step 3. If there are additional payers (not shown in Figure 1.1 - *Provider-to-Payer-to-Provider COB Model*), step 2 is repeated with the

Subscriber loop (Loop ID-2000B) having information about the subscriber who holds the policy with Payer C, the tertiary payer. COB information specific to Payer A continues to be included as written in step 2 with an occurrence of Loop ID-2320 and specifying the payer as primary. If necessary, Loop ID-2430 is included for any line level adjudications. COB information specific to Payer B is included by repeating the Loop ID-2320 again and specifying the payer as secondary. If necessary, Loop ID-2430 is included for Payer B line level adjudications.

Model 2 -- Provider-to-Payer-to-Payer

Step 1. In model 2, the provider originates the transaction and sends claim information to Payer A, the primary payer. See Figure 1.2 - *Provider-to-Payer-to-Payer COB Model*. The Subscriber loop (Loop ID-2000B) contains information about the person who holds the policy with Payer A. Subscriber/payer information about secondary coverage is included in Loop ID-2320 or is on file at Payer A as a result of an eligibility file sent by Payer B (as in Medicare crossover arrangements). In this model, the primary payer adjudicates the claim and sends an 835 back to the provider.





Step 2. Payer A reformats the 837 and sends it to the secondary payer. In reformatting the claim, Payer A takes the information about their subscriber and places it in Loop ID-2320. Payer A also takes the information about Payer B, the secondary payer/subscriber, and places it in the appropriate fields in the Subscriber Loop ID-2000B. Then Payer A sends the claim to Payer B. All COB information from Payer A is placed in the appropriate Loop ID-2320 and/or Loop ID-2430.

Step 3. Payer B receives the claim from Payer A and adjudicates the claim. Payer B sends an 835 to the provider. If there is a tertiary payer, Payer B performs step 2 in either Model 1 or Model 2.

1.4.1.1.1 Coordination of Benefits -- Claim Level

The destination payer's information is located in Loop ID-2010BB. In addition, any destination payer-specific claim information (for example, referral number) is located in the 2300 loop. All provider identifiers in the 2310 loops are specific to the destination payer. Loop ID-2320 occurs once for each payer responsible for the claim, except for the payer receiving the 837 transaction set (destination payer). Provider identifiers in the 2330 loops are specific to the corresponding non-destination payer.

Loop ID-2320 contains the following:

- claim level adjustments
- other subscriber demographics
- various amounts
- other payer information
- · assignment of benefits indicator
- patient signature indicator

Inside Loop ID-2320, Loop ID-2330 contains the information for the payer and the subscriber. As the claim moves from payer to payer, the destination payer's information in Loop ID-2000B and Loop ID-2010BB must be exchanged with the next payer's information from Loop ID-2320/2330.

1.4.1.1.2 Coordination of Benefits -- Service Line Level

Loop ID-2430 is a situational loop that can occur up to 15 times for each service line. As each payer adjudicates the service lines, occurrences may be added to this loop to explain how the payer adjudicated the service line.

Loop ID-2430 contains the following:

- · ID of the payer who adjudicated the service line
- amount paid for the service line
- procedure code upon which adjudication of the service line was based. This code may be different than the submitted procedure code. (This procedure code also can be used for unbundling or bundling service lines.)
- paid units of service
- service line level adjustments
- adjudication date

To enable accurate matching of billed service lines with paid service lines, the payer must return the original billed procedure code(s) and/or modifiers in the SVC06 and SVC07 data element of the 835 if they are different from those used to pay the line. In

addition, if a provider includes a line item control number at the 2400 level (REF01 = 6R), then payers are required to return this in any corresponding 835 regardless of whether bundling or unbundling has occurred.

1.4.1.2 Crosswalking COB Data Elements

This section provides additional guidance for automation of the COB process. The purpose of the discussion below is to clarify how multiple payer and related COB data is structured and interrelated to facilitate an automated COB process. These strategies apply to both payer and provider submitted COB claims.

For the purposes of this discussion, there are two types of payers in the 837; (1) the destination payer, the payer receiving the claim and defined in the 2010BB loop, and (2) any 'other' payers, those defined in the 2330B loop(s). The destination payer or the 'other' payers may be the primary, secondary or another position payer in terms of their sequence of paying on the claim. The payment position is not particularly important in discussing how to manage COB data elements in the 837. For this discussion, it is only important to distinguish between the destination payer and any other payer contained in the claim. In a COB situation each payer in the claim takes a turn at being the destination payer. As the destination payer changes, payer information must change position along with the payer to stay associated with that payer. The same is true of all the 'other' payers, who will each, in turn, become the destination payer as the claim is forwarded to them. It is the purpose of the example detailed below to demonstrate exactly how payer specific information stays associated with the correct payer as the destination payer rotates through the various COB payers.

Business Model:

The destination payer is defined as the payer that is described in the 2010BB loop. All of the information contained in the 2300 and 2310 loops is specific to the destination payer. Information specific to other payers is contained in the 2320, 2330, and 2430 loops. Referral, predetermination, and prior authorization numbers in the 2400 loop; and provider numbers in the 2420 loop are associated with either the destination or a non-destination payer.

Institutional Claim 837 X223

(In this crosswalk, the Subscriber is NOT the Patient, and the Original Claim is NOT a resubmission)

Primary Subscriber is JOHN DOE who has coverage with ABC INS; Secondary Subscriber is JANE DOE who has coverage with XYZ INS GROUP; Patient is daughter SALLY DOE.

COLOR KEY

D -- Destination Payer Loops and Data - Once the primary payer has adjudicated the claim, whoever submits the claim to the secondary payer needs to place the information specific to the secondary payer (columns 4 and 5) into the "destination payer" location (column 1) in the secondary claim.

N -- Other (non-destination) Payer Loops and Data - Once the primary payer has adjudicated the claim, whoever submits the claim to the secondary payer needs to place the information specific to the primary payer (columns 4 and 5) into the other (non-destination) payer location (column 1) in the secondary claim.

M -- Medicare COB - This information is entered by Medicare on the secondary (crossover) claim in Payer-to-Payer COB elements (column 4).

P -- Provider Submitted COB Data – This information is entered by the provider into the secondary claim elements (column 4) prior to forwarding to the next payer.

E -- Prior Payer 835 Data – This information is cross-walked from the 835 Remittance Advice (column 3) to elements in the secondary claim (column 4).

| | 1 Primary Payer 837 Claim | 2 Primary Payer Claim Example | 3 835 ERA | 4 Crosswalk Secondary 837 Claim From Primary ¹ | 5 Secondary Payer Claim Example |
|---|--|---|--------------|--|--|
| D | 2000B SBR Subscriber Information | FOR JOHN DOE | | 2320 SBR (except SBR02) | FOR JANE DOE |
| D | 2010BA NM1 REF Subscriber Name Secondary Identification | JOHN DOE JD03398777 033987777 | | 2330A NM1 REF | JANE DOE JA7654321 765432111 |
| D | Not Used ² Subscriber Address | Not Used ² | | Not Used | Not Used ² |
| D | 2010BB Payer Information | ABC INS | | 2330B | XYZ INS GROUP |
| D | 2010BB REF (G2) Billing Provider Secondary ID | FOR ABC INS 12345678 | | 2330I REF (2U with G2) | FOR XYZ INS GROUP (G2) XYZ3434343 |
| D | 2010BB REF (LU) Billing Provider Location Code | FOR ABC INS 678 | | 2330I REF (2U with LU) | FOR XYZ INS GROUP (LU) 455 |
| D | 2000C PAT01 Patient Information | SALLY'S RELATIONSHIP TO JOHN – 19 CHILD | | 2320 SBR02 | SALLY'S RELATIONSHIP TO JANE – 19 CHILD |
| D | 2010CA NM1 Patient Name Information | SALLY DOE | | 2010CA NM1 | SALLY DOE |
| D | 2300 CLM07 Accept Assignment Indicator | FOR JOHN DOE | | 2320 Ol05 | FOR JANE DOE |

| | 1 Primary Payer 837 Claim | 2 Primary Payer Claim Example | 3 835 ERA | 4 Crosswalk Secondary 837 Claim From Primary ¹ | 5 Secondary Payer Claim Example |
|---|--|-------------------------------------|--------------|--|--|
| D | 2300 CLM08 Assignment of Benefits Indicator | FOR JOHN DOE | | 2320 0103 | FOR JANE DOE |
| D | 2300 CLM09 Release of Information | FOR JOHN DOE | | 2320 0106 | FOR JANE DOE |
| D | 2300 CLM10 Patient's Signature Source Code | FOR JOHN DOE | | 2320 0104 | FOR JANE DOE |
| М | N/A Medicare (Section 4081) Crossover Indicator | Not Used | | 2300 REF01/02 | Set by Medicare in Crossover Claims |
| D | 2300 REF (G1) Prior Authorization | FOR ABC INS (G1) ABC456 | | 2330B REF (G1) | FOR XYZ INS GROUP (G1) XYZ345200 |
| D | 2300 REF (9F) Referral Number | FOR ABC INS (9F) ABC670000 | | 2330B REF (9F) | FOR XYZ INS GROUP (9F) XYZ6798777 |
| D | 2310A REF (G2) Attending Provider Secondary ID | FOR ABC INS (G2) ABC670001 | | 2330C REF (G2) | FOR XYZ INS GROUP (G2) XYZ6798666 |
| D | 2310A REF (LU) Attending Provider Secondary ID | FOR ABC INS (LU) 671 | | 2330C REF (LU) | FOR XYZ INS GROUP (LU) 986 |
| D | 2310B REF (G2) Operating Physician Secondary ID | FOR ABC INS (G2) ABC670002 | | 2330D REF (G2) | FOR XYZ INS GROUP (G2) XYZ6798444 |
| D | 2310B REF (LU) Operating Physician Secondary ID | FOR ABC INS (LU) 672 | | 2330D REF (LU) | FOR XYZ INS GROUP (LU) 984 |
| D | 2310C REF (G2) Other Operating Physician Secondary ID | FOR ABC INS (G2) ABC670004 | | 2330E REF (G2) | FOR XYZ INS GROUP (G2) XYZ6798222 |
| D | 2310C REF (LU) Other Operating Physician Secondary ID | FOR ABC INS (LU) 674 | | 2330E REF (LU) | FOR XYZ INS GROUP (LU) 982 |
| D | 2310E REF (G2) Service Facility Location Secondary ID | FOR ABC INS (G2) ABC670005 | | 2330F REF (G2) | FOR XYZ INS GROUP (G2) XYZ6798111 |
| D | 2310E REF (LU) Service Facility Location Secondary ID | FOR ABC INS (LU) 675 | | 2330F REF (LU) | FOR XYZ INS GROUP (LU) 981 |

| | 1 Primary Payer 837 Claim | 2 Primary Payer Claim Example | 3 835 ERA | 4 Crosswalk Secondary 837 Claim From Primary ¹ | 5 Secondary Payer Claim Example |
|---|--|--|-----------------|--|--|
| N | 2320 SBR (except SBR02) Subscriber Information | FOR JANE DOE | | 2000B SBR (except SBR02) | FOR JOHN DOE |
| N | 2320 SBR02 Subscriber Relationship to Patient | SALLY'S RELATIONSHIP TO JANE – 17 STEPCHILD | | 2000C PAT01 | SALLY'S RELATIONSHIP TO JOHN – 19 CHILD |
| E | Claim Adjustment Group Code | Not Used | 2100 CAS | 2320 CAS | FROM ABC INS |
| E | Payer Paid Amount | Not Used | 2100 CLP04 | 2320 AMT01/02 (D) | FROM ABC INS |
| E | Total Non-Covered Amount | Not Used | 2100 AMT (A8) | 2320 AMT01/02 (A8) | FROM ABC INS |
| Ρ | Remaining Patient Liability | Not Used | | 2320 AMT01 (EAF) | Calculated by Provider |
| N | 2320 DMG Subscriber Demographic Information | FOR JANE DOE | | Not Used | Not Used |
| N | 2320 OI05 Accept Assignment Indicator | FOR JANE DOE | | 2300 CLM07 | FOR JOHN DOE |
| N | 2320 OI03 Assignment of Benefit Indicator | FOR JANE DOE | | 2300 CLM08 | FOR JOHN DOE |
| N | 2320 OI06 Release of Information | FOR JANE DOE | | 2300 CLM09 | FOR JOHN DOE |
| N | 2320 OI04 Patient's Signature Source Code | FOR JANE DOE | | 2300 CLM10 | FOR JOHN DOE |
| E | Medicare Outpatient Adjudication Information | Not Used | 2100 MOA | 2320 MOA | FROM ABC INS |
| N | 2330A NM1 REF Subscriber Name Secondary ID | JANE DOE JA7654321 765432111 | | 2010BA NM1 REF | JOHN DOE JD03398777 033987777 |
| N | 2330A N3/N4 Subscriber Address | FOR JANE DOE | | 2010BA N3/N4 | FOR JOHN DOE |
| ١ | 2330B Payer Information | FOR XYZ INS GROUP | | 2010BB | FOR JOHN DOE |

| | 1 Primary Payer 837 Claim | 2 Primary Payer Claim Example | 3 835 ERA | 4 Crosswalk Secondary 837 Claim From Primary ¹ | 5 Secondary Payer Claim Example |
|---|--|--------------------------------------|---------------------------|--|---------------------------------------|
| N | 2330B PER Payer Contact Information | FOR XYZ INS GROUP | | Not Used | FOR ABC INS |
| E | Claim Adjudication Date | Not Used | Table 1 BPR16 | 2330B DTP (573) | FROM ABC INS |
| N | Payer Claim Control Secondary Number | Not Used | 2100 CLP07 ³ | 2330B REF (F8) | FROM ABC INS XYZCLM0005 |
| N | 2330B REF (G1) Prior Authorization | FOR XYZ INS GROUP XYZ345200 | | 2300 REF (G1) | FOR ABC INS ABC456 |
| N | 2330B REF (9F) Referral Number | FOR XYZ INS GROUP XYZ6798777 | | 2300 REF (9F) | FOR ABC INS ABC670000 |
| N | 2330C REF (G2) Attending Provider Secondary ID | FOR XYZ INS GROUP (G2) XYZ6798666 | | 2310A REF (G2) | FOR ABC INS (G2) ABC670001 |
| N | 2330C REF (LU) Attending Provider Secondary ID | FOR XYZ INS GROUP (LU) 986 | | 2310A REF (LU) | FOR ABC INS (LU) 671 |
| ١ | 2330D REF (G2) Operating Physician Secondary ID | FOR XYZ INS GROUP (G2) XYZ6798444 | | 2310B REF (G2) | FOR ABC INS (G2) ABC670002 |
| N | 2330D REF (LU) Operating Physician Secondary ID | FOR XYZ INS GROUP (LU) 984 | | 2310B REF (LU) | FOR ABC INS (LU) 672 |
| 1 | 2330E REF (G2) Other Operating Physician Secondary ID | FOR XYZ INS GROUP (G2) XYZ6798222 | | 2310C REF (G2) | FOR ABC INS (G2) ABC670004 |
| N | 2330E REF (LU) Other Operating Physician Secondary ID | FOR XYZ INS GROUP (LU) 982 | | 2310C REF (LU) | FOR ABC INS (LU) 674 |
| N | 2330F REF (G2) Service Facility Location Secondary ID | FOR XYZ INS GROUP (G2) XYZ6798111 | | 2310E REF (G2) | FOR ABC INS (G2) ABC670005 |
| ١ | 2330F REF (LU) Service Facility Location Secondary ID | FOR XYZ INS GROUP (LU) 981 | | 2310E REF (LU) | FOR ABC INS (LU) 675 |
| 1 | 2330I REF (G2) Billing Provider ID | FOR XYZ INS GROUP (G2) XYZ3434343 | | 2010BB REF (G2) | FOR ABC INS (G2) 12345678 |
| ١ | 2330I REF (LU) Billing Provider ID | FOR XYZ INS GROUP (LU) 455 | | 2010BB REF (LU) | FOR ABC INS (LU) 678 |

| | 1 Primary Payer 837 Claim | 2 Primary Payer Claim Example | 3 835 ERA | 4 Crosswalk Secondary 837 Claim From Primary ¹ | 5 Secondary Payer Claim Example |
|---|--|--|--------------|--|---|
| D | 2400 REF (G1) Prior Authorization Number | FOR ABC INS (G1) ABC222222 | | 2400 REF (G1/2U) | FOR XYZ INS GROUP (G1) XYZ888888 |
| Ν | 2400 REF (G1/2U) Prior Authorization Number | FOR XYZ INS GROUP (G1) XYZ8888888 (2U) 54698 | | 2400 REF (G1) | FOR ABC INS (G1) ABC222222 (2U) 12345 |
| D | 2400 REF (9F) Referral Number | FOR ABC INS (9F) ABC111111 | | 2400 REF (9F/2U) | FOR XYZ INS GROUP (9F) XYZ777777 |
| Ν | 2400 REF (9F/2U) Referral Number | FOR XYZ INS GROUP (9F) XYZ777777 (2U) 54698 | | 2400 REF (9F) | FOR ABC INS (9F) ABC111111 (2U) 12345 |
| D | 2420A REF (G2) ⁴ Operating Physician Secondary ID | FOR ABC INS (G2) ABC888888 | | 2420A REF (G2/2U) ⁴ | FOR XYZ INS GROUP (G2) XYZ111111 |
| D | 2420A REF (LU) ⁴ Operating Physician Secondary ID | FOR ABC INS (LU) C333 | | 2420A REF (LU/2U) ⁴ | FOR XYZ INS GROUP (LU) Z666 |
| Ν | 2420A REF (G2/2U) ⁴ Operating Physician Secondary ID | FOR XYZ INS GROUP (G2) XYZ6666666 (2U)54698 | | 2420A REF (G2) ⁴ | FOR ABC INS (G2) ABC333333 (2U) 12345 |
| N | 2420A REF (LU/2U) ⁴ Operating Physician Secondary ID | FOR XYZ INS GROUP (LU) Z666 (2U) 54698 | | 2420A REF (LU) ⁴ | FOR ABC INS (LU) C333 (2U) 12345 |
| D | 2420B REF (G2) ⁴ Other Operating Physician Secondary ID | FOR ABC INS (G2) ABC444444 | | 2420B REF (G2/2U) ⁴ | FOR XYZ INS GROUP (G2) XYZ555555 |
| D | 2420B REF (LU) ⁴ Other Operating Physician Secondary ID | FOR ABC INS (LU) C444 | | 2420B REF (LU/2U) ⁴ | FOR XYZ INS GROUP (LU) Z555 |
| N | 2420B REF (G2/2U) ⁴ Other Operating Physician Secondary ID | FOR XYZ INS GROUP (G2) XYZ555555 (2U) 54698 | | 2420B REF (G2) ⁴ | FOR ABC INS (G2) ABC444444 (2U) 12345 |
| N | 2420B REF (LU/2U) ⁴ Other Operating Physician Secondary ID | FOR XYZ INS GROUP (LU) Z555 (2U) 54698 | | 2420B REF (LU) ⁴ | FOR ABC INS (LU) C444 (2U) 12345 |
| D | 2420C REF (G2) ⁴ Rendering Provider Secondary ID | FOR ABC INS (G2) ABC555555 | | 2420C REF (G2/2U) ⁴ | FOR XYZ INS GROUP (G2) XYZ444444 |

| | 1 Primary Payer 837 Claim | 2 Primary Payer Claim Example | 3 835 ERA | 4 Crosswalk Secondary 837 Claim From Primary ¹ | 5 Secondary Payer Claim Example |
|---|--|---|-----------------|--|---|
| D | 2420C REF (LU) ⁴ Rendering Provider Secondary ID | FOR ABC INS (LU) C555 | | 2420C REF (LU/2U) ⁴ | FOR XYZ INS GROUP (LU) Z444 |
| N | 2420C REF (G2/2U) ⁴ Rendering Provider Secondary ID | FOR XYZ INS GROUP (G2) XYZ444444 (2U) 54698 | | 2420C REF (G2) ⁴ | FOR ABC INS (G2) ABC555555 (2U) 12345 |
| N | 2420C REF (LU/2U) ⁴ Rendering Provider Secondary ID | FOR XYZ INS GROUP (LU) Z444 (2U) 54698 | | 2420C REF (LU) ⁴ | FOR ABC INS (LU) C555 (2U) 12345 |
| D | 2420D REF (G2) ⁴ Referring Provider Secondary ID | FOR ABC INS (G2) ABC888888 | | 2420F REF (G2/2U) ⁴ | FOR XYZ INS GROUP (G2) XYZ111111 |
| D | 2420D REF (LU) ⁴ Referring Provider Secondary ID | FOR ABC INS (LU) C888 | | 2420F REF (LU/2U) ⁴ | FOR XYZ INS GROUP (LU) Z111 |
| N | 2420D REF (G2/2U) ⁴ Referring Provider Secondary ID | FOR XYZ INS GROUP (G2) XYZ111111 (2U) 54698 | | 2420F REF (G2) ⁴ | FOR ABC INS (G2) ABC888888 (2U) 12345 |
| N | 2420D REF (LU/2U) ⁴ Referring Provider Secondary ID | FOR XYZ INS GROUP (LU) Z111 (2U) 54698 | | 2420F REF (LU) ⁴ | FOR ABC INS (LU) C888 (2U) 12345 |
| Е | Service Line Paid Amount | Not Used | 2200 SVD | 2430 SVD | FROM ABC INS |
| E | Claim Adjustment Information | Not Used | 2200 CAS | 2430 CAS | FROM ABC INS |
| E | Line Adjudication Date | Not Used | Table 1 BPR16 | 2430 DTP (573) | FROM ABC INS |
| Ρ | Remaining Patient Liability Amount | Not Used | | 2430 AMT01 (EAF) | Calculated by Provider |

¹ The secondary claim information shows where the original claim information would be mapped to when creating the secondary claim. This information must be in the correct order of the implementation guide and not in the order shown above.

² The Subscriber Address in the 2010BB Loop is only used when the Patient is the Subscriber.

³ 2300REF Original Payer Claim Number

The Original Payer Claim Number is used to submit the Claim Number returned on the 835 whenever a claim is resubmitted to the same payer. When submitting a secondary claim that was resubmitted to the first payer, this number is carried in the 2330B REF. It is important to keep a Payer Original Claim Number in the loop associated with that payer. In the example below, the number returned by the first payer is used in the

destination claim loop when resubmitting to that payer. Then when the secondary claim is created, the first payer's Original Claim Number is moved down into the Loop ID-2330B REF for the first payer.

| | Original Claim | Remittance Advice | Resubmitted Claim | Secondary Claim |
|----------------|----------------|-------------------|-------------------|-----------------|
| 2300 REF (F8) | Not Used | 2100 CLP07 | 2300 REF (F8) | Not Used |
| 2330B REF (F8) | Not Used | Not Used | 2300 REF (F8) | |

⁴ 2420A-F Provider Secondary Identifiers

The G2 and LU Qualifiers and the Secondary Identifiers in these Loops are for both the Destination Payer and the Non-Destination Payer. The 2U Qualifier is specific to the Non-Destination Payer. When creating the secondary claim, the numbers are swapped as follows:

| | | | Original Claim | Secondary Claim |
|--------|----------|--|----------------|-----------------|
| 2010BB | NM108/09 | Payer ID | 12345 | 54698 |
| 2330B | NM108-09 | Payer ID | 54698 | 12345 |
| 2420A | REF01 | Rendering Provider ID FOR Payer | G2 | G2 |
| 2420A | REF02 | | ABC333333 | XYZ666666 |
| 2420A | REF01 | Rendering Provider Location Code | LU | LU |
| 2420A | REF02 | | C333 | Z666 |
| 2420A | REF01 | Rendering Provider Secondary ID | G2 | G2 |
| 2420A | REF02 | (For Non-destination Payer identified below) | XYZ666666 | ABC333333 |
| 2420A | REF03 | Not Used | | |
| 2420A | REF04-1 | Other Payer ID (linked to 2330B Payer) | 2U | 2U |
| 2420A | REF04-2 | | 54698 | 12345 |
| 2420A | REF01 | Rendering Provider Location Code | LU | LU |
| 2420A | REF02 | (For Non-destination Payer identified below) | Z666 | C333 |
| 2420A | REF03 | Not Used | | |
| 2420A | REF04-1 | Other Payer ID (linked to 2330B Payer) | 2U | 2U |
| 2420A | REF04-2 | | 54698 | 12345 |

Example

In the following example, the first column is a claim as submitted to the primary payer. The second column is the corresponding claim with the same business data as it would be submitted to the secondary payer. For the COB claim to the secondary payer, this example shows information related to the primary payer being placed in the other (non-destination) payer locations, and it also shows information related to the secondary payer being placed in the destination payer locations. Segments in red, italicized text are related to the secondary payer.

| HEADER | HEADER |
|---|--|
| ST*837*0002*005010X223~ | ST*837*0002*005010X223~ |
| BHT*0019*00*0123*20050730*1023*CH~ | BHT*0019*00*0123*20050730*1023*CH~ |
| 1000A SUBMITTER | 1000A SUBMITTER |
| NM1*41*2*GET WELL CLINIC*****46*567890~ | NM1*41*2*GET WELL CLINIC*****46*567890~ |
| PER*IC*MARY*TE*6155552222~ | PER*IC*MARY*TE*6155552222~ |
| 1000B RECEIVER | 1000B RECEIVER |
| NM1*40*2*MY CLEARINGHOUSE****46*988888888~ | NM1*40*2*MY CLEARINGHOUSE*****46*9888888888~ |
| 2000A BILLING/PAY-TO PROVIDER HL LOOP | 2000A BILLING/PAY-TO PROVIDER HL LOOP |
| HL*1**20*1~ | HL*1**20*1~ |
| 2010AA BILLING PROVIDER | 2010AA BILLING PROVIDER |
| NM1*85*2*GET WELL CLINIC*****XX*5876543216~ | NM1*85*2*GET WELL CLINIC*****XX*5876543216~ |
| N3*1234 MAIN ST~ | N3*1234 MAIN ST~ |
| N4*ANYWHERE*TN*37214~ | N4*ANYWHERE*TN*37214~ |
| REF*EI*111222333~ | REF*EI*111222333~ |
| 2000B SUBSCRIBER HL LOOP | 2000B SUBSCRIBER HL LOOP |
| HL*2*1*22*1~ | HL*2*1*22*1~ |
| SBR*P*******BL~ | SBR*S*******CI~ |
| 2010BA SUBSCRIBER | 2010BA SUBSCRIBER |
| NM1*IL*1*DOE*JOHN****MI*JD03398777~ | NM1*IL*1*DOE*JANE****MI*JA7654321~ |
| REF*SY*033987777~ | REF*SY*765432111~ |
| 2010BB PAYER | 2010BB PAYER |
| NM1*PR*2*ABC INS*****PI*12345~ | NM1*PR*2*XYZ INS GROUP*****PI*54698~ |
| REF*G2*12345678~ | REF*G2*XYZ3434343~ |
| REF*LU*678~ | REF*LU*455~ |
| 2000C PATIENT HL LOOP | 2000C PATIENT HL LOOP |
| HL*3*2*23*0~ | HL*3*2*23*0~ |
| PAT*19~ | PAT*19~ |
| 2010CA PATIENT | 2010CA PATIENT |
| NM1*QC*1*DOE*SALLY~ | NM1*QC*1*DOE*SALLY~ |
| N3*234 SOUTH ST~ | N3*234 SOUTH ST~ |
| N4*ANYWHERE*TN*37214~ | N4*ANYWHERE*TN*37214~ |
| DMG*D8*19930501*F~ | DMG*D8*19930501*F~ |

| 2300 CLAIM | 2300 CLAIM |
|--|--|
| CLM*26407789*115***13:A:1*Y**Y*Y~ | CLM*26407789*115***13:A:1*Y**Y*Y~ |
| REF*G1*ABC456~ | REF*G1*XYZ345200~ |
| REF*9F*ABC670000~ | REF*9F*XYZ6798777~ |
| HI*BK:4779*BF:2724*BF:2780*BF:53081~ | HI*BK:4779*BF:2724*BF:2780*BF:53081~ |
| 2310A ATTENDING PROVIDER | 2310A ATTENDING PROVIDER |
| NM1*AT*1*KILDARE*RICHARD****XX*9999977777~ | NM1*AT*1*KILDARE*RICHARD****XX*9999977777~ |
| REF*G2*ABC670001~ | REF*G2*XYZ6798666~ |
| REF*LU*671~ | REF*LU*986~ |
| 2310D RENDERING PROVIDER | 2310D RENDERING PROVIDER |
| NM1*82*1*CASEY*BEN****XX*99999666666~ | NM1*82*1*CASEY*BEN****XX*99999666666~ |
| REF*G2*ABC670002~ | REF*G2*XYZ6798444~ |
| REF*LU*672~ | REF*LU*984~ |
| 2310E SERVICE FACILITY LOCATION | 2310E SERVICE FACILITY LOCATION |
| NM1*77*2*ANYWHERE CLINIC*****XX*9999955555~ | NM1*77*2*ANYWHERE CLINIC*****XX*9999955555~ |
| N3*2345 STATE ST~ | N3*2345 STATE ST~ |
| N4*NASHVILLE*TN*37212~ | N4*NASHVILLE*TN*37212~ |
| REF*G2*ABC670004~ | REF*G2*XYZ6798222~ |
| REF*LU*674~ | REF*LU*982~ |
| 2320 OTHER SUBSCRIBER INFORMATION SBR*S*19******CI~ DMG*D8*19500501*F~ OI***N*B**Y~ | 2320 OTHER SUBSCRIBER INFORMATION SBR*P*19******BL~ AMT*D*65~ DMG*D8*19481013*M~ OI***Y*B**Y~ |
| 2330A OTHER SUBSCRIBER NAME | 2330A OTHER SUBSCRIBER NAME |
| NM1*IL*1*DOE*JANE****MI*JA7654321~ | NM1*IL*1*DOE*JOHN****MI*JD03398777~ |
| N3*234 SOUTH ST~ | N3*234 SOUTH ST~ |
| N4*ANYWHERE*TN*37214~ | N4*ANYWHERE*TN*37214~ |
| REF*SY*765432111~ | REF*SY*033987777~ |
| 2330B OTHER PAYER NM1*PR*2*XYZ INS GROUP*****PI*54698~ REF*G1*XYZ345200~ REF*9F*XYZ6798777~ | 2330B OTHER PAYER NM1*PR*2*ABC INS*****PI*12345~ REF*F8*ABCCLM0005~ REF*G1*ABC456~ REF*9F*ABC670000~ |
| 2330C OTHER PAYER ATTENDING PROVIDER | 2330C OTHER PAYER ATTENDING PROVIDER |
| NM1*AT*1~ | NM1*AT*1~ |
| REF*G2*XYZ6798666~ | REF*G2*ABC670001~ |
| REF*LU*986~ | REF*LU*671~ |
| 2330G OTHER PAYER RENDERING PROVIDER | 2330G OTHER PAYER RENDERING PROVIDER |
| NM1*82*1~ | NM1*82*1~ |
| REF*G2*XYZ6798444~ | REF*G2*ABC670002~ |
| REF*LU*984~ | REF*LU*672~ |
| 2330F OTHER PAYER SERVICE FACILITY LOCATION | 2330F OTHER PAYER SERVICE FACILITY LOCATION |
| NM1*77*2~ | NM1*77*2~ |
| REF*G2*XYZ6798222~ | REF*G2*ABC670004~ |
| REF*LU*982~ | REF*LU*674~ |

| 2400 SERVICE LINE | SERVICE LINE |
|---|--|
| LX*1~ | LX*1~ |
| SV2*0300*HC:99213*100*UN*1~ | SV2*0300*HC:99213*100*UN*1~ |
| DTP*472*D8*20050705~ | DTP*472*D8*20050705~ |
| REF*G1*ABC222222~ | REF*G1*XYZ888888~ |
| REF*G1*XYZ888888**2U:54698~ | REF*G1*ABC222222**2U:12345~ |
| REF*9F*ABC11111~ | REF*9F*XYZ777777~ |
| REF*9F*XYZ777777**2U:54698~ | REF*9F*ABC111111**2U:12345~ |
| 2420C RENDERING PROVIDER | 2420C RENDERING PROVIDER |
| NM1*82*1*WELBY*MARCUS****XX*1545454541~ | NM1*82*1*WELBY*MARCUS****XX*1545454541~ |
| REF*G2*ABC333333~ | REF*G2*XYZ666666~ |
| REF*LU*C333~ | LU*Z666~ |
| REF*G2*XYZ666666**2U:54698~ | REF*G2*ABC333333**2U:12345~ |
| REF*LU*Z666**2U:54698~ | REF*LU*C333**2U:12345~ |
| 2420D REFERRING PROVIDER | 2420D REFERRING PROVIDER |
| NM1*DN*1*BROWN*JOE****XX*1323232321~ | NM1*DN*1*BROWN*JOE****XX*1323232321~ |
| REF*G2*ABC8888888~ | REF*G2*XYZ111111~ |
| REF*LU*C888~ | REF*LU*Z111~ |
| REF*G2*XYZ111111**2U:54698~ | REF*G2*ABC88888888**2U:12345~ |
| REF*LU*Z111**2U:54698~ | REF*LU*C888**2U:12345~ |
| | 2430 LINE ADJUDICATION INFORMATION SVD*12345*50*HC:99213**1~ CAS*PR*1*50~ DTP*573*D8*20050726~ AMT*EAF*50~ |
| 2400 SERVICE LINE | 2400 SERVICE LINE |
| LX*2~ | LX*2~ |
| SV2*0300*HC:90782*15*UN*1~ | SV2*0300*HC:90782*15*UN*1~ |
| DTP*472*D8*20050705~ | DTP*472*D8*20050705~ |
| | 2430 LINE ADJUDICATION INFORMATION SVD*12345*15*HC:90782**1~ CAS*PR*92*0~ DTP*573*D8*20050726~ |
| TRANSACTION SET TRAILER | TRANSACTION SET TRAILER |
| SE*78*0002~ | SE*88*0002~ |

1.4.1.3 Coordination of Benefits Claims from Paper or Proprietary Remittance Advices

Claim submitters may at times need or choose to create electronic secondary/tertiary coordination of benefit (COB) claims to subsequent payers due to regulatory or business relationships when the prior payer's remittance was a paper or proprietary remittance advice. This situation may occur when the prior payer(s) is not a regular trading partner

of the claim submitter or the prior payer(s) produces electronic remittances but has not converted to the standard transaction.

Provider information systems that have the functionality to generate electronic claim transactions to health plans have the majority of the information necessary to create a COB claim. Ideally, payers have adopted usage of the standard codes sets for paper remittance advices or have provided crosswalks for their paper or non-standard electronic remittances to accommodate creation of COB claims. However, this will not always occur.

When standard codes are not available from a prior payer(s) paper/proprietary remittance advice(s), the COB claim submitter must translate the proprietary adjustment/denial edit messages to standard codes.

Generally, a subsequent COB payer(s) determines payment on a combination of "Group Code" and "Claim Adjustment Reason Code" provided in the CAS segment at either the claim or service line. The primary considerations of Group Code of subsequent COB payers are:

| Description | 837 Standard Value |
|------------------------|--------------------|
| Patient Responsibility | PR |
| Contractual Obligation | СО |
| Payer Initiated | PI |
| Other Adjustments | OA |

The Claim Adjustment Reason Code is equally important in subsequent payers' determination of payment responsibility. In most instances paper or proprietary monetary adjustments may easily be cross-walked to the standard Claim Adjustment Reason Codes as follows:

| Description | 837 Standard Value |
|------------------------|--------------------|
| Patient Responsibility | |
| Deductible Amount | 1 |
| Coinsurance Amount | 2 |

ī.

| Description | 837 Standard Value |
|---|--------------------|
| Co-payment Amount | 3 |
| Blood Deductible | 66 |
| Psychiatric Reduction | 122 |
| Contractual Obligations | |
| Charges exceed our fee schedule or maximum allowable amount | 42 |
| Charges exceed your contracted / legislated fee arrangement | 45 |
| Non-covered charges | 96 |

Payment adjustments by the prior payer(s) that are not readily defined by the above cross-walk values may be reported using default Claim Adjustment Reason Code 192 (Non-standard adjustment code from paper remittance advice) or with other codes the claim submitter determines to be appropriate. Submitters must not use default code 192 when a more specific code is available.

1.4.1.4 Coordination of Benefits - Service Line Procedure Code Bundling and Unbundling

This explanation of bundling and unbundling is applicable to secondary claims that must contain the results of the primary payer's processing. It is not applicable to initial claims sent to the primary payer.

Procedure code bundling or unbundling occurs when a payer's business policy requires that the services reported for payment in a claim be either combined or split apart and represented by a different group of procedure codes. Bundling occurs when two or more reported procedure codes are paid under only one procedure code. Unbundling occurs when one submitted procedure code is paid and reported back as two or more procedure codes.

See the latest version of the 835 Remittance Advice transaction implementation guide for an explanation on how bundling and unbundling are handled in that transaction.

Bundling:

In a COB situation, it may be necessary to show payment on bundled lines. When showing bundled service lines, the health care claim must report all of the originally submitted service lines. The first bundled procedure includes the new bundled procedure code in the SVD (Service Line Adjudication) segment (SVD03). The other procedure or procedures that are bundled into the same line are reported as originally submitted with the following:

- An SVD segment with zero payment (SVD02),
- A pointer to the new bundled procedure code (SVD06, data element 554 (Assigned Number) is the bundled service line number that refers to the LX assigned number of the service line into which this service line was bundled),
- A CAS segment with a claim adjustment reason code of 97 (payment is included in the allowance for the basic service), and
- An adjustment amount equal to the submitted charge.
- The Adjustment Group in the CAS01 will be either CO (Contractual Obligation) or PI (Payer Initiated), depending upon the provider/payer relationship.

Bundling with COB Example

The following example shows how to report bundled lines on a subsequent COB claim. ABC Hospital submits procedure code A and B for \$100.00 each to his PPO as primary coverage. Each procedure was performed on the same date of service. The original 837 submitted by ABC Hospital contains this information. Only segments specific to bundling are included in the example.

Original 837

LX*1~ (Loop 2400) 1 = Service line 1

SV2*0300*HC:A*100*UN*1~

- 0300= UB Revenue Code
- HC = HCPCS qualifier
- a = HCPCS code
- **100** = Submitted charge
- UN = Units code
- 1 = Units billed

LX*2~ (Loop 2400)

2 = Service line 2

- SV2*0300*HC:B*100*UN*1~
- 0300= UB Revenue Code
- HC = HCPCS qualifier
- в = HCPCS code
- 100 = Submitted charge
- **UN** = Units code
- 1 = Units billed

The PPO's adjudication system screens the submitted procedures and notes that procedure C covers the services rendered by Dr. Smith on that single date of service. The PPO's maximum allowed amount for procedure C is \$120.00. The patient's co-insurance amount for procedure C is \$20.00. The patient has not met the \$50.00 deductible. The PPO's total payment on this claim was \$50.00. The following example includes only segments specific to bundling. The key number to automate tracking of bundled lines is the service line number assigned to each service line in LX01.

COB 837

Claim Level

CAS*PR*1*50~ (Loop ID-2320)

- **PR** = Patient's Responsibility
- 1 = Adjustment reason Deductible amount
- 50 = Amount of adjustment

AMT*D*50~

- D = Payer amount paid qualifier
- 50 = Amount paid on this claim by this payer

Service Line Level

- LX*1~ (Loop ID-2400)
- 1 = Service line 1

SV2*0300*HC:A*100*UN*1~ (Loop ID-2400)

0300= UB Revenue Code

- HC = HCPCS qualifier
- A = HCPCS code
- 100 = Submitted charge
- **UN** = Units code
- 1 = Units billed

SVD*PAYER ID*100*HC:C**1~ (Loop ID-2430)

Payer ID

- = ID of the payer who adjudicated this service line
- 100 = Payer amount approved for payment for the line
- HC = HCPCS qualifier
- c = HCPCS code for bundled procedure
- 1 = Service Units

CAS*PR*2*20~

- **PR** = Patient Responsibility
- 2 = Adjustment reason -- Co-insurance amount
- 20 = Amount of adjustment

LX*2~ (Loop 2400)

2 = Service line 2

SV2*0300*HC:B*100*UN*1~

- 0300= UB Revenue Code
- HC = HCPCS qualifier
- в = HCPCS code
- **100** = Submitted charge
- UN = Units code
- 1 = Units billed

SVD*PAYER ID*0*HC:C**1*1~ (Loop ID-2430)

Payer ID

- = ID of the payer who adjudicated this service line
- 0 = Payer amount paid
- HC = HCPCS qualifier
- c = HCPCS code for bundled procedure
- 1 = Service Units
- 1 = Service line number into which this service line was bundled

CAS*CO*97*100~

- co = Contractual obligations qualifier
- **97** = Adjustment reason Payment is included in the allowance for the basic service/procedure
- **100** = Amount of adjustment

Bundling with COB --- More Than 2 Payers Example

Bundling with more than two payers in a COB situation where there is both bundling and line level adjustments. The COB related loops would appear as follows:

Claim Level 2320 and 2330 Loops

2320 Loop (for payer A) SBR* identifies the other subscriber for payer A identified in 2330B

2330A Loop

NM1* identifies other subscriber for payer A

2330B Loop

NM1* identifies payer A

2320 Loop (for payer B) SBR* identifies the other subscriber for payer B identified in 2330B loop

2330A Loop

NM1* identifies other subscriber for payer B

2330B Loop NM1* identifies payer B

2320 Loop (for payer C) SBR* identifies the other subscriber for payer C identified in 2330B loop

2330A Loop

NM1* identifies other subscriber for payer C

2330B Loop

NM1* identifies payer C

Repeat as necessary up to a maximum of ten times. Any one claim can carry up to a total of 11 payers (ten carried in Loop ID-2320, and one carried in Loop ID-2010BB). Once all the claim level payers have been identified, use the 2400 loop once for each original billed service line. Use 2430 loops to show line level adjustment by each payer.

Service Line

2400 Loop

LX*1~ SV2* original data from provider for line 1

2430 Loop (for payer A)

SVD*A* their data for this line (the procedure code A paid on) CAS* payer A's data for this line (repeat CAS as necessary) DTP* payer A's adjudication date for this line

2430 Loop (for payer B)

SVD*B* their data for this line (the procedure code B paid on) CAS* payer B's data for this line (repeat CAS as necessary) DTP* payer B's adjudication date for this line

2430 Loop (for payer C, only used if 837 is being sent to payer D) SVD*C* their data for this line (the procedure code C paid on) CAS* payer C's data for this line (repeat CAS as necessary) DTP* payer C's adjudication date for this line

2400 Loop

LX*2~ SV2* original data from provider for line 2

2430 Loop (for payer A)

SVD*A* their data for this line (the procedure code A paid on) CAS* payer A's data for this line (repeat CAS as necessary) DTP* payer A's adjudication date for this line

2430 Loop (for payer B)

SVD*B* their data for this line (the procedure code B paid on) CAS* payer B's data for this line (repeat CAS as necessary) DTP* payer B's adjudication date for this line

2430 Loop (for payer C, only used if 837 is being sent to payer D) SVD*C* their data for this line (the procedure code C paid on) CAS* payer C's data for this line (repeat CAS as necessary) DTP* payer C's adjudication date for this line

etc.

Unbundling with COB

When unbundling, the original service line detail will be followed by one or more occurrences of the Line Adjudication Information (Loop ID-2430) loop. This loop is repeated once for each unbundled procedure code.

Unbundling Example

The same provider submits a claim for one service line. The billed service procedure code is A, with a submitted charge of \$200.00. The payer unbundled this into two services -- B and C -- each with an allowed amount of \$60.00. There is no deductible or co-insurance amount. Only segments specific to unbundling are included in the following example.

- LX*1~ (Loop-2400)
- 1 = Service line 1
- SV2*0300*HC:A*200*UN*1~
- 0300= UB Revenue Code
- HC = HCPCS qualifier
- A = HCPCS code
- 200 = Submitted charge
- **UN** = Units code
- 1 = Units billed

SVD*PAYER ID*60*HC:B**1~ (Loop ID-2430)

Payer ID

- = ID of the payer who adjudicated this service line
- 60 = Payer amount paid
- HC = HCPCS qualifier
- B = Unbundled HCPCS code
- 1 = Service Units

CAS*CO*45*35~

- co = Contractual obligations qualifier
- 45 = Adjustment reason -- Charges exceed your contracted/legislated fee arrangement
- 35 = Amount of adjustment

SVD*PAYER ID*60*HC:C**1~

Payer ID

- = ID of the payer who adjudicated this service line
- 60 = Payer amount paid
- **HC** = HCPCS qualifier
- c = Unbundled HCPCS code
- 1 = Service Units

CAS*CO*45*45~

- co = Contractual obligations qualifier
- 45 = Adjustment reason -- Charges exceed your contracted/legislated fee arrangement
- **45** = Amount of adjustment

1.4.1.5 Coordination of Benefits - Medicaid Subrogation

Federal law requires Medicaid agencies to pursue recovery of medical expenditures made on behalf of Medicaid recipients when third party liability is determined to exist. Since Medicaid recipients are required to assign any rights of third party liability to the Medicaid agency, this Implementation Guide provides the ability for willing trading partners to allow direct billing by a Medicaid agency to other health plans. These pay-to-plan claims are identified by the inclusion of Loop ID-2010AC Pay-to Plan Name Loop. Medicaid subrogation claims include the Medicaid agency's own payer claim control number in Loop ID-2300 data element CLM01 rather than the provider's patient control number. The Medicaid paid amount, indicated in Loop ID-2320 data element AMT01, represents the maximum amount of liability the Medicaid agency is requesting to recover by submitting the claim.

The Medicaid agency is identified in Loop ID-2330B (Other Payer Name). Loop ID-2320 and Loop ID-2430 include all required segments to indicate the Medicaid agency's adjudication of the original claim submitted to that agency. Receiving payers are to direct information requests about the claim to the Medicaid agency rather than to the original service provider.

At the time of publication, Medicaid subrogation is not a HIPAA mandated business usage of the ASC X12 837 Health Care Claim, but willing trading partners may use this Implementation Guide for that purpose.

1.4.2 Property and Casualty

To ensure timely processing, specific information needs to be included when submitting bills to Property and Casualty payers (for example, Automobile, Homeowner's, or Workers' Compensation insurers and related entities). Section 3.2 of this Implementation Guide explains these requirements and presents a number of examples.

1.4.3 Data Overview

The data overview introduces the 837 transaction set structure and describes the positioning of business data within the structure. For a review of ASC X12 nomenclature, segments, data elements, hierarchical levels, and looping structure, see Appendix B, *Nomenclature*, and Appendix C, *EDI Control Directory*.

1.4.3.1 Loop Labeling, Sequence, and Use

The 837 transaction uses two naming conventions for loops. Loops are labeled with a descriptive name as well as with a shorthand label. Loop ID-2000A BILLING PROVIDER contains information about the billing provider, pay-to address and pay-to plan. The descriptive name -- BILLING PROVIDER -- informs the user of the overall focus of the loop. The Loop ID is a short-hand name, for example 2000A, that gives, at a glance, the position of the loop within the overall transaction. Loop ID-2010AA BILLING PROVIDER NAME, Loop ID-2010AB PAY-TO ADDRESS NAME, and Loop ID-2010AC PAY-TO PLAN NAME are subloops of Loop ID-2000A. When a loop is used more than once, a letter is appended to its numeric portion to allow the user to distinguish the various iterations of that loop when using the shorthand name of the loop. For example, loop 2000 has three possible iterations: Billing Provider Hierarchical Level (HL), Subscriber HL and Patient HL. These loops are labeled 2000A, 2000B and 2000C respectively. As the 2000 level loops define the hierarchical structure, they are required to be used in the order shown in the implementation guide.

The order of multiple subloops that do not involve hierarchical structure and that do have the same numeric position within the transaction is less important. Such subloops do not need to be sent in the same order in which they appear in this implementation guide. For such subloops in this transaction, the numeric portion of the loop ID does not end in 00. For example, Loop ID-2010 has two possibilities within Loop ID-2000B (Loop ID-2010BA Subscriber Name and Loop ID-2010BB Payer Name). Each of these 2010 loops is at the same numeric position in the transaction. Since they do not specify an HL, it is not necessary to use them in any particular order. However, it is not acceptable to send subloop 2330 before loop 2310 because these are not equivalent subloops.

In a similar manner, if a single loop has multiple iterations (repetitions) of a particular segment, the sequence of those segments within a transaction is not important and is not required to follow the same order in which they appear in this implementation guide. For example, there are many DTP segments in the 2300 loop. It is not required that Initial Treatment Date be sent before Last Seen Date. However, it is required that the DTP segment in the 2300 loop come after the CLM segment because it is carried in a different position within the 2300 loop.

1.4.3.2 Data Use by Business Use

The 837 is divided into two tables. Table 1 contains transaction control information and is described in Section 1.4.3.2.1 - <u>Table 1 -- Transaction Control Information</u>. Table 2 contains the detail information for the transaction's business function and is described in Section 1.4.3.2.2 - <u>Table 2 -- Detail Information</u>.

1.4.3.2.1 Table 1 -- Transaction Control Information

Table 1 is named the Header level (see Figure 1.3 - <u>Header Level</u>). Table 1 identifies the start of a transaction, the specific transaction set, the transaction's business purpose, and the submitter/receiver identification numbers.

Figure 1.3 - Header Level

| Table 1 - Header | | | | | | | | |
|------------------|---------|---------------------------------------|-------|--------|-------------|--|--|--|
| POS.# | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT | | | |
| 0050 | ST | Transaction Set Header | R | 1 | | | | |
| 0100 | BHT | Beginning of Hierarchical Transaction | R | 1 | | | | |

1.4.3.2.1.1 Transaction Set Header (ST) Segment

The Transaction Set Header (ST) segment identifies the transaction set by using 837 as the data value for the transaction set identifier code data element, ST01. The transaction set originator assigns the unique transaction set control number ST02.

Because the 837 is multi-functional, it is important for the receiver to know which business purpose is served. ST03 contains a reference to the specific implementation guide used to create this 837 transaction. This data element differentiates among the Health Care Claim: Professional (005010X222), the Health Care Claim: Institutional (005010X223), the Health Care Claim: Dental (005010X224), and the health Care Service: Data Reporting (005010X225).

1.4.3.2.1.2 Beginning of Hierarchical Transaction (BHT) Segment

The BHT segment indicates that the transaction uses a hierarchical data structure. The data elements within the BHT are used in the following way:

- BHT01 The Hierarchical Structure Code designates the type of business data within each hierarchical level. The 0019 value used in the claim BHT01 specifies the order of subsequent hierarchical levels to be:
 - Information source (Billing Provider)
 - Subscriber (can be the patient when the patient is the subscriber or is considered to be the subscriber)
 - Dependent (Patient, when the patient is not considered to be the subscriber)
- BHT02 The transaction purpose code indicates "original" by using data value 00 or "reissue" by using data value 18.
- BHT03 originator's reference number; generated by the business application system of the entity building the original transaction.

- BHT04 date of transaction creation; generated by the business application system of the entity building the original transaction.
- BHT05 time of transaction creation; generated by the business application system of the entity building the original transaction.
- BHT06 designates transaction as Subrogation, fee-for-service, or capitated services.

1.4.3.2.2 Table 2 -- Detail Information

Table 2 uses the hierarchical level structure. Each hierarchical level is comprised of a series of loops. Numbers identify the loops. The hierarchical level in Loop ID-2000 identifies the participants and the relationship to other participants. The individual or entity information is contained in Loop ID-2010.

1.4.3.2.2.1 Hierarchical Level (HL) Segments

Section B.1.1.4.3 in Appendix B contains a general description of HL structures. The following describes the HL structure within the claim transaction.

The Billing Provider or Subscriber HLs may contain multiple "child" HLs. A child HL indicates an HL that is nested within (subordinate to) the previous HL. Hierarchical levels may also have a parent HL. A parent HL is the HL that is one level out in the nesting structure. An example follows.

| Billing provider HL | Parent HL to the Subscriber HL | | | | |
|---------------------|--|--|--|--|--|
| Subscriber HL | Parent HL to the Patient HL; Child HL to the Billing Provider HL | | | | |
| Patient HL | Child HL to the Subscriber HL | | | | |

For the Subscriber HL, the Billing Provider HL is the parent. The Patient HL is the child. The Subscriber HL is contained within the Billing Provider HL. The Patient HL is contained within the Subscriber HL.

1.4.3.2.2.2 Subscriber / Patient Hierarchical Level (HL) Segments

The following information illustrates claim submissions when the patient is the subscriber and when the patient is not the subscriber.

NOTE

Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this, the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the patient. In other words, the claim information is placed at the subscriber hierarchical level when the patient is the subscriber or considered to be the

subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber and cannot be uniquely identified on their own.

Claim submission when the **patient is the subscriber or is considered to be the subscriber:**

Billing provider (HL03=20) Subscriber (HL03=22) Claim level information Line level information, as needed

Claim/encounter submission when the **patient is not the subscriber:** Billing provider (HL03=20) Subscriber (HL03=22) Patient (HL03=23) Claim level information Line level information, as needed

1.4.3.2.2.3 Hierarchical Level (HL) Structural Example

If the billing provider is submitting claims for more than one subscriber, each of whom may or may not have dependents, the HL structure between the transaction set header and trailer (ST-SE) could look like the following:

BILLING PROVIDER SUBSCRIBER #1 (Patient #1) Claim level information Line level information, as needed SUBSCRIBER #2 PATIENT #P2.1 (for example, subscriber #2 spouse) Claim level information Line level information, as needed PATIENT #P2.2 (for example, subscriber #2 first child) Claim level information Line level information, as needed PATIENT #P2.3 (for example, subscriber #2 second child) Claim level information Line level information, as needed SUBSCRIBER #3 (Patient #3) Claim level information Line level information, as needed SUBSCRIBER #4 (Patient #4)

Claim level information Line level information, as needed SUBSCRIBER #4 (repeated) PATIENT #P4.1 (for example, #4 subscriber's first child) Claim level information Line level information, as needed

Based on the previous example, the HL structure will be as follows:

HL*1**20*1~ (BILLING PROVIDER)

- 1 = HL sequence number
- **(blank)
 - = there is no parent HL (characteristic of the billing provider HL)
- 20 = information source
- 1 = there is at least one child HL to this HL

HL*2*1*22*0~ (SUBSCRIBER #1)

- 2 = HL sequence number
- 1 = parent HL
- 22 = subscriber

0 = no subordinate HLs to this HL (there is no child HL to this HL - claim level data follows)

HL*3*1*22*1~ (SUBSCRIBER #2)

- 3 = HL sequence number
- 1 = parent HL
- 22 = subscriber
- 1 = there is at least one child HL to this HL

HL*4*3*23*0~ (PATIENT #P2.1)

- 4 = HL sequence number
- 3 = parent HL
- 23 = dependent
- 0 = no subordinate HLs in this HL (there is no child HL to this HL data follows)

HL*5*3*23*0~ (PATIENT #P2.2)

- 5 = HL sequence number
- 3 = parent HL
- 23 = dependent

0 = no subordinate HLs in this HL (there is no child HL to this HL - claim level data follows)

HL*6*3*23*0~ (PATIENT #P2.3)

- 6 = HL sequence number
- 3 = parent HL
- 23 = dependent

0 = no subordinate HLs in this HL (there is no child HL to this HL - claim level data follows)

HL*7*1*22*0~ (SUBSCRIBER AND PATIENT #3)

- 7 = HL sequence number
- 1 = parent HL
- 22 = subscriber

0 = no subordinate HLs in this HL (there is no child HL to this HL - claim level data follows)

HL*8*1*22*0~ (SUBSCRIBER AND PATIENT #4)

- 8 = HL sequence number
- 1 = parent HL
- 22 = subscriber
- 0 = no subordinate HLs

HL*9*1*22*1~ (SUBSCRIBER #4)

- 9 = HL sequence number
- 1 = parent HL
- 22 = subscriber
- 1 = there is at least one child HL to this HL

HL*10*9*23*0~ (PATIENT #P4.1)

- **10** = HL sequence number
- 9 = parent HL
- 23 = dependent
- 0 = no subordinate HLs

If another billing provider is listed in the same ST-SE functional group, it could be listed as follows: HL*100**20*1~. The HL sequence number of 100 indicates that there are 99 previous HL segments and it is the billing provider level HL (HL03 = 20).

1.4.3.2.2.4 Hierarchical Level (HL) Structural Summary

The following information summarizes coding and structure of the HL segment:

- HL segments are numbered sequentially within a transaction (ST to SE), beginning with 1. The sequential number is found in HL01, which is the first data element in the HL segment. Sequence number must be numeric.
- The second element, HL02, indicates the sequential number of the parent hierarchical level. The billing provider/information source is the highest hierarchical level and therefore has no parent.
- The data value in data element HL03 describes the hierarchical level entity. For example, when HL03 equals 20, the hierarchical level is the billing provider; when HL03 equals 23, the hierarchical level is the dependent (patient).
- Data element HL04 indicates whether or not subordinate hierarchical levels exist. A value of "1" indicates subsequent hierarchical levels. A value of "0" indicates no subordinate hierarchical levels exist for this HL.

1.4.3.2.2.5 Claim Structure

After the HL structure is defined and the Subscriber and/or Patient information is listed, the specific claim information follows:

- Loop ID-2300 contains claim level information.
- Loop ID-2310 identifies various claim specific providers who may have been involved in the health care services being reported in the transaction.
- Loop ID-2320 identifies claim level adjudication information associated with non-destination, other payer information for the purpose of coordination of benefits.
- Loop ID-2330 identifies the subscriber, payer, and provider identifiers associated with the non-destination, other payer.
- Loop ID-2400 is required for all claims and identifies service line information.
- Loop ID-2410 identifies drug and biologics information.
- Loop ID-2420 identifies any service line providers who are different than claim level providers.
- Loop ID-2430 identifies any service line adjudication information from another payer.

1.4.3.2.2.6 Provider Taxonomy Code Reporting

Provider Taxonomy Codes describe provider type, classification, and area of specialization and are maintained by the National Uniform Claims Committee. For use in an 837 claim, the provider determines the code value from the code set (external Code Source 682) that most accurately describes the type and specialty classification under which the provider performed the services reported on the claim. The payer may not dictate the code value to be reported.

1.4.4 Balancing

In order to ensure internal claim integrity, amounts reported in the 837 **MUST** balance at two different levels -- the claim and the service line.

1.4.4.1 Claim Level

There are two different ways the claim information must balance. They are as follows.

1) Claim Charge Amounts

The total claim charge amount reported in Loop ID-2300 CLM02 must balance to the sum of all service line charge amounts reported in Loop ID-2400 SV203.

2) Claim Payment Amounts

Balancing of claim payment information is done payer by payer. For a given payer, the sum of all line level payment amounts (Loop ID-2430 SVD02) less any claim level adjustment amounts (Loop ID-2320 CAS adjustments) must balance to the claim level payment amount (Loop ID-2320 AMT02).

Expressed as a calculation for given payer: {Loop ID-2320 AMT02 payer payment} = {sum of Loop ID-2430 SVD02 payment amounts} minus {sum of Loop ID-2320 CAS adjustment amounts}.

Line Level Payment Amounts

Line level payment information is reported in Loop ID-2430 SVD02. In order to perform the balancing function, the receiver must know which payer the line payment belongs to. This is accomplished using the identifier reported in Loop ID-2430 SVD01. This identifier must match the identifier of the corresponding payer identifier reported in Loop ID-2330B NM109.

Adjustment Calculations

Adjustments are reported in the CAS segments of Loop ID-2320 (claim level) and Loop ID-2430 (line level). In this context, Adjustment Amounts are the sum of CAS03, CAS06, CAS09, CAS12, CAS15, and CAS18. Adjustment amounts within the CAS segment **DECREASE** the payment amount when the adjustment amount is **POSITIVE**, and **INCREASE** the payment amount when the adjustment amount is **NEGATIVE**.

Claim Level Payment Amount

At the claim level, the payer's total claim payment is reported within the Loop ID-2320 Coordination of Benefits (COB) Payer Paid Amount AMT segment with a D qualifier in AMT01. The associated payer is defined within the Loop ID-2330B child loop.

Example:

Claim Charge - 100.00 Claim Payment - 80.00 Claim Adjustment - 5.00

Line 1 Charge - 80.00 Line 1 Payment - 70.00 Line 1 Adjustment - 10.00

Line 2 Charge - 20.00 Line 2 Payment - 15.00 Line 2 Adjustment - 5.00 Claim Payment = (Line 1 Payment + Line 2 Payment) – Claim Adjustment 80.00 = (70.00 + 15.00) - 5.00

1.4.4.2 Service Line

Line Adjudication Information (Loop ID-2430) is reported when the payer identified in Loop ID-2330B has adjudicated the claim and service line payments and/or adjustments have been applied.

Line level balancing occurs independently for each individual Line Adjudication Information loop. In order to balance, the sum of the line level adjustment amounts and line level payments in each Line Adjudication Information loop must balance to the provider's charge for that line (Loop ID-2400 SV203). The Line Adjudication Information loop can repeat up to 25 times for each line item.

The calculation for each 2430 loop is as follows: {sum of Loop ID-2430 CAS Service Line Adjustments} plus {Loop ID-2430 SVD02 Service Line Paid Amount} = {Loop ID-2400 SV203 Line Item Charge Amount}

Example:

Line 1 Charge - 80.00 Line 1 Payment - 70.00 Line 1 Adjustment - 10.00

Line 2 Charge - 20.00 Line 2 Payment - 15.00 Line 2 Adjustment - 5.00 (Line 1 Adjustments) + (Line 1 Payment) = Line Item 1 Charge 10.00 + 70.00 = 80.00

(Line 2 Adjustments) + (Line 2 Payment) = Line Item 2 Charge

5.00 + 15.00 = 20.00

1.4.5 Allowed/Approved Amount Calculation

During the development cycle of this version, one of the guiding principles was to remove all amount fields that can be calculated with other information already present in the claim. This resulted in the elimination of several AMT segments. Included in these, are the Approved and Allowed Amount segments. The workgroup has found these amounts vary in definition depending upon perspective. Although rare, there are times the provider's determination of what the allowed amount is different from the payers. This occurs for many various reasons. However, there has never been a way to recognize when these differences occur. As a result, the authors offer the following guidance as to how these amounts are calculated.

The Allowed amount as determined by the payer is calculated using the prior payer's payment information coupled with adjustment information in the CAS segments. The prior payer payment + the sum total of all patient responsible adjustment amounts = the Allowed amount. The Patient Responsible adjustments are identified by use of the Category Code PR in CAS01.

The Allowed amount as determined by the provider is calculated using the prior payer's payment information coupled with the Remaining Patient Liability AMT segments. The prior payer payment + the Remaining Patient Liability AMT amount = the Allowed amount.

1.5 Business Terminology

This section defines terms used in this implementation guide that are not included in the Data Dictionary Appendix. See the Data Dictionary Appendix for additional terms and definitions.

Bundling

Bundling occurs when a provider submits two or more reported procedure codes and the payer believes that the actual services performed and reported must be paid under only one (possibly different) procedure code.

Claim

For the purposes of this implementation guide, claim is intended to be an all inclusive term to represent both reimbursable claims and encounter reporting.

Dependent

In the hierarchical loop coding, the dependent code 23 indicates the use of the Patient Hierarchical loop (Loop ID-2000C).

Destination Payer

The destination payer is the payer who is specified in the Subscriber/Payer loop (Loop ID-2010BB).

Encounter

Non-reimbursable claim for which the health care encounter information is gathered for reporting. Also thought of as the reporting of a face-to-face encounter between a patient and a provider for which no reimbursement will be made. Often seen in pre-paid capitated financial arrangements in which the provider of services is paid in advance for the patient's health care needs. In some areas called a capitated or zero pay claim.

Inpatient

The determination of what constitutes an Inpatient Claim is defined by the National Uniform Billing Committee code set and documentation. See Section 1.12.6 - <u>Inpatient</u> <u>and Outpatient Designation</u> for more information about Inpatient and Outpatient designation.

Outpatient

The determination of what constitutes an Outpatient Claim is defined by the National Uniform Billing Committee code set and documentation. See Section 1.12.6 - *Inpatient and Outpatient Designation* for more information about Inpatient and Outpatient designation.

Pay-To Plan Claims

Pay-to plan claims are payment requests billed by one health plan directly to other health plans. These claims were originally submitted to and paid by the first health plan. An example of a pay-to plan claim is a payment request from a Medicaid agency direct to another health plan that may have liability for the member and services on the claim originally paid by the Medicaid agency.

Patient

The term patient is used in this implementation guide when the Patient loop (Loop ID-2000C) is used. In Loop ID-2000C, the patient is not the same person as the subscriber, and the patient is a person (for example, spouse, children, others) who is covered by the subscriber's insurance plan and does not have a unique member identification number. The person receiving services (in clinical terms, the patient) can

be the same person as the subscriber. In that case, all information about that person is carried in the Subscriber loop (Loop ID-2000B).

See Section 1.4.3.2.2.2 - <u>Subscriber / Patient Hierarchical Level (HL) Segments</u>, and the notes for the SBR and PAT segments for further details. Every effort has been made to ensure that the meaning of the word patient is clear in its specific context.

Provider

A provider is either a person or organizational entity who has either provided or participated in some aspect of the service(s) described in the transaction. Specific types of providers are identified in this implementation guide (for example billing provider, referring provider). Beginning with the 5010 version, the Billing Provider must be a health care or atypical provider (as described in Section 1.10.1 - <u>Providers who are Not Eligible for Enumeration</u>).

Secondary Payer

The term secondary payer indicates any payer who is not the primary payer. The secondary payer may be the secondary, tertiary, or even quaternary payer.

Subscriber

The subscriber is the person whose name is listed in the health insurance policy, or who has a unique member identification number. Other synonymous terms include member and/or insured. In some cases the subscriber is the person receiving services. See the definition of patient, and see Section 1.4.3.2.2.2 - <u>Subscriber / Patient Hierarchical Level (HL) Segments</u>, and the notes for the SBR and PAT segments for further details.

Transmission Intermediary

A transmission intermediary is any entity that handles the transaction between the provider (originator of the claim transmission) and the destination payer. The term intermediary is not used to convey a specific Medicare contractor type.

Unbundling

Unbundling occurs when a provider is billing multiple procedure codes for a group of procedures that are covered by a single comprehensive code. In other words, the provider submits one reported procedure code and the payer believes that the actual services performed and reported must be paid under two or more separate (possibly different) procedure codes. Unbundling also occurs when the units of service reported on one service line are broken out to two or more service lines for different reimbursement rates.

1.6 Transaction Acknowledgments

There are several acknowledgment implementation transactions available for use. The IG developers have noted acknowledgment requirements in this section. Other recommendations of acknowledgment transactions may be used at the discretion of the trading partners. A statement that the acknowledgment is not required does not preclude its use between willing trading partners.

1.6.1 997 Functional Acknowledgment

The 997 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Functional Acknowledgment (997) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 997 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.6.2 999 Implementation Acknowledgment

The 999 informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and the implementation guide compliance.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Implementation Acknowledgment (999) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

A 999 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.6.3 824 Application Advice

The 824 informs the submitter of the results of the receiving application system's data content edits of transaction sets.

The Application Advice (824) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Application Advice (824) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

An 824 Implementation Guide is being developed for use by the insurance industry and is expected to be available for use with this version of this Implementation Guide.

1.6.4 277 Health Care Claim Acknowledgment

The 277 provides an application level acknowledgment of electronic claims. It may include information about the business validity and acceptability of the claims.

The Health Care Claim Acknowledgment (277) transaction is not required as a response to receipt of a batch transaction compliant with this implementation guide.

The Health Care Claim Acknowledgment (277) transaction is not required as a response to receipt of a real-time transaction compliant with this implementation guide.

1.7 Related Transactions

There are one or more transactions related to the transactions described in this implementation guide.

1.7.1 Health Care Claim Payment/Advice (835)

Information in the Health Care Claim Payment/Advice (835) transaction is generated by the payer's adjudication system. However, in a coordination of benefits (COB) situation where the provider is sending an 837 to a secondary payer, information from the 835 may be included in the secondary 837. As shown in Section 1.4.1.2 - <u>Crosswalking COB</u> <u>Data Elements</u>, data from specific segments/elements in the 835 are crosswalked directly into the subsequent 837.

1.8 Trading Partner Agreements

Trading partner agreements are used to establish and document the relationship between trading partners. A trading partner agreement must not override the specifications in this implementation guide if a transmission is reported in GS08 to be a product of this implementation guide.

1.9 HIPAA Role in Implementation Guides

Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (PL 104-191 - known as HIPAA) direct the Secretary of Health and Human Services to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

This implementation guide has been developed for use as an insurance industry implementation guide. At the time of publication it has not been adopted as a HIPAA standard. Should the Secretary adopt this implementation guide as a standard, the Secretary will establish compliance dates for its use by HIPAA covered entities.

1.10 National Provider Identifier Usage within the HIPAA 837 Transaction

Implementation and use of the National Provider Identifier (NPI) has a direct impact on the generation of 837 transaction sets. Previous versions contained placeholder codes and elements in anticipation of the official Rule. With publication of the final rule and industry input on implementation direction, the authors have identified the following areas for clarification and direction for use within the implementation guide.

- Providers who are not eligible for enumeration
- Implementation migration strategy
- Organization health care provider subpart representation
- Subparts and the billing provider

1.10.1 Providers who are Not Eligible for Enumeration

Atypical providers are service providers that do not meet the definition of health care provider. Examples include taxi drivers, carpenters, personal care providers, etc. Although, they are not eligible to receive an NPI, these providers perform services that are reimbursed by some health plans. As a result, this implementation guide has been enhanced to accommodate both the NPI (to identify health care providers) and proprietary identifiers (to identify atypical/non-health care providers).

1.10.2 Implementation Migration Strategy

The ANSI ASC X12N Health Care Claims workgroup (TG2WG2) anticipates that during the transition period (i.e., the period from May 23, 2005 until the NPI compliance dates),

the need to use both the NPI and proprietary identifiers to identify health care providers in the same standard claims transaction will be necessary. The implementation guides for the 837 transaction set have been modified to meet this need.

1.10.3 Organization Health Care Provider Subpart Representation

Historically, there has been no standard representation of organization health care providers. How the health care provider entity has been identified has varied by trading partner. The NPI subpart concept provides an organization health care provider the ability to represent itself in a manner consistent to all trading partners. In the health care claim, there are three possible locations for organization health care provider entities to be reported. They are Billing Provider, Rendering Provider, and Service Location.

Billing Provider. In many instances the Billing Provider is an organization; therefore, the Billing Provider NPI reported would belong to an organization health care provider. The Billing Provider may be an individual only when the services were performed by, and will be paid to, an independent, non-incorporated individual. When an organization health care provider has determined that it has subparts requiring enumeration, that organization health care provider will report the NPI of the subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner.

NOTE

In published versions prior to 5010, the Billing Provider may have been a variety of entities, including billing services and healthcare clearinghouses. Beginning with version 5010, the Billing Provider must be a health care or atypical service provider (as described in the section entitled Providers who are Not Eligible for Enumeration).

Rendering Provider or Service Location. An organization health care provider's NPI used to identify the Rendering Provider or the Service Location must be external to the entity identified as the Billing Provider (for example; reference lab). It is not permissible to report an organization health care provider's NPI as the Rendering Provider or the Service Location if the Rendering Provider or Service Location is a subpart of the Billing Provider.

1.10.4 Subparts and the 2010 AA - Billing Provider Name Loop

Beginning on the NPI compliance date(s): When the Billing Provider is an organization health care provider, the NPI of the organization health care provider or its subpart is reported in NM109. When an organization health care provider has determined a need to enumerate subparts, it is required that a subpart's NPI be reported as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration and MUST be the same identifier sent to any trading partner. For additional explanation, see Section 1.10.3 - <u>Organization Health Care Provider Subpart Representation</u>.

The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose Tax Identification Number (TIN) is used for IRS Form 1099 purposes. That individual's NPI is reported in NM109, and the individual's TIN must be reported in the REF segment of Loop ID-2010AA. The individual's NPI must be reported when the individual provider is eligible for an NPI.

Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB Payer Name. The TIN of the Billing Provider, used for IRS Form 1099 purposes, must be reported in the REF segment of Loop ID-2010AA Billing Provider.

When the Billing Provider is an atypical provider, the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary or legacy identifiers necessary for the trading partner to identify the entity are to be reported in the REF segment of Loop ID-2010BB Payer Name. The TIN, used for IRS Form 1099 purposes, must be reported in the REF segment of Loop ID-2010AA Billing Provider.

1.11 Coding of Drugs in the 837 Claim

This section provides guidance on the coding of drug claims under HIPAA as accomplished in the 2400 and 2410 loops. For home infusion therapy care claims that include the drugs, biologics, and nutrition components of the total home infusion therapy encounters, refer to the 837 Health Care Claim: Institutional implementation guide.

Regarding format, although National Drug Code (NDC) numbers may have different formats, all may be mapped to the 5-4-2 format used in this implementation guide, for

example 12345-6789-01. NDC numbers are to be reported as an 11 character data stream with no separators. In other words, the hyphens are to be suppressed. HCPCS codes are always five characters in length.

1.11.1 Single Drug Billing

An 837 for a single drug will have one 2400 loop with the HCPCS code in SV202-2 and the associated units in SV205. When required by situational rules, the 2410 loop is sent with the NDC number in LIN03 and the associated quantity in CTP04. Loop ID-2410 REF02 contains a prescription number when the drug is provided under prescription.

1.11.2 Compound Drug Billing

An 837 for a multiple ingredient compound will have one 2400 loop for each ingredient with the HCPCS code in SV202-2, the provider's charge for that ingredient in SV203, and the associated units in SV205. When required by situational rules, the 2410 loop is sent with the NDC number in LIN03 with the associated quantity in CTP04. Loop ID-2410 REF02 must have the same prescription number, or the same linkage number if provided without a prescription, for each ingredient of the compound to enable the payer to differentiate and link the ingredients to a single compound.

1.12 Additional Instructions and Considerations

1.12.1 Individuals with one Legal Name

In those situations where an individual has only one legal name, report that name in the last name data element of the NM1 segment, specifically the NM103. The first and middle name data elements for that NM1 segment are then not used. This guideline is true for all loops containing an NM1 segment that may identify an individual.

1.12.2 Rejecting Claims Based on the Inclusion of Situational Data

This implementation guide contains a number of Situational Rules which state the element or segment is required when a payer's adjudication is known to be impacted by that information. These rules must not be construed as allowing the current payer to reject a claim or transaction if the information is submitted but not used by that payer. The condition in these situational rules is based on a known impact to any potential payer's adjudication.

The purpose is to enable proper adjudication for any potential downstream payers as well as allow affected providers to collect and report information consistently for all trading partners when desired. As a result, the submitter is not restricted from sending the information to other payers in addition to the specific payer that has a known adjudication impact.

1.12.3 Multiple REF Segments with the same Qualifier

A repeat of a REF segment within the same loop is not allowed when the qualifier in the REF01 data element is the same. However, there is one important exception to this rule. Within the 837, there are data elements reported in Loop ID-2400 and the various 2420 loops which are payer specific (for example: Referral Number, Prior Authorization Number, Provider Identifiers...). When these pieces of information are reported, the composite data element in REF04 is used to identify the associated payer. In all cases, the reported data belongs to the destination payer when REF04 is not used. When REF04 is used, the value reported in the first component (REF04-1) equals 2U. This qualifier indicates the value reported in the following component (REF04-2) is a payer identifier. This payer identifier "links" to one of the payer identifiers found in Loop ID-2330B NM109.

1.12.4 Provider Tax IDs

For purposes of this implementation, the Billing Provider is the provider or provider organization to which payment is intended to be made. This payment is included in the provider's 1099 reporting. The Employer Identification Number (EIN) or Social Security Number (SSN) for the billing provider is only reported in the Billing Provider Tax Identification REF segment in Loop ID-2010AA Billing Provider. The EIN and SSN qualifiers are not valid in any provider REF segments other than the 2010AA Billing Provider loop. Other reference qualifiers must be used in the REF segments in those loops to provide identifying information, such as "G2" for Provider's Commercial Number.

1.12.5 Claim and Line Redundant Information

This implementation guide supports the reporting of some information at the claim and the service levels to enable the reporting of individual line specific information. The line level usage notes for these pieces of information state "Required when different than that reported at the claim level. If not required by this implementation guide, do not send." This wording results in the potential for misinterpretation resulting in unintended rigidity. These usage notes, as written with the "do not send" statement, should be applied as

establishing the conditions when a submitter must send, and when a submitter is not required to send, the line level information. This "do not send" statement does not establish situations where a receiver is allowed, or is required, to reject a claim. That would be placing an unnecessary burden on the sender. The appropriate action by a receiver is to "ignore, but don't reject" this redundant claim/line information. If redundant data segments or elements are reported but are not necessary for the receiver within their application, the receiver ignores the information that is not needed. The presence of the unneeded information must not cause the transaction to be rejected.

These usage notes do not permit a receiver to request or require the redundant line level data. Sending the redundant data is strictly at the submitter's discretion.

An example of this would be Rendering Provider information that is supported in the 2310 and 2420 loops of the Institutional, Professional, and Dental implementation guides. The same Rendering Provider information might be reported at both the claim and line levels. This situation would not alter the payment of that claim nor complicate the adjudication algorithms. Consequently, rejecting any claims because of the presence of this redundant data would unnecessarily burden the provider community and further complicate the claim process.

Other examples exist in the claim implementation guides where the business cases open up the possibility for redundant data to be reported. For all such situations, the principle is to "ignore, but don't reject".

1.12.6 Inpatient and Outpatient Designation

The determination of what constitutes an Inpatient or Outpatient claim is defined in the external code set developed by the National Uniform Billing Committee in its Data Specifications Manual (UB Manual) beginning with UB-04. General guidelines are contained in the Type of Bill section of the UB Manual. Inpatient and Outpatient claims are distinguished by Type of Bill and other factors. Certain bill types are designated for inpatient use while others are designated for outpatient reporting. Exceptions to the general rules are documented with reference to the specific data elements affected.

1.12.7 Trading Partner Acknowledgments

The authors of this implementation guide strongly encourage submitters of this transaction to expect and require standard electronic acknowledgments from receivers. The authors encourage receivers to expect and require submitters to have an operational capability to accept and take action on standard electronic acknowledgments.

2

Transaction Set

NOTE

See Appendix B, Nomenclature, to review the transaction set structure, including descriptions of segments, data elements, levels, and loops.

2.1

Presentation Examples

The ASC X12 standards are generic. For example, multiple trading communities use the same PER segment to specify administrative communication contacts. Each community decides which elements to use and which code values in those elements are applicable.

This implementation guide uses a format that depicts both the generalized standard and the insurance industry-specific implementation. In this implementation guide, **IMPLEMENTATION** specifies the requirements for this implementation. **X12 STANDARD** is included as a reference only.

The transaction set presentation is comprised of two main sections with subsections within the main sections:

2.3 Transaction Set Listing

There are two sub-sections under this general title. The first sub-section concerns this implementation of a generic X12 transaction set. The second sub-section concerns the generic X12 standard itself.

IMPLEMENTATION

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail.

STANDARD

This section is included as a reference.

2.4 Segment Detail

There are three sub-sections under this general title. This section repeats once for each segment used in this implementation providing segment specific detail and X12 standard detail.

SEGMENT DETAIL

This section is included as a reference.

DIAGRAM

This section is included as a reference. It provides a pictorial view of the standard and shows which elements are used in this implementation.

ELEMENT DETAIL

This section specifies the implementation details of each data element.

These illustrations (Figures 2.1 through 2.5) are examples and are not extracted from the Section 2 detail in this implementation guide. Annotated illustrations, presented below in the same order they appear in this implementation guide, describe the format of the transaction set that follows.

Г

| this se the im | plemer | s | BXX Insurance Trans | action Set | | | |
|-------------------|--------|----------|--------------------------------------|---------------------|----------|---------------|-----------------|
| | | Table | 1 - Header | | | | |
| | | SEG. ID | NAME | | USAGE | REPEAT | LOOP REPEA |
| 53 | 0100 | - | Transaction Set Header Each seg | ment is assigned an | R | 1 | Segment |
| 54 | 0200 | | | specific name. Not | R | 1 | repeats and |
| 60 | 0400 | | | ments do not appear | R | 1 - | loop repeats |
| 62 | 0500 | | Non-US Dollars Currency | | S | 1 | reflect actual |
| 65 | 0600 | | | p is assigned an | S | 1 | usage 🔨 |
| 66 | 0600 | | | specific name | S | 1 | |
| 68 | 0700 | DTM | Production Date | | S | 1 | • |
| | | | PAYER NAME | | | | |
| 70 | 0800 | | Payer Name | | R | 1 | |
| 72 | | N3 | Payer Address | R=Required | S | 1 | |
| 75 | | N4 | Payer City, State, Zip | S=Situational | S | 1 | |
| 76 | 1200 | | Additional Payer Reference Number | | S | 1 | |
| 78 | 1300 | PER | Payer Contact | | S | 1 | |
| | | | PAYEE NAME | | | | / · |
| 79 | | N1 | Payee Name | | R | 1 | / |
| 81 | 1000 | N3 | Payee Address | | S | 1 | / |
| 82 | | N4 | Payee City, State, Zip | | S | 1 | / |
| 84 | 1200 | REF | Payee Additional Reference Number | | S | >1 | ./ |
| Positic | on Nun | nbers ar | nd Segment IDs retain their X12 valu | es Individual se | gments a | nd entire loo | ps are repeated |

Figure 2.1. Transaction Set Key — Implementation

| STANDARD | 9 | BXX Insurance Transaction S | Set | | | |
|--|------------------|------------------------------------|-----|--------|---------|-------------------|
| this section i to the ASC X | | | | | Functi | onal Group ID: XX |
| See Appendi X12 Nomenci complete dea the standard | <i>lature</i> fo | or a (EDI) environment. | | | | |
| POS. # | SEG. ID | NAME | REQ | . DES. | MAX USE | LOOP REPEAT |
| 0100 | ST | Transaction Set Header | 1 | м | 1 | |
| 0200 | BPR | Beginning Segment | I | М | 1 | |
| 0300 | | Note/Special Instruction | | 0 | >1 | |
| 0400 | TRN | Trace | | 0 | 1 | |

Figure 2.2. Transaction Set Key — Standard

| SEGMENT DETAIL | | | | | |
|-----------------------------------|---|--|--|--|--|
| Industry assigned Segment Name | NM1 - PATIENT NAME | | | | |
| X12 Segment Name: | Individual or Organizational Name See section B.1.1.3.8 for | | | | |
| X12 Purpose: | To supply the full name of an individual or organizational entity a description of these | | | | |
| X12 Syntax: | 1. P0809 values values values | | | | |
| Industry assigned | 2. C1110 If NM111 is present, then NM110 is required. | | | | |
| Loop ID and Loop Name | 3. C1203 If NM112 is present, then NM103 is required. Industry Loop Repeat | | | | |
| Industry Segment Loop: | 2100B — PATIENT NAME Loop Repeat: 1 | | | | |
| Segment Repeat: | 1 | | | | |
| Industry usage Usage: | SITUATIONAL | | | | |
| Situational Rule: Situational | Required when the patient is different from the insured. If not required by this implementation guide, do not send. | | | | |
| TR3 Notes: | 1. Any necessary identification number must be provided in NM109. | | | | |
| Notes TR3 Example: | NM1*QC*1*Shepard*Sam*A***34*452114586~ | | | | |
| Example | | | | | |

Figure 2.3. Segment Key — Implementation

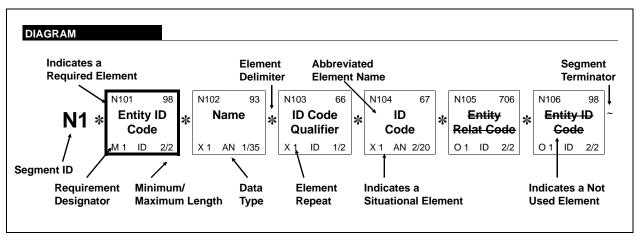


Figure 2.4. Segment Key — Diagram

| USAGE | REF. DES. | DATA ELEMENT | NAME | Element I | Repeat | ATTRIB | JTES |
|--|--|-----------------|-----------------|---|-------------------|--------------|--------------------|
| REQUIRED | SVC01 | C003 | IDENT | OSITE MEDICAL PROCEDURE IFIER tify a medical procedure by its standa | M 1 | es and | |
| Reference Designa | itor Com Num | posite ber | applica | ble modifiers | | | |
| | | | | e Primary Payer's adjudicated Mec | lical Proce | | |
| REQUIRED | SVC01 - 7 | 1 | 235 | Product/Service ID Qualifier Code identifying the type/source of the used in Product/Service ID (234) | M he descripti | ID ve nun | 2/2 nber |
| See the following page for complete | | | | IMPLEMENTATION NAME: Product or Serv | ice ID Qua | lifier | |
| descriptions | Industry | Note — | | The value in SVC01-1 qualifies the SVC01-3, SVC01-4, SVC01-5, and | | SVC01 | 1-2, |
| | | | CODE | DEFINITION | | | |
| Select | ed Code Value | es —→ | AD | American Dental Associati | on Codes | | |
| _ | | | | CODE SOURCE 135: American De | ental Associ | ation | |
| ext | e Appendix A f ternal code so erence | | HP | Health Insurance Prospect (HIPPS) Skilled Nursing Fa | - | | tem |
| | | | | CODE SOURCE 716: Health Insura Payment System (HIPPS) Ra Nursing Facilities | | | d |
| REQUIRED | SVC01 - 2 | 2 | 234 | Product/Service ID Identifying number for a product or s | M ervice | AN | 1/48 |
| NOT USED | SVC01 - 3 | 3 | 1339 | Procedure Modifier | ο | AN | 2/2 |
| NOT USED | SVC01 - 4 | 1 | 1339 | Procedure Modifier | 0 | AN | 2/2 |
| NOT USED | SVC01 - 5 | 5 | 1339 | Procedure Modifier | 0 | AN | 2/2 |
| NOT USED | SVC01 - | 6 | 1339 | Procedure Modifier | Ο | AN | 2/2 |
| NOT USED | SVC01 - | 7 | 352 | Description | 0 | AN | 1/80 |
| REQUIRED | SVC02 | 782 | | ary Amount | M 1 | R | 1/18 |
| Da | ta Element | | | ary amount | | | |
| | mber | | | c: SVC02 is the submitted service charge. | | | |
| | | | | alue can not be negative. | | | |
| NOT USED | SVC03 | 782 | | ary Amount | 01 | R | 1/18 |
| SITUATIONAL | SVC04 | 234 | | ct/Service ID ring number for a product or service | 01 | AN | 1/48 |
| X12 Semantic Note Situational Rule Implementation Name See Appendix E for | | | SEMANT | c: SVC04 is the National Uniform Billing C | ommittee Re | evenue | Code. |
| | | | consi alread | NAL RULE: Required when an NUBC r dered during adjudication in addition y identified in SVC01. If not required mentation guide, do not send. | on to a pro | | |
| definition | | | | NTATION NAME: National Uniform Billing | g Committe | ee Rev | enue |

Figure 2.5. Segment Key — Element Summary

2.2 Implementation Usage

2.2.1 Industry Usage

Industry Usage describes when loops, segments, and elements are to be sent when complying with this implementation guide. The three choices for Usage are required, not used, and situational. To avoid confusion, these are named differently than the X12 standard Condition Designators (mandatory, optional, and relational).

| tional). | |
|-------------|---|
| Required | This loop/segment/element must always be sent. |
| | Required segments in Situational loops only occur when the loop is used. |
| | Required elements in Situational segments only occur when the segment is used. |
| | Required component elements in Situational composite ele- ments only occur when the composite element is used. |
| Not Used | This element must never be sent. |
| Situational | Use of this loop/segment/element varies, depending on data con- tent and business context as described in the defining rule. The defining rule is documented in a Situational Rule attached to the item. |
| | There are two forms of Situational Rules. |
| | The first form is "Required when <explicit condition="" statement="">. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver." The data qualified by such a situational rule cannot be required or requested by the receiver, transmission of this data is solely at the sender's discretion.</explicit> |
| | The alternative form is "Required when <explicit condition="" state-<br="">ment>. If not required by this implementation guide, do not send." The data qualified by such a situational rule cannot be sent except as described in the explicit condition statement.</explicit> |
| | |
| | |
| | |
| | |

2.2.1.1

Transaction Compliance Related to Industry Usage

A transmitted transaction complies with an implementation guide when it satisfies the requirements as defined within the implementation guide. The presence or absence of an item (loop, segment, or element) complies with the industry usage specified by this implementation guide according to the following table.

| Industry Usage | Business Condition is | Item is | Transaction Complies with Implementation Guide? |
|--|-----------------------------|------------|--|
| Required | N1/A | Sent | Yes |
| - | N/A | Not Sent | No |
| Not Used | N1/A | Sent | No |
| | N/A | Not Sent | Yes |
| Situational (Required when <explicit< td=""><td>T</td><td>Sent</td><td>Yes</td></explicit<> | T | Sent | Yes |
| condition statement>. If not required by this implementation guide, may be | True | Not Sent | No |
| provided at the sender's discretion, but | Not True | Sent | Yes |
| cannot be required by the receiver.) | Not the | Not Sent | Yes |
| Situational (Required when <explicit< td=""><td>True</td><td>Sent</td><td>Yes</td></explicit<> | True | Sent | Yes |
| condition statement>. If not required by | True | Not Sent | No |
| this implementation guide, do not send.) | | Sent | No |
| | Not True | Not Sent | Yes |

This table specifies how an entity is to evaluate a transmitted transaction for compliance with industry usage. It is not intended to require or imply that the receiver must reject non-compliant transactions. The receiver will handle non-compliant transactions based on its business process and any applicable regulations.

2.2.2 Loops

Loop requirements depend on the context or location of the loop within the transaction. See Appendix B for more information on loops.

- A nested loop can be used only when the associated higher level loop is used.
- The usage of a loop is the same as the usage of its beginning segment.
 - If a loop's beginning segment is Required, the loop is Required and must occur at least once unless it is nested in a loop that is not being used.
 - If a loop's beginning segment is Situational, the loop is Situational.
- Subsequent segments within a loop can be sent only when the beginning segment is used.
- Required segments in Situational loops occur only when the loop is used.

2.3 Transaction Set Listing

2.3.1 Implementation

This section lists the levels, loops, and segments contained in this implementation. It also serves as an index to the segment detail. Refer to section 2.1 Presentation Examples for detailed information on the components of the Implementation section.

IMPLEMENTATION

837 Health Care Claim: Institutional

Table 1 - Header

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|--------|---------|---------------------------------------|-------|--------|-------------|
| 67 | 0050 | ST | Transaction Set Header | R | 1 | |
| 68 | 0100 | BHT | Beginning of Hierarchical Transaction | R | 1 | |
| | | | LOOP ID - 1000A SUBMITTER NAME | | | 1 |
| 71 | 0200 | NM1 | Submitter Name | R | 1 | |
| 73 | 0450 | PER | Submitter EDI Contact Information | R | 2 | |
| | | | LOOP ID - 1000B RECEIVER NAME | | | 1 |
| 76 | 0200 | NM1 | Receiver Name | R | 1 | |

Table 2 - Billing Provider Detail

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|--------|---------|--|-------|--------|-------------|
| | | | LOOP ID - 2000A BILLING PROVIDER HIERARCHICAL LEVEL | | | >1 |
| 78 | 0010 | HL | Billing Provider Hierarchical Level | R | 1 | |
| 80 | 0030 | PRV | Billing Provider Specialty Information | S | 1 | |
| 81 | 0100 | CUR | Foreign Currency Information | S | 1 | |
| | | | LOOP ID - 2010AA BILLING PROVIDER NAME | | | 1 |
| 84 | 0150 | NM1 | Billing Provider Name | R | 1 | |
| 87 | 0250 | N3 | Billing Provider Address | R | 1 | |
| 88 | 0300 | N4 | Billing Provider City, State, ZIP Code | R | 1 | |
| 90 | 0350 | REF | Billing Provider Tax Identification | R | 1 | |
| 91 | 0400 | PER | Billing Provider Contact Information | S | 2 | |
| | | | LOOP ID - 2010AB PAY-TO ADDRESS NAME | | | 1 |
| 94 | 0150 | NM1 | Pay-to Address Name | S | 1 | |
| 96 | 0250 | N3 | Pay-to Address - ADDRESS | R | 1 | |
| 97 | 0300 | N4 | Pay-To Address City, State, ZIP Code | R | 1 | |
| | | | LOOP ID - 2010AC PAY-TO PLAN NAME | | | 1 |
| 99 | 0150 | NM1 | Pay-To Plan Name | S | 1 | |
| 101 | 0250 | N3 | Pay-to Plan Address | R | 1 | |
| 102 | 0300 | N4 | Pay-To Plan City, State, ZIP Code | R | 1 | |
| 104 | 0350 | REF | Pay-to Plan Secondary Identification | S | 1 | |
| 106 | 0350 | REF | Pay-To Plan Tax Identification Number | R | 1 | |

| PAGE # | POS. # | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|--------|--------|---------|--|-------|--------|-------------|
| | | | LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL | | | >1 |
| 107 | 0010 | HL | Subscriber Hierarchical Level | R | 1 | |
| 109 | 0050 | SBR | Subscriber Information | R | 1 | |
| | | | LOOP ID - 2010BA SUBSCRIBER NAME | | | 1 |
| 112 | 0150 | NM1 | Subscriber Name | R | 1 | |
| 115 | 0250 | N3 | Subscriber Address | S | 1 | |
| 116 | 0300 | N4 | Subscriber City, State, ZIP Code | R | 1 | |
| 118 | 0320 | DMG | Subscriber Demographic Information | S | 1 | |
| 120 | 0350 | REF | Subscriber Secondary Identification | S | 1 | |
| 121 | 0350 | REF | Property and Casualty Claim Number | S | 1 | |
| | | | LOOP ID - 2010BB PAYER NAME | | | 1 |
| 122 | 0150 | NM1 | Payer Name | R | 1 | |
| 124 | 0250 | N3 | Payer Address | S | 1 | |
| 125 | 0300 | N4 | Payer City, State, ZIP Code | R | 1 | |
| 127 | 0350 | REF | Payer Secondary Identification | S | 3 | |
| 129 | 0350 | REF | Billing Provider Secondary Identification | S | 1 | |

Table 2 - Subscriber Detail

Table 2 - Patient Detail

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BB in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 1.4.3.2.2.1, HL Segment, for details.

| PAGE # | POS. # | SEG. ID | | USAGE | REPEAT | LOOP REPEAT |
|--------|--------|---------|--|-------|--------|-------------|
| | | | LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL | | | >1 |
| 131 | 0010 | HL | Patient Hierarchical Level | S | 1 | |
| 133 | 0070 | PAT | Patient Information | R | 1 | |
| | | | LOOP ID - 2010CA PATIENT NAME | | | 1 |
| 135 | 0150 | NM1 | Patient Name | R | 1 | |
| 137 | 0250 | N3 | Patient Address | R | 1 | |
| 138 | 0300 | N4 | Patient City, State, ZIP Code | R | 1 | |
| 140 | 0320 | DMG | Patient Demographic Information | R | 1 | |
| 142 | 0350 | REF | Property and Casualty Claim Number | S | 1 | |
| | | | LOOP ID - 2300 CLAIM INFORMATION | | | 100 |
| 143 | 1300 | CLM | Claim Information | R | 1 | |
| 149 | 1350 | DTP | Discharge Hour | S | 1 | |
| 150 | 1350 | DTP | Statement Dates | R | 1 | |
| 151 | 1350 | DTP | Admission Date/Hour | S | 1 | |
| 152 | 1350 | DTP | Date - Repricer Received Date | S | 1 | |
| 153 | 1400 | CL1 | Institutional Claim Code | R | 1 | |
| 154 | 1550 | PWK | Claim Supplemental Information | S | 10 | |
| 158 | 1600 | CN1 | Contract Information | S | 1 | |
| 160 | 1750 | AMT | Patient Estimated Amount Due | S | 1 | |
| 161 | 1800 | REF | Service Authorization Exception Code | S | 1 | |

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| 63 | | | | | | |
|----------|------|-----|---|---|----|----|
| 55 | 1800 | REF | Referral Number | S | 1 | |
| 64 | 1800 | REF | Prior Authorization | S | 1 | |
| 66 | 1800 | REF | Payer Claim Control Number | S | 1 | |
| 67 | 1800 | REF | Repriced Claim Number | S | 1 | |
| 68 | 1800 | REF | Adjusted Repriced Claim Number | S | 1 | |
| 69 | 1800 | REF | Investigational Device Exemption Number | S | 5 | |
| 70 | 1800 | REF | Claim Identifier For Transmission Intermediaries | S | 1 | |
| 72 | 1800 | REF | Auto Accident State | S | 1 | |
| 73 | 1800 | REF | Medical Record Number | S | 1 | |
| 74 | 1800 | REF | Demonstration Project Identifier | S | 1 | |
| 75 | 1800 | REF | Peer Review Organization (PRO) Approval Number | S | 1 | |
| 76 | 1850 | K3 | File Information | S | 10 | |
| 78 | 1900 | NTE | Claim Note | S | 10 | |
| 80 | 1900 | NTE | Billing Note | S | 1 | |
| 81 | 2200 | CRC | EPSDT Referral | S | 1 | |
| 84 | 2310 | HI | Principal Diagnosis | R | 1 | |
| 87 | 2310 | HI | Admitting Diagnosis | S | 1 | |
| 89 | 2310 | HI | Patient's Reason For Visit | S | 1 | |
| 93 | 2310 | HI | External Cause of Injury | S | 1 | |
| 18 | 2310 | HI | Diagnosis Related Group (DRG) Information | S | 1 | |
| 20 | 2310 | HI | Other Diagnosis Information | S | 2 | |
| 39 | 2310 | HI | Principal Procedure Information | S | 1 | |
| 42 | 2310 | HI | Other Procedure Information | S | 2 | |
| 58 | 2310 | HI | Occurrence Span Information | S | 2 | |
| 71 | 2310 | HI | Occurrence Information | S | 2 | |
| 84 | 2310 | HI | Value Information | S | 2 | |
| 94 | 2310 | HI | Condition Information | S | 2 | |
| 04 | 2310 | HI | Treatment Code Information | S | 2 | |
| 13 | 2410 | HCP | Claim Pricing/Repricing Information | S | 1 | |
| | | | LOOP ID - 2310A ATTENDING PROVIDER NAME | | | 1 |
| 19 | 2500 | NM1 | Attending Provider Name | S | 1 | |
| 22 | 2550 | PRV | Attending Provider Specialty Information | S | 1 | |
| 24 | 2710 | REF | Attending Provider Secondary Identification | S | 4 | |
| | | | LOOP ID - 2310B OPERATING PHYSICIAN NAME | | | 1 |
| 26 | 2500 | NM1 | Operating Physician Name | S | 1 | |
| 29 | 2710 | | Operating Physician Secondary Identification | S | 4 | |
| | | | LOOP ID - 2310C OTHER OPERATING PHYSICIAN | | | 1 |
| | | | NAME | | | |
| 31 | 2500 | | Other Operating Physician Name | S | 1 | |
| 34 | 2710 | REF | Other Operating Physician Secondary Identification | S | 4 | |
| | | | LOOP ID - 2310D RENDERING PROVIDER NAME | | | 1 |
| 36 | 2500 | NM1 | Rendering Provider Name | S | 1 | |
| 39 | 2710 | REF | Rendering Provider Secondary Identification | S | 4 | |
| | | | LOOP ID - 2310E SERVICE FACILITY LOCATION NAME | | | 1 |
| 41 | 2500 | NM1 | Service Facility Location Name | S | 1 | |
| 44 | 2650 | N3 | Service Facility Location Address | R | 1 | |
| 45 | 2700 | N4 | Service Facility Location City, State, ZIP Code | R | 1 | |
| 47 | 2710 | REF | Service Facility Location Secondary Identification | S | 3 | |
| | | | LOOP ID - 2310F REFERRING PROVIDER NAME | | | 1 |
| | 2500 | NM1 | Referring Provider Name | S | 1 | |
| 49 | | | Referring Provider Secondary Identification | S | 3 | |
| 49 52 | | REF | | | | |
| 49 52 | 2710 | REF | | | | 10 |
| | | | LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION Other Subscriber Information | S | 1 | 10 |

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| 364 | 3000 | AMT | Coordination of Benefits (COB) Payer Paid Amount | S | 1 | |
|-----|------|-----|--|---|----|----|
| 365 | 3000 | AMT | Remaining Patient Liability | S | 1 | |
| 366 | 3000 | AMT | Coordination of Benefits (COB) Total Non-Covered Amount | S | 1 | |
| 367 | 3100 | OI | Other Insurance Coverage Information | R | 1 | |
| 369 | 3150 | MIA | Inpatient Adjudication Information | S | 1 | |
| 374 | 3200 | MOA | Outpatient Adjudication Information | S | 1 | |
| | | | LOOP ID - 2330A OTHER SUBSCRIBER NAME | | | 1 |
| 377 | 3250 | NM1 | Other Subscriber Name | R | 1 | |
| 380 | 3320 | N3 | Other Subscriber Address | S | 1 | |
| 381 | 3400 | N4 | Other Subscriber City, State, ZIP Code | R | 1 | |
| 383 | 3550 | REF | Other Subscriber Secondary Identification | S | 2 | |
| | | | LOOP ID - 2330B OTHER PAYER NAME | | | 1 |
| 384 | 3250 | NM1 | Other Payer Name | R | 1 | |
| 386 | 3320 | N3 | Other Payer Address | S | 1 | |
| 387 | 3400 | N4 | Other Payer City, State, ZIP Code | R | 1 | |
| 889 | 3500 | DTP | Claim Check or Remittance Date | S | 1 | |
| 890 | 3550 | REF | Other Payer Secondary Identifier | S | 2 | |
| 892 | 3550 | REF | Other Payer Prior Authorization Number | S | 1 | |
| 393 | 3550 | REF | Other Payer Referral Number | S | 1 | |
| 394 | 3550 | REF | Other Payer Claim Adjustment Indicator | S | 1 | |
| 895 | 3550 | REF | Other Payer Claim Control Number | S | 1 | |
| | | | LOOP ID - 2330C OTHER PAYER ATTENDING PROVIDER | | | 1 |
| 96 | 3250 | NM1 | Other Payer Attending Provider | S | 1 | |
| 98 | 3550 | REF | Other Payer Attending Provider Secondary Identification | R | 4 | |
| | | | LOOP ID - 2330D OTHER PAYER OPERATING PHYSICIAN | | | 1 |
| 00 | 3250 | | Other Payer Operating Physician | S | 1 | |
| 102 | 3550 | REF | Other Payer Operating Physician Secondary Identification | R | 4 | |
| | | | LOOP ID - 2330E OTHER PAYER OTHER OPERATING PHYSICIAN | | | 1 |
| 404 | 3250 | NM1 | Other Payer Other Operating Physician | S | 1 | |
| 106 | 3550 | REF | Other Payer Other Operating Physician Secondary | R | 4 | |
| | | | Identification LOOP ID - 2330F OTHER PAYER SERVICE FACILITY LOCATION | | | 1 |
| 108 | 3250 | NM1 | Other Payer Service Facility Location | S | 1 | |
| 410 | 3550 | | Other Payer Service Facility Location Secondary | R | 3 | |
| | | | Identification | | | |
| | | | LOOP ID - 2330G OTHER PAYER RENDERING PROVIDER NAME | | | 1 |
| 12 | 3250 | NM1 | Other Payer Rendering Provider Name | S | 1 | |
| 14 | 3550 | REF | Other Payer Rendering Provider Secondary Identification | R | 4 | |
| | | | LOOP ID - 2330H OTHER PAYER REFERRING PROVIDER | | | 1 |
| 16 | 3250 | NM1 | Other Payer Referring Provider | S | 1 | |
| 18 | 3550 | REF | Other Payer Referring Provider Secondary Identification | R | 3 | |
| | | | LOOP ID - 23301 OTHER PAYER BILLING PROVIDER | | | 1 |
| 20 | 3250 | NM1 | Other Payer Billing Provider | S | 1 | |
| 122 | 3550 | REF | Other Payer Billing Provider Secondary Identification | R | 2 | |
| | | | LOOP ID - 2400 SERVICE LINE NUMBER | | | 99 |
| 423 | 3650 | LX | Service Line Number | R | 1 | |
| 424 | 3750 | | Institutional Service Line | R | 1 | |
| 429 | | PWK | Line Supplemental Information | S | 10 | |

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| 433 | 4550 | DTP | Date - Service Date | S | 1 | |
|-----|------|-----|--|---|----|----|
| 435 | 4700 | REF | Line Item Control Number | S | 1 | |
| 437 | 4700 | REF | Repriced Line Item Reference Number | S | 1 | |
| 438 | 4700 | REF | Adjusted Repriced Line Item Reference Number | S | 1 | |
| 439 | 4750 | AMT | Service Tax Amount | S | 1 | |
| 440 | 4750 | AMT | Facility Tax Amount | S | 1 | |
| 441 | 4850 | NTE | Third Party Organization Notes | S | 1 | |
| 442 | 4920 | HCP | Line Pricing/Repricing Information | S | 1 | |
| | | | LOOP ID - 2410 DRUG IDENTIFICATION | | | 1 |
| 449 | 4930 | LIN | Drug Identification | S | 1 | |
| 452 | 4940 | СТР | Drug Quantity | R | 1 | |
| 454 | 4950 | REF | Prescription or Compound Drug Association Number | S | 1 | |
| | | | LOOP ID - 2420A OPERATING PHYSICIAN NAME | | | 1 |
| 456 | 5000 | NM1 | Operating Physician Name | S | 1 | |
| 459 | 5250 | REF | Operating Physician Secondary Identification | S | 20 | |
| | | | LOOP ID - 2420B OTHER OPERATING PHYSICIAN NAME | | | 1 |
| 461 | 5000 | NM1 | Other Operating Physician Name | S | 1 | |
| 64 | 5250 | REF | Other Operating Physician Secondary Identification | S | 20 | |
| | | | LOOP ID - 2420C RENDERING PROVIDER NAME | | | 1 |
| 66 | 5000 | NM1 | Rendering Provider Name | S | 1 | |
| 69 | 5250 | REF | Rendering Provider Secondary Identification | S | 20 | |
| | | | LOOP ID - 2420D REFERRING PROVIDER NAME | | | 1 |
| 71 | 5000 | NM1 | Referring Provider Name | S | 1 | |
| 74 | 5250 | REF | Referring Provider Secondary Identification | S | 20 | |
| | | | LOOP ID - 2430 LINE ADJUDICATION INFORMATION | | | 15 |
| 76 | 5400 | SVD | Line Adjudication Information | S | 1 | |
| 80 | 5450 | CAS | Line Adjustment | S | 5 | |
| 86 | 5500 | DTP | Line Check or Remittance Date | R | 1 | |
| 87 | 5505 | AMT | Remaining Patient Liability | S | 1 | |
| 88 | 5550 | SE | Transaction Set Trailer | R | 1 | |
| | | | | | | |

2.3.2

X12 Standard

This section is included as a reference. The implementation guide reference clarifies actual usage. Refer to section 2.1 Presentation Examples for detailed information on the components of the X12 Standard section.

STANDARD

837 Health Care Claim

Functional Group ID: HC

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Table 1 - Header

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|--------|---------|---------------------------------------|-----------|---------|-------------|
| 0050 | ST | Transaction Set Header | м | 1 | |
| 0100 | BHT | Beginning of Hierarchical Transaction | м | 1 | |
| 0150 | REF | Reference Information | 0 | 3 | |
| | | LOOP ID - 1000 | | | 10 |
| 0200 | NM1 | Individual or Organizational Name | 0 | 1 | |
| 0250 | N2 | Additional Name Information | 0 | 2 | |
| 0300 | N3 | Party Location | 0 | 2 | |
| 0350 | N4 | Geographic Location | 0 | 1 | |
| 0400 | REF | Reference Information | 0 | 2 | |
| 0450 | PER | Administrative Communications Contact | 0 | 2 | |

Table 2 - Detail

| POS. # | SEG. ID | NAME | REQ. DES. | MAX USE | LOOP REPEAT |
|--------|---------|-----------------------------------|-----------|---------|-------------|
| | | LOOP ID - 2000 | | | >1 |
| 0010 | HL | Hierarchical Level | М | 1 | |
| 0030 | PRV | Provider Information | 0 | 1 | |
| 0050 | SBR | Subscriber Information | 0 | 1 | |
| 0070 | PAT | Patient Information | 0 | 1 | |
| 0090 | DTP | Date or Time or Period | 0 | 5 | |
| 0100 | CUR | Currency | 0 | 1 | |
| | | LOOP ID - 2010 | | | 10 |
| 0150 | NM1 | Individual or Organizational Name | 0 | 1 | |
| 0200 | N2 | Additional Name Information | 0 | 2 | |

| | •••• | | | | 003010722 |
|------|-----------|--|----------|----------|-----------|
| 0250 | N3 | Party Location | о | 2 | |
| 0300 | | Geographic Location | ο | 1 | |
| 0320 | DMG | Demographic Information | ο | 1 | |
| 0350 | | Reference Information | 0 | 20 | |
| 0400 | | Administrative Communications Contact | 0 | 2 | |
| | | LOOP ID - 2300 | | | 10 |
| 1300 | CLM | Health Claim | 0 | 1 | |
| 1350 | DTP | Date or Time or Period | ο | 150 | |
| 1400 | | Claim Codes | 0 | 1 | |
| 1450 | | Orthodontic Information | 0 | 1 | |
| | DN2 | Tooth Summary | Ō | 35 | |
| | PWK | Paperwork | 0 | 10 | |
| 1600 | CN1 | Contract Information | 0 | 1 | |
| | DSB | Disability Information | 0 | 1 | |
| 1700 | | Peer Review Organization or Utilization Review | 0 | 1 | |
| | AMT | Monetary Amount Information | Ō | 40 | |
| | REF | Reference Information | 0 | 30 | |
| 1850 | | File Information | 0 | 10 | |
| | NTE | Note/Special Instruction | 0 | 20 | |
| 1950 | | Ambulance Certification | 0 | 1 | |
| 2000 | - | Chiropractic Certification | 0 0 | 1 | |
| 2050 | | Durable Medical Equipment Certification | 0 | 1 | |
| 2100 | | Enteral or Parenteral Therapy Certification | 0 | 3 | |
| | CR5 | Oxygen Therapy Certification | 0 | 1 | |
| | CR6 | Home Health Care Certification | 0 0 | 1 | |
| | CR8 | Pacemaker Certification | 0 | 9 | |
| | CRC | Conditions Indicator | 0 0 | 100 | |
| 2310 | | Health Care Information Codes | 0 0 | 25 | |
| 2400 | QTY | Quantity Information | 0 0 | 10 | |
| | HCP | Health Care Pricing | 0 0 | 1 | |
| 2410 | nor | LOOP ID - 2305 | | • | 6 |
| 2420 | CR7 | Home Health Treatment Plan Certification | 0 | 1 | 0 |
| 2430 | | Health Care Services Delivery | 0 0 | 12 | |
| | | LOOP ID - 2310 | • | | 9 |
| 2500 | NM1 | Individual or Organizational Name | 0 | 1 | 3 |
| 2550 | PRV | Provider Information | o | 1 | |
| 2600 | | Additional Name Information | 0 | 2 | |
| 2650 | | Party Location | • | • | |
| 2700 | | Geographic Location | 0 | 2 | |
| | REF | Reference Information | 0 | 20 | |
| | PER | Administrative Communications Contact | 0 | 20 | |
| | | LOOP ID - 2320 | <u> </u> | - | 10 |
| 2000 | SBR | Subscriber Information | 0 | 1 | 10 |
| | CAS | Claims Adjustment | 0 | 99 | |
| | AMT | Monetary Amount Information | 0 | 99 15 | |
| | DMG | Demographic Information | 0 | 15 | |
| 3100 | | Other Health Insurance Information | 0 | 1 | |
| | MIA | Medicare Inpatient Adjudication | 0 | 1 | |
| | MOA | | 0 | 1 | |
| J200 | MOA | Medicare Outpatient Adjudication | 0 | I | 10 |
| | NIN44 | LOOP ID - 2330 | 2 | 4 | 10 |
| | NM1 | Individual or Organizational Name | 0 | 1 | |
| 3300 | | Additional Name Information | 0 | 2 | |
| 3320 | | Party Location | 0 | 2 | |
| | | | | | |
| 3400 | N4 PER | Geographic Location Administrative Communications Contact | 0 0 | 1 2 | |

| 3500 | DTP | Date or Time or Period | ο | 9 | |
|--------------|-----------|--|---|---------|----|
| | REF | Reference Information | 0 | >1 | |
| | | LOOP ID - 2400 | • | | >1 |
| 3650 | 1 X | Transaction Set Line Number | Ο | 1 | 21 |
| 3700 | | Professional Service | 0 | 1 | |
| 3750 | | Institutional Service | 0 | 1 | |
| 3800 | | Dental Service | 0 | 1 | |
| | T00 | Tooth Identification | 0 | 32 | |
| | SV4 | Drug Service | 0 | 1 | |
| 4000 | | Durable Medical Equipment Service | 0 | 1 | |
| | SV6 | Anesthesia Service | o | 1 | |
| 4100 | | Drug Adjudication | 0 | 1 | |
| 4150 | | Health Care Information Codes | 0 | 25 | |
| | PWK | Paperwork | 0 | 10 | |
| | CR1 | Ambulance Certification | 0 | 1 | |
| | CR2 | Chiropractic Certification | o | 5 | |
| | CR3 | Durable Medical Equipment Certification | 0 | 1 | |
| | CR4 | Enteral or Parenteral Therapy Certification | 0 | 3 | |
| | CR5 | Oxygen Therapy Certification | 0 | 1 | |
| | CRC | Conditions Indicator | 0 | 3 | |
| | DTP | Date or Time or Period | 0 | 15 | |
| | QTY | Quantity Information | 0 | 5 | |
| | MEA | Measurements | 0 | 20 | |
| 1650 | CN1 | Contract Information | 0 | 1 | |
| | REF | Reference Information | 0 | 30 | |
| 1750 | AMT | Monetary Amount Information | 0 | 15 | |
| 1800 | K3 | File Information | 0 | 10 | |
| 1850 | NTE | Note/Special Instruction | 0 | 10 | |
| 880 | PS1 | Purchase Service | 0 | 1 | |
| 1900 | IMM | Immunization Status | 0 | >1 | |
| 1910 | HSD | Health Care Services Delivery | 0 | 1 | |
| 920 | HCP | Health Care Pricing | ο | 1 | |
| | | LOOP ID - 2410 | | | >1 |
| 1930 | LIN | Item Identification | 0 | 1 | |
| 1940 | СТР | Pricing Information | 0 | 1 | |
| 950 | REF | Reference Information | ο | 1 | |
| | | LOOP ID - 2420 | | | 10 |
| 5000 | NM1 | Individual or Organizational Name | 0 | 1 | |
| | PRV | Provider Information | 0 | 1 | |
| 5100 | | Additional Name Information | 0 | 2 | |
| 5140 | | Party Location | 0 | 2 | |
| 5200 | | Geographic Location | ο | 1 | |
| | REF | Reference Information | ο | 20 | |
| | PER | Administrative Communications Contact | ο | 2 | |
| | | LOOP ID - 2430 | | | >1 |
| 5400 | SVD | Service Line Adjudication | 0 | 1 | |
| | CAS | Claims Adjustment | 0 | 99 | |
| | DTP | Date or Time or Period | 0 | 9 | |
| | AMT | Monetary Amount Information | 0 | 20 | |
| | | LOOP ID - 2440 | | | >1 |
| | | | • | | |
| 5510 | LQ | Industry Code Identification | 0 | 1 | 1 |
| 5510 5520 | LQ FRM | Industry Code Identification Supporting Documentation | M | 1 99 | |

NOTES:

- **1/0200** Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- **2/0150** Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/1950 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/2500 Loop 2310 contains information about the rendering, referring, or attending provider.
- **2/2900** Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/3250 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/3650 Loop 2400 contains Service Line information.
- 2/4250 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/4930 Loop 2410 contains compound drug components, quantities and prices.
- 2/5000 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim level segments if the entity identifier codes in each NM1 segment are the same.
- 2/5400 SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
- 2/5510 Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.
- 2/5520 FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.

2.4

837 - Segment Detail

This section specifies the segments, data elements, and codes for this implementation. Refer to section 2.1 Presentation Examples for detailed information on the components of the Segment Detail section.

| SEGMENT DETAIL | | | | | | | | | | |
|----------------|---|-------------------------------------|---|---------------------------|---------------------|--------|--|--|--|--|
| | S | Г - TR/ | ANSACTION SET HEADER | | | | | | | |
| X12 Segment | Name: Tra | nsaction S | Set Header | | | | | | | |
| X12 Pur | r pose: To i | indicate th | ne start of a transaction set and to assign a control number | | | | | | | |
| Segment Ro | epeat: 1 | | | | | | | | | |
| U | Jsage: RE | QUIRED | | | | | | | | |
| TR3 Exa | mple: ST* | k837 *9 87 | ′654 ∗005010X223 ∼ | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| ST * | 01 143 TS ID Code 1 ID 3/3 | ST02 TS Contr Numbe M 1 AN | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | REF. DES. | DATA | NAME | | ATTRIBU | | | | | |
| REQUIRED | ST01 | 143 | AME Transaction Set Identifier Code Code uniquely identifying a Transaction Set | M 1 | ID | 3/3 | | | | |
| | | | SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). | | | | | | | |
| | | | 837 Health Care Claim | | | | | | | |
| REQUIRED | ST02 | 329 | Transaction Set Control Number Identifying control number that must be unique within the tr functional group assigned by the originator for a transaction | | | 4/9 | | | | |
| | | | The Transaction Set Control Number in ST02 and identical. The number must be unique within a sp (ISA-IEA), but can repeat in other interchanges. | | | | | | | |
| REQUIRED | ST03 | 1705 | Implementation Convention Reference Reference assigned to identify Implementation Convention | 01 | AN | 1/35 | | | | |
| | | | SEMANTIC: The implementation convention reference (ST03 translation routines of the interchange partners to select the implementation convention to match the transaction set de this implementation convention reference takes precedence implementation reference specified in the GS08. | , e appro finition. | priate When | | | | | |
| | | | IMPLEMENTATION NAME: Version, Release, or Industry I | dentifi | er | | | | | |
| | | | This element must be populated with the guide in Section 1.2. | dentifi | er nam | ned in | | | | |
| | | | This field contains the same value as GS08. Som products strip off the ISA and GS segments prior SE) processing. Providing the information from t level will ensure that the appropriate application translation time. | to ap | plicati 608 at t | his | | | | |

| SEGMENT DETRIE | | | | | | | |
|------------------------------|-------------------------|---|--|--|--|--|--|
| | BHT - B TRANS | EGINNING OF HIERARCHICAL | | | | | |
| X12 Segment Name: | Beginning of I | Hierarchical Transaction | | | | | |
| X12 Purpose: | | business hierarchical structure of the transaction set and identify application purpose and reference data, i.e., number, date, and | | | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | REQUIRED | | | | | | |
| TR3 Notes: | | ond example denotes the case where the entire transaction tains ENCOUNTERS. | | | | | |
| TR3 Example: | BHT*0019*0 | 00*0123*20040618*0932*CH~ | | | | | |
| TR3 Example: | BHT*0019*0 | 00*44445*20040213*0345*RP~ | | | | | |
| DIAGRAM | | | | | | | |
| BHT * Hierarch Struct Coo | | | | | | | |
| R | EF. DATA ES. ELEMENT | | | | | | |
| | | NAME ATTRIBUTES Hierarchical Structure Code M 1 ID 4/4 Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set M 1 ID 4/4 Code DEFINITION DEFINITION M 1 ID 4/4 | | | | | |
| | | 0019 Information Source, Subscriber, Dependent | | | | | |
| REQUIRED BHTC | 02 353 | Transaction Set Purpose Code M 1 ID 2/2 Code identifying purpose of transaction set | | | | | |
| | | BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status. | | | | | |
| | | CODE DEFINITION | | | | | |
| | | 00 Original | | | | | |
| | | Original transmissions are transmissions which have never been sent to the receiver. | | | | | |
| | | 18 Reissue | | | | | |
| | | If a transmission was disrupted and the receiver requests a retransmission, the sender uses "Reissue" to indicate the transmission has been previously sent. | | | | | |
| | | | | | | | |

| ASC X12N • INSURA TECHNICAL REPOR | | MMITTEE | 005010X223 ● 837 ● BHT BEGINNING OF HIERARCHICAL TRANSACTION | | | | | | | | |
|--------------------------------------|-------|---------|--|--|--|--|--|--|--|--|--|
| REQUIRED | BHT03 | 127 | Reference Identification O 1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | | | | |
| | | | SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system. | | | | | | | | |
| | | | IMPLEMENTATION NAME: Originator Application Transaction Identifier | | | | | | | | |
| | | | The inventory file number of the transmission assigned by the submitter's system. This number operates as a batch control number. | | | | | | | | |
| | | | This field is limited to 30 characters. | | | | | | | | |
| REQUIRED BHT04 373 | | | Date O 1 DT 8/8 Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year | | | | | | | | |
| | | | SEMANTIC: BHT04 is the date the transaction was created within the business application system. | | | | | | | | |
| | | | IMPLEMENTATION NAME: Transaction Set Creation Date | | | | | | | | |
| | | | This is the date that the original submitter created the claim file from their business application system. | | | | | | | | |
| REQUIRED | BHT05 | 337 | TimeO 1 TM4/4Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, orHHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), Sinteger seconds (00-59) and DD = decimal seconds; decimal seconds areexpressed as follows: D = tenths (0-9) and DD = hundredths (00-99) | | | | | | | | |
| | | | SEMANTIC: BHT05 is the time the transaction was created within the business application system. | | | | | | | | |
| | | | IMPLEMENTATION NAME: Transaction Set Creation Time | | | | | | | | |
| | | | This is the time that the original submitter created the claim file from their business application system. | | | | | | | | |
| REQUIRED | BHT06 | 640 | Transaction Type CodeO 1ID2/2Code specifying the type of transaction | | | | | | | | |
| | | | IMPLEMENTATION NAME: Claim Identifier | | | | | | | | |
| | | | CODE DEFINITION | | | | | | | | |
| | | | 31 Subrogation Demand | | | | | | | | |
| | | | The subrogation demand code is only for use by state Medicaid agencies performing post payment recovery claiming with willing trading partners. <i>NOTE:</i> At the time of this writing, Subrogation Demand is not a HIPAA mandated use of the 837 transaction. | | | | | | | | |
| | | | CH Chargeable | | | | | | | | |
| | | | Use CH when the transaction contains only fee for service claims or claims with at least one chargeable line item. If it is not clear whether a transaction contains claims or capitated encounters, or if the transaction contains a mix of claims and capitated encounters, use CH. | | | | | | | | |

RP Reporting Use RP when the entire ST-SE envelope contains only capitated encounters. Use RP when the transaction is being sent to an entity (usually not a payer or a normal provider payer transmission intermediary) for purposes other than adjudication of a claim. Such an entity could be a state health data agency which is using the 837 for health data reporting purposes.

| SEGMENT DETAIL | | | | | |
|----------------------|---|---|--|--|--|
| | NM1 - S | | ER NAME | | |
| X12 Segment Nar | ne: Individual or | Organizational | Name | | |
| X12 Purpo | se: To supply th | e full name of a | n individual or orgar | nizational entity | |
| X12 Set Not | receiver the loop | s change or ad | omitter and receiver d data in any way, th entification. The add pop. | nen they add an | occurrence to |
| X12 Synt | | NM108 or NM1 | 09 is present, then t | he other is requ | uired. |
| | 2. C1110 If NM11 | 1 is present, the | en NM110 is require | d. | |
| | 3. C1203 If NM11 | 2 is present, the | en NM103 is require | d. | |
| Lo | op: 1000A — Sl | JBMITTER NA | ME Loop Repeat: | 1 | |
| Segment Repe | eat: 1 | | | | |
| Usa | ge: REQUIRED | | | | |
| TR3 Not | | omitter is the e ransaction. | ntity responsible fo | or the creation | and formatting |
| TR3 Examp DIAGRAM | ble: NM1*41*2* | ABC SUBMIT | TER****46*999 | 999999~ | |
| NIVI 1 * Co | 98 ty ID bde D 2/3 NM102 Entity T Qualif M 1 ID | ier Org Na | | №105 1037 Name Middle O 1 AN 1/25 | MM106 1038 Name Prefix O 1 AN 1/10 |
| * Su | 1039 me ffix N 1/10 N 1/10 N 1/10 N 1/10 N 1/10 N M108 ID Co Qualif X 1 ID | ier [*] Cod | 67 e X NM110 706 Entity Relat Code X 1 ID 2/2 | № 111 98 Entity ID Gode 0 1 ID 2/3 | № № № № № № № № № № № № № № № № № № № |
| ELEMENT DETAIL | | | | | |
| USAGE | REF. DATA DES. ELEMENT | NAME | | | ATTRIBUTES |
| REQUIRED | IM101 98 | Entity Identifi Code identifying individual | er Code an organizational entity, | | M 1 ID 2/3 property or an |
| | | CODE | DEFINITION | | |
| | | 41 | Submitter | | |

| 005010X223 • 837 • SUBMITTER NAME | 1000A • NM1 | | ASC X12N ● IN TE(| SURANCE S CHNICAL R | | |
|--|----------------|------------------|--|--|---|--|
| REQUIRED | NM102 | 1065 | Entity Type Qualifier Code qualifying the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM102 qualifies NM103. | | | |
| | | | CODE DEFINITION | | | |
| | | | 1 Person | | | |
| | | | 2 Non-Person Entity | | | |
| REQUIRED | NM103 | 1035 | Name Last or Organization Name Individual last name or organizational name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | |
| | | | IMPLEMENTATION NAME: Submitter Last or Organization | ation Nam | e | |
| SITUATIONAL NM104 1036 | | 1036 | Name First Individual first name | 01 | AN | 1/35 |
| | | | SITUATIONAL RULE: Required when NM102 = 1 (per has a first name. If not required by this imple not send. | - | - | |
| | | | IMPLEMENTATION NAME: Submitter First Name | | | |
| SITUATIONAL NM105 1037 | | 1037 | Name Middle Individual middle name or initial | 01 | AN | 1/25 |
| | | | | | | |
| | | | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, o | entify the i | ndivid | |
| | | | SITUATIONAL RULE: Required when NM102 = 1 (pendemonstrated and the person is needed to identify the person identify | entify the i lo not sen | ndivid | |
| NOT USED | NM106 | 1038 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, o | entify the i lo not sen | ndivid | |
| | NM106 NM107 | 1038 1039 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or | entify the i to not send Initial | ndivid d. | ual. If |
| NOT USED | | | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix | entify the i to not send Initial O 1 O 1 X 1 | ndivid d. AN AN ID | 1/10 1/10 1/10 1/2 |
| NOT USED | NM107 | 1039 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structure | entify the i to not send Initial O 1 O 1 X 1 | ndivid d. AN AN ID | <i>ual. If</i> 1/10 1/10 1/2 |
| NOT USED | NM107 | 1039 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structure Code (67) | entify the i to not send Initial O 1 O 1 X 1 | ndivid d. AN AN ID | 1/10 1/10 1/10 1/2 |
| NOT USED | NM107 | 1039 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structure Code (67) SYNTAX: P0809 | entify the in to not send Initial O 1 O 1 X 1 re used for lo | ndivid d. AN AN ID dentifica | 1/10 1/10 1/10 1/2 ation |
| NOT USED | NM107 | 1039 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structure Code (67) SYNTAX: P0809 CODE DEFINITION | initial O 1 O 1 X 1 re used for lo | AN AN ID dentifica | 1/10 1/10 1/10 1/2 ation |
| NOT USED REQUIRED | NM107 | 1039 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, or implementation name: Submitter Middle Name or Name Prefix IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structure Code (67) SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identifier | initial O 1 O 1 X 1 re used for lo | AN AN ID dentifica | 1/10 1/10 1/10 1/2 ation |
| NOT USED REQUIRED | NM107 NM108 | 1039 66 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structur Code (67) SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identific Established by trading partner | Initial O 1 O 1 X 1 re used for lo | AN AN ID dentifica | 1/10 1/10 1/10 1/2 ation |
| NOT USED REQUIRED | NM107 NM108 | 1039 66 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, or implementation guide, or implementation name: Submitter Middle Name or Name Prefix IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Prefix Identification Code Qualifier Code designating the system/method of code structure Code (67) SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identifier Identification Code Code designating partner | Initial O 1 O 1 X 1 re used for lo | AN AN ID dentifica | 1/10 1/10 1/10 1/2 ation |
| NOT USED NOT USED REQUIRED REQUIRED | NM107 NM108 | 1039 66 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structur Code (67) SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identific Established by trading partner Identification Code Code identifying a party or other code SYNTAX: P0809 | Initial O 1 O 1 X 1 re used for lo | AN AN ID dentifica | 1/10 1/10 1/10 1/2 ation |
| NOT USED REQUIRED | NM107 NM108 | 1039 66 67 | SITUATIONAL RULE: Required when NM102 = 1 (per name or initial of the person is needed to ide not required by this implementation guide, of IMPLEMENTATION NAME: Submitter Middle Name or Name Prefix Name Suffix Identification Code Qualifier Code designating the system/method of code structur Code (67) SYNTAX: P0809 CODE DEFINITION 46 Electronic Transmitter Identifie Established by trading partner Identification Code Code identifying a party or other code SYNTAX: P0809 IMPLEMENTATION NAME: Submitter Identifier | initial O 1 O 1 X 1 re used for lo fication Nu er agreeme X 1 | AN AN ID dentifica | 1/10 1/10 1/2 ation (ETIN) 2/80 |

PER - SUBMITTER EDI CONTACT INFORMATION

X12 Segment Name: Administrative Communications Contact

X12 Purpose: To identify a person or office to whom administrative communications should be directed

X12 Syntax: 1. P0304

If either PER03 or PER04 is present, then the other is required.

2. P0506 If either PER05 or PER06 is present, then the other is required.

3. P0708 If either PER07 or PER08 is present, then the other is required.

Loop: 1000A — SUBMITTER NAME

Segment Repeat: 2

Usage: REQUIRED

- TR3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".
 - 2. The contact information in this segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
 - 3. There are 2 repetitions of the PER segment to allow for six possible combinations of communication numbers including extensions.

TR3 Example: PER*IC*JOHN SMITH*TE*5555551234*EX*123~

005010X223 • 837 • 1000A • PER SUBMITTER EDI CONTACT INFORMATION

| | R01 366 Contact unct Code 1 ID 2/2 | PER02 Name | * Comm Number Qual * Comm * Number | umber Qual 🌋 🛛 N | 06 364 Comm lumber AN 1/256 |
|----------------|---|------------------------------------|---|--|---|
| * | R07 365 Comm Imber Qual ID 2/2 | PER08 Comm Numbe X 1 AN 1 | r <mark>* Reference</mark> ~ | | |
| ELEMENT DETAIL | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | AT | TRIBUTES |
| REQUIRED | PER01 | 366 | Contact Function Code Code identifying the major duty or responsibility | M 1 II | |
| | | | CODE DEFINITION | | |
| | | | IC Information Contact | | |
| SITUATIONAL | PER02 | 93 | Name Free-form name | 01 A | N 1/60 |
| | | | AND | | |
| | | | it is the first iteration of the Submitter En (PER) segment. If not required by this implementation go | uide, do not send | |
| REQUIRED | PER03 | 365 | (PER) segment. If not required by this implementation get IMPLEMENTATION NAME: Submitter Contact Nat Communication Number Qualifier | uide, do not send me X 1 II | |
| REQUIRED | PER03 | 365 | (PER) segment. If not required by this implementation get IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication number | uide, do not send me X 1 II | |
| REQUIRED | PER03 | 365 | (PER) segment. If not required by this implementation get IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication number SYNTAX: P0304 | uide, do not send me X 1 II | |
| REQUIRED | PER03 | 365 | (PER) segment. If not required by this implementation grading IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION | uide, do not send me X 1 II | |
| REQUIRED | PER03 | 365 | (PER) segment. If not required by this implementation grading IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION EM Electronic Mail | uide, do not send me X 1 II | |
| REQUIRED | PER03 | 365 | (PER) segment. If not required by this implementation groups IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION EM Electronic Mail FX Facsimile | uide, do not send me X 1 II | |
| | PER03 PER04 | 365 364 | (PER) segment. If not required by this implementation grading IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION EM Electronic Mail | uide, do not send me X 1 IE ber X 1 A | D 2/2 N 1/256 |
| | | | (PER) segment. If not required by this implementation grading in the system of contact Name: IMPLEMENTATION NAME: SUBMITTER Contact Name: Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION EM Electronic Mail FX Facsimile TE Telephone Communication Number Complete communications number including complete communications number | uide, do not send me X 1 IE ber X 1 A | D 2/2 N 1/256 |
| REQUIRED | | | (PER) segment. If not required by this implementation grading that the implementation number Qualifier Communication Number Qualifier Code identifying the type of communication number Qualifier SYNTAX: P0304 CODE DEFINITION EM Electronic Mail FX Facsimile TE Telephone Complete communications number including complete complete communications number including complete complete | uide, do not send me X 1 II ber X 1 A untry or area code wh | D 2/2 N 1/256 |
| REQUIRED | PER04 | 364 | (PER) segment. If not required by this implementation grading that the provide the symptox of communication number of communications number including complete communications number including communications number including communications number in | uide, do not send me X 1 II ber X 1 A untry or area code wh | D 2/2 N 1/256 |
| REQUIRED | PER04 | 364 | (PER) segment. If not required by this implementation groups IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION EM Electronic Mail FX Facsimile TE Telephone Complete communications number including couplicable SYNTAX: P0304 Communication Number Complete communications number including couplicable SYNTAX: P0304 Communication Number Qualifier Code identifying the type of communication num | uide, do not send me ber X 1 II untry or area code wh X 1 II ber X 1 II | D 2/2 N 1/256 Ien 2/2 <i>necessary</i> |
| REQUIRED | PER04 | 364 | (PER) segment. If not required by this implementation gravity IMPLEMENTATION NAME: Submitter Contact Name Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 CODE DEFINITION EM Electronic Mail FX Facsimile TE Telephone Communication Number Complete communications number including couplicable SYNTAX: P0304 Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0304 Communication Number Qualifier Code identifying the type of communication num SYNTAX: P0506 SITUATIONAL RULE: Required when this inform by the submitter. If not required by this inform | uide, do not send me ber X 1 II untry or area code wh X 1 II ber X 1 II | D 2/2 N 1/256 Ien 2/2 <i>necessary</i> |

| | | | EX | Telephone Extension | | | |
|-------------|-------|-----|--|--|----------------|------------|-------|
| | | | FX | Facsimile | | | |
| | | | TE | Telephone | | | |
| SITUATIONAL | PER06 | 364 | Communication Complete comm | on Number unications number including country or are | X 1 ea code | | 1/256 |
| | | | SYNTAX: P0506 | | | | |
| | | | | Required when this information is tter. If not required by this implement | | | - |
| SITUATIONAL | PER07 | 365 | | on Number Qualifier the type of communication number | X 1 | ID | 2/2 |
| | | | syntax: P0708 | | | | |
| | | | | Required when this information is tter. If not required by this implement | | | - |
| | | | CODE | DEFINITION | | | |
| | | | EM | Electronic Mail | | | |
| | | | EX | Telephone Extension | | | |
| | | | FX | Facsimile | | | |
| | | | TE | Telephone | | | |
| SITUATIONAL | PER08 | 364 | Communication Complete comm applicable | on Number unications number including country or are | X 1 ea code | AN when | 1/256 |
| | | | SYNTAX: P0708 | | | | |
| | | | | Required when this information is tter. If not required by this implement | | | - |
| NOT USED | PER09 | 443 | Contact Inqui | ry Reference | 01 | AN | 1/20 |

| SEGMENT DETAIL | |
|---|--|
| NM1 | - RECEIVER NAME |
| X12 Segment Name: Individu | ual or Organizational Name |
| X12 Purpose: To supp | ply the full name of an individual or organizational entity |
| rec the | op 1000 contains submitter and receiver information. If any intermediary evivers change or add data in any way, then they add an occurrence to a loop as a form of identification. The added loop occurrence must be the t occurrence of the loop. |
| X12 Syntax: 1. P08 If e | 809 ither NM108 or NM109 is present, then the other is required. |
| 2. C1 [.] If N | 110 IM111 is present, then NM110 is required. |
| 3. C1: If N | 203 IM112 is present, then NM103 is required. |
| Loop: 1000B - | — RECEIVER NAME Loop Repeat: 1 |
| Segment Repeat: 1 | |
| Usage: REQUI | RED |
| TR3 Example: NM1*4 | 0*2*XYZ RECEIVER****46*111222333~ |
| DIAGRAM | |
| NM1 * Entity ID Code M 1 ID 2/3 * M NM107 1039 Name * | M102 1065 NM103 1035 ntity Type Name Last/ Org Name NM104 1036 1 ID 1/1 NM106 1/1 M108 66 NM109 67 NM100 NM110 706 M10C ID Code X 1 AN 1/2 NM111 98 M101 ID Code X 1 ID 2/2 NM111 98 Mame NM109 67 NM109 67 NM101 NM102 NM111 98 Mame NM109 67 NM102 NM110 706 NM111 98 NM112 1035 Mame NM102 NM102 NM110 706 NM111 98 NM112 1035 Mame NM102 NM102 NM102 NM102 NM112 1035 Name NM102 NM102 NM102 NM102 NM102 NM102 NM102 M102 NM102 NM102 NM102 NM102 NM102 NM102 NM102 NM102 |
| ELEMENT DETAIL | |
| | DATA ELEMENT NAME ATTRIBUTES |
| REQUIRED NM101 98 | 8 Entity Identifier Code M 1 ID 2/3 Code identifying an organizational entity, a physical location, property or an individual |
| | CODE DEFINITION |
| | 40 Receiver |
| REQUIRED NM102 10 | D65 Entity Type Qualifier M 1 ID 1/1 Code qualifying the type of entity M 1 ID 1/1 |
| | SEMANTIC: NM102 qualifies NM103. |
| | CODE DEFINITION |
| | 2 Non-Person Entity |

| ASC X12N • INSURA TECHNICAL REPOR | | MMITTEE | | | 005010X223 • 83 F | | 00B • NM1 /ER NAME |
|--------------------------------------|-------|---------|-----------------------------------|---|---|-------|-----------------------|
| REQUIRED | NM103 | 1035 | | or Organization Name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | 1 | | | |
| | | | IMPLEMENTATION | NAME: Receiver Name | | | |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | e | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| REQUIRED | NM108 | 66 | | n Code Qualifier ing the system/method of code | X 1 ID 1 e structure used for Identification | | |
| | | | syntax: P0809 | | | | |
| | | | CODE | DEFINITION | | | |
| | | | 46 | Electronic Transmitter | Identification Nu | umber | (ETIN) |
| REQUIRED | NM109 | 67 | Identification Code identifyir | n Code lg a party or other code | X 1 | AN | 2/80 |
| | | | syntax: P0809 | | | | |
| | | | | NAME: Receiver Primary Id | lentifier | | |
| NOT USED | NM110 | 706 | Entity Relati | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identi | fier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last c | or Organization Name | 01 | AN | 1/60 |

HL - BILLING PROVIDER HIERARCHICAL LEVEL

X12 Segment Name: Hierarchical Level

X12 Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

X12 Comments: 1. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.

2. The HL segment defines a top-down/left-right ordered structure.

Loop: 2000A — BILLING PROVIDER HIERARCHICAL LEVEL Loop Repeat: >1

Segment Repeat: 1

Usage: REQUIRED

TR3 Example: HL*1**20*1~

DIAGRAM

| | HL01 | 628 | | HL02 | 2 | 734 | | HL03 | 3 | 735 | | HL04 | | 736 | |
|------|-----------------|-------------|---|----------|----------------|---------------------|---|------|------------------|-----|---|------|----------------|-----|---|
| HL * | Hiera ID Nur | rch nber | * | Hi Pa | ierar irent | ch HĐ | * | | ieraro vel Co | | * | | eraro Id Co | | ~ |
| | M 1 AN | I 1/12 | | 01 | AN | 1/12 | | M 1 | ID | 1/2 | | O 1 | ID | 1/1 | |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES | | | |
|----------|--------------|-----------------|---|---|-----------------------|--------------------|---------------------|--|--|--|
| REQUIRED | HL01 | 628 | Hierarchical II A unique number a hierarchical stru | assigned by the sender to identify a partic | M 1 cular d | AN ata seg | 1/12 ment in | | | |
| | | | of the HL segment indicate the number HL01 would be "" | hall contain a unique alphanumeric numbe nt in the transaction set. For example, HL0 ber of occurrences of the HL segment, in v 1" for the initial HL segment and would be t HL segment within the transaction. | 1 coul vhich c | d be us ase the | ed to value of | | | |
| | | | The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. | | | | | | | |
| NOT USED | HL02 | 734 | Hierarchical P | arent ID Number | 01 | AN | 1/12 | | | |
| REQUIRED | HL03 | 735 | Hierarchical L Code defining the | evel Code e characteristic of a level in a hierarchical s | M 1 structu | ID re | 1/2 | | | |
| | | | COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information. | | | | | | | |
| | | | CODE | DEFINITION | | | | | | |
| | | | 20 | Information Source | | | | | | |

| ASC X12N • INSU TECHNICAL REP | | OMMITTEE | | 005 BILLING PROVI | 010X223 • 8 DER HIERA | | | | | | | | | |
|----------------------------------|------|----------|--|---|--------------------------|---------|------|--|--|--|--|--|--|--|
| REQUIRED | HL04 | 736 | Code indicatin | Hierarchical Child Code O 1 ID 1/1 Code indicating if there are hierarchical child data segments subordinate to the level being described | | | | | | | | | | |
| | | | COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. | | | | | | | | | | | |
| | | | CODE | DEFINITION | | | | | | | | | | |
| | | | 1 | Additional Subordinate HL D Hierarchical Structure. | ata Segme | nt in 1 | ſhis | | | | | | | |

| SEGMENT DETAIL | | | | | | |
|----------------|--|--|--|---|----------------------------------|--------------------------------|
| | | | ILLING PROVIDER SPECIAL | ΤY | | |
| X12 Segment N | lame: Prov | vider Info | rmation | | | |
| X12 Purj | pose: To s | specify the | e identifying characteristics of a provider | | | |
| X12 Sy | ntax: 1. | P0203 | | | | |
| | | If either F | PRV02 or PRV03 is present, then the other is req | uired | | |
| L | _oop: 200 | 0A — BIL | LING PROVIDER HIERARCHICAL LEVEL | | | |
| Segment Re | peat: 1 | | | | | |
| U | sage: SIT | UATIONA | AL | | | |
| Situational | pro | • | nen the payer's adjudication is known to be im onomy code. If not required by this implemen | - | - | |
| TR3 Exa | mple: PR\ | /*BI*PX | C*282NR1301X~ | | | |
| DIAGRAM | - 1 | | | | | |
| PRV * PRV * | /01 1221 Provider Code ID 1/3 | PRV02 Referen Ident Qu X 1 ID | * * * | * | PRV06 Prov Org (O 1 II | Sode ~ |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | |
| REQUIRED | | | | | ATTRIB | UTES |
| | PRV01 | 1221 | Provider Code | M 1 | | UTES 1/3 |
| | PRV01 | 1221 | Provider Code Code identifying the type of provider CODE DEFINITION | M 1 | | |
| | PRV01 | 1221 | Code identifying the type of provider CODE DEFINITION | M 1 | | |
| REQUIRED | PRV01 PRV02 | 1221 128 | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier | M 1 | | |
| REQUIRED | | | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification | | ID | 1/3 |
| REQUIRED | | | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 | | ID | 1/3 |
| REQUIRED | | | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION | X 1 | ID | 1/3 |
| REQUIRED | | | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION PXC Health Care Provider Taxonomy Comparison | X 1 | ID | 1/3 |
| REQUIRED | | | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION | X 1 Code Faxono X 1 | ID ID | 1/3 2/3 1/50 |
| | PRV02 | 128 | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION PXC Health Care Provider Taxonomy Concord code source 682: Health Care Provider Taxonomy Concord code source for a particular Transaction Reference Identification Reference Identification | X 1 Code Faxono X 1 | ID ID | 1/3 2/3 1/50 |
| | PRV02 | 128 | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION PXC Health Care Provider Taxonomy Core source 682: Health Care Provider Reference Identification Reference Identification Reference Identification Reference Identification Reference Identification Reference Identification | X 1 Code Faxono X 1 | ID ID | 1/3 2/3 1/50 |
| | PRV02 | 128 | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 CODE DEFINITION PXC Health Care Provider Taxonomy Concord code source 682: Health Care Provider Taxonomy Concord code source 682: Health Care Provider Taxonomy Concord code source Identification Reference Identification as defined for a particular Transaction by the Reference Identification Qualifier SYNTAX: P0203 | X 1 Code Faxono X 1 | ID ID | 1/3 2/3 1/50 |
| REQUIRED | PRV02 PRV03 | 128 | Code identifying the type of provider CODE DEFINITION BI Billing Reference Identification Qualifier Code qualifying the Reference Identification SYNTAX: P0203 DEFINITION PXC DEFINITION PXC Health Care Provider Taxonomy Code Code source 682: Health Care Provider Taxonomy Code Reference Identification Reference Identification Qualifier SYNTAX: P0203 IMPLEMENTATION NAME: Provider Taxonomy Code | X 1 Code Taxono X 1 Don Set | ID ID | 1/3 2/3 1/50 pecified |

X12 Segment Name: Currency

SEGMENT DETAIL

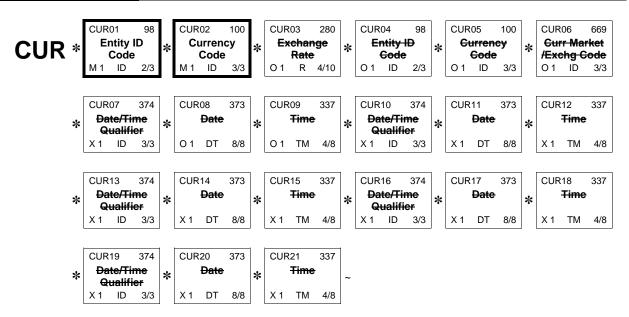
| X12 Purpose: | To specify the currency (dollars, pounds, francs, etc.) used in a transaction |
|-------------------|--|
| X12 Syntax: | 1. C0807 If CUR08 is present, then CUR07 is required. |
| | 2. C0907 If CUR09 is present, then CUR07 is required. |
| | 3. L101112 If CUR10 is present, then at least one of CUR11 or CUR12 are required. |
| | 4. C1110 If CUR11 is present, then CUR10 is required. |
| | 5. C1210 If CUR12 is present, then CUR10 is required. |
| | 6. L131415 If CUR13 is present, then at least one of CUR14 or CUR15 are required. |
| | 7. C1413 If CUR14 is present, then CUR13 is required. |
| | 8. C1513 If CUR15 is present, then CUR13 is required. |
| | 9. L161718 If CUR16 is present, then at least one of CUR17 or CUR18 are required. |
| | 10. C1716 If CUR17 is present, then CUR16 is required. |
| | 11. C1816 If CUR18 is present, then CUR16 is required. |
| | 12. L192021 If CUR19 is present, then at least one of CUR20 or CUR21 are required. |
| | 13. C2019 If CUR20 is present, then CUR19 is required. |
| | 14. C2119 If CUR21 is present, then CUR19 is required. |
| X12 Comments: | 1. See Figures Appendix for examples detailing the use of the CUR segment. |
| Loop: | 2000A — BILLING PROVIDER HIERARCHICAL LEVEL |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the amounts represented in this transaction are currencies other than the United States dollar. If not required by this implementation guide, do not send. |

CUR - FOREIGN CURRENCY INFORMATION

TR3 Notes: 1. It is REQUIRED that all amounts reported within the transaction are of the currency named in this segment. If this segment is not used, then it is required that all amounts in this transaction be expressed in US dollars.

TR3 Example: CUR*85*CAD~





ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES | | | | |
|----------|--------------|-----------------|-------------------------------|--|----------------|----------------|---------------------|--|--|--|--|
| REQUIRED | CUR01 | 98 | | Entity Identifier Code Code identifying an organizational entity, a physical location | | | | | | | |
| | | | individual | g an olganizational ontity, a physical locato | n, prop | | | | | | |
| | | | CODE | DEFINITION | | | | | | | |
| | | | 85 | Billing Provider | | | | | | | |
| REQUIRED | CUR02 | 100 | Currency Co Code (Standard | de I ISO) for country in whose currency the cha | M 1 arges a | ID ire spec | 3/3 ified | | | | |
| | | | CODE SOURCE 5: | code source 5: Countries, Currencies and Funds | | | | | | | |
| | | | for this eleme | The submitter must use the Currency Code, not th for this element. For example the Currency Code (dollars would be valid, while CA = Canada would b | | | | | | | |
| NOT USED | CUR03 | 280 | Exchange Ra | ate | 01 | R | 4/10 | | | | |
| NOT USED | CUR04 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 | | | | |
| NOT USED | CUR05 | 100 | Currency Co | de | 01 | ID | 3/3 | | | | |
| NOT USED | CUR06 | 669 | Currency Ma | rket/Exchange Code | 01 | ID | 3/3 | | | | |
| NOT USED | CUR07 | 374 | Date/Time Qu | ualifier | X 1 | ID | 3/3 | | | | |
| NOT USED | CUR08 | 373 | Date | | 01 | DT | 8/8 | | | | |

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| NOT USED | CUR09 | 337 | Time | 01 | тм | 4/8 |
|----------|-------|-----|---------------------|-----|----|-----|
| NOT USED | CUR10 | 374 | Date/Time Qualifier | X 1 | ID | 3/3 |
| NOT USED | CUR11 | 373 | Date | X 1 | DT | 8/8 |
| NOT USED | CUR12 | 337 | Time | X 1 | тм | 4/8 |
| NOT USED | CUR13 | 374 | Date/Time Qualifier | X 1 | ID | 3/3 |
| NOT USED | CUR14 | 373 | Date | X 1 | DT | 8/8 |
| NOT USED | CUR15 | 337 | Time | X 1 | тм | 4/8 |
| NOT USED | CUR16 | 374 | Date/Time Qualifier | X 1 | ID | 3/3 |
| NOT USED | CUR17 | 373 | Date | X 1 | DT | 8/8 |
| NOT USED | CUR18 | 337 | Time | X 1 | тм | 4/8 |
| NOT USED | CUR19 | 374 | Date/Time Qualifier | X 1 | ID | 3/3 |
| NOT USED | CUR20 | 373 | Date | X 1 | DT | 8/8 |
| NOT USED | CUR21 | 337 | Time | X 1 | тм | 4/8 |
| | | | | | | |

NM1 - BILLING PROVIDER NAME

X12 Segment Name: Individual or Organizational Name

X12 Purpose: To supply the full name of an individual or organizational entity

- X12 Set Notes:1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
 - X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required.
 - C1110
 If NM111 is present, then NM110 is required.

 C1203

If NM112 is present, then NM103 is required.

Loop: 2010AA — BILLING PROVIDER NAME Loop Repeat: 1

Segment Repeat: 1

Usage: REQUIRED

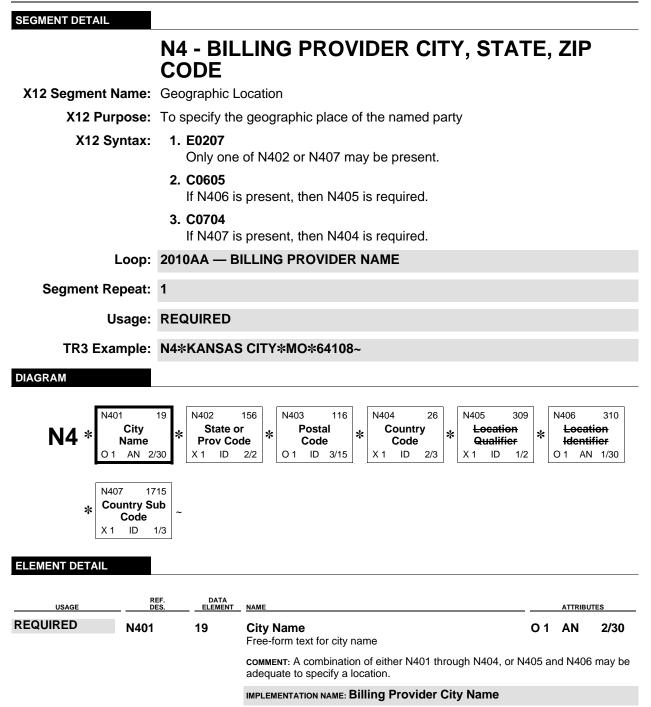
- TR3 Notes: 1. Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its subpart's NPI is reported in NM109. When a health care provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner. For additional explanation, see section 1.10.3 Organization Health Care Provider Subpart Presentation.
 - 2. Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB.
 - 3. The Taxpayer Identifying Number (TIN) of the Billing Provider to be used for 1099 purposes must be reported in the REF segment of this loop.
 - 4. When the individual or the organization is not a health care provider and, thus, not eligible to receive an NPI (For example, personal care services, carpenters, etc), the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary identifiers necessary for the receiver to identify the entity are to be reported in the Loop ID-2010BB REF, Billing Provider Secondary Identification segment. The TIN to be used for 1099 purposes must be reported in the REF (Tax Identification Number) segment of this loop.
- TR3 Example: NM1*85*2*ABC HOSPITAL****XX*1234567890~

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| DIAGRAM | | | | | | | | | | |
|----------------|---------------------------------------|--|---|-----------------------|---|----|---|---------------------|----------------------------------|------------------|
| | 101 98 Entity ID Code ID 2/3 | NM102 Entity Ty Qualifie M 1 ID | pe _米 Name La | ne [*] | NM104 1036 Name First O 1 AN 1/35 | * | NM105 1037 Name Middle O 1 AN 1/25 | * | NM106 Nan Prei O 1 AN | - |
| NM * 01 | 107 1039 Name Suffix AN 1/10 | NM108 ID Cod Qualifie X 1 ID | · * | | NM110 706 Entity Relat Code X 1 ID 2/2 | * | NM111 98 Entity ID Code O 1 ID 2/3 | * | NM112 Name Org N O 1 AN | ame ~ |
| ELEMENT DETAIL | REF. DES. | DATA ELEMENT | NAME | | | | | | ATTRIBU | TES |
| REQUIRED | NM101 | 98 | Entity Identifie Code identifying a | | | аp | hysical location | M 1 , pro | | 2/3 an |
| | | | individual | DEFINITI | ON | | | | | |
| REQUIRED | NM102 | 1065 | 85 Entity Type Qu Code qualifying th | ualifier | g Provider | | | M 1 | ID | 1/1 |
| | | | semantic: NM102 code | qualifie: DEFINITI | | | | | | |
| REQUIRED | NM103 | 1035 | 2 Name Last or (Individual last name | Organia | | ne | | X 1 | AN | 1/60 |
| | | | syntax: C1203 | D | | • | | | | |
| | | | IMPLEMENTATION N | AME: BIII | ling Provider | Or | ganizational | Nan | ne | |
| NOT USED | NM104 | 1036 | Name First | | | | | 01 | | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | | | | | 01 | | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | | | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | | | | 01 | AN | 1/10 |

| SITUATIONAL | NM108 | 66 | Identification Code Qualif Code designating the system/n Code (67) | ier X nethod of code structure used for | | 1/2 ion | | | | | | |
|----------------------------------|----------------|-----------|--|--|---|-------------------|--|--|--|--|--|--|
| | | | SYNTAX: P0809 | | | | | | | | | |
| | | | territories on or after the Identifier (NPI) implement receive an NPI. OR Required for providers not or after the mandated HIP implementation date when OR Required for providers pri- date when the provider has the capability to send it. | OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has | | | | | | | | |
| | | | CODE DEFINITION | | | | | | | | | |
| | | | | r Medicare and Medicaid S rovider Identifier | ervices | | | | | | | |
| | | | | 537: Centers for Medicare and vider Identifier | Medicaid S | ervices | | | | | | |
| SITUATIONAL | NM109 | 67 | Identification Code Code identifying a party or othe | | 1 AN | 2/80 | | | | | | |
| | | | syntax: P0809 | | | | | | | | | |
| | | | territories on or after the Identifier (NPI) implemen receive an NPI. OR Required for providers no | or providers in the United S mandated HIPAA National tation date when the provi t in the United States or its AA National Provider Iden | Provider der is elig s territorie | ible to es on | | | | | | |
| | | | | n the provider has received | • • • | , | | | | | | |
| | | | Required for providers pr | ior to the mendated NPI im | nlementa | tion | | | | | | |
| | | | date when the provider hat the capability to send it. | as received an NPI and the | - | | | | | | | |
| | | | the capability to send it. | | submitte | | | | | | | |
| | | | the capability to send it. | as received an NPI and the lementation guide, do not | submitte | | | | | | | |
| NOT USED | NM110 | 706 | the capability to send it. If not required by this imp | as received an NPI and the lementation guide, do not | submitter | | | | | | | |
| NOT USED NOT USED NOT USED | NM110 NM111 | 706 98 | the capability to send it. If not required by this imp IMPLEMENTATION NAME: Billing F | as received an NPI and the lementation guide, do not Provider Identifier | submitter send. 1 ID | r has | | | | | | |

| SEGMENT DETAIL | | | | | | | | | | | | |
|--------------------------------------|---------------------------|---|-----|----------|----------|--|--|--|--|--|--|--|
| | N3 - BIL | LING PROVIDER ADDRESS | | | | | | | | | | |
| X12 Segment Name | : Party Locatior | 1 | | | | | | | | | | |
| X12 Purpose | : To specify the | location of the named party | | | | | | | | | | |
| Loop | : 2010AA — B | ILLING PROVIDER NAME | | | | | | | | | | |
| Segment Repeat | t: 1 | | | | | | | | | | | |
| Usage | REQUIRED | EQUIRED | | | | | | | | | | |
| TR3 Notes | Box or L | 1. The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-To Address Loop (Loop ID-2010AB), if necessary. | | | | | | | | | | |
| TR3 Example | : N3*123 MAI | N STREET~ | | | | | | | | | | |
| DIAGRAM | | | | | | | | | | | | |
| N301 Addres Informat M 1 AN | ss _* Addres | on ~ | | | | | | | | | | |
| USAGE | REF. DATA DES. ELEMENT | NAME | | ATTRIBU | ITES | | | | | | | |
| REQUIRED N30 | | Address Information Address information | M 1 | | 1/55 | | | | | | | |
| | | IMPLEMENTATION NAME: Billing Provider Address Line | | | | | | | | | | |
| SITUATIONAL N30 | 02 166 | Address Information Address information | 01 | AN | 1/55 | | | | | | | |
| | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not set | | ss line. | . If not | | | | | | | |
| | | IMPLEMENTATION NAME: Billing Provider Address Line | | | | | | | | | | |



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| SITUATIONAL | N402 | 156 | State or Province Code Code (Standard State/Province) as defined by appropriate | X1 govern | ID Iment a | 2/2 gency |
|-------------|------|------|--|------------------|------------------|---------------------|
| | | | syntax: E0207 | | | |
| | | | COMMENT: N402 is required only if city name (N401) is in th | e U.S. (| or Cana | da. |
| | | | SITUATIONAL RULE: Required when the address is in t America, including its territories, or Canada. If n implementation guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Billing Provider State or Provi | nce Co | ode | |
| | | | CODE SOURCE 22: States and Provinces | | | |
| SITUATIONAL | N403 | 116 | Postal Code Code defining international postal zone code excluding pu (zip code for United States) | O 1 nctuatio | ID on and b | 3/15 blanks |
| | | | SITUATIONAL RULE: Required when the address is in t America, including its territories, or Canada, or a exists for the country in N404. If not required by implementation guide, do not send. | when a | | |
| | | | IMPLEMENTATION NAME: Billing Provider Postal Zone o | r ZIP C | ode | |
| | | | code source 51: ZIP Code code source 932: Universal Postal Codes | | | |
| | | | When reporting the ZIP code for U.S. addresses, ZIP code must be provided. | , the fu | III nine | digit |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 |
| | | | syntax: C0704 | | | |
| | | | SITUATIONAL RULE: Required when the address is out States of America. If not required by this implem not send. | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | |
| | | | Use the alpha-2 country codes from Part 1 of ISC | J 3166 | - | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code | X 1 | ID | 1/3 |
| | | | Code identifying the country subdivision | | | |
| | | | syntax: E0207, C0704 | | •••• | |
| | | | SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not implementation guide, do not send. | anada, s such | and th as but | e t not |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | |
| | | | Use the country subdivision codes from Part 2 c | of ISO : | 3166. | |
| | | | | | | |

REF - BILLING PROVIDER TAX IDENTIFICATION

X12 Segment Name: Reference Information

X12 Purpose: To specify identifying information

X12 Syntax: 1. R0203

At least one of REF02 or REF03 is required.

Loop: 2010AA — BILLING PROVIDER NAME

Segment Repeat: 1

Usage: REQUIRED

TR3 Notes: 1. This is the tax identification number (TIN) of the entity to be paid for the submitted services.

TR3 Example: REF*EI*123456789~



| | REF01 128 | | | REF | F02 127 | | | REF03 352 | | |] | REF04 C040 | | |
|--------------|-------------------------------|--------|---|--------------------|---------|------|--------------------|-----------|----|-----------------|-------|------------|--|--|
| REF * | REF * Reference Ident Qual | | * | Reference Ident | | * | Description | | * | Refer- Ident | ifior | ~ | | |
| | M 1 | ID 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | O 1 | | |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES |
|----------|--------------|-----------------|---------------|---|-------------------|-------------------|-----------------|
| REQUIRED | REF01 | 128 | | entification Qualifier the Reference Identification | M 1 | ID | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | EI | Employer's Identification Number | r | | |
| | | | | The Employer's Identification Nurstring of exactly nine numbers with For example, "001122333" would sending "001-12-2333" or "00-112 invalid. | th no : be val | separa id, whi | itors. ile |
| REQUIRED | REF02 | 127 | | ntification nation as defined for a particular Transacti e Identification Qualifier | X1 on Set | AN or as sp | 1/50 ecified |
| | | | syntax: R0203 | | | | |
| | | | | NAME: Billing Provider Tax Identificat | ion Nu | mber | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE | IDENTIFIER | 01 | | |

PER - BILLING PROVIDER CONTACT INFORMATION

| X12 Segment Name: | Administrative Communications Contact |
|-------------------|--|
| X12 Purpose: | To identify a person or office to whom administrative communications should be directed |
| X12 Syntax: | P0304 If either PER03 or PER04 is present, then the other is required. |
| | 2. P0506 If either PER05 or PER06 is present, then the other is required. |
| | 3. P0708 If either PER07 or PER08 is present, then the other is required. |
| Loop: | 2010AA — BILLING PROVIDER NAME |
| Segment Repeat: | 2 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when this information is different than that contained in the Loop ID-1000A - Submitter PER segment. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-". |
| | 2. There are 2 repetitions of the PER segment to allow for six possible combinations of communication numbers including extensions. |
| TR3 Example: | PER*IC*JOHN SMITH*TE*5555551234*EX*123~ |

005010X223 • 837 • 2010AA • PER BILLING PROVIDER CONTACT INFORMATION

| DIAGRAM | | | | | | | |
|----------------|--------------|-----------------|--|---|----------|-------------------------------|---------|
| PER * FI | R07 365 | O 1 AN | Number 1/60 X 1 ID 364 PER09 | Imm * Comm * Comm 2/2 X 1 AN 1/256 * Mumber Qu 443 443 | ual * | PER06 Com Num X 1 AN | |
| * Nu X 1 | Imber Qual | X 1 AN 1 | er [*] Refere | | | | |
| ELEMENT DETAIL | | | | | | | |
| | REE | ΠΑΤΑ | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES |
| REQUIRED | PER01 | 366 | Contact Fund | | M 1 | ID | 2/2 |
| | | | Code identifying | g the major duty or responsibility of the per | son or g | group na | amed |
| | | | CODE | DEFINITION | | | |
| | | | IC | Information Contact | | | |
| SITUATIONAL | PER02 | 93 | Name | | 01 | AN | 1/60 |
| | | | Free-form name | 9 | • · | , | ., |
| | | | Contact Infor implementati | E: Required in the first iteration of the mation segment. If not required by fon guide, do not send. NAME: Billing Provider Contact Name | ' this | ng Pro | ovider |
| | | | IMPLEMENTATION | | 5 | | |
| REQUIRED | PER03 | 365 | | ion Number Qualifier g the type of communication number | X 1 | ID | 2/2 |
| | | | SYNTAX: P0304 | | | | |
| | | | CODE | DEFINITION | | | |
| | | | EM | Electronic Mail | | | |
| | | | FX | Facsimile | | | |
| | | | TE | Telephone | | | |
| REQUIRED | PER04 | 364 | Communicati | | | AN e when | 1/256 |
| | | | SYNTAX: P0304 | | | | |
| SITUATIONAL | PER05 | 365 | | ion Number Qualifier g the type of communication number | X 1 | ID | 2/2 |
| | | | syntax: P0506 | | | | |
| | | | SITUATIONAL RULI | E: Required when this information is | s deen | ned ne | cessarv |
| | | | | tter. If not required by this impleme | | | |
| | | | CODE | DEFINITION | | | |
| | | | EM | Electronic Mail | | | |
| | | | EX | Telephone Extension | | | |
| | | | FX | Facsimile | | | |
| | | | TE | Telephone | | | |
| | | | | i ciebuolie | | | |

| Complete communications number including country or area code when applicable SWITAX: P0506 SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. SITUATIONAL PER07 365 Communication Number Qualifier X 1 ID 2/2 Code identifying the type of communication number SYNITAX: P0708 SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. CODE DEFINITION EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communication Number X 1 AN SITUATIONAL PER08 364 | ASC X12N • INSURA TECHNICAL REPOR | | MMITTEE | 005010X223 • 837 • 2010AA • PER BILLING PROVIDER CONTACT INFORMATION | | | | | | | |
|--|--------------------------------------|-------|---------|---|----------------------|-------|--|--|--|--|--|
| SITUATIONAL PER07 365 Communication Number Qualifier X 1 ID 2/2 Code identifying the type of communication number SYNTAX: P0708 SITUATIONAL PER07 365 Communication Number Qualifier X 1 ID 2/2 Code identifying the type of communication number SYNTAX: P0708 SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. CODE DEFINITION EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communications number including country or area code when applicable SYNTAX: P0708 SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | SITUATIONAL | PER06 | 364 | Complete com | | 1/256 | | | | | |
| SITUATIONAL PER07 365 Communication Number Qualifier X 1 ID 2/2 Code identifying the type of communication number SYNTAX: P0708 SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. <u>CODE</u> DEFINITION EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | | | | syntax: P0506 | | | | | | | |
| SITUATIONAL PER08 364 Communication number X 1 ib 212 Code identifying the type of communication number syntax: P0708 struational RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. CODE DEFINITION EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone Complete communications number including country or area code when applicable SYNTAX: P0708 struational RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | | | | by the subm | | - | | | | | |
| SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. CODE DEFINITION EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | SITUATIONAL | PER07 | 365 | | | 2/2 | | | | | |
| by the submitter. If not required by this implementation guide, do not send. CODE DEFINITION EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable SITUATIONAL RULE: Required when this information is deemed necessar by the submitter. If not required by this implementation guide, do not send. | | | | syntax: P0708 | | | | | | | |
| EM Electronic Mail EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable syntax: P0708 SITUATIONAL RULE: Required when this information is deemed necessar by the submitter. If not required by this implementation guide, do not send. | | | | | | | | | | | |
| EX Telephone Extension FX Facsimile TE Telephone SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable syntax: P0708 SITUATIONAL RULE: Required when this information is deemed necessar by the submitter. If not required by this implementation guide, do not send. | | | | CODE | DEFINITION | | | | | | |
| SITUATIONAL PER08 364 Communication Number Telephone SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable syntax: P0708 SITUATIONAL RULE: Required when this information is deemed necessal by the submitter. If not required by this implementation guide, do not send. | | | | EM | Electronic Mail | | | | | | |
| SITUATIONAL PER08 364 Communication Number Complete communications number including country or area code when applicable X 1 AN 1/25 SITUATIONAL PER08 364 Situations number including country or area code when applicable Situations number including country or area code when applicable Situational Rule: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | | | | EX | Telephone Extension | | | | | | |
| SITUATIONAL PER08 364 Communication Number X 1 AN 1/25 Complete communications number including country or area code when applicable SYNTAX: P0708 SITUATIONAL RULE: Required when this information is deemed necessar by the submitter. If not required by this implementation guide, do not send. | | | | FX | Facsimile | | | | | | |
| Complete communication Number including country or area code when applicable SYNTAX: P0708 SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | | | | TE | Telephone | | | | | | |
| SITUATIONAL RULE: Required when this information is deemed necessa by the submitter. If not required by this implementation guide, do not send. | SITUATIONAL | PER08 | 364 | Complete com | | 1/256 | | | | | |
| by the submitter. If not required by this implementation guide, do not send. | | | | SYNTAX: P0708 | | | | | | | |
| NOT USED DEB00 442 Contact Inquiry Beforence O.4 ANI 4/20 | | | | by the subm | • | - | | | | | |
| rerug 443 Contact inquiry Reference UT AN 1/2L | NOT USED | PER09 | 443 | Contact Indu | irv Reference O 1 AN | 1/20 | | | | | |

| SEGMENT DETAIL | | | | | | | | | | | |
|--|---|---|--|-----------------|--|------|---|-----|---|--|--|
| | NM1 - P | AY-TC |) ADD |)R | | 4 | ME | | | | |
| X12 Segment Name: | Individual or C | Organizati | onal Nam | е | | | | | | | |
| X12 Purpose: | To supply the | o supply the full name of an individual or organizational entity | | | | | | | | | |
| X12 Set Notes: | 2300. Fo | Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant. | | | | | | | | | |
| X12 Syntax: | 1. P0809 If either N | 1. P0809 If either NM108 or NM109 is present, then the other is required. | | | | | | | | | |
| | 2. C1110 If NM111 | is presen | t, then NN | И1 [.] | 10 is required | d. | | | | | |
| | 3. C1203 If NM112 | is presen | t, then NN | Л1(| 03 is required | d. | | | | | |
| Loop: | 2010AB — P | ΑΥ-ΤΟ ΑΙ | DDRESS | NA | ME Loop | Re | peat: 1 | | | | |
| Segment Repeat: | 1 | | | | | | | | | | |
| Usage: | SITUATIONA | L | | | | | | | | | |
| Situational Rule: | Required whe Provider. If n | | | - | - | | | | - | | |
| TR3 Notes: TR3 Example: | Loop ID- from the for Pay-T | 2010AB c | only conta rovider A | ain dd | is address in Iress. There | nfc | ormation wh | en | ous versions. different e identifiers | | |
| DIAGRAM | NW170772~ | | | | | | | | | | |
| NM101 Entity ID Code M 1 ID | | A | 103 1035 me Last/ rg Name AN 1/60 | * | NM104 1036 Name First O 1 AN 1/35 | * | NM105 1037 Name Middle O 1 AN 1/25 | * | NM106 1038 Name Prefix O 1 AN 1/10 | | |
| * NM107 10 Name Suffix O 1 AN 1 | 039 * NM108 ID Code Qualifie X 1 ID | * | 109 67 HD Code AN 2/80 | * | NM110 706 Entity Relat Code X 1 ID 2/2 | * | NM111 98 Entity ID Code O 1 ID 2/3 | * | NM112 1035 Name Last/ Org Name O 1 AN 1/60 | | |
| ELEMENT DETAIL | | | | | | | | | | | |
| | REF. DATA DES. ELEMENT | NAME | | | | | · | | ATTRIBUTES | | |
| REQUIRED NM1 | 01 98 | | entifier Co ifying an org | | izational entity, | a pł | | M 1 | | | |
| | | CODE | DEFI | NITIC | ON | | | | | | |
| | | 87 | Pay | -to | Provider | | | | | | |

| ASC X12N • | INSURANCE SUBCOMMITTEE |
|------------|------------------------|
| TECHNICAL | REPORT • TYPE 3 |

| REQUIRED | NM102 | 1065 | Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. | | M 1 | ID | 1/1 |
|----------|-------|------|---|---------------------|-----|----|------|
| | | | 2 | Non-Person Entity | | | |
| NOT USED | NM103 | 1035 | Name Last o | r Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle |) | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | n Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | n Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last o | r Organization Name | O 1 | AN | 1/60 |

| SEGMENT DETAIL | | | | | | | | | | |
|--|-------------------------|---|------------|---------|----------|--|--|--|--|--|
| | N3 - PA | Y-TO ADDRESS - ADDRESS | | | | | | | | |
| X12 Segment Name: | Party Location | arty Location | | | | | | | | |
| X12 Purpose: | To specify the | o specify the location of the named party | | | | | | | | |
| Loop: | 2010AB — P/ | AY-TO ADDRESS NAME | | | | | | | | |
| Segment Repeat: | 1 | | | | | | | | | |
| Usage: | REQUIRED | | | | | | | | | |
| TR3 Example: | N3*123 MAIN | STREET~ | | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| N301 1 Address Informatic M 1 AN 1/ | Address | on ~ | | | | | | | | |
| USAGE D | EF. DATA ES. ELEMENT | NAME | | ATTRIBL | JTES | | | | | |
| REQUIRED N301 | 166 | Address Information Address information | M 1 | AN | 1/55 | | | | | |
| | | IMPLEMENTATION NAME: Pay-To Address Line | | | | | | | | |
| SITUATIONAL N302 | 166 | Address Information Address information | 01 | AN | 1/55 | | | | | |
| | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not set | | ss line | . If not | | | | | |
| | | IMPLEMENTATION NAME: Pay-To Address Line | | | | | | | | |

SEGMENT DETAIL N4 - PAY-TO ADDRESS CITY, STATE, ZIP CODE X12 Segment Name: Geographic Location **X12 Purpose:** To specify the geographic place of the named party 1. E0207 X12 Syntax: Only one of N402 or N407 may be present. 2. C0605 If N406 is present, then N405 is required. 3. C0704 If N407 is present, then N404 is required. Loop: 2010AB - PAY-TO ADDRESS NAME Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: N4*KANSAS CITY*MO*64108~ DIAGRAM N401 N402 156 N403 116 N404 N405 309 N406 310 19 26 City State or Postal Country Location **Location** N4 * * * * * * **Prov Code** Name **Qualifier Identifier** Code Code AN 2/30 Χ1 ID 2/2 01 ID 3/15 X 1 ID 2/3 X 1 ID 1/2 01 AN 1/30 O 1 N407 1715 **Country Sub** * Code Χ1 ID 1/3 ELEMENT DETAIL DATA ELEMENT REF. DES. USAGE NAME ATTRIBUTES REQUIRED N401 19 O1 AN 2/30 City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Pay-to Address City Name

| SITUATIONAL | N402 | 156 | State or Province Code Code (Standard State/Province) as defined by appropriate | X1 govern | ID Iment aç | 2/2 gency | | | | | | |
|-------------|------|------|--|------------------|-----------------------|----------------------|--|--|--|--|--|--|
| | | | syntax: E0207 | | | | | | | | | |
| | | | COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. | | | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. | | | | | | | | | |
| | | | IMPLEMENTATION NAME: Pay-to Address State Code | | | | | | | | | |
| | | | CODE SOURCE 22: States and Provinces | | | | | | | | | |
| SITUATIONAL | N403 | 116 | Postal Code Code defining international postal zone code excluding pu (zip code for United States) | O 1 nctuatio | ID on and b | 3/15 lanks | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. | | | | | | | | | |
| | | | IMPLEMENTATION NAME: Pay-to Address Postal Zone or ZIP Code | | | | | | | | | |
| | | | code source 51: ZIP Code code source 932: Universal Postal Codes | | | | | | | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | | | | | |
| | | | syntax: C0704 | | | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is out States of America. If not required by this implement not send. | | | | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | | | | | |
| | | | Use the alpha-2 country codes from Part 1 of ISC | 3166 0 | | | | | | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | | | | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | | | | | |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | | | | | |
| | | | syntax: E0207, C0704 | | | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is not States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not i implementation guide, do not send. | anada, s such | and th as but | e not | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | | | | | |
| | | | Use the country subdivision codes from Part 2 a | f IGO | 2166 | | | | | | | |

Use the country subdivision codes from Part 2 of ISO 3166.

| SEGMENT DETAIL | | | | | | | |
|-------------------------------------|-----------------------------|---|--|--------------------------|--|--|--|
| | NM1 - P | AY-TO P | LAN NA | ME | | | |
| X12 Segment Name: | Individual or (| ndividual or Organizational Name | | | | | |
| X12 Purpose: | To supply the | full name of a | n individual or | organizational e | ntity | | |
| X12 Set Notes: | 2300. Fo | Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant. | | | | | |
| X12 Syntax: | 1. P0809 If either N | NM108 or NM1 | 09 is present, | then the other is | required. | | |
| | 2. C1110 If NM111 | is present, the | en NM110 is re | equired. | | | |
| | 3. C1203 If NM112 | is present, the | en NM103 is re | equired. | | | |
| Loop: | 2010AC — P | AY-TO PLAN | NAME Loop | Repeat: 1 | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | SITUATIONA | NL | | | | | |
| Situational Rule: | - | en willing trac rogation payr | | - | is implementation | | |
| TR3 Notes: | 1. This loo | p may only be | e used when I | BHT06 = 31. | | | |
| TR3 Example: | NM1*PE*2* | ANY STATE | MEDICAID** | ***PI*12345~ | | | |
| DIAGRAM | | | | | | | |
| NM1 * Entity ID Code M 1 ID 2 | | 66 NM109 | 1/60 Time 1/60 O 1 A 67 NM110 | me * Nam rst Midd | He * Prefix 1/25 O 1 AN 1/10 98 NM112 1035 | | |
| O 1 AN 1/ | Qualifie | er Cod | e [*] Relat 2/80 X 1 II | Code Cod | e 7 Org Name 2/3 O 1 AN 1/60 | | |
| ELEMENT DETAIL | | | | | | | |
| USAGE D | EF. DATA ES. ELEMENT | NAME | | | ATTRIBUTES | | |
| REQUIRED NM10 | 98 | Entity Identifi Code identifying individual | | l entity, a physical loc | M 1 ID 2/3 cation, property or an | | |
| | | CODE | DEFINITION | | | | |
| | | PE | Payee | | | | |
| | | | PE is used to | o indicate the sub | rogated payee. | | |

005010X223 • 837 • 2010AC • NM1 PAY-TO PLAN NAME

| REQUIRED | NM102 | 1065 | Entity Type Qualifier | M 1 | ID | 1/1 |
|----------------------------------|-------|------|--|--|--|--|
| | | | Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. | | | |
| | | | CODE DEFINITION | | | |
| | | | 2 Non-Person Entity | | | |
| REQUIRED | NM103 | 1035 | Name Last or Organization Name Individual last name or organizational name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | |
| | | | IMPLEMENTATION NAME: Pay-To Plan Organization | nal Name | | |
| NOT USED | NM104 | 1036 | Name First | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | 01 | AN | 1/10 |
| REQUIRED | NM108 | 66 | Identification Code Qualifier Code designating the system/method of code struct Code (67) | X 1 ure used for lo | ID dentifica | 1/2 ation |
| | | | SYNTAX: P0809 | | | |
| | | | On or after the mandated implementation d National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must | (V must be and prior to PI must be s be sent unlo | sent. o any ent. ess: | phase |
| | | | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding | (V must be and prior to Pl must be s be sent unlo se the Nation e National P nust be sent have been | sent. o any ent. ess: nal Pla Plan ID :. In thi sent u | phase an ID, is case ising |
| | | | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the correspondin qualifier 2U. | (V must be and prior to Pl must be s be sent unlo se the Nation e National P nust be sent have been | sent. o any ent. ess: nal Pla Plan ID :. In thi sent u | phase an ID, is case ising |
| | | | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding QODE DEFINITION | (V must be and prior to Pl must be s be sent unlo se the Nation e National P nust be sent have been | sent. o any ent. ess: nal Pla Plan ID :. In thi sent u | phase an ID, is case ising |
| | | | National Plan Identifier (National Plan ID), XPrior to the mandated implementation date in period identified by Federal regulation, PIf a phase-in period is designated, PI must I1. Both the sender and receiver agree to us2. The receiver has a National Plan ID, and3. The sender has the capability to send theIf all of the above conditions are true, XV mthe Payer Identification Number that wouldqualifier PI can be sent in the correspondingCODEDEFINITIONPIPayor Identification | (V must be and prior to PI must be s be sent unlo se the Nation e National P nust be sent have been ng REF segr | sent. o any ent. ess: nal Pla Plan ID :. In thi sent u nent u | phase an ID, is case ising sing |
| | | | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding QODE DEFINITION | (V must be and prior to Pl must be s be sent unlose the National P nust be sent have been ng REF segr | sent. o any ent. ess: nal Pla Plan ID In thi sent u ment u | phase- an ID, is case Ising Ising PlanID |
| REQUIRED | NM109 | 67 | National Plan Identifier (National Plan ID), XPrior to the mandated implementation date in period identified by Federal regulation, PIf a phase-in period is designated, PI must I1. Both the sender and receiver agree to us2. The receiver has a National Plan ID, and3. The sender has the capability to send theIf all of the above conditions are true, XV mthe Payer Identification Number that would qualifier PI can be sent in the corresponding qualifier 2U.CODEDEFINITIONPIPayor Identification XVXVCenters for Medicare and Medicare | (V must be and prior to Pl must be s be sent unlose the Nation e National P have been by REF segr edicaid Ser dicare and Me | sent. o any ent. ess: nal Pla Plan ID In thi sent u ment u | phase- an ID, is case Ising sing PlanID |
| REQUIRED | NM109 | 67 | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding QUALIFIER CODE DEFINITION PI Payor Identification XV Centers for Medicare and Me CODE SOURCE 540: Centers for Medicare and Me PlanID Identification Code | (V must be and prior to Pl must be s be sent unlose the Nation e National P have been by REF segr edicaid Ser dicare and Me | sent. o any p ent. ess: nal Pla Plan ID . In thi sent u nent u vices l | phase an ID, is case ising sing PlanID Service |
| REQUIRED | NM109 | 67 | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding qualifier 2U. CODE DEFINITION PI Payor Identification XV Centers for Medicare and Me CODE SOURCE 540: Centers for Medicare and Me PlanID Identification Code Code identifying a party or other code | (V must be and prior to Pl must be s be sent unlose the National P aust be sent have been og REF segr edicaid Ser dicare and Me X 1 | sent. o any p ent. ess: nal Pla Plan ID . In thi sent u nent u vices l | phase an ID, is case ising sing PlanID Service |
| | NM109 | 67 | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding qualifier 2U. CODE DEFINITION PI Payor Identification XV Centers for Medicare and Macone 540: Centers for Medicare 540: Centers 54 | (V must be and prior to Pl must be s be sent unlose the National P aust be sent have been og REF segr edicaid Ser dicare and Me X 1 | sent. o any p ent. ess: nal Pla Plan ID . In thi sent u nent u vices l | phase an ID, is case ising sing PlanID Service |
| REQUIRED NOT USED NOT USED | | | National Plan Identifier (National Plan ID), X Prior to the mandated implementation date in period identified by Federal regulation, P If a phase-in period is designated, PI must I 1. Both the sender and receiver agree to us 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the If all of the above conditions are true, XV m the Payer Identification Number that would qualifier PI can be sent in the corresponding qualifier 2U. CODE DEFINITION PI Payor Identification XV Centers for Medicare and Macobe Source 540: Centers for Medicare and Macobe Source 540: Centers for Medicare and Macobe Source 540: Centers for Medicare and Macobe Source S40: Centers for Medicare and Macobe Syntax: P0809 IMPLEMENTATION NAME: Pay-To Plan Primary Ider | (V must be and prior to Pl must be s be sent unlose the Nation e National P nust be sent have been ng REF segr edicaid Ser dicare and Me X 1 | sent. o any p ent. ess: nal Pla Plan ID . In thi sent u nent u vices l edicaid s | phase an ID, is case Ising PlanID Service 2/80 |

| SEGMENT DETAIL | | | | | | | |
|----------------|--|-----------------|---|-----|---------|------|--|
| V12 Segment N | | | Y-TO PLAN ADDRESS | | | | |
| X12 Segment N | | - | | | | | |
| X12 Purp | bose: To s | specify the | e location of the named party | | | | |
| L | .oop: 201 | 0AC — P | AY-TO PLAN NAME | | | | |
| Segment Re | peat: 1 | | | | | | |
| U | sage: REC | REQUIRED | | | | | |
| TR3 Exar | mple: N3* | 123 MAI | N STREET~ | | | | |
| DIAGRAM | | | | | | | |
| | 1 166 ddress ormation AN 1/55 | | on a | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | |
| REQUIRED | N301 | 166 | Address Information | M 1 | AN | 1/55 | |
| | | | Address information | | | | |
| | | | IMPLEMENTATION NAME: Pay-To Plan Address Line | | | | |
| SITUATIONAL | N302 | 166 | Address Information Address information | 01 | AN | 1/55 | |
| | | | SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send. | | | | |
| | | | IMPLEMENTATION NAME: Pay-To Plan Address Line | | | | |
| | | | | | | | |

| SEGMENT DETAIL | | | |
|---|---|---|---------------------------------|
| | N4 - PA | Y-TO PLAN CITY, STATE, ZII | P CODE |
| X12 Segment Name: | Geographic L | ocation | |
| X12 Purpose: | To specify the | e geographic place of the named party | |
| X12 Syntax: | ntax: 1. E0207 Only one of N402 or N407 may be present. | | |
| | 2. C0605 If N406 is | s present, then N405 is required. | |
| | 3. C0704 If N407 is | s present, then N404 is required. | |
| Loop: | 2010AC — P | AY-TO PLAN NAME | |
| Segment Repeat: | 1 | | |
| Usage: | REQUIRED | | |
| TR3 Example: | N4*KANSAS | S CITY*MO*64108~ | |
| DIAGRAM | | | |
| N4 * City Name 0 1 AN 2/ N407 17 Country Su Code | | | * Location Identifier |
| R | EF. DATA | | |
| REQUIRED N401 | <u>element</u> 19 | NAME City Name Free-form text for city name | O 1 AN 2/30 |
| | | COMMENT: A combination of either N401 through N404, or N adequate to specify a location. | 1405 and N406 may be |
| | | IMPLEMENTATION NAME: Pay-To Plan City Name | |
| SITUATIONAL N402 | 156 | State or Province Code Code (Standard State/Province) as defined by appropriate | X 1 ID 2/2 government agency |
| | | syntax: E0207 | |
| | | COMMENT: N402 is required only if city name (N401) is in the | e U.S. or Canada. |
| | | SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send. | |
| | | IMPLEMENTATION NAME: Pay-To Plan State or Province | Code |
| | | CODE SOURCE 22: States and Provinces | |

| SITUATIONAL | SITUATIONAL N403 116 | Postal Code Code defining international postal zone code excluding pu (zip code for United States) | O 1 Inctuatio | ID on and b | 3/15 lanks | | | |
|-------------|----------------------|--|--|-----------------------|----------------------|------|--|--|
| | | SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send. | when a | | | | | |
| | | | IMPLEMENTATION NAME: Pay-To Plan Postal Zone or ZI | P Code | e | | | |
| | | | CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes | | | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | |
| | | | syntax: C0704 | | | | | |
| | | SITUATIONAL RULE: Required when the address is out States of America. If not required by this implement not send. | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the alpha-2 country codes from Part 1 of ISO 3166. | | | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | |
| | | | syntax: E0207, C0704 | | | | | |
| | | SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send. | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the country subdivision codes from Part 2 a | f ISO | 2166 | | | |

Use the country subdivision codes from Part 2 of ISO 3166.

| SEGMENT DETAIL | | | | | | |
|---|---|---|--|--|--|--|
| | | AY-TO PLAN SECONDARY | | | | |
| X12 Segment Name: | Reference In | Iformation | | | | |
| X12 Purpose: | To specify id | specify identifying information | | | | |
| X12 Syntax: | 1. R0203 At least o | . R0203 At least one of REF02 or REF03 is required. | | | | |
| Loop: | 2010AC — F | PAY-TO PLAN NAME | | | | |
| Segment Repeat: | 1 | | | | | |
| Usage: | SITUATION | AL | | | | |
| Situational Rule: | National Pla provided in | ior to the mandated implementation date for the HIPAA In Identifier when an additional identification number to that the NM109 of this loop is necessary for the claim processor to entity. If not required by this implementation guide, do not | | | | |
| TR3 Example: | REF*2U*98 | 3765~ | | | | |
| DIAGRAM | | | | | | |
| Defense | | 本 、 本 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 、 | | | | |
| REF * Reference Ident Qui M 1 ID | e * Referen al Ident 2/3 X 1 AN | nce * Description * Reference | | | | |
| REF * Reference Ident Qu. M 1 ID | e _* Referen | Description * Reference Identifier 1/50 X 1 AN 1/80 | | | | |
| REF * Reference Ident Qu. M 1 ID | REF. REF. DATA DES. REF. DATA ELEMENT | t 1/50 * Description * Reference Identifier O 1 ~ ~ ~ | | | | |
| REF * Reference Ident Qui M 1 ID | REF. REF. DATA DES. REF. DATA ELEMENT | Description * Reference 1/50 * 1/50 X 1 AN 1/80 NAME 0 NAME ATTRIBUTES Reference Identification Qualifier M 1 Code qualifying the Reference Identification CODE DEFINITION | | | | |
| REF * Reference Ident Qui M 1 ID | REF. REF. DATA DES. REF. DATA ELEMENT | Description * Reference 1/50 * 1/50 X 1 AN 1/80 0 NAME ATTRIBUTES Reference Identification Qualifier M 1 Code qualifying the Reference Identification M 1 CODE DEFINITION 2U Payer Identification Number This code is only allowed when the National Plan | | | | |
| REF * Reference Ident Qui M 1 ID | REF. REF. DATA DES. REF. DATA ELEMENT | Description * Reference Identifier 1/50 X 1 AN 1/80 • • NAME X 1 AN 1/80 • • • NAME X 1 AN 1/80 • • • • NAME X 1 AN 1/80 • • • • NAME Reference Identification Qualifier M 1 ID 2/3 Code qualifying the Reference Identification • • • • CODE DEFINITION • • • • 2U Payer Identification Number • • • This code is only allowed when the National Plan Identifier is reported in NM109 of this loop. • • | | | | |
| REF * Reference Ident Qui M 1 ID | REF. D1 128 | Description * Reference Identifier Attributes NAME X 1 AN 1/80 Attributes Reference Identification Qualifier Code qualifying the Reference Identification M 1 ID 2/3 Code qualifying the Reference Identification DEFINITION M1 ID 2/3 2U Payer Identification Number This code is only allowed when the National Plan Identifier is reported in NM109 of this loop. FY FY Claim Office Number National Association of Insurance Commissioners | | | | |
| REF * Reference ident Qu M 1 ID ELEMENT DETAIL USAGE REQUIRED REF | REF. D1 128 | Ince * Description * Reference Identifier ATTRIBUTES NAME ATTRIBUTES ATTRIBUTES M 1 ID 2/3 Reference Identification Qualifier M 1 ID 2/3 Code qualifying the Reference Identification M 1 ID 2/3 CODE DEFINITION 2U Payer Identification Number This code is only allowed when the National Plan Identifier is reported in NM109 of this loop. FY Claim Office Number NF National Association of Insurance Commissioners (NAIC) Code Commissioners (NAIC) Code Commissioners (NAIC) Code Reference Identification X 1 AN 1/50 Reference Identification Qualifier X 1 AN 1/50 SYNTAX: R0203 Syntax: R0203 | | | | |
| REF * Reference ident Qu M 1 ID ELEMENT DETAIL USAGE REQUIRED REF | REF. D1 128 | Ince * Description * Reference Identifier · 1/50 * A I I/80 * · · · NAME A I I/80 * · · · · NAME A I ID 2/3 · | | | | |

| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 |
|----------|-------|------|----------------------|----|
| | | | | |

SEGMENT DETAIL **REF - PAY-TO PLAN TAX IDENTIFICATION** NUMBER X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2010AC - PAY-TO PLAN NAME Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: REF*EI*123456789~ DIAGRAM REF01 128 RFF02 127 RFF03 352 RFF04 C040 Reference Reference **Description** Reference REF * * * Ident Qual Ident **Identifier** ID 2/3 AN 1/50 01 M 1 X 1 AN 1/80 ELEMENT DETAIL DATA ELEMENT REF. NAME USAGE ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** M 1 ID 2/3 Code qualifying the Reference Identification CODE DEFINITION EI **Employer's Identification Number** The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid. REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Pay-To Plan Tax Identification Number NOT USED REF03 352 Description X1 AN 1/80 NOT USED REF04 C040 **REFERENCE IDENTIFIER** 01

| SEGMENT DETAIL | | | | | | | |
|---|--|--|------------------------------------|--|--|--|--|
| | | BSCRIBER HIERARCHICAL LE | VEL | | | | |
| X12 Segment Name: | Hierarchical L | evel | | | | | |
| X12 Purpose: | • | b identify dependencies among and the content of hierarchically related roups of data segments | | | | | |
| X12 Comments: | hierarchio | egment is used to identify levels of detail information cal structure, such as relating line-item data to shipme g data to line-item data. | | | | | |
| | 2. The HL s | egment defines a top-down/left-right ordered structure | Э. | | | | |
| Loop: | 2000B — SU | BSCRIBER HIERARCHICAL LEVEL Loop Repeat | :: >1 | | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | REQUIRED | | | | | | |
| TR3 Notes: | 1. If a patient can be uniquely identified to the destination payer in Loop ID-2010BB by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified at this level, and the patient HL in Loop ID-2000C is not used. | | | | | | |
| | destinati not know | ient is not the subscriber and cannot be identified on payer by a unique Member Identification Numb on to the sender if the Member Identification numb both this HL and the patient HL in Loop ID- 2000C | oer or it is oer is | | | | |
| TR3 Example: | HL*2*1*22* | ÷1~ | | | | | |
| DIAGRAM | | | | | | | |
| HL01 6 Hierarch ID Numbe M 1 AN 1/ | r [*] Hierarch Parent I | D * Level Code * Child Code \sim | | | | | |
| ELEMENT DETAIL | | | | | | | |
| USAGE R | EF. DATA ES. <u>ELEMENT</u> | NAME | ATTRIBUTES | | | | |
| REQUIRED HL01 | 628 | Hierarchical ID Number M 1 A unique number assigned by the sender to identify a particular of a hierarchical structure | AN 1/12 lata segment in | | | | |
| | | COMMENT: HL01 shall contain a unique alphanumeric number for e of the HL segment in the transaction set. For example, HL01 cou indicate the number of occurrences of the HL segment, in which e HL01 would be "1" for the initial HL segment and would be increme ach subsequent HL segment within the transaction. | ld be used to case the value of | | | | |
| | | The first HL01 within each ST-SE envelope must begin and be incremented by one each time an HL is used in transaction. Only numeric values are allowed in HL01 | the | | | | |

| 005010X223 • 837 • 2000B • HL SUBSCRIBER HIERARCHICAL LEVEL | | | ASC X12N | N • INSURANCE SUBCOMMITTI TECHNICAL REPORT • TYPE |
|--|--|--|--|--|
| REQUIRED | HL02 | 734 | Hierarchical Parent ID Number Identification number of the next higher hierarch segment being described is subordinate to | O 1 AN 1/12 nical data segment that the data |
| | | | соммемт: HL02 identifies the hierarchical ID nur the current HL segment is subordinate. | mber of the HL segment to which |
| REQUIRED | HL03 | 735 | Hierarchical Level Code Code defining the characteristic of a level in a h | M 1 ID 1/2 ierarchical structure |
| | | | COMMENT: HL03 indicates the context of the series current HL segment up to the next occurrence of transaction. For example, HL03 is used to indica the HL loop form a logical grouping of data refer level information. | of an HL segment in the ate that subsequent segments in |
| | | | CODE DEFINITION | |
| | | | 22 Subscriber | |
| REQUIRED | HL04 | 736 | Hierarchical Child Code Code indicating if there are hierarchical child da level being described | O 1 ID 1/1 ta segments subordinate to the |
| | COMMENT : HL04 indicates whether or not there a segments related to the current HL segment. | are subordinate (or child) HL | | |
| | | The claim (Loop ID-2300) can be used w subordinate levels (HL04 = 0) or when H indicated (HL04 = 1). | | |
| | | In the first case (HL04 = 0), the subscrib are no dependent claims. | per is the patient and there | |
| | | | The second case (HL04 = 1) happens will dependents of the subscriber are being provider HL (for example, a spouse and same provider). In that case, the subscr is at least one dependent to this subscr (spouse) would then be sent followed be spouse. The next HL would be the depe followed by the Loop ID-2300 for the so | sent under the same billing son are both treated by the riber HL04 = 1 because ther iber. The dependent HL y the Loop ID-2300 for the endent HL for the son |
| | | | In order to send claims for the subscrib dependents, the Subscriber HL, with Re (Self), would be followed by the Subscriber's claims. Then the Subscribe followed by one or more Patient HL loo the proper Relationship Code in PAT01 respective Loop ID-2300 for each dependent | elationship Code SBR02=18 riber's Loop ID-2300 for the per HL would be repeated, ops for the dependents, with , each followed by their |
| | | | CODE DEFINITION | |
| | | | 0 No Subordinate HL Segn Structure. | nent in This Hierarchical |
| | | | | HL Data Segment in This |

| SEGMENT DETAIL | | | | | | | |
|---|---------------------------|--|--|--|--|--|--|
| X12 Segment Name | | UBSCRIBER INFORMATION | | | | | |
| X12 Purpose | | o record information specific to the primary insured and the insurance carrier or that insured | | | | | |
| Loop | 2000B — SU | JBSCRIBER HIERARCHICAL LEVEL | | | | | |
| Segment Repeat | : 1 | | | | | | |
| Usage | | | | | | | |
| TR3 Example | SBR*P**GF | RP01020102******CI~ | | | | | |
| DIAGRAM | | | | | | | |
| SBR * SBR01 Payer Re Seq No C M 1 ID | sp 🗸 Individu | | | | | | |
| SBR07 * Yes/No C Resp Ce O 1 ID | X I | | | | | | |
| ELEMENT DETAIL | | | | | | | |
| USAGE | REF. DATA DES. ELEMENT | NAME ATTRIBUTES | | | | | |
| REQUIRED SBR | 801 1138 | Payer Responsibility Sequence Number CodeM 1ID1/1Code identifying the insurance carrier's level of responsibility for a payment of a claimID1/1Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.IDID | | | | | |
| | | | | | | | |
| | | A Payer Responsibility Four | | | | | |
| | | B Payer Responsibility Five | | | | | |
| | | C Payer Responsibility Six | | | | | |
| | | D Payer Responsibility Seven | | | | | |
| | | E Payer Responsibility Eight | | | | | |
| | | FPayer Responsibility NineGPayer Responsibility Ten | | | | | |
| | | H Payer Responsibility Eleven | | | | | |
| | | P Primary | | | | | |
| | | S Secondary | | | | | |
| | | T Tertiary | | | | | |

| 00200112211110 | | | | 1201 | | | • • • • • • • |
|----------------|-------|----------|-------------------------------------|---|------------------------------------|-------------------------------|------------------|
| | | | U | Unknown | | | |
| | | | | This code may only be used in claims when the original payer presence of this coverage from received from this payer or who did not provide the responsibil payer. | determin eligibili en the or | ned th ty files riginal | e s claim |
| SITUATIONAL | SBR02 | 1069 | | ationship Code the relationship between two individuals | O1 s or entities | ID s | 2/2 |
| | | | SEMANTIC: SBR02 | 2 specifies the relationship to the perso | n insured. | | |
| | | | considered to | Required when the patient is the betient is the bethe subscriber. If not require on guide, do not send. | | | r is |
| | | | CODE | DEFINITION | | | |
| | | | 18 | Self | | | |
| SITUATIONAL | SBR03 | 127 | | n tification nation as defined for a particular Transa e Identification Qualifier | O 1 action Set | | 1/50 becified |
| | | | SEMANTIC: SBR03 | 3 is policy or group number. | | | |
| | | | for the destin | Required when the subscriber's ation payer (Loop ID-2010BB) sh d by this implementation guide, o | nows a g | roup r | |
| | | | | NAME: Subscriber Group or Policy | Number | | |
| | | | | e number uniquely identifying the criber number is submitted in Lo | | | |
| SITUATIONAL | SBR04 | SBR04 93 | Name Free-form name | | 01 | AN | 1/60 |
| | | | SEMANTIC: SBR04 | 4 is plan name. | | | |
| | | | | Required when SBR03 is not us able. If not required by this imple | | | |
| | | | | NAME: Subscriber Group Name | | | |
| NOT USED | SBR05 | 1336 | Insurance Typ | be Code | 01 | ID | 1/3 |
| NOT USED | SBR06 | 1143 | | of Benefits Code | 01 | ID | 1/1 |
| NOT USED | SBR07 | 1073 | Yes/No Condi | tion or Response Code | 01 | ID | 1/1 |
| NOT USED | SBR08 | 584 | Employment | | 01 | ID | 2/2 |
| SITUATIONAL | SBR09 | 1032 | Claim Filing In Code identifying | ndicator Code type of claim | 01 | ID | 1/2 |
| | | | | Required prior to mandated use ID. If not required by this implei | | | le, do |
| | | | CODE | DEFINITION | | | |
| | | | 11 | Other Non-Federal Programs | | | |
| | | | 12 | Preferred Provider Organizatio | n (PPO) | | |
| | | | 13 | Point of Service (POS) | | | |

| 14 | Exclusive Provider Organization (EPO) |
|----|--|
| 15 | Indemnity Insurance |
| 16 | Health Maintenance Organization (HMO) Medicare Risk |
| 17 | Dental Maintenance Organization |
| AM | Automobile Medical |
| BL | Blue Cross/Blue Shield |
| СН | Champus |
| CI | Commercial Insurance Co. |
| DS | Disability |
| FI | Federal Employees Program |
| НМ | Health Maintenance Organization |
| LM | Liability Medical |
| MA | Medicare Part A |
| MB | Medicare Part B |
| МС | Medicaid |
| OF | Other Federal Program |
| | Use code OF when submitting Medicare Part D claims. |
| τv | Title V |
| VA | Veterans Affairs Plan |
| WC | Workers' Compensation Health Claim |
| ZZ | Mutually Defined |
| | Use Code ZZ when Type of Insurance is not known. |
| | |

| | NM1 · | SUBSCR | BER NAME | | |
|----------------|----------------------------|---|---|--|---|
| X12 Segment Na | me: Individual | l or Organizationa | l Name | | |
| X12 Purpo | ose: To supply | the full name of | an individual or orgar | nizational entity | |
| X12 Set No | 2300 | . For example, th | formation about entiti ese entities may incl ary administrator, cor | ude billing provid | er, pay-to |
| X12 Syn | | | 109 is present, then t | the other is requi | red. |
| | 2. C11 1 If NM | | en NM110 is require | d. | |
| | 3. C120 If NM | | en NM103 is require | d. | |
| Lo | oop: 2010BA | — SUBSCRIBER | NAME Loop Repe | eat: 1 | |
| Segment Rep | eat: 1 | | | | |
| Usa | age: REQUIRI | ED | | | |
| TR3 No | "sub | - | ation or other prope a non-person entity by state. | - | |
| TR3 Exam | ple: NM1*IL* | <1*DOE*JOHN* | T**JR*MI*123456 | ~ | |
| DIAGRAM | | | | | |
| \mathbf{N} | tity ID 🖕 Enti | ty Type * Name Jalifier Org N | T | Namo | * NM106 1038 * Name Prefix O 1 AN 1/10 |
| * S | ame 🐰 ID | Code <mark>*</mark> ID ualifier Cod | * | NM111 98 Entity ID 6000 Code 7000 O 1 ID 2/3 | NM112 1035 Name Last/ Org Name O 1 AN 1/60 |
| ELEMENT DETAIL | | | | | |
| USAGE | REF. D. DES. <u>ELE</u> | ATA MENT NAME | | | ATTRIBUTES |
| REQUIRED | NM101 98 | Entity Identif Code identifyin individual | ier Code g an organizational entity, | | 1 ID 2/3 property or an |
| | | CODE | DEFINITION | | |
| | | IL | Insured or Subscril | ber | |

| ASC X12N • INSURAN TECHNICAL REPORT | | MMITTEE | 005010X2 | | | BA • NM ER NAMI | | | | |
|--|------------------------|---|---|--------------------|------------------------|---------------------|--|--|--|--|
| REQUIRED | NM102 | 1065 | Entity Type Qualifier Code qualifying the type of entity | M 1 | ID | 1/1 | | | | |
| | | | SEMANTIC: NM102 qualifies NM103. | | | | | | | |
| | | | CODE DEFINITION | | | | | | | |
| | | | 1 Person | | | | | | | |
| | | | 2 Non-Person Entity | | | | | | | |
| REQUIRED | NM103 | 1035 | Name Last or Organization Name Individual last name or organizational name | X 1 | AN | 1/60 | | | | |
| | | | syntax: C1203 | | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber Last Name | | | | | | | |
| SITUATIONAL | TUATIONAL NM104 1036 | | Name First Individual first name | 01 | AN | 1/35 | | | | |
| | | | SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. | | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber First Name | | | | | | | |
| SITUATIONAL | SITUATIONAL NM105 1037 | 1037 | Name Middle Individual middle name or initial | 01 | AN | 1/25 | | | | |
| | | SITUATIONAL RULE: Required when NM102 = 1 (pers name or initial of the person is needed to iden not required by this implementation guide, do | tify the i | ndivid | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber Middle Name or | nitial | | | | | | |
| NOT USED | NM106 | 1038 | Name Prefix | 01 | AN | 1/10 | | | | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individual name | 01 | AN | 1/10 | | | | |
| | | | SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber Name Suffix | | | | | | | |
| | | | Examples: I, II, III, IV, Jr, Sr This data element is used only to indicate generation or patronymic. | | | | | | | |
| REQUIRED | NM108 | 66 | Identification Code Qualifier Code designating the system/method of code structure Code (67) SYNTAX: P0809 | X 1 used for lo | ID dentifica | 1/2 ation | | | | |
| | | | | | | | | | | |
| | | | CODE DEFINITION II Standard Unique Health Identified in the United States | er for ea | ach Ind | dividual | | | | |
| | | In the United States Required if the HIPAA Individua mandated use. If not required, instead. | | | tifier is | | | | | |

| | | | MI | Member Identification Number | | | |
|----------|-------|------|------------------|--|--|--|---|
| | | | | The code MI is intended to be the identification number as assigned example, Insured's ID, Subscribe Insurance Claim Number (HIC), et | d by th r's ID, | ne paye | er. (For |
| | | | | MI is also intended to be used in the Indian Health Service/Contract (IHS/CHS) Fiscal Intermediary for reporting the Tribe Residency Co State). In the event that a Social S (SSN) is also available on an IHS/ SSN in REF02. When sending the Social Security Member ID, it must be a string of numbers with no separators. For "111002222" would be valid, whil 2222" would be invalid. | t Heal the prode (Tr Securit CHS c y Num exacti exam | ith Ser urpose ibe Co ty Num claim, p ber as y nine ple, se | vices e of unty ber out the the nding |
| REQUIRED | NM109 | 67 | | Code a party or other code | X 1 | AN | 2/80 |
| | | | SYNTAX: P0809 | a party of other code | | | |
| | | | | AAME: Subscriber Primary Identifier | | | |
| NOT USED | NM110 | 706 | Entity Relation | nship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identifie | er Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | Organization Name | 01 | AN | 1/60 |

| SEGMENT DETAIL | | | | | | | | | | | | |
|----------------|--|--|--|-----|----------|--------|--|--|--|--|--|--|
| X12 Segment N | - | | BSCRIBER ADDRESS | | | | | | | | | |
| X12 Purp | oose: To s | specify the | e location of the named party | | | | | | | | | |
| L | .oop: 201 | 010BA — SUBSCRIBER NAME | | | | | | | | | | |
| Segment Re | peat: 1 | | | | | | | | | | | |
| U | sage: SIT | ITUATIONAL | | | | | | | | | | |
| Situational | | equired when the patient is the subscriber or considered to be the beccriber. If not required by this implementation guide, do not send. | | | | | | | | | | |
| TR3 Exar | mple: N3* | ×123 MAII | N STREET~ | | | | | | | | | |
| DIAGRAM | | | | | | | | | | | | |
| | 1 166 ddress ormation AN 1/55 | N302 Addres Informati O 1 AN | ion ~ | | | | | | | | | |
| ELEMENT DETAIL | | | | | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | | | | | |
| REQUIRED | N301 | 166 | Address Information Address information | M 1 | AN | 1/55 | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber Address Line | | | | | | | | | |
| SITUATIONAL | N302 | 166 | Address Information Address information | 01 | AN | 1/55 | | | | | | |
| | | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not se | | ss line. | lf not | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber Address Line | | | | | | | | | |
| | | | | | | | | | | | | |

SEGMENT DETAIL N4 - SUBSCRIBER CITY, STATE, ZIP CODE X12 Segment Name: Geographic Location **X12 Purpose:** To specify the geographic place of the named party X12 Syntax: 1. E0207 Only one of N402 or N407 may be present. 2. C0605 If N406 is present, then N405 is required. C0704 If N407 is present, then N404 is required. Loop: 2010BA — SUBSCRIBER NAME Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: N4*KANSAS CITY*MO*64108~ DIAGRAM N401 19 N402 156 N403 116 N404 26 N405 309 N406 310 State or Country Location City Postal Location * * * * N4 * * **Prov Code** Identifier Name Qualifier Code Code AN 2/30 ID O 1 ID 3/15 ID AN 1/30 01 X 1 2/2 X 1 2/3 X 1 ID 1/2 01 N407 1715 **Country Sub** * Code X 1 ID 1/3 ELEMENT DETAIL REF. DATA ELEMENT USAG NAME ATTRIBUTES REQUIRED N401 19 01 AN 2/30 City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location. IMPLEMENTATION NAME: Subscriber City Name SITUATIONAL N402 156 State or Province Code X 1 ID 2/2 Code (Standard State/Province) as defined by appropriate government agency **SYNTAX: E0207** COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Subscriber State Code CODE SOURCE 22: States and Provinces

| SITUATIONAL N403 116 | Postal Code Code defining international postal zone code excluding p (zip code for United States) | O 1 ounctuation | ID on and b | 3/15 blanks | | | | | | |
|----------------------|--|--|--|-----------------------|------|------|--|--|--|--|
| | | | SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. | | | | | | | |
| | | | IMPLEMENTATION NAME: Subscriber Postal Zone or ZIP Code | | | | | | | |
| | | | code source 51: ZIP Code code source 932: Universal Postal Codes | | | | | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | | | |
| | | | syntax: C0704 | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. | | | | | | | |
| | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | | | | |
| | | Use the alpha-2 country codes from Part 1 of ISO 3166. | | | | | | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | | | |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | | | |
| | | | syntax: E0207, C0704 | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send. | | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | | | |
| | | | Use the country subdivision codes from Part 2 | of ISO | 2166 | | | | | |

Use the country subdivision codes from Part 2 of ISO 3166.

| SEGMENT DETAIL | | |
|---------------------------------------|---|---|
| | DMG - S INFORM | UBSCRIBER DEMOGRAPHIC |
| X12 Segment Name: | Demographic | Information |
| X12 Purpose: | To supply der | nographic information |
| X12 Syntax: | 1. P0102 If either D | MG01 or DMG02 is present, then the other is required. |
| | 2. P1011 If either D | MG10 or DMG11 is present, then the other is required. |
| | 3. C1105 If DMG11 | is present, then DMG05 is required. |
| Loop: | 2010BA — S | UBSCRIBER NAME |
| Segment Repeat: | 1 | |
| Usage: | SITUATIONA | L |
| Situational Rule: | • | en the patient is the subscriber or considered to be the f not required by this implementation guide, do not send. |
| TR3 Example: | DMG*D8*19 | 690815 * M~ |
| DIAGRAM | | |
| DMG * Date Tim Format Qu X 1 ID | e Note Time Jal * Period Z/3 X 1 AN 26 DMG08 Period | $\begin{array}{c c} & \bullet & \bullet \\ \hline & \bullet \\ \hline & \bullet & \bullet \\$ |
| * Code | 2/3 Basis o Verif Coo 0 1 ID | |
| ELEMENT DETAIL | | |
| USAGE [| REF. DATA DES. <u>ELEMENT</u> | NAME ATTRIBUTES |
| REQUIRED DMG | 01 1250 | Date Time Period Format Qualifier X 1 ID 2/3 |
| | | Code indicating the date format, time format, or date and time format syntax: P0102 |
| | | CODE DEFINITION |
| | | D8 Date Expressed in Format CCYYMMDD |
| REQUIRED DMG | 02 1251 | Date Time PeriodX 1AN1/35Expression of a date, a time, or range of dates, times or dates and times |
| | | syntax: P0102 |
| | | SEMANTIC: DMG02 is the date of birth. |
| | | IMPLEMENTATION NAME: Subscriber Birth Date |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| REQUIRED | DMG03 | 1068 | | Gender Code Code indicating the sex of the individual | | ID | 1/1 |
|----------|-------|------|----------------------------|--|-----|----|------|
| | | | | NAME: Subscriber Gender Code | | | |
| | | | CODE | DEFINITION | | | |
| | | | F | Female | | | |
| | | | Μ | Male | | | |
| | | | U | Unknown | | | |
| NOT USED | DMG04 | 1067 | Marital Status Code | | 01 | ID | 1/1 |
| NOT USED | DMG05 | C056 | COMPOSITE INFORMATIO | X 10 | | | |
| NOT USED | DMG06 | 1066 | Citizenship S | tatus Code | 01 | ID | 1/2 |
| NOT USED | DMG07 | 26 | Country Code | e | 01 | ID | 2/3 |
| NOT USED | DMG08 | 659 | Basis of Verification Code | | 01 | ID | 1/2 |
| NOT USED | DMG09 | 380 | Quantity | | 01 | R | 1/15 |
| NOT USED | DMG10 | 1270 | Code List Qu | alifier Code | X 1 | ID | 1/3 |
| NOT USED | DMG11 | 1271 | Industry Cod | e | X 1 | AN | 1/30 |

| SEGMENT DETAIL | | | | | | | | | |
|----------------|---|--|---------------------|--|------------------------|-------------------|------------------|--|--|
| | | | UBSCRIE | BER SECONDARY | 7 | | | | |
| X12 Segment N | ame: Refe | rence Inf | ormation | | | | | | |
| X12 Purp | oose: Tos | specify identifying information | | | | | | | |
| X12 Sy | | R0203 At least c | one of REF02 o | r REF03 is required. | | | | | |
| L | .oop: 2010 | 0BA — SUBSCRIBER NAME | | | | | | | |
| Segment Re | peat: 1 | | | | | | | | |
| Us | age: SITU | UATIONAL | | | | | | | |
| Situational | NM1 | Required when an additional identification number to that provided in IM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Exar | nple: REF | *SY*12 | 3456789~ | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 01 128 ference ent Qual ID 2/3 | REF02 Referent Ident X 1 AN | * · | 352 Second REF04 C040 Reference Identifier O 1 | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUT | TES | | |
| REQUIRED | REF01 | 128 | Reference Ide | ntification Qualifier | M 1 | ID | 2/3 | | |
| | | | Code qualifying the | he Reference Identification | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | SY | Social Security Number | | | - 6 | | |
| | | | | The Social Security Number n exactly nine numbers with no example, sending "111002222 sending "111-00-2222" would | separator " would b | s. For e valid | | | |
| REQUIRED | REF02 | 127 | | ntification lation as defined for a particular Trans Identification Qualifier | X1 saction Set | | 1/50 becified | | |
| | | | syntax: R0203 | | | | | | |
| | | | IMPLEMENTATION N | AME: Subscriber Supplemental I | dentifier | | | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 | | |
| NOT USED | REF04 | C040 | REFERENCE I | DENTIFIER | 01 | | | | |

REF - PROPERTY AND CASUALTY CLAIM NUMBER

| X12 Segment Name: | Reference Information |
|-------------------|--|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2010BA — SUBSCRIBER NAME |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the services included in this claim are to be considered as part of a property and casualty claim. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 1.4.2, Property and Casualty, for additional information about property and casualty claims. |
| | 2. This segment is not a HIPAA requirement as of this writing. |
| TR3 Example: | REF*Y4*4445555~ |

DIAGRAM

| | REF01 | 128 | | REF | 02 | 127 | | REF | 03 | 352 |] | REF04 | C040 |] |
|--------------|-------|------------------|---|-----|---------------|------|---|-----|-------|------|---|----------------|-------|---|
| REF * | | erence t Qual | * | | ferer Iden | | * | Des | scrip | tion | * | Refer Ident | ifior | ~ |
| | M 1 | ID 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | 01 | | |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | | | | | |
|----------|--------------|-----------------|------------------|---|---------------|----------------|------------------|--|--|--|
| REQUIRED | REF01 | 128 | | ntification Qualifier the Reference Identification | M 1 | ID | 2/3 | | | |
| | | | CODE | DEFINITION | | | | | | |
| | | | Y4 | Agency Claim Number | | | | | | |
| REQUIRED | REF02 | 127 | by the Reference | ntification nation as defined for a particular Transacti e Identification Qualifier | X 1 on Set | AN or as sp | 1/50 becified | | | |
| | | | syntax: R0203 | | | | | | | |
| | | | IMPLEMENTATION N | IAME: Property Casualty Claim Numb | ber | | | | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE | IDENTIFIER | 01 | | | | | |

NM1 - PAYER NAME X12 Segment Name: Individual or Organizational Name X12 Purpose: To supply the full name of an individual or organizational entity 1. Loop 2010 contains information about entities that apply to all claims in loop X12 Set Notes: 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2010BB — PAYER NAME Loop Repeat: 1 Segment Repeat: 1 **Usage: REQUIRED** TR3 Notes: 1. This is the destination payer. 2. For the purposes of this implementation the term payer is synonymous with several other terms, such as, repricer and third party administrator. TR3 Example: NM1*PR*2*ABC INSURANCE CO****PI*11122333~ DIAGRAM NM103 NM104 NM101 98 NM102 1065 1035 1036 NM105 1037 NM106 1038 Entity ID Entity Type Name Last/ Name Name Name **NM1** * * * * Qualifier Prefix Middle Code Org Name First ID 2/3 ID 1/1 AN 1/60 O 1 AN 1/35 01 AN 1/25 O 1 AN 1/10 M 1 X 1 M 1 NM108 NM107 1039 66 NM109 67 NM110 706 NM111 98 NM112 1035 ID Code ID Entity ID Name Entity Name Last/ * * * * * Suffix Qualifier Code Relat Code Code Org Name AN 2/80 ID O 1 01 AN 1/10 1/2X 1 ID 2/2 ID 2/3 O 1 AN 1/60 ELEMENT DETAIL

| REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | | | | | |
|--------------|-----------------|--------------|------------|---|--|---|--|--|--|
| NM101 | 98 | - | | M 1 n, prop | ID erty or a | 2/3 an | | | |
| | | CODE | DEFINITION | | | | | | |
| | | PR | Payer | | | | | | |
| | DES. | DES. ELEMENT | | DES. ELEMENT NAME NM101 98 Entity Identifier Code Code identifying an organizational entity, a physical location individual CODE DEFINITION | DES. ELEMENT NAME NM101 98 Entity Identifier Code M 1 Code identifying an organizational entity, a physical location, propindividual CODE DEFINITION | DES. ELEMENT NAME ATTRIBU NM101 98 Entity Identifier Code M 1 ID Code identifying an organizational entity, a physical location, property or a individual | | | |

SEGMENT DETAIL

| TECHNICAL REPOR | ANCE SUBCO RT • TYPE 3 | | | 0030 | 10X223 • 837 | | ER NAN |
|----------------------------------|---------------------------|-----------|--|---|---|---|--|
| REQUIRED | NM102 | 1065 | Entity Type | Qualifier g the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM1 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 2 | Non-Person Entity | | | |
| REQUIRED | NM103 | 1035 | | or Organization Name name or organizational name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | | |
| | | | IMPLEMENTATION | NAME: Payer Name | | | |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | 9 | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| REQUIRED | NM108 | 66 | | n Code Qualifier ing the system/method of code struct | X 1 ure used for le | ID dentifica | 1/2 ation |
| | | | syntax: P0809 | | | | |
| | | | in period ide If a phase-in 1. Both the s 2. The receiv | mandated implementation date entified by Federal regulation, F period is designated, PI must sender and receiver agree to us ver has a National Plan ID, and er has the capability to send th | PI must be s be sent unl | ent. ess: | |
| | | | If all of the a the Payer Ide qualifier PI c | bove conditions are true, XV m entification Number that would an be sent in the correspondir | iust be sent have been | . In thi sent u | s case sing |
| | | | If all of the a the Payer Ide qualifier PI c qualifier 2U. | bove conditions are true, XV mentification Number that would an be sent in the correspondir | iust be sent have been | . In thi sent u | s case sing |
| | | | If all of the a the Payer Id qualifier PI o qualifier 2U. | bove conditions are true, XV mentification Number that would an be sent in the correspondir | iust be sent have been | . In thi sent u | s case sing |
| | | | If all of the a the Payer Ide qualifier PI c qualifier 2U. <u>CODE</u> PI | bove conditions are true, XV m entification Number that would an be sent in the correspondir DEFINITION Payor Identification | ust be sent have been ig REF segr | . In thi sent u nent u | s case sing sing |
| | | | If all of the a the Payer Id qualifier PI o qualifier 2U. | bove conditions are true, XV mentification Number that would an be sent in the correspondir | have been have been ng REF segr | . In thi sent u nent u vices I | s case sing sing PlanID |
| REQUIRED | NM109 | 67 | If all of the a the Payer Id qualifier PI c qualifier 2U. <u>CODE</u> PI XV Identification | bove conditions are true, XV mentification Number that would can be sent in the corresponding DEFINITION Payor Identification Centers for Medicare and M code source 540: Centers for Me PlanID | have been have been og REF segr edicaid Ser dicare and Me | . In thi sent u nent u vices I | s case sing sing PlanID |
| REQUIRED | NM109 | 67 | If all of the a the Payer Id qualifier PI c qualifier 2U. <u>CODE</u> PI XV Identification Code identifyin syntax: P0809 | bove conditions are true, XV mentification Number that would can be sent in the corresponding DEFINITION Payor Identification Centers for Medicare and M code source 540: Centers for Me PlanID n Code Ig a party or other code | have been have been og REF segr edicaid Ser dicare and Me | . In thi sent u nent u vices I | s case sing sing PlanID Services |
| REQUIRED | NM109 | 67 | If all of the a the Payer Id qualifier PI c qualifier 2U. <u>CODE</u> PI XV Identification Code identifyin syntax: P0809 | bove conditions are true, XV mentification Number that would can be sent in the correspondin DEFINITION Payor Identification Centers for Medicare and M code source 540: Centers for Me PlanID n Code g a party or other code | have been have been og REF segr edicaid Ser dicare and Me | . In thi sent u nent u vices I | s case sing sing PlanID Services |
| | NM109 NM110 | 67 706 | If all of the a the Payer Id qualifier PI c qualifier 2U. CODE PI XV Identification Code identifyin SYNTAX: P0809 IMPLEMENTATION | bove conditions are true, XV mentification Number that would can be sent in the corresponding DEFINITION Payor Identification Centers for Medicare and M code source 540: Centers for Me PlanID n Code Ig a party or other code | have been have been og REF segr edicaid Ser dicare and Me | . In thi sent u nent u vices I | s case sing sing PlanID Services |
| REQUIRED NOT USED NOT USED | | - | If all of the a the Payer Id qualifier PI c qualifier 2U. CODE PI XV Identification Code identifyin SYNTAX: P0809 IMPLEMENTATION | bove conditions are true, XV mentification Number that would can be sent in the corresponding <u>DEFINITION</u> Payor Identification Centers for Medicare and M code source 540: Centers for Me PlanID n Code g a party or other code | edicaid Ser dicare and Me X 1 | . In thi sent u nent u vices I edicaid \$ | s case sing sing PlanID Services 2/80 |

| | N3 - PA` | YER ADDRESS | | | |
|---|-------------------------|---|-------|----------|---------|
| X12 Segment Name: | Party Location | 1 | | | |
| X12 Purpose: | To specify the | e location of the named party | | | |
| Loop: | 2010BB — P/ | AYER NAME | | | |
| Segment Repeat: | 1 | | | | |
| Usage: | SITUATIONA | L | | | |
| Situational Rule: | for the claim | en the payer address is available and the sub to be printed on paper at the next EDI locatio se). If not required by this implementation guid | n (fo | r exar | nple, a |
| TR3 Example: | N3*123 MAIN | N STREET~ | | | |
| DIAGRAM | | | | | |
| N3 * Address Informatic M 1 AN 1/ | Address | on a | | | |
| ELEMENT DETAIL | | | | | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBU | TES |
| REQUIRED N301 | 166 | Address Information Address information | M 1 | AN | 1/55 |
| | | IMPLEMENTATION NAME: Payer Address Line | | | |
| SITUATIONAL N302 | 166 | Address Information Address information | 01 | AN | 1/55 |
| | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not set | | ss line. | If not |
| | | IMPLEMENTATION NAME: Payer Address Line | | | |

| | - | | - | , - | , | |
|---|-----------------------|----------|---|--------------|--------------|---------------------|
| SEGMENT DETAIL | | | | | | |
| | N4 - | PA | (ER CITY, STATE, ZIP CODE | | | |
| X12 Segment Name | e: Geogra | phic Lo | ocation | | | |
| X12 Purpose | e: To spec | cify the | geographic place of the named party | | | |
| X12 Syntax | | | of N402 or N407 may be present. | | | |
| | 2. C06 If N | | present, then N405 is required. | | | |
| | 3. C07 If N | | present, then N404 is required. | | | |
| Loop | p: 2010BB | 3 — P/ | AYER NAME | | | |
| Segment Repea | nt: 1 | | | | | |
| Usage | e: REQUIF | RED | | | | |
| TR3 Example | e: N4*KA | NSAS | CITY*MO*64108~ | | | |
| DIAGRAM | - | | | | | |
| R407 Country Code X 1 ID ELEMENT DETAIL | e ~ 1/3 | DATA | | | | |
| | DES. E | LEMENT | NAME | | | |
| REQUIRED N4 | .01 19 | 9 | City Name Free-form text for city name | 01 | AN | 2/30 |
| | | | COMMENT : A combination of either N401 through N404, or N adequate to specify a location. | 405 ar | nd N406 | i may be |
| | | | IMPLEMENTATION NAME: Payer City Name | | | |
| SITUATIONAL N4 | .02 15 | 56 | State or Province Code Code (Standard State/Province) as defined by appropriate | X1 govern | ID ment a | 2/2 gency |
| | | | syntax: E0207 | | | |
| | | | COMMENT: N402 is required only if city name (N401) is in the | | | |
| | | | SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Payer State Code | | | |
| | | | | | | |

| SITUATIONAL | N403 | 116 | Postal Code Code defining international postal zone code excluding pu (zip code for United States) | O 1 Inctuation | ID on and b | 3/15 blanks |
|-------------|------|------|---|-------------------|------------------|-----------------------|
| | | | SITUATIONAL RULE: Required when the address is in a America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send. | when a | | |
| | | | IMPLEMENTATION NAME: Payer Postal Zone or ZIP Code | e | | |
| | | | CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 |
| | | | syntax: C0704 | | | |
| | | | SITUATIONAL RULE: Required when the address is ou States of America. If not required by this implem not send. | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | |
| | | | Use the alpha-2 country codes from Part 1 of IS | D 3166 | j. | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 |
| | | | syntax: E0207, C0704 | | | |
| | | | SITUATIONAL RULE: Required when the address is no States of America, including its territories, or Ca country in N404 has administrative subdivisions limited to states, provinces, cantons, etc. If not implementation guide, do not send. | anada, s such | and th as but | e not |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | |
| | | | Line the example and division as dee from Devi O . | (100 | 0400 | |

Use the country subdivision codes from Part 2 of ISO 3166.

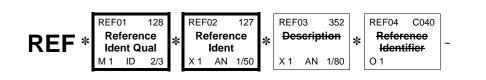
| SEGMENT DETAIL | | | | |
|-------------------|--------------------------------|---------------------------------|---|------------------------------------|
| | REF - P/ | AYER SE | CONDARY IDENTIF | ICATION |
| X12 Segment Name: | Reference Inf | ormation | | |
| X12 Purpose: | To specify ide | ntifying informa | ation | |
| X12 Syntax: | 1. R0203 At least o | ne of REF02 o | r REF03 is required. | |
| Loop: | 2010BB — P | AYER NAME | | |
| Segment Repeat: | 3 | | | |
| Usage: | SITUATIONA | L | | |
| Situational Rule: | National Plan provided in t | h Identifier when he NM109 of t | lated implementation date for t en an additional identification r his loop is necessary for the cl quired by this implementation g | number to that aim processor to |
| TR3 Example: | REF*FY*435 | 5261708~ | | |
| DIAGRAM | | | | |
| ELEMENT DETAIL | 2/3 X 1 AN | i/50 * Descript | 1/80 * O 1 | |
| | ES. ELEMENT | | | ATTRIBUTES |
| REQUIRED REFO | 01 128 | | ntification Qualifier he Reference Identification | M 1 ID 2/3 |
| | | CODE | DEFINITION | |
| | | 2U | Payer Identification Number | |
| | | | This code is only allowed when the Identifier is reported in NM109 of | |
| | | EI | Employer's Identification Number | - |
| | | | The Employer's Identification Nur string of exactly nine numbers wi | |
| | | | For example, "001122333" would sending "001-12-2333" or "00-112 invalid. | - |
| | | FY | Claim Office Number | • · · |
| | | NF | National Association of Insurance (NAIC) Code | |
| | | | code source 245: National Association of Commissioners (NAIC) Code | of Insurance |

| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier SYNTAX: R0203 | X 1 on Set | AN or as sp | 1/50 becified |
|----------|-------|------|--|---------------|----------------|------------------|
| | | | IMPLEMENTATION NAME: Payer Additional Identifier | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

REF - BILLING PROVIDER SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|--|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2010BB — PAYER NAME |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated NPI Implementation Date when an additional identification number is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in Loop 2010AA is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Example: | REF*G2*12345~ |

DIAGRAM



ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | JTES |
|----------|--------------|-----------------|------|---|------------------------------|-----------------|------------|
| REQUIRED | REF01 | 128 | | ntification Qualifier the Reference Identification | M 1 | ID | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | G2 | Provider Commercial Number | | | |
| | | | | This code designates a proprietar for the destination payer identifier Name loop, Loop ID-2010BB, asso claim. This is to be used by all pay Medicare, Medicaid, Blue Cross, e | d in th ociate yers ii | e Pay d with | er this |
| | | | LU | Location Number | | | |

| 005010X223 • 837 BILLING PROVIDE | | | | ASC X12N • INSURANCI TECHNICAL | | |
|-------------------------------------|-------|------|---|-----------------------------------|------|-------------------|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a by the Reference Identification Qualifie SYNTAX: R0203 | | | 1/50 specified |
| | | | IMPLEMENTATION NAME: Billing Provid | er Secondary Identifi | er | |
| NOT USED | REF03 | 352 | Description | X | 1 AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 0 | 1 | |

| SEGMENT DETAIL | | |
|--|---|----------------|
| X12 Segment Name: | HL - PATIENT HIERARCHICAL LEVI Hierarchical Level | EL |
| - | To identify dependencies among and the content of hierarchic groups of data segments | cally related |
| X12 Comments: | The HL segment is used to identify levels of detail inform hierarchical structure, such as relating line-item data to sl packaging data to line-item data. | |
| | 2. The HL segment defines a top-down/left-right ordered str | ucture. |
| Loop: | 2000C — PATIENT HIERARCHICAL LEVEL Loop Repeat | t: >1 |
| Segment Repeat: | 1 | |
| Usage: | SITUATIONAL | |
| Situational Rule: | Required when the patient is a dependent of the subscrib Loop ID-2000B and cannot be uniquely identified to the p subscriber's identifier in the Subscriber Level. If not require implementation guide, do not send. | ayer using the |
| TR3 Notes: | 1. There are no HLs subordinate to the Patient HL. | |
| | 2. If a patient is a dependent of a subscriber and can be identified to the payer by a unique Identification Num patient is considered the subscriber and is to be iden Subscriber Level. | ber, then the |
| TR3 Example: | HL*3*2*23*0~ | |
| DIAGRAM | | |
| HL * Hierarch ID Numbe M 1 AN 1/ | | |
| ELEMENT DETAIL | | |
| USAGE R | EF. DATA ES. <u>Element</u> <u>Name</u> | ATTRIBUTES |
| REQUIRED HL01 | 628 Hierarchical ID Number | M 1 AN 1/12 |

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure

COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.

| 005010X223 • 837 • PATIENT HIERARCH | | | | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 |
|--|------|-----|---|---|
| REQUIRED | HL02 | 734 | Identification nur | Parent ID Number O 1 AN 1/12 mber of the next higher hierarchical data segment that the data lescribed is subordinate to |
| | | | | dentifies the hierarchical ID number of the HL segment to which egment is subordinate. |
| REQUIRED | HL03 | 735 | Hierarchical L Code defining th | e characteristic of a level in a hierarchical structure |
| | | | current HL segm transaction. For | ndicates the context of the series of segments following the ent up to the next occurrence of an HL segment in the example, HL03 is used to indicate that subsequent segments in a logical grouping of data referring to shipment, order, or item- |
| | | | CODE | DEFINITION |
| | | | 23 | Dependent |
| | | | | The code DEPENDENT conveys that the information in this HL applies to the patient when the subscriber and the patient are not the same person. |
| REQUIRED | HL04 | 736 | Hierarchical C Code indicating level being desc | if there are hierarchical child data segments subordinate to the |
| | | | | ndicates whether or not there are subordinate (or child) HL d to the current HL segment. |
| | | | CODE | DEFINITION |
| | | | 0 | No Subordinate HL Segment in This Hierarchical Structure. |

| | L | | |
|-------------------------------------|---|----------------------|--|
| | P | AT - P | ATIENT INFORMATION |
| X12 Segment | t Name: Pat | ient Inform | mation |
| X12 P | urpose: To a | supply pat | tient information |
| X12 | | | PAT05 or PAT06 is present, then the other is required. |
| | 2. | P0708 If either F | PAT07 or PAT08 is present, then the other is required. |
| | Loop: 200 | | ATIENT HIERARCHICAL LEVEL |
| Segment | Repeat: 1 | | |
| | Usage: RE | QUIRED | |
| TR3 E | kample: PA | Г*01~ | |
| DIAGRAM | _ | | |
| PAT * | PAT01 1069 Individual Relat Code D 1 ID 2/2 | | |
| | | PAT08 | 81 PAT09 1073 |
| * | AT07 355 Unit/Basis Meas Code (1 ID 2/2 | | 81 PAT09 1073 Yes/No Cond Resp Code O 1 ID 1/1 |
| * | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | nt * <mark>Yes/No Cond</mark> Resp Code 1/10 01 ID 1/1 |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X1 R | nt * Yes/No Cond Resp Code 1/10 01 ID 1/1 |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Att * Yes/No Cond Resp Code ~ 1/10 * 0 1 ID 1/1 ~ NAME ATTRIBUTES ATTRIBUTES Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Att * Yes/No Cond Resp Code ~ 1/10 * O 1 ID 1/1 NAME ATTRIBUTES Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Att * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * Attributes NAME Attributes Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. CODE DEFINITION |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Ant * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * Attributes NAME Attributes Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. CODE DEFINITION 01 Spouse |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Ant * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * Attributes NAME Attributes Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. CODE DEFINITION 01 Spouse 19 Child |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Ant * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * Attributes NAME Attributes Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. CODE DEFINITION 01 Spouse |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Math * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * Attributes NAME Attributes Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. CODE DEFINITION 01 Spouse 19 Child 20 Employee |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Ant * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * ATTRIBUTES NAME ATTRIBUTES Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured. CODE DEFINITION 01 Spouse 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor |
| * ELEMENT DETAIL | Unit/Basis Meas Code (1 ID 2/2 | X 1 R | Int * Yes/No Cond Resp Code 0 1 ID 1/1 ~ 1/10 * Attributes NAME Attributes Individual Relationship Code 0 1 ID 2/2 Code indicating the relationship between two individuals or entities 2/2 Specifies the patient's relationship to the person insured. |
| ELEMENT DETAIL USAGE REQUIRED | Unit/Basis Meas Code (1 ID 2/2 REF. DES. PAT01 | X 1 R | Individual Relationship Code O 1 ID 2/2 Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities 2/2 Specifies the patient's relationship to the person insured. 2/2 CODE DEFINITION 01 Spouse 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner 68 Other Relationship |
| ELEMENT DETAIL USAGE REQUIRED | Unit/Basis Meas Code (1 ID 2/2 PAT01 | . Weigh X 1 R | Int Yes/No Cond Artributes 1/10 1 10 1/1 NAME Attributes Attributes Individual Relationship Code 0 1 1D 2/2 Code indicating the relationship between two individuals or entities 2/2 Specifies the patient's relationship to the person insured. 2/2 CODE DEFINITION 01 Spouse 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 33 Life Partner 68 Other Relationship 01 1D 1/1 |
| * | Unit/Basis Meas Code (1 ID 2/2 REF. DES. PAT01 | X 1 R | Individual Relationship Code O 1 ID 2/2 Individual Relationship Code O 1 ID 2/2 Code indicating the relationship between two individuals or entities 2/2 Specifies the patient's relationship to the person insured. 2/2 CODE DEFINITION 01 Spouse 19 Child 20 Employee 21 Unknown 39 Organ Donor 40 Cadaver Donor 53 Life Partner 68 Other Relationship |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| NOT USED | PAT05 | 1250 | Date Time Period Format Qualifier | X 1 | ID | 2/3 |
|----------|-------|------|------------------------------------|-----|----|------|
| NOT USED | PAT06 | 1251 | Date Time Period | X 1 | AN | 1/35 |
| NOT USED | PAT07 | 355 | Unit or Basis for Measurement Code | X 1 | ID | 2/2 |
| NOT USED | PAT08 | 81 | Weight | X 1 | R | 1/10 |
| NOT USED | PAT09 | 1073 | Yes/No Condition or Response Code | 01 | ID | 1/1 |

| SEGMENT DETAIL | | | | | | | | |
|-------------------|---|---|--|--|--|--|--|--|
| | NM1 - P | PATIENT NAME | | | | | | |
| X12 Segment Name: | Individual or C | Individual or Organizational Name | | | | | | |
| X12 Purpose: | To supply the | e full name of an individual or organizational entity | | | | | | |
| X12 Set Notes: | 2300. Fo | Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant. | | | | | | |
| X12 Syntax: | 1. P0809 If either N | NM108 or NM109 is present, then the other is required. | | | | | | |
| | 2. C1110 If NM111 | 1 is present, then NM110 is required. | | | | | | |
| | 3. C1203 If NM112 | 2 is present, then NM103 is required. | | | | | | |
| Loop: | 2010CA — P | PATIENT NAME Loop Repeat: 1 | | | | | | |
| Segment Repeat: | 1 | | | | | | | |
| Usage: | REQUIRED | | | | | | | |
| TR3 Example: | NM1*QC*1* | *DOE*SALLY*J~ | | | | | | |
| DIAGRAM | | | | | | | | |
| | 2/3 * Entity Ty Qualifie M 1 ID NM108 + ID Code Qualifie | fer Crg Name First Middle Prefix 1/1 X 1 AN 1/60 AN 1/35 AN O1 AN 1/25 O1 AN 1/10 66 NM109 67 NM110 706 NM111 98 NM112 1035 de * ID * Entity * NM112 1035 | | | | | | |
| OT AN I | XT ID | | | | | | | |
| ELEMENT DETAIL | | | | | | | | |
| USAGE D | EF. DATA ES. ELEMENT | NAME ATTRIBUTES | | | | | | |
| REQUIRED NM10 | 01 98 | Entity Identifier Code M 1 ID 2/3 Code identifying an organizational entity, a physical location, property or an individual | | | | | | |
| | | | | | | | | |
| | | QC Patient | | | | | | |
| REQUIRED NM10 | 02 1065 | Entity Type QualifierM 1ID1/1Code qualifying the type of entity | | | | | | |
| | | SEMANTIC: NM102 qualifies NM103. | | | | | | |
| | | CODE DEFINITION | | | | | | |
| | | 1 Person | | | | | | |

| 005010X223 • 837 • 2 PATIENT NAME | 010CA • NM | 1 | ASC X12N • I Ti | NSURANCE S ECHNICAL R | | | | | |
|--------------------------------------|------------|------|---|---|----|------|--|--|--|
| REQUIRED | NM103 1035 | | Name Last or Organization Name Individual last name or organizational name | X 1 | AN | 1/60 | | | |
| | | | syntax: C1203 | | | | | | |
| | | | IMPLEMENTATION NAME: Patient Last Name | | | | | | |
| SITUATIONAL | NM104 | 1036 | Name First Individual first name | 01 | AN | 1/35 | | | |
| | | | | SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Patient First Name | | | | | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual middle name or initial | 01 | AN | 1/25 | | | |
| | | | SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION NAME: Patient Middle Name or I | nitial | | | | | |
| NOT USED | NM106 | 1038 | Name Prefix | 01 | AN | 1/10 | | | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individual name | 01 | AN | 1/10 | | | |
| | | | SITUATIONAL RULE: Required when the name su the individual. If not required by this implea send. | | | - | | | |
| | | | IMPLEMENTATION NAME: Patient Name Suffix | | | | | | |
| NOT USED | NM108 | 66 | Identification Code Qualifier | X 1 | ID | 1/2 | | | |
| NOT USED | NM109 | 67 | Identification Code | X 1 | AN | 2/80 | | | |
| NOT USED | NM110 | 706 | Entity Relationship Code | X 1 | ID | 2/2 | | | |
| NOT USED | NM111 | 98 | Entity Identifier Code | 01 | ID | 2/3 | | | |
| NOT USED | NM112 | 1035 | Name Last or Organization Name O 1 AN | | | | | | |

| SEGMENT DETAIL | | | | | |
|---|---------------------------|--|-----|----------|--------|
| | N3 - PA | FIENT ADDRESS | | | |
| X12 Segment Name: | Party Locatior | 1 | | | |
| X12 Purpose: | To specify the | location of the named party | | | |
| Loop: | 2010CA — P/ | | | | |
| Segment Repeat: | 1 | | | | |
| Usage: | REQUIRED | | | | |
| TR3 Example: | N3*123 MAIN | STREET~ | | | |
| DIAGRAM | | | | | |
| N301 Address Informatic M 1 AN 1 | Address | on ~ | | | |
| USAGE F | REF. DATA DES. ELEMENT | NAME | | ATTRIBUT | TES |
| REQUIRED N301 | | Address Information Address information | M 1 | | 1/55 |
| | | IMPLEMENTATION NAME: Patient Address Line | | | |
| SITUATIONAL N302 | 2 166 | Address Information Address information | 01 | AN | 1/55 |
| | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not set | | s line. | lf not |
| | | Detient Address Line | | | |

IMPLEMENTATION NAME: Patient Address Line

| SEGMENT DETAIL | | | |
|----------------------|-------------------------------|--|--|
| | N4 - PA | TIENT CITY, STATE, ZIP COI | DE |
| X12 Segment Name: | Geographic L | ocation | |
| X12 Purpose: | To specify the | e geographic place of the named party | |
| X12 Syntax: | 1. E0207 Only one | of N402 or N407 may be present. | |
| | 2. C0605 If N406 is | s present, then N405 is required. | |
| | 3. C0704 If N407 is | present, then N404 is required. | |
| Loop: | 2010CA — P | | |
| Segment Repeat: | 1 | | |
| Usage: | REQUIRED | | |
| TR3 Example: | N4*KANSAS | S CITY*MO*64108~ | |
| DIAGRAM | | | |
| * Country St Code | '15 | | 2 Location Identifier O 1 AN 1/30 |
| USAGE R | EF. DATA ES. ELEMENT | NAME | ATTRIBUTES |
| REQUIRED N401 | 19 | City Name Free-form text for city name | O 1 AN 2/30 |
| | | COMMENT: A combination of either N401 through N404, or N adequate to specify a location. | 405 and N406 may be |
| | | IMPLEMENTATION NAME: Patient City Name | |
| SITUATIONAL N402 | 156 | State or Province Code Code (Standard State/Province) as defined by appropriate | X 1 ID 2/2 government agency |
| | | SYNTAX: E0207 COMMENT: N402 is required only if city name (N401) is in the | |
| | | SITUATIONAL RULE: Required only if city hanne (1401) is in the America, including its territories, or Canada. If no implementation guide, do not send. | he United States of |
| | | IMPLEMENTATION NAME: Patient State Code | |
| | | CODE SOURCE 22: States and Provinces | |

| SITUATIONAL | TUATIONAL N403 116 | 116 | Postal Code Code defining international postal zone code excluding pu (zip code for United States) | O 1 Inctuation | ID on and b | 3/15 blanks | | | | |
|-------------|--------------------|---|--|-------------------|----------------|-----------------------|--|--|--|--|
| | | SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. | | | | | | | | |
| | | | IMPLEMENTATION NAME: Patient Postal Zone or ZIP Con | de | | | | | | |
| | | | CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes | | | | | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | | | |
| | | | syntax: C0704 | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. | | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | | | |
| | | | Use the alpha-2 country codes from Part 1 of ISO 3166. | | | | | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | | | |
| SITUATIONAL | N407 1715 | | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | | | |
| | | | syntax: E0207, C0704 | | | | | | | |
| | | | SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send. | | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | | | |
| | | | Line the example and division as deadfrom Deat O | (100 | | | | | | |

Use the country subdivision codes from Part 2 of ISO 3166.

| SEGMENT DETAIL | | | |
|----------------|-------------------------------------|---|--|
| | | | PATIENT DEMOGRAPHIC |
| X12 Segment Na | me: Dem | ographic | c Information |
| X12 Purpo | ose: To su | upply der | emographic information |
| X12 Synt | I | P0102 f either C P1011 | DMG01 or DMG02 is present, then the other is required. |
| | | | DMG10 or DMG11 is present, then the other is required. |
| | 3. (| C1105 | 11 is present, then DMG05 is required. |
| Lo | op: 2010 | CA — P | PATIENT NAME |
| Segment Repo | eat: 1 | | |
| | ige: REQ | UIRED | |
| | - | | 9690815*M~ |
| | | | 3030013×111× |
| DIAGRAM | | | |
| | 1 1250 Time at Qual ID 2/3 | DMG02 1 Date Tin Period X 1 AN | od * Code * Status Code * or Ethn Inf * Status Code |
| * G | 7 26 untry ode ID 2/3 | DMG08 Basis o Verif Coo O 1 ID | |
| ELEMENT DETAIL | | | |
| | REF. | | |
| | DES. | ELEMENT | Date Time Period Format Qualifier X 1 ID 2/3 |
| | | | Code indicating the date format, time format, or date and time format |
| | | | syntax: P0102 |
| | | | |
| REQUIRED | DMG02 | 1251 | D8 Date Expressed in Format CCYYMMDD Date Time Period X 1 AN 1/35 |
| | | | Expression of a date, a time, or range of dates, times or dates and times |
| | | | SEMANTIC: DMG02 is the date of birth. |
| | | | IMPLEMENTATION NAME: Patient Birth Date |
| | | | |

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|--|
| |

| REQUIRED | DMG03 | 1068 | | Gender Code Code indicating the sex of the individual | | ID | 1/1 |
|----------|-------|------|--------------------------|--|---------|----|------|
| | | | IMPLEMENTATION I | NAME: Patient Gender Code | | | |
| | | | CODE | DEFINITION | | | |
| | | | F | Female | | | |
| | | | Μ | Male | | | |
| | | | U | Unknown | | | |
| NOT USED | DMG04 | 1067 | Marital Status | s Code | 01 | ID | 1/1 |
| NOT USED | DMG05 | C056 | COMPOSITE INFORMATIO | RACE OR ETHNICITY N | X 10 | | |
| NOT USED | DMG06 | 1066 | Citizenship S | tatus Code | 01 | ID | 1/2 |
| NOT USED | DMG07 | 26 | Country Code | 9 | 01 | ID | 2/3 |
| NOT USED | DMG08 | 659 | Basis of Verif | ication Code | 01 | ID | 1/2 |
| NOT USED | DMG09 | 380 | Quantity | | 01 | R | 1/15 |
| NOT USED | DMG10 | 1270 | Code List Qualifier Code | | X 1 | ID | 1/3 |
| NOT USED | DMG11 | 1271 | Industry Code | Industry Code | | AN | 1/30 |

REF - PROPERTY AND CASUALTY CLAIM NUMBER

| X12 Segment Name: | Reference Information |
|-------------------|--|
| ATZ Seyment Name. | |
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2010CA — PATIENT NAME |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the services included in this claim are to be considered as part of a property and casualty claim. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 1.4.2, Property and Casualty, for additional information about property and casualty claims. |
| | 2. This segment is not a HIPAA requirement as of this writing. |
| TR3 Example: | REF*Y4*4445555~ |

DIAGRAM

| | REF0 | 1 128 | 1 | REF | 02 | 127 | | REF | 03 | 352 |] | REF04 | C040 |] |
|--------------|------|-------------------|---|--------------------|----|------|--------------------|-----|----|-------------------------|---|-------|------|---|
| REF * | | erence nt Qual | | Reference Ident | | * | Description | | * | Reference Identifier | | ~ | | |
| | M 1 | ID 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | O 1 | | |

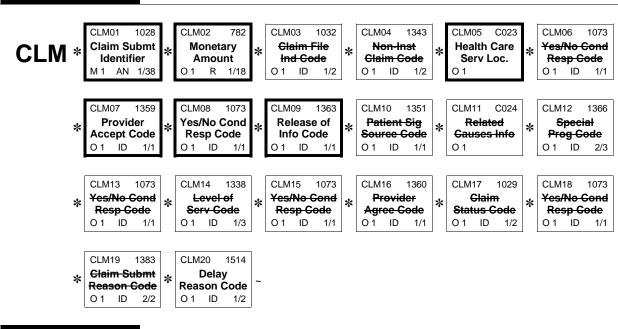
ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | TES |
|----------|--------------|-----------------|--|---|---------------|----------------|------------------|
| REQUIRED | REF01 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | | | ID | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | Y4 | Agency Claim Number | | | |
| REQUIRED | REF02 | 127 | by the Reference | ntification nation as defined for a particular Transacti e Identification Qualifier | X 1 on Set | AN or as sp | 1/50 becified |
| | | | syntax: R0203 | | | | |
| | | | IMPLEMENTATION N | AME: Property Casualty Claim Numb | ber | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE | IDENTIFIER | 01 | | |

| OEGMENT DETAIL | |
|-------------------|--|
| X12 Segment Name: | |
| • | To specify basic data about the claim 2300 — CLAIM INFORMATION Loop Repeat: 100 |
| Segment Repeat: | |
| Usage: | REQUIRED |
| TR3 Notes: | 1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher. |
| | 2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this, the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, Loop ID-2300, is placed following Loop ID-2010BB in the Subscriber Hierarchical Level (HL) when patient information is sent in Loop ID-2010BA of the Subscriber HL. Claim information is placed in the Patient HL when the patient information is sent in Loop ID-2010CA of the Patient HL. When the patient is the subscriber or is considered to be the subscriber, Loop ID-2000C and Loop ID-2010CA are not sent. See Subscriber/Patient HL Segment explanation in section 1.4.3.2.2.1 for details. |

TR3 Example: CLM*12345656*500***11:A:1*Y*A*Y*I~

DIAGRAM



| _ | _ | _ | | | _ | |
|------|------|---|---|------------|----|--|
| | ΕM | | n | — — | | |
| E L. | - 17 | | _ | Ε. | AI | |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES |
|----------|--------------|-----------------|--|-----------------|-----------------|-----------------------|
| REQUIRED | CLM01 | 1028 | Claim Submitter's Identifier Identifier used to track a claim from creation by the health of payment | M 1 care pro | AN ovider tl | 1/38 hrough |

IMPLEMENTATION NAME: Patient Control Number

The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use unique numbers for this field for each individual claim.

When Loop ID-2010AC is present, CLM01 represents the subrogated Medicaid agency's claim number (ICN/DCN) from their original 835 CLP07 - Payer Claim Control Number. See Section 1.4.1.4 of the front matter for a description of post payment recovery claims for subrogated Medicaid agencies.

The maximum number of characters to be supported for this field is '20'. Characters beyond the maximum are not required to be stored nor returned by any 837-receiving system.

| REQUIRED | CLM02 | 782 | | ary Amo | | 01 | R | 1/18 | | | |
|----------|-----------|------|--|--|--|---------------------------------|------------|---------------------|--|--|--|
| | | | SEMANTIC: CLM02 is the total amount of all submitted charges of service segments for this claim. | | | | | | | | |
| | | | IMPLEMENTATION NAME: Total Claim Charge Amount | | | | | | | | |
| | | | The Total Claim Charge Amount must be greater than or equal to zero. | | | | | | | | |
| | | | The total claim charge amount must balance to the sum of all service line charge amounts reported in the Institutional Service Line (SV2) segments for this claim. | | | | | | | | |
| NOT USED | CLM03 | 1032 | Claim | Filing In | dicator Code | 01 | ID | 1/2 | | | |
| NOT USED | CLM04 | 1343 | Non-Ir | nstitution | nal Claim Type Code | 01 | ID | 1/2 | | | |
| REQUIRED | CLM05 | C023 | INFOR To prov | RMATION | E SERVICE LOCATION N nation that identifies the place of service of which a health care service was rendered | | pe of bill | related | | | |
| REQUIRED | CLM05 - 7 | 1 | 1331 | Code id and sec Services Services | y Code Value entifying where services were, or may be, ond positions of the Uniform Bill Type Co s or the Place of Service Codes for Profes s. NTATION NAME: Facility Type Code | de for li | nstitutior | nal | | | |
| REQUIRED | CLM05 - 2 | 2 | 1332 | Code id semantic C023-02 | 2 qualifies C023-01 and C023-03. | ο | ID | 1/2 | | | |
| | | | | ODE | DEFINITION | | | | | | |
| REQUIRED | CLM05 - 3 | 3 | A 1325 | Code sp the Unif | Uniform Billing Claim Form Bill T code source 236: Uniform Billing Claim Frequency Type Code becifying the frequency of the claim; this is orm Billing Claim Form Bill Type | Form B O s the thi | ID | 1/1 on of | | | |
| | | | | | URCE 235: Claim Frequency Type Code | | | | | | |
| NOT USED | CLM06 | 1073 | Yes/N | | tion or Response Code | 01 | ID | 1/1 | | | |

| REQUIRED | CLM07 | 1359 | | ept Assignment Code O 1 ID 1/1 whether the provider accepts assignment | | |
|----------|-------|----------------|--|--|--|--|
| | | | NAME: Assignment or Plan Participation Code | | | |
| | | Within this of | amont the context of the word accimment is related to | | | |
| | | | the relationsh the field for re | ement the context of the word assignment is related to hip between the provider and the payer. This is NOT eporting whether the patient has or has not assigned he provider. The benefit assignment indicator is in | | |
| | | | CODE | DEFINITION | | |
| | | | Α | Assigned | | |
| | | | Required when the provider accepts assignment and/or has a participation agreement with the destination payer. OR Required when the provider does not accept assignment and/or have a participation agreement, but is advising the payer to adjudicate this specific claim under participating provider benefits as allowed under certain plans. | | | |
| | | В | Assignment Accepted on Clinical Lab Services Only | | | |
| | | | Required when the provider accepts assignment for Clinical Lab Services only. | | | |
| | | | С | Not Assigned | | |
| | | | | Required when neither codes 'A' nor 'B' apply. | | |
| REQUIRED | CLM08 | 1073 | | ition or Response CodeO 1ID1/1a Yes or No condition or response | | |
| | | | insured or autho | 18 is assignment of benefits indicator. A "Y" value indicates orized person authorizes benefits to be assigned to the provider; licates benefits have not been assigned to the provider. | | |
| | | | | NAME: Benefits Assignment Certification Indicator | | |
| | | | This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider. | | | |
| | | | CODE | DEFINITION | | |
| | | | Ν | No | | |
| | | | W | Not Applicable | | |
| | | | | Use code 'W' when the patient refuses to assign benefits. | | |
| | | | Y | Yes | | |

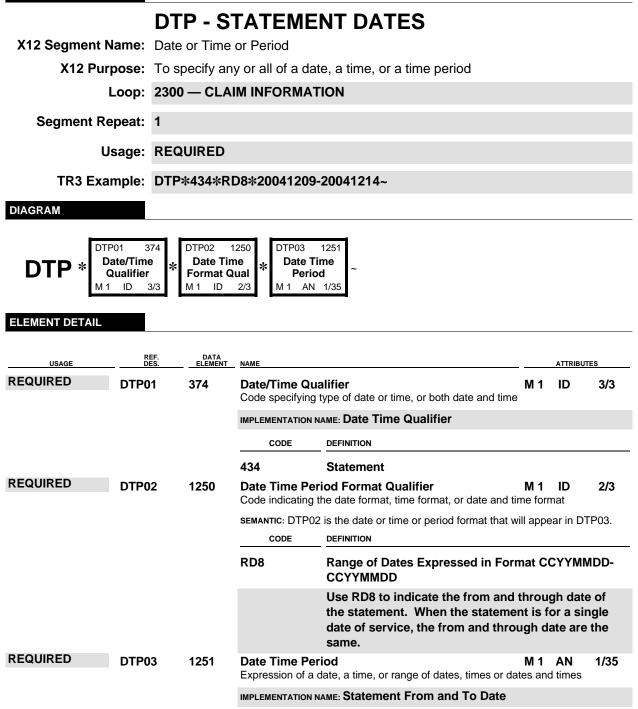
| REQUIRED | CLM09 1363 | | Code indicating | formation Code whether the provider has on file a signe release of medical data to other organiz | | ID nt by th | 1/1 e patient |
|-------------|------------|------|---------------------------------|--|------------|----------------|------------------|
| | | | The Release of carried in this | of Information response is limited s claim. | d to the i | nforma | ation |
| | | | CODE | DEFINITION | | | |
| | | | I | Informed Consent to Release M for Conditions or Diagnoses Re Statutes | | | |
| | | | | Required when the provider ha signature AND state or federal signature be collected. | | | |
| | | | Y | Yes, Provider has a Signed Sta Release of Medical Billing Data | | | - |
| | | | | Required when the provider ha signature. OR Required when state or federal signature be collected. | | | |
| NOT USED | CLM10 | 1351 | Patient Signa | ture Source Code | 01 | ID | 1/1 |
| NOT USED | CLM11 | C024 | RELATED CA | USES INFORMATION | 01 | | |
| NOT USED | CLM12 | 1366 | Special Progr | ram Code | 01 | ID | 2/3 |
| NOT USED | CLM13 | 1073 | Yes/No Cond | ition or Response Code | 01 | ID | 1/1 |
| NOT USED | CLM14 | 1338 | Level of Servi | ice Code | 01 | ID | 1/3 |
| NOT USED | CLM15 | 1073 | Yes/No Condi | ition or Response Code | 01 | ID | 1/1 |
| NOT USED | CLM16 | 1360 | Provider Agre | eement Code | 01 | ID | 1/1 |
| NOT USED | CLM17 | 1029 | Claim Status | Code | 01 | ID | 1/2 |
| NOT USED | CLM18 | 1073 | Yes/No Cond | ition or Response Code | 01 | ID | 1/1 |
| NOT USED | CLM19 | 1383 | Claim Submis | ssion Reason Code | 01 | ID | 2/2 |
| SITUATIONAL | CLM20 | 1514 | Delay Reasor Code indicating | Code the reason why a request was delayed | 01 | ID | 1/2 |

SITUATIONAL RULE: Required when the claim is submitted late (past contracted date of filing limitations). If not required by this implementation guide, do not send.

| CODE | DEFINITION |
|------|--|
| 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 |

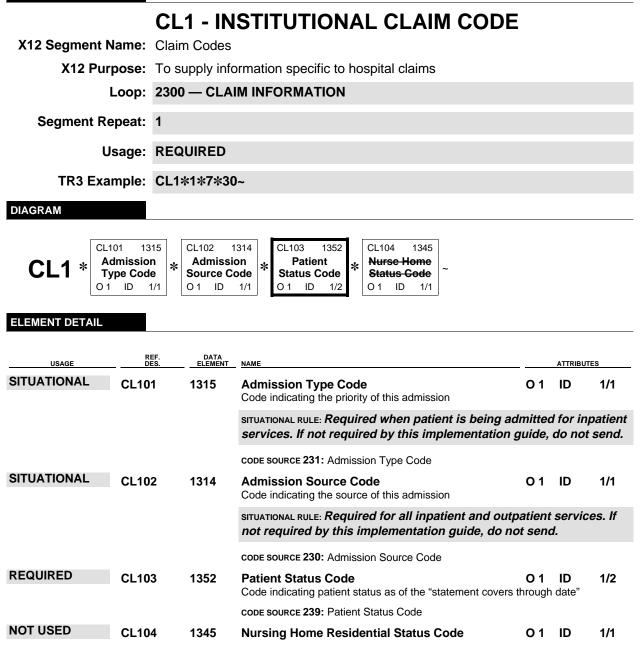
Other Natural Disaster

| SEGMENT DETAIL | | | | | | |
|-------------------------------|---------------|--|--|----------------|------------------|------|
| | DTP - D | ISCHAR | GE HOUR | | | |
| X12 Segment Name: | Date or Time | or Period | | | | |
| X12 Purpose: | To specify an | o specify any or all of a date, a time, or a time period | | | | |
| Loop: | 2300 — CLA | IM INFORMAT | TION | | | |
| Segment Repeat: | 1 | | | | | |
| Usage: | SITUATIONA | \L | | | | |
| Situational Rule: | | all final inpat ion guide, do | ient claims. If not required by thi not send. | S | | |
| TR3 Example: DTP*096*TM*1130~ | | | | | | |
| DIAGRAM | | | | | | |
| ELEMENT DETAIL | 3/3 M 1 ID | 2/3 M 1 AN | 1/35 | | | |
| | | Date/Time Qu | alifiar | M 1 | | 3/3 |
| DIP | JI 374 | | type of date or time, or both date and time | | U | 3/3 |
| | | | NAME: Date Time Qualifier | | | |
| | | CODE | DEFINITION | | | |
| | | 096 | Discharge | | | |
| REQUIRED DTP | 02 1250 | | riod Format Qualifier the date format, time format, or date and tir | M 1 ne form | ID nat | 2/3 |
| | | | 2 is the date or time or period format that wi | ll appe | ar in D1 | FP03 |
| | | CODE | | | | |
| REQUIRED DTP | | ТМ | Time Expressed in Format HHMM | | | |
| | 13 1251 | Date Time Po | · | М 1 | ΔN | |
| Dire | 03 1251 | Date Time Per Expression of a | · | M 1 tes and | AN I times | 1/35 |

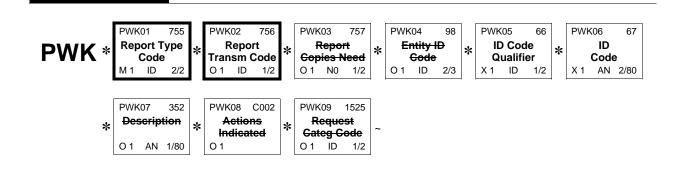


| | DTP - A | DMISSION DATE/HOUR | | | | | |
|------------------------------|---------------------------|---|---|---------------------------------------|----------------------------|--|--|
| X12 Segment Name: | Date or Time | Date or Time or Period | | | | | |
| X12 Purpose: | To specify any | o specify any or all of a date, a time, or a time period | | | | | |
| Loop: | 2300 — CLAI | 300 — CLAIM INFORMATION | | | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | SITUATIONA | L | | | | | |
| Situational Rule: | - | Required on inpatient claims. If not required by this implementation guide, do not send. | | | | | |
| TR3 Example: | DTP*435*D | T*200410131242~ | | | | | |
| DIAGRAM | | | | | | | |
| DTP * Date/Time Qualifier | e 🔺 Date Tim | X | | | | | |
| USAGE D | REF. DATA JES. ELEMENT | NAME | | ATTRIBL | JTES | | |
| USAGE B REQUIRED DTPC | | NAME Date/Time Qualifier | M 1 | | JTES 3/3 | | |
| | | Date/Time Qualifier Code specifying type of date or time, or both date and tim | | | | | |
| | | Date/Time Qualifier Code specifying type of date or time, or both date and tim IMPLEMENTATION NAME: Date Time Qualifier | | | | | |
| | | Date/Time Qualifier Code specifying type of date or time, or both date and tim IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION | | | | | |
| | 01 374 | Date/Time Qualifier Code specifying type of date or time, or both date and tim IMPLEMENTATION NAME: Date Time Qualifier | е М 1 | ID | | | |
| REQUIRED DTPC | 01 374 | Date/Time Qualifier Code specifying type of date or time, or both date and tim IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 435 Admission Date Time Period Format Qualifier | e M 1 time for | ID ID mat | 3/3 2/3 | | |
| REQUIRED DTPC | 01 374 | Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 435 Admission Date Time Period Format Qualifier Code indicating the date format, time format, or date and | e M 1 time for will appe | ID ID mat ear in D | 3/3 2/3 TP03. | | |
| REQUIRED DTPC | 01 374 | Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 435 Admission Date Time Period Format Qualifier Code indicating the date format, time format, or date and semantic: DTP02 is the date or time or period format that Selection of the appropriate qualifier is designate | e M 1 time for will appe | ID ID mat ear in D | 3/3 2/3 TP03. | | |
| REQUIRED DTPC | 01 374 | Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 435 Admission Date Time Period Format Qualifier Code indicating the date format, time format, or date and semantic: DTP02 is the date or time or period format that Selection of the appropriate qualifier is designar Billing Manual. | e M 1 time form will appe | ID ID mat ear in D the NL | 3/3 2/3 TP03. | | |
| REQUIRED DTPC | 01 374 | Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 435 Admission Date Time Period Format Qualifier Code indicating the date format, time format, or date and semantic: DTP02 is the date or time or period format that Selection of the appropriate qualifier is designar Billing Manual. DEFINITION | e M 1 time for will appe ted by MMDD | ID ID mat ear in D the NL | 3/3 2/3 TP03. | | |
| REQUIRED DTPC | 01 374 02 1250 | Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 435 Admission Date Time Period Format Qualifier Code indicating the date format, time format, or date and SEMANTIC: DTP02 is the date or time or period format that Selection of the appropriate qualifier is designar Billing Manual. CODE DEFINITION D8 Date Expressed in Format CCYY DT Date and Time Expressed in Format | e M 1 time for will appe ted by MMDD nat M 1 | ID mat ear in D the NU | 3/3 2/3 TP03. JBC | | |

SEGMENT DETAIL **DTP - DATE - REPRICER RECEIVED DATE** X12 Segment Name: Date or Time or Period X12 Purpose: To specify any or all of a date, a time, or a time period Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when a repricer is passing the claim onto the payer. If not required by this implementation guide, do not send. TR3 Example: DTP*050*D8*20051030~ DIAGRAM DTP03 DTP01 374 DTP02 1250 1251 Date/Time Date Time Date Time DTP * * Qualifier Format Qual Period ID 3/3 M 1 ID 2/3 AN 1/35 M 1 M 1 ELEMENT DETAIL DATA ELEMENT REF. DES. USAGE NAME ATTRIBUTES REQUIRED DTP01 374 **Date/Time Qualifier** M 1 ID 3/3 Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier DEFINITION CODE 050 Received REQUIRED DTP02 1250 **Date Time Period Format Qualifier** M 1 ID 2/3 Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE DEFINITION **D8** Date Expressed in Format CCYYMMDD REQUIRED DTP03 1251 **Date Time Period** M1 AN 1/35 Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Repricer Received Date



| SEGMENT DETAIL | |
|-------------------|--|
| | PWK - CLAIM SUPPLEMENTAL INFORMATION |
| X12 Segment Name: | Paperwork |
| X12 Purpose: | To identify the type or transmission or both of paperwork or supporting information |
| X12 Syntax: | P0506 If either PWK05 or PWK06 is present, then the other is required. |
| Loop: | 2300 — CLAIM INFORMATION |
| Segment Repeat: | 10 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when there is a paper attachment following this claim. OR Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment. OR Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send. |
| TR3 Example: | PWK*OZ*BM***AC*DMN0012~ |



DIAGRAM

| DEE | DATA | | | | | |
|-------|---------|--|--|--------------------|--|--|
| PWK01 | ELEMENT | Report Type | e Code | ATTRIBUTES | | |
| | | Code indicating the title or contents of a document, report or supporting item | | | | |
| | | IMPLEMENTATION NAME: Attachment Report Type Code | | | | |
| | | CODE | DEFINITION | | | |
| | | 03 | Report Justifying Treatment Beyo Guidelines | nd Utilization | | |
| | | 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 | | | |
| | | вт | Blanket Test Results | | | |
| | | СВ | Chiropractic Justification | | | |
| | | СК | Consent Form(s) | | | |
| | | СТ | Certification | | | |
| | | D2 | Drug Profile Document | | | |
| | | DA | Dental Models | | | |
| | | DB | Durable Medical Equipment Presc | ription | | |
| | | DG | Diagnostic Report | - | | |
| | | DJ | Discharge Monitoring Report | | | |
| | | DS | Discharge Summary | | | |
| | | EB | Explanation of Benefits (Coordina Medicare Secondary Payor) | tion of Benefits o | | |
| | | НС | Health Certificate | | | |
| | | HR | Health Clinic Records | | | |
| | | 15 | Immunization Record | | | |

| IR | State School Immunization Records |
|--------------|---|
| LA | Laboratory Results |
| M1 | Medical Record Attachment |
| МТ | Models |
| NN | Nursing Notes |
| ОВ | Operative Note |
| OC | Oxygen Content Averaging Report |
| OD | Orders and Treatments Document |
| OE | Objective Physical Examination (including vital signs) Document |
| ох | 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 |
| ХР | Photographs |
| Report Trans | mission Code O 1 ID 1/2 |

REQUIRED

PWK02 756

Report Transmission CodeO 1ID1/2Code defining timing, transmission method or format by which reports are to be
sent

IMPLEMENTATION NAME: Attachment Transmission Code

| CODE | DEFINITION |
|------|--|
| AA | Available on Request at Provider Site |
| | This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request. |
| BM | By Mail |
| EL | Electronically Only |
| | Indicates that the attachment is being transmitted in a separate X12 functional group. |
| EM | E-Mail |
| FT | File Transfer |
| | Required when the actual attachment is maintained by an attachment warehouse or similar vendor. |

| | | | FX | By Fax | | | | | |
|-------------|-------|------|--|---|------------------|------------------------|--------------------|--|--|
| NOT USED | PWK03 | 757 | Report Copies | s Needed | 01 | N0 | 1/2 | | |
| NOT USED | PWK04 | 98 | Entity Identifie | er Code | 01 | ID | 2/3 | | |
| SITUATIONAL | PWK05 | 66 | | Code Qualifier g the system/method of code structure us | X 1 ed for le | ID dentifica | 1/2 tion | | |
| | | | syntax: P0506 | | | | | | |
| | | | соммент: PWK0 number. | 5 and PWK06 may be used to identify the | addres | see by a | a code | | |
| | | | SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send. | | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | AC | Attachment Control Number | | | | | |
| SITUATIONAL | PWK06 | 67 | Identification Code identifying | Code a party or other code | X 1 | AN | 2/80 | | |
| | | | syntax: P0506 | | | | | | |
| | | | | Required when PWK02 = "BM", "I quired by this implementation guid | | | | | |
| | | | IMPLEMENTATION N | AME: Attachment Control Number | | | | | |
| | | | | d to identify the attached electroni n PWK06 is carried in the TRN of th | | | ition. | | |
| | | | For the purposition for the purposition for the purposition of the pur | se of this implementation, the max | imum | field le | ength | | |
| NOT USED | PWK07 | 352 | Description | | 01 | AN | 1/80 | | |
| NOT USED | PWK08 | C002 | ACTIONS IND | ICATED | 01 | | | | |
| NOT USED | PWK09 | 1525 | Request Cate | gory Code | 01 | ID | 1/2 | | |

| ASC X12N • INSURA TECHNICAL REPORT | | MMITTEE | | 005010X223 • 837 • 2300 • CN CONTRACT INFORMATION |
|---------------------------------------|-------------------|--|--|--|
| SITUATIONAL | SITUATIONAL CN103 | 332 | Percent, Decimal Format Percent given in decimal format (e.g., 0.0 throug 100%) | O 1 R 1/6 h 100.0 represents 0% through |
| | | SEMANTIC: CN103 is the allowance or charge per | cent. | |
| | | SITUATIONAL RULE: Required when the provid to supply this information on the claim. implementation guide, do not send. | | |
| | | | IMPLEMENTATION NAME: Contract Percentage | |
| SITUATIONAL | ITUATIONAL CN104 | 127 | Reference Identification Reference information as defined for a particular by the Reference Identification Qualifier | O 1 AN 1/50 r Transaction Set or as specified |
| | | SEMANTIC: CN104 is the contract code. | | |
| | | SITUATIONAL RULE: Required when the provid to supply this information on the claim. implementation guide, do not send. | | |
| | | | IMPLEMENTATION NAME: Contract Code | |
| SITUATIONAL | CN105 | 338 | Terms Discount Percent Terms discount percentage, expressed as a per an invoice is paid on or before the Terms Discou | |
| | | SITUATIONAL RULE: Required when the provid to supply this information on the claim. implementation guide, do not send. | | |
| | | | IMPLEMENTATION NAME: Terms Discount Perce | entage |
| SITUATIONAL | CN106 | 799 | Version Identifier Revision level of a particular format, program, te | O 1 AN 1/30 echnique or algorithm |
| | | | SEMANTIC: CN106 is an additional identifying num | nber for the contract. |
| | | | SITUATIONAL RULE: Required when the provid to supply this information on the claim. implementation guide, do not send. | |
| | | | IMPLEMENTATION NAME: Contract Version Iden | tifier |
| | | | | |

| SEGMENT DETAIL | | | | | | | | |
|--|--------------|--|------------------------------------|------------------------------------|------|---------|------|--|
| | AM | T - P | | ESTIMATED AMOUI | I TI | DUI | Ξ | |
| X12 Segment Name | : Mone | etary Ame | ount Informatio | n | | | | |
| X12 Purpose | : To in | o indicate the total monetary amount | | | | | | |
| Loop | 2300 | 300 — CLAIM INFORMATION | | | | | | |
| Segment Repea | t: 1 | 1 | | | | | | |
| Usage | : SITU | ATIONA | L | | | | | |
| Situational Rule | claim | Required when the Patient Responsibility Amount is applicable to this claim. If not required by this implementation guide, do not send. | | | | | | |
| TR3 Example | : AMT | *F3*123 | 3~ | | | | | |
| DIAGRAM | | | | | | | | |
| AMT01 522 Amount Qual Code M 1 ID 1/3 AMT02 782 Monetary Amount M 1 R 1/18 AMT03 478 Cred/Debit Flag Code O 1 ID 1/1 Code M 1 ID 1/3 | | | | | | | | |
| | | 0.474 | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | JTES | |
| REQUIRED AM | T01 | 522 | Amount Qualify a | | M 1 | ID | 1/3 | |
| | | | CODE | DEFINITION | | | | |
| | | | F3 | Patient Responsibility - Estimated | I | | | |
| REQUIRED AM | T02 | 782 | Monetary Amount Monetary amount | | | R | 1/18 | |
| | | | | AME: Patient Responsibility Amount | | | | |
| NOT USED AM | Т03 | 478 | Credit/Debit Fl | ag Code | 01 | ID | 1/1 | |

REF - SERVICE AUTHORIZATION EXCEPTION CODE

| X12 Segment Name | : Reference Inf | ormation | | | | | |
|--|--------------------------------|---|--|--|--|--|--|
| X12 Purpose | : To specify ide | entifying information | | | | | |
| X12 Syntax | | ne of REF02 or REF03 is required. | | | | | |
| Loop | : 2300 — CLAI | M INFORMATION | | | | | |
| Segment Repeat | : 1 | | | | | | |
| Usage | : SITUATIONA | L | | | | | |
| Situational Rule | authorization the service w | Required when mandated by government law or regulation to obtain authorization for specific service(s) but, for the reasons listed in REF02, the service was performed without obtaining the authorization. If not required by this implementation guide, do not send. | | | | | |
| TR3 Example | : REF*4N*1~ | | | | | | |
| DIAGRAM | | | | | | | |
| REF * ReForm Referent Ident Qu M 1 ID | ce _* Reference | * Identifier | | | | | |
| ELEMENT DETAIL | | | | | | | |
| USAGE | REF. DATA DES. ELEMENT | NAMEATTRIBUTES | | | | | |
| REQUIRED REP | -01 128 | Reference Identification QualifierM 1ID2/3Code qualifying the Reference Identification | | | | | |
| | | CODE DEFINITION | | | | | |
| | | 4N Special Payment Reference Number | | | | | |
| REQUIRED REP | F02 127 | Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified | | | | | |
| | | by the Reference Identification Qualifier | | | | | |
| | | by the Reference Identification Qualifier SYNTAX: R0203 | | | | | |
| | | | | | | | |

| 005010X223 • 837 • 2300 • REF |
|--------------------------------------|
| SERVICE AUTHORIZATION EXCEPTION CODE |

| NOT USED | REF03 | 352 | Description | X1 AN | 1/80 |
|----------|-------|------|----------------------|-------|------|
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | O 1 | |

| SEGMENT DETAIL | | | | | | | |
|------------------------------|---|---|-----|-----------------|-----------------|--|--|
| | REF - RI | EFERRAL NUMBER | | | | | |
| X12 Segment Name: | Reference Info | ormation | | | | | |
| X12 Purpose: | To specify ide | ntifying information | | | | | |
| X12 Syntax: | 1. R0203 At least o | ne of REF02 or REF03 is required. | | | | | |
| Loop: | 2300 — CLAI | M INFORMATION | | | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | SITUATIONA | L | | | | | |
| Situational Rule: | Management AND a referral is in | en a referral number is assigned by the paye Organization (UMO) nvolved. d by this implementation guide, do not send | | tilizati | on | | |
| TR3 Notes: | overridde identifica the same REF segr | 1. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line. | | | | | |
| TR3 Example: DIAGRAM | REF*9F*123 | 45~ | | | | | |
| REF * Reference Ident Qua | e 👷 Referenc | * * <mark>* Identifier</mark> ~ | | | | | |
| ELEMENT DETAIL | | | | | | | |
| USAGE R | EF. DATA ES. ELEMENT | NAME | | ATTRIBUT | ree | | |
| REQUIRED REFO | | Reference Identification Qualifier Code qualifying the Reference Identification | M 1 | ID | 2/3 | | |
| REQUIRED REFO | 02 127 | CODE DEFINITION 9F Referral Number Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as spo | 1/50 ecified | | |
| | | | | | | | |

NOT USED

NOT USED

REF03

REF04

352

C040

Description

REFERENCE IDENTIFIER

1/80

X1 AN

| | REF - PF | RIOR AU | THORIZATION | | | | | |
|------------------------------|---|---|--|-----|----------|-----|--|--|
| X12 Segment Name: | Reference Info | ormation | | | | | | |
| X12 Purpose: | To specify ide | ntifying inform | ation | | | | | |
| X12 Syntax: | 1. R0203 At least o | ne of REF02 o | or REF03 is required. | | | | | |
| Loop: | 2300 — CLAI | M INFORMAT | ION | | | | | |
| Segment Repeat: | 1 | | | | | | | |
| Usage: | SITUATIONA | L | | | | | | |
| Situational Rule: | AND the services | on this claim | zation number is assigned by were preauthorized. lementation guide, do not sen | | /er or ∣ | UMO | | |
| TR3 Notes: | 1. Generally, preauthorization numbers are assigned by the payer or UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The prior authorization number carried in this REF is specific to the destination payer reported in the Loop ID-2010BB. If other payers have similar number for this claim, report that information in the Loop ID-2330 loop REF which holds that payer's information. | | | | | | | |
| | overridde identifica the same REF segr | 2. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line. | | | | | | |
| TR3 Example: | REF*G1*135 | 579~ | | | | | | |
| DIAGRAM | | | | | | | | |
| REF * Reference Ident Qua | e _* Reference | * | 352 tion 1/80 ★ REF04 C040 Reference Identifier O 1 ~ | | | | | |
| | EF. DATA | | | | | | | |
| USAGE D | ES. ELEMENT | | | | ATTRIBUT | | | |
| REQUIRED REFO | 1 128 | | ntification Qualifier he Reference Identification | M 1 | ID | 2/3 | | |
| | | CODE | DEFINITION | | | | | |
| | | G1 | Prior Authorization Number | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2300 • REF PRIOR AUTHORIZATION | | | | |
|--|-------|------|---|------------------------|----|-------------------|--|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular by the Reference Identification Qualifier SYNTAX: R0203 | X 1 Transaction Set | | 1/50 specified | |
| | | | IMPLEMENTATION NAME: Prior Authorization Nu | mber | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 0 1 | | | |

| SEGMENT DETAIL | | | | | | | | | |
|----------------|---|--|---|-------|----------------|------------------|--|--|--|
| | RE | F - P | AYER CLAIM CONTROL NUI | MB | ER | | | | |
| X12 Segment N | ame: Refe | Reference Information | | | | | | | |
| X12 Purp | oose: To s | o specify identifying information | | | | | | | |
| X12 Sy | ntax: 1. | R0203 | | | | | | | |
| | | | one of REF02 or REF03 is required. | | | | | | |
| L | .oop: 2300 | 2300 — CLAIM INFORMATION | | | | | | | |
| Segment Re | peat: 1 | 1 | | | | | | | |
| Us | sage: SITU | SITUATIONAL | | | | | | | |
| Situational | repla | Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 N | | This info ID-2010E | ormation is specific to the destination payer ro BB. | eport | ed in l | Loop | | | |
| TR3 Exar | nple: REF | *F8*R5 | 55588~ | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 01 128 ference ent Qual ID 2/3 | REF02 Reference Ident X 1 AN | * [*] Identifier [∼] | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | | |
| REQUIRED | REF01 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | M 1 | ID | 2/3 | | | |
| | | | CODE DEFINITION | | | | | | |
| | | | F8 Original Reference Number | | | | | | |
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier | | AN or as sp | 1/50 becified | | | |
| | | | SYNTAX: R0203 | | | | | | |
| | | | IMPLEMENTATION NAME: Payer Claim Control Number | | | | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | | |
| | | | | | | | | | |

| SEGMENT DETAIL | | | | | | | | | |
|----------------|--|---|--|-------|---------|------|--|--|--|
| | RE | EF - R | EPRICED CLAIM NUMBER | | | | | | |
| X12 Segment N | ame: Refe | Reference Information | | | | | | | |
| X12 Purj | bose: To s | o specify identifying information | | | | | | | |
| X12 Sy | ntax: 1. | 1. R0203 | | | | | | | |
| _ | | At least one of REF02 or REF03 is required. | | | | | | | |
| L | _oop: 230 | 2300 — CLAIM INFORMATION | | | | | | | |
| Segment Re | peat: 1 | 1 | | | | | | | |
| U | sage: SIT | SITUATIONAL | | | | | | | |
| Situational | seg | Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 N | otes: 1. | This info ID-2010E | ormation is specific to the destination payer r 3B. | eport | ed in I | Loop | | | |
| TR3 Exa | mple: REF | **9A*RJ | 55555~ | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 01 128 eference ent Qual ID 2/3 | REF02 Referen Ident X 1 AN | * * Identifier ~ | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | | |
| REQUIRED | REF01 | 128 | Reference Identification Qualifier | M 1 | ID | 2/3 | | | |
| | | | Code qualifying the Reference Identification | | | | | | |
| | | | | | | | | | |
| REQUIRED | REF02 | 127 | 9A Repriced Claim Reference Number Reference Identification | | AN | 1/50 | | | |
| | KLI UZ | 121 | Reference information as defined for a particular Transacti by the Reference Identification Qualifier | | | | | | |
| | | | syntax: R0203 | | | | | | |
| | | | IMPLEMENTATION NAME: Repriced Claim Reference Nur | nber | | | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | | |

| SEGMENT DETAIL | | | | | | | | | |
|--------------------|--|---|--|-------|---------|------|--|--|--|
| | RE | F - A | DJUSTED REPRICED CLAIN | | UME | BER | | | |
| X12 Segment Na | ame: Refe | Reference Information | | | | | | | |
| X12 Purp | oose: To s | To specify identifying information | | | | | | | |
| X12 Syr | | 1. R0203 | | | | | | | |
| | | At least one of REF02 or REF03 is required. | | | | | | | |
| L | .oop: 2300 | 2300 — CLAIM INFORMATION | | | | | | | |
| Segment Re | peat: 1 | 1 | | | | | | | |
| Us | sage: SITU | SITUATIONAL | | | | | | | |
| Situational F | segi | Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 No | | 1. This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | | | |
| TR3 Exan | nple: REF | *9C*RF | 4444444~ | | | | | | |
| DIAGRAM | _ | | | | | | | | |
| | 01 128 Inference Pont Qual ID 2/3 | REF02 Referen Ident X 1 AN | ★ · ★ Identifier ~ | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | | |
| REQUIRED REF01 128 | | 128 | Reference Identification Qualifier | M 1 | ID | 2/3 | | | |
| | | | Code qualifying the Reference Identification | | | | | | |
| | | | | | | | | | |
| REQUIRED | REF02 | 127 | 9C Adjusted Repriced Claim Reference Number Reference Identification X 1 AN 1/50 | | | | | | |
| | REFUZ | 127 | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | | |
| | | | syntax: R0203 | | | | | | |
| | | | IMPLEMENTATION NAME: Adjusted Repriced Claim Refe | rence | Numbe | ər | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | | |

| SEGMENT DETAIL | | | | | | | | |
|---|---|---|---|--------|----------------|------------------|--|--|
| SEGMENT DETAIL | | | IVESTIGATIONAL DEVICE | | | | | |
| X12 Segment Nan | ne: Refere | Reference Information | | | | | | |
| X12 Purpos | se: To spe | To specify identifying information | | | | | | |
| X12 Synta | | 1. R0203 At least one of REF02 or REF03 is required. | | | | | | |
| Loc | op: 2300 - | 2300 — CLAIM INFORMATION | | | | | | |
| Segment Repe | at: 5 | 5 | | | | | | |
| Usa | ge: SITUA | SITUATIONAL | | | | | | |
| Situational Ru | I Rule: Required when claim involves a Food and Drug Administration (FDA) assigned investigational device exemption (IDE) number. When more than one IDE applies, they must be split into separate claims. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Examp | le: REF* | LX*43 | 2907~ | | | | | |
| DIAGRAM | - | | | | | | | |
| REF * REF01 Refer Ident M 1 II | ence * Qual | REF02 Referent Ident (1 AN | ★ ★ ★ Hentifier | | | | | |
| ELEMENT DETAIL | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | |
| REQUIRED R | EF01 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | | ID | 2/3 | | |
| | | | | | | | | |
| REQUIRED R | EF02 | 127 | LX Qualified Products List Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier | | AN or as sp | 1/50 becified | | |
| | | | syntax: R0203 | | | | | |
| | | | IMPLEMENTATION NAME: Investigational Device Exempt | ion Id | entifie | r | | |
| NOT USED R | EF03 | 352 | Description | X 1 | AN | 1/80 | | |
| NOT USED R | EF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | |

REF - CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES

| X12 Segment Name: | Reference Inf | ormation | | - | | | | |
|------------------------------|---|---------------|---|-------|----|-----|--|--|
| - | | | | | | | | |
| - | To specify identifying information | | | | | | | |
| X12 Syntax: | 1. R0203 At least o | ne of REF02 o | r REF03 is required. | | | | | |
| Loop. | 2300 — CLAI | | • | | | | | |
| 2009. | | | | | | | | |
| Segment Repeat: | 1 | | | | | | | |
| Usage: | SITUATIONA | L | | | | | | |
| Situational Rule: | intermediarie attach their c | es (Automated | ation is deemed necessary b I Clearinghouses, and others aim number. If not required b not send. | who n | | | | |
| TR3 Notes: | 1. Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish. | | | | | | | |
| TR3 Example: | REF*D9*TJ | 98UU321~ | | | | | | |
| DIAGRAM | | | | | | | | |
| REF * Reference Ident Qua | e 👷 Referenc | * | 352 tion * REF04 C040 Reference Identifier ~ O 1 | | | | | |
| ELEMENT DETAIL | | | | | | | | |
| R | EF. DATA | | | | | | | |
| | ES. ELEMENT | | u (Maatlan Qualifian | | | | | |
| REQUIRED REFO | 1 128 | | ntification Qualifier he Reference Identification | M 1 | ID | 2/3 | | |
| | Number assigned by clearinghouse, van, etc. | | | | | | | |
| | | CODE | DEFINITION | | | | | |
| | | D9 | Claim Number | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2300 • REF CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES | | | | |
|--|-------|------|--|------------|-------|------------------|--|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Value Added Network Trace | action Set | | 1/50 pecified | |
| | | | The value carried in this element is limited to a positions. | a maxim | um of | 20 | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | |

| | RE | F - A | UTO ACCIDENT STATE | | | | | | | |
|---------------------------------------|----------------|---|--|-------|---------------|------------------|--|--|--|--|
| X12 Segment Nam | e: Refe | rence Inf | formation | | | | | | | |
| X12 Purpos | e: To s | To specify identifying information | | | | | | | | |
| X12 Synta | x: 1. | R0203 | | | | | | | | |
| | | At least o | one of REF02 or REF03 is required. | | | | | | | |
| Loo | p: 2300 |) — CLAI | IM INFORMATION | | | | | | | |
| Segment Repea | nt: 1 | | | | | | | | | |
| Usag | e: SITL | JATIONA | ۱L | | | | | | | |
| Situational Rul | accie state | Required when the services reported on this claim are related to an auto accident and the accident occurred in a country or location that has a state, province, or sub-country code named in code source 22. If not required by this implementation guide, do not send. | | | | | | | | |
| TR3 Exampl | e: REF | *LU*MC |)~ | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| REF * Referendent dent Control Market | | Reference Ident X 1 AN | * Identifier | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIB | UTES | | | | |
| REQUIRED RE | F01 | 128 | Code qualifying the Reference Identification CODE DEFINITION | M 1 | ID | 2/3 | | | | |
| | | | LU Location Number | | | | | | | |
| REQUIRED RE | F02 | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier | | AN or as s | 1/50 pecified | | | | |
| | | | syntax: R0203 | | | | | | | |
| | | | IMPLEMENTATION NAME: Auto Accident State or Province | ce Co | de | | | | | |
| | | | Values in this field must be valid codes found in | code | sourc | e 22. | | | | |
| NOT USED RE | F03 | 352 | Description | X 1 | AN | 1/80 | | | | |
| NOT USED RE | F04 | C040 | REFERENCE IDENTIFIER | 01 | | | | | | |

| SEGMENT DETAIL | | | | | | |
|--|----------------|---------------------------------------|---|---------------|---------|------------------|
| | RE | F - M | EDICAL RECORD NUMBER | | | |
| X12 Segment Nam | e: Refe | rence Inf | ormation | | | |
| X12 Purpos | e: To s | pecify ide | entifying information | | | |
| X12 Synta | | R0203 At least c | one of REF02 or REF03 is required. | | | |
| Loo | p: 2300 | - CLA | IM INFORMATION | | | |
| Segment Repea | at: 1 | | | | | |
| Usag | e: SITU | IATIONA | L | | | |
| Situational Rul | actu Loop | al medic b ID-2010 | en the provider needs to identify for future in al record of the patient identified in either Lo DCA for this episode of care. If not required b ion guide, do not send. | op ID | -2010 | |
| TR3 Exampl | e: REF | *EA*44 | 444TH56~ | | | |
| DIAGRAM | | | | | | |
| REF * REF01 Refere Ident (M 1 ID | \times | REF02 Reference Ident X 1 AN | * * Identifier ~ | | | |
| ELEMENT DETAIL | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES |
| REQUIRED RE | EF01 | 128 | Reference Identification Qualifier | M 1 | ID | 2/3 |
| | | | Code qualifying the Reference Identification CODE DEFINITION | | | |
| REQUIRED RE | - 202 | 107 | EA Medical Record Identification Nur Reference Identification | | A NI | 1/50 |
| | EF02 | 127 | Reference information as defined for a particular Transacti by the Reference Identification Qualifier | X 1 on Set | | 1/50 becified |
| | | | syntax: R0203 | | | |
| | | | IMPLEMENTATION NAME: Medical Record Number | | | |
| NOT USED RE | EF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED RE | EF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

| SEGMENT DETAIL | | | | | | |
|----------------|--|-------------------------------------|--|--------|----------------|------------------|
| | | EF - D ENTIF | EMONSTRATION PROJECT | | | |
| X12 Segment N | ame: Ref | erence In | formation | | | |
| X12 Purp | bose: To s | specify ide | entifying information | | | |
| X12 Sy | ntax: 1. | R0203 At least o | one of REF02 or REF03 is required. | | | |
| L | .oop: 230 | 0 — CLA | IM INFORMATION | | | |
| Segment Re | peat: 1 | | | | | |
| Us | sage: SIT | UATION | AL | | | |
| Situational I | way a de | /s such a emonstra | nen it is necessary to identify claims which a is content, purpose, and/or payment, as coul ation or other special project, or a clinical tria ementation guide, do not send. | d be t | he cas | se for |
| TR3 Exar | mple: RE | F*P4*TH | IJ1222~ | | | |
| DIAGRAM | | | | | | |
| | 01 128 eference ent Qual ID 2/3 | REF02 Referen Ident X 1 AN | * * Identifier ~ | | | |
| ELEMENT DETAIL | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | ITES |
| REQUIRED | REF01 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | M 1 | ID | 2/3 |
| | | | CODE DEFINITION | | | |
| | | | P4 Project Code | | | |
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transac by the Reference Identification Qualifier | | AN or as sp | 1/50 becified |
| | | | syntax: R0203 | | | |
| | | | IMPLEMENTATION NAME: Demonstration Project Identif | ier | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

REF - PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER

| X12 Segment N | ame: Refe | erence Inf | formation | | | | | | |
|---------------|---|---|--|-------|----|------|--|--|--|
| X12 Purp | ose: To s | pecify ide | entifying information | | | | | | |
| X12 Sy | | R0203 At least c | one of REF02 or REF03 is required. | | | | | | |
| L | .oop: 2300 |) — CLA | IM INFORMATION | | | | | | |
| Segment Re | peat: 1 | | | | | | | | |
| Us | sage: SITL | JATIONA | L | | | | | | |
| Situational I | Num | Required when an external Peer Review Organization assigns an Appro Number to services deemed medically necessary by that organization. I not required by this implementation guide, do not send. | | | | | | | |
| TR3 Exar | nple: REF | ple: REF*G4*284746~ | | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 01 128 ference ent Qual ID 2/3 | REF02 Referen Ident X 1 AN | * Identifier 1/50 X 1 AN 1/80 O 1 | | | | | | |
| | | | NAME | | | | | | |
| REQUIRED | REF01 REF02 | 128 127 | Reference Identification Qualifier Code qualifying the Reference Identification CODE DEFINITION G4 Peer Review Organization (PRO Reference Identification Reference Identification Reference Identification Reference Identification SYNTAX: R0203 | X 1 | AN | 1/50 | | | |
| | | | IMPLEMENTATION NAME: Peer Review Authorization N | umber | | | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | | |
| | | | | | | | | | |

| SEGMENT DETAIL | |
|--|--|
| | K3 - FILE INFORMATION |
| X12 Segment Name: | |
| X12 Purpose: | To transmit a fixed-format record or matrix contents |
| Loop: | 2300 — CLAIM INFORMATION |
| Segment Repeat: | 10 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when ALL of the following conditions are met: A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement; The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement X12N determines that there is no method to meet the requirement. If not required by this implementation guide, do not send. |
| TR3 Notes: | At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used : The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement. The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request. Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations. |
| | 2. Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment. |
| | 3. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s). |
| TR3 Example: | K3*STATE DATA REQUIREMENT~ |
| DIAGRAM | |
| K301 4 Fixed Form Information M 1 AN 1/ | on * Format Code * Unit of Mea |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | <u> </u> | ATTRIBU | TES |
|----------|--------------|-----------------|---|----------|---------|------|
| REQUIRED | K301 | 449 | Fixed Format Information Data in fixed format agreed upon by sender and receiver | M 1 | AN | 1/80 |
| NOT USED | K302 | 1333 | Record Format Code | 01 | ID | 1/2 |
| NOT USED | K303 | C001 | COMPOSITE UNIT OF MEASURE | 01 | | |

NTE - CLAIM NOTE X12 Segment Name: Note/Special Instruction **X12 Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction X12 Comments: 1. The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment. Loop: 2300 — CLAIM INFORMATION Segment Repeat: 10 Usage: SITUATIONAL Situational Rule: Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. OR Required when in the judgment of the provider, narrative information from the forms "Home Health Certification and Plan of Treatment" or "Medical Update and Patient Information" is needed to substantiate home health services. If not required by this implementation guide, do not send. TR3 Notes: 1. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who use narrative information with claims are strongly encouraged to codify that information within the X12 environment. TR3 Example: NTE*NTR*PATIENT REQUIRES TUBE FEEDING~ DIAGRAM NTE01 363 NTE02 352 Note Ref Description NTE * Code ID 3/3 AN 1/80 M 1 $\cap 1$ ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED NTE01 363 **Note Reference Code** 01 ID 3/3 Code identifying the functional area or purpose for which the note applies CODE DEFINITION ALG Allergies DCP Goals, Rehabilitation Potential, or Discharge Plans DGN **Diagnosis Description** DME **Durable Medical Equipment (DME) and Supplies**

| | | | MED | Medications | | | |
|----------|-------|-----|---------------------------------------|--|--|--|--|
| | | | NTR | Nutritional Requirements | | | |
| | | | ODT | Orders for Disciplines and Treatments | | | |
| | | | RHB | Functional Limitations, Reason Homebound, or Both | | | |
| | | | RLH | Reasons Patient Leaves Home | | | |
| | | | RNH | Times and Reasons Patient Not at Home | | | |
| | | | SET | Unusual Home, Social Environment, or Both | | | |
| | | | SFM | Safety Measures | | | |
| | | | SPT | Supplementary Plan of Treatment | | | |
| | | | UPI | Updated Information | | | |
| REQUIRED | NTE02 | 352 | Description A free-form desc | M 1 AN 1/80 cription to clarify the related data elements and their content | | | |
| | | | INDI EMENTATION NAME. Claim Note Text | | | | |

IMPLEMENTATION NAME: Claim Note Text

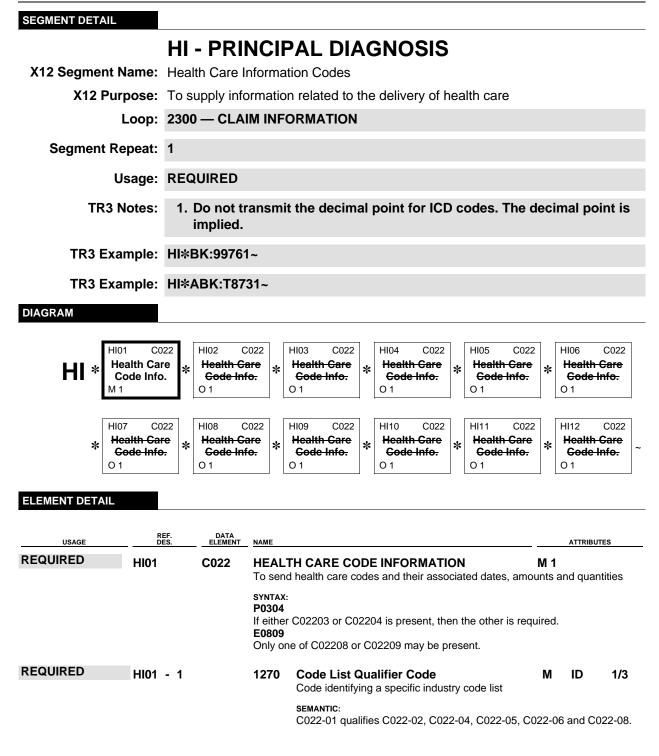
| | NTE - B | ILLING NOTE | | | | | | |
|---|-----------------------------|--|---------------------------------|--|--|--|--|--|
| X12 Segment Name | : Note/Special | Instruction | | | | | | |
| X12 Purpose | | transmit information in a free-form format, if necessary, for comment or ecial instruction | | | | | | |
| X12 Comments | X12 stan NTE seg | segment permits free-form information/data wh dard implementations, is not machine processib ment should therefore be avoided, if at all possil ed environment. | le. The use of the | | | | | |
| Loop | : 2300 — CLA | IM INFORMATION | | | | | | |
| Segment Repea | :: 1 | | | | | | | |
| Usage | SITUATIONA | L | | | | | | |
| Situational Rule | to substantia within the cl | Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. If not required by this implementation guide, do not send. | | | | | | |
| TR3 Example | : NTE*ADD*N | IO LIABILITY, PATIENT FELL AT HOME~ | | | | | | |
| DIAGRAM | | | | | | | | |
| NTE * NTE01 Note F Code 0 1 ID | | ~ | | | | | | |
| | REF. DATA | | | | | | | |
| REQUIRED NT | DES. ELEMENT | Name | O 1 ID 3/3 | | | | | |
| NEGONED | E01 363 | Note Reference Code Code identifying the functional area or purpose for which to code CODE DEFINITION | • • • • • • | | | | | |
| | | ADD Additional Information | | | | | | |
| REQUIRED NT | E02 352 | Description A free-form description to clarify the related data elements | M1 AN 1/80 and their content | | | | | |
| | | IMPLEMENTATION NAME: Billing Note Text | | | | | | |

SEGMENT DETAIL **CRC - EPSDT REFERRAL** X12 Segment Name: Conditions Indicator X12 Purpose: To supply information on conditions Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims when the screening service is being billed in this claim. If not required by this implementation guide, do not send. TR3 Example: CRC*ZZ*Y*ST~ DIAGRAM CRC01 1136 CRC02 1073 CRC03 1321 CRC04 1321 CRC05 1321 CRC06 1321 Yes/No Cond Certificate **Certificate** Code Certificate Certificate CRC * * * * Category **Resp Code** Cond Code Cond Code Cond Code Cond Code ID 2/2 ID ID 2/3 01 ID ID 2/3 01 ID 11 M 1 1/1 M 1 2/3 01 2/3 CRC07 1321 **Certificate** * Cond Code ID O 1 2/3 ELEMENT DETAIL REF. DES. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED CRC01 1136 Code Category M 1 ID 2/2 Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07. IMPLEMENTATION NAME: Code Qualifier CODE DEFINITION ΖZ **Mutually Defined EPSDT Screening referral information.**

| 005010X223 • | 837 • | 2300 | • CRC |
|--------------|-------|------|-------|
| EPSDT REFER | RAL | | |

| REQUIRED | CRC02 | 1073 | Yes/No Condition or Response CodeM 1IDCode indicating a Yes or No condition or response | | | | | |
|-------------|-------|------|--|--|--|------------------------------|-------|--|
| | | | indicates the cor | 2 is a Certification Condition Code applies ndition codes in CRC03 through CRC07 a ndition codes in CRC03 through CRC07 d | pply; an | "N" val | | |
| | | | | NAME: Certification Condition Code | Applies | Indica | ator | |
| | | | The response to the patient | answers the question: Was an EP ? | SDT re | ferral | given | |
| | | | CODE | DEFINITION | | | | |
| | | | Ν | No | | | | |
| | | | | If no, then choose "NU" in CRC0 referral given. | 3 indic | ating r | 10 | |
| | | | Y | Yes | | | | |
| REQUIRED | CRC03 | 1321 | Condition Ind Code indicating | | M 1 | ID | 2/3 | |
| | | | The codes for | CRC03 also can be used for CRC | 04 thro | ugh C | RC05. | |
| | | | CODE | DEFINITION | | | | |
| | | | AV | Available - Not Used | | | | |
| | | | Patient refused referral. | | | | | |
| | | | NU | Not Used | | | | |
| | | | | This conditioner indicator must b submitter answers "N" in CRC02 | | d when | the | |
| | | | S2 | Under Treatment | | | | |
| | | | | Patient is currently under treatm diagnostic or corrective health p | | | ed | |
| | | | ST | New Services Requested | | | | |
| | | | Patient is referred to another pro or corrective treatment for at lea problem identified during an initi screening service (not including OR Patient is scheduled for another screening provider for diagnosti treatment for at least one health during an initial or periodic scree including dental referrals). | st one al or p dental appoin c or co proble | health eriodic referra tment rrectiv m iden | als). with e tified | | |
| SITUATIONAL | CRC04 | 1321 | Condition Ind | | 01 | ID | 2/3 | |
| | | | | Required when a second condition a second condition not required by this implementation and the second seco | | | ot | |
| | | | Use the codes | s listed in CRC03. | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | | 005010X223 • 8 EP | | 300 • CRC EFERRAL | | | |
|--|-------------------|------|--|--|----|----------------------|--|--|--|
| SITUATIONAL | TIONAL CRC05 1321 | | Condition Indicator Code indicating a condition | 0 1 | ID | 2/3 | | | |
| | | | • | RULE: Required when a third condition code i red by this implementation guide, do not ser | | | | | |
| | | | Use the codes listed in CRC03. | | | | | | |
| NOT USED | CRC06 | 1321 | Condition Indicator | 01 | ID | 2/3 | | | |
| NOT USED | CRC07 | 1321 | Condition Indicator | 01 | ID | 2/3 | | | |



| | | | C | ODE | DEFINITION | | | | |
|---------------|--------|---|------|--------------------------|--|-----------------------|--|---------------------------|--|
| | | | ABK | | International Classification of Dise Modification (ICD-10-CM) Principal | | | | |
| | | | | | This code set is not allowed for use the time of this writing. The qualifie used: If a new rule names the ICD-10-CM code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed un OR For claims which are not covered u | as a to u der t | n only n allov se the the law | be wable code /, | |
| | | | вк | | CODE SOURCE 897: International Classificati Revision, Clinical Modification (ICD-10-CM International Classification of Disea Modification (ICD-9-CM) Principal E | 1) ases Diag | : Clinic nosis | al | |
| REQUIRED H | HI01 - | 2 | 1271 | | CODE SOURCE 131: International Classificati Revision, Clinical Modification (ICD-9-CM) Ty Code | М | AN | es, 9th 1/30 | |
| | | | | SEMANTIC | 08 is used, then C022-02 represents the be | | | e in a | |
| | | | | IMPLEMEN | NTATION NAME: Principal Diagnosis Cod | e | | | |
| NOT USED | HI01 - | 3 | 1250 | Date Ti | me Period Format Qualifier | Х | ID | 2/3 | |
| NOT USED | HI01 - | 4 | 1251 | Date Ti | ime Period | х | AN | 1/35 | |
| NOT USED | HI01 - | 5 | 782 | Moneta | ary Amount | ο | R | 1/18 | |
| NOT USED | HI01 - | 6 | 380 | Quanti | ty | ο | R | 1/15 | |
| NOT USED | HI01 - | 7 | 799 | Versio | n Identifier | 0 | AN | 1/30 | |
| NOT USED | HI01 - | 8 | 1271 | Industr | ry Code | Х | AN | 1/30 | |
| SITUATIONAL H | HI01 - | 9 | 1073 | | Condition or Response Code dicating a Yes or No condition or response | Х | ID | 1/1 | |
| | | | | syntax : E0809 | | | | | |
| | | SEMANTIC: C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurre prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospit or not. | | | | | | | |
| | | COMMENTS: C022-09 would only need to be reported to data collectors requiri information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08. | | | | | | | |
| | | | | | TUATIONAL RULE: Required as directed by the NUBC billing | | | | |
| | | | | | NTATION NAME: Present on Admission In | dica | tor | | |
| | | | | | | | | | |

| | | | U | Unknown | |
|----------|------|------|-------------|--------------------|----|
| | | | W | Not Applicable | |
| | | | Y | Yes | |
| NOT USED | HI02 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI03 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI04 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI05 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI06 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI07 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI08 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI09 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI10 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI11 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |
| NOT USED | HI12 | C022 | HEALTH CARE | E CODE INFORMATION | 01 |

SEGMENT DETAIL **HI - ADMITTING DIAGNOSIS** X12 Segment Name: Health Care Information Codes X12 Purpose: To supply information related to the delivery of health care Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when claim involves an inpatient admission. If not required by this implementation guide, do not send. TR3 Notes: 1. Do not transmit the decimal point for ICD codes. The decimal point is implied. TR3 Example: HI*BJ:99762~ TR3 Example: HI*ABJ:T8741~ DIAGRAM HI01 C022 HI02 C022 HI03 C022 HI04 C022 HI05 C022 HI06 C022 **Health Care Health Care Health Care Health Care Health Care Health Care** * * * * **HI** * * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. 01 O 1 O 1 O 1 01 M 1 HI07 C022 HI08 C022 HI09 C022 HI10 C022 HI11 C022 HI12 C022 **Health Care Health Care Health Care Health Care Health Care Health Care** * * * * * * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. 01 01 01 01 01 01 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED HI01 C022 HEALTH CARE CODE INFORMATION M 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809

Only one of C02208 or C02209 may be present.

| 005010X223 • 837 • 2300 • H | |
|-----------------------------|--|
| ADMITTING DIAGNOSIS | |

| REQUIRED | HI01 - 1 | | 1270 | | Qualifier Code ying a specific industry code list | М | ID | 1/3 |
|----------|----------|------|------|--|--|---|--|-------------------------------|
| | | | | semantic: C022-01 qua | alifies C022-02, C022-04, C022-05, C0 |)22-06 | and C |)22-08. |
| | | | с | ODE DEFI | INITION | | | |
| | | | ABJ | | ernational Classification of Dise dification (ICD-10-CM) Admittin | | | |
| | | | | Thi the use If a coc OR The set OR | is code set is not allowed for us e time of this writing. The qualified: new rule names the ICD-10-CM de set under HIPAA, e Secretary grants an exception as a pilot project as allowed ur | e und er ca as a to un nder t | der HIF n only n allow se the he law | PAA at be vable code |
| | | | BJ | Rev Inte Mo | ve source 897: International Classificat vision, Clinical Modification (ICD-10-Cl ernational Classification of Dise volification (ICD-9-CM) Admitting pe source 131: International Classificat | ^{M)} ases Diag | Clinic nosis | al |
| REQUIRED | HI01 - 2 | | 1271 | Rev Industry Co | vision, Clinical Modification (ICD-9-CM |) M | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is range of code | s used, then C022-02 represents the b es. | eginni | ng value | e in a |
| | | | | IMPLEMENTATIO | ION NAME: Admitting Diagnosis Co | de | | |
| NOT USED | HI01 - 3 | | 1250 | Date Time | Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI01 - 4 | | 1251 | Date Time | Period | Х | AN | 1/35 |
| NOT USED | HI01 - 5 | | 782 | Monetary A | Amount | 0 | R | 1/18 |
| NOT USED | HI01 - 6 | | 380 | Quantity | | 0 | R | 1/15 |
| NOT USED | HI01 - 7 | | 799 | Version Ide | entifier | 0 | AN | 1/30 |
| NOT USED | HI01 - 8 | | 1271 | Industry Co | ode | Х | AN | 1/30 |
| NOT USED | HI01 - 9 | | 1073 | Yes/No Co | ndition or Response Code | Х | ID | 1/1 |
| NOT USED | HI02 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI03 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI04 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI05 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI06 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI07 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI08 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI09 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI10 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI11 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |
| NOT USED | HI12 | C022 | HEAL | TH CARE CO | DDE INFORMATION | 01 | | |

| SEGMENT DETAIL | | | | | | | | | | | | |
|----------------|---|--|---|---|------------|---|------|---|------|---|--|--|
| X12 Segment Na | | | | | A ; | SON FO | R | VISIT | | | | |
| - | | | | | the | e delivery of h | nea | lth care | | | | |
| • | | | | ORMATION | | | | | | | | |
| | | | | | | | | | | | | |
| Segment Rep | eat: 1 | | | | | | | | | | | |
| Usa | age: SITU | JATIONA | L | | | | | | | | | |
| Situational R | - | | | im involves lide, do not s | | - | its. | . If not requi | ree | d by this | | |
| TR3 No | | Do not tr implied. | Do not transmit the decimal point for ICD codes. The decimal point is mplied. | | | | | | | | | |
| TR3 Exam | ple: HI*I | PR:78701 | ~ | | | | | | | | | |
| TR3 Exam | ple: HI*/ | APR:R11 | 0~ | | | | | | | | | |
| DIAGRAM | | | | | | | | | | | | |
| DIAGNAM | | | | | | | | | | | | |
| | C022 Ith Care * de Info. | HI02 C Health Ca Code Inf O 1 | X | HI03 C022 Health Care Code Info. O 1 | * | HI04 C022 Health Care Code Info. O 1 | * | HI05 C022 Health Care Code Info. O 1 | * | HI06 C022 Health Care Code Info. O 1 | | |
| * | C022 I th Care le Info. | HI08 C Health Ca Code Inf O 1 | * | HI09 C022 Health Care Code Info. O 1 | * | HI10 C022 Health Care Code Info. O 1 | * | HI11 C022 Health Care Code Info. O 1 | * | HI12 C022 Health Care Code Info. | | |
| ELEMENT DETAIL | | | | | | | | | | | | |
| USAGE | REF. | DATA ELEMENT | NAME | | | | | | | ATTRIBUTES | | |
| | HI01 | C022 | HEAL To sen SYNTAX P0304 | nd health care co | ode | E INFORMATION | ciat | ed dates, amou | | l and quantities | | |
| | | | E0809 | | | 04 is present, the | | | irec | 1. | | |

Only one of C02208 or C02209 may be present.

| REQUIRED | HI01 | - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | | | |
|-------------------|------|--|--|--|---|--|--|--|
| | | | | | SEMANTIC: | | | |
| | | | | | C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | |
| | | | | | ODE DEFINITION | | | |
| | | | | APR | International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit | | | |
| | | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, | | | |
| | | | | | OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. | | | |
| | | PR | CODE SOURCE 897: International Classification of Diseases Revision, Clinical Modification (ICD-10-CM) PR International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Vi | | | | | |
| | | | | | CODE SOURCE 131: International Classification of Diseases, 9th | | | |
| REQUIRED HI01 - 2 | | 1271 | Revision, Clinical Modification (ICD-9-CM) Industry Code M AN 1/30 Code indicating a code from a specific industry code list | | | | | |
| | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. | | | | | | |
| | | | | | IMPLEMENTATION NAME: Patient Reason For Visit | | | |
| NOT USED | HI01 | - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 | | | |
| NOT USED | HI01 | - 4 | | 1251 | Date Time Period X AN 1/35 | | | |
| NOT USED | HI01 | - 5 | | 782 | Monetary Amount O R 1/18 | | | |
| NOT USED | HI01 | - 6 | | 380 | Quantity O R 1/15 | | | |
| NOT USED | HI01 | | | 799 | Version Identifier O AN 1/30 | | | |
| NOT USED | HI01 | - 8 | | 1271 | Industry Code X AN 1/30 | | | |
| NOT USED | HI01 | - 9 | | 1073 | Yes/No Condition or Response Code X ID 1/1 | | | |
| SITUATIONAL | HI02 | | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities | | | |
| | | | | SYNTAX: P0304 If either E0809 | : r C02203 or C02204 is present, then the other is required. | | | |

SITUATIONAL RULE: Required when an additional Patient's Reason for Visit must be sent and the preceding HI data elements have been used to report other patient's reason for visit. If not required by this implementation guide, do not send.

| REQUIRED | HI02 - | 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
|-------------------|--------|---|--|--|--|---------------------------|---------|
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 | , C022-06 | 3 and C | 022-08 |
| | | | с | DDE DEFINITION | | | |
| | | | APR | International Classification of D Modification (ICD-10-CM) Patier | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not covered | lifier ca CM as a ion to u under f | n only n allov se the the lav | be wable code v, | |
| | | PR | CODE SOURCE 897: International Classif Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Patient |)-CM) iseases | Clinic | al | |
| REQUIRED HI02 - 2 | 2 | 1271 | code source 131: International Classif Revision, Clinical Modification (ICD-9- Industry Code | CM) M | Diseas | ses, 9th 1/30 | |
| | | Code indicating a code from a specific industry SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | | ing valu | ie in a | | |
| | | | | IMPLEMENTATION NAME: Patient Reason For V | isit | | |
| IOT USED | HI02 - | 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| IOT USED | HI02 - | 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| IOT USED | HI02 - | 5 | 782 | Monetary Amount | ο | R | 1/18 |
| OT USED | HI02 - | 6 | 380 | Quantity | ο | R | 1/1 |
| IOT USED | HI02 - | 7 | 799 | Version Identifier | ο | AN | 1/30 |
| IOT USED | HI02 - | B | 1271 | Industry Code | Х | AN | 1/30 |
| IOT USED | HI02 - | 9 | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| ITUATIONAL | HI03 | C022 | | TH CARE CODE INFORMATION I health care codes and their associated dates, a | O 1 mounts a | ind qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is e of C02208 or C02209 may be present. | required. | | |

SITUATIONAL RULE: Required when an additional Patient's Reason for Visit must be sent and the preceding HI data elements have been used to report other patient's reason for visit. If not required by this implementation guide, do not send.

| REQUIRED | HI03 - 1 | 12 | 70 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
|--|--|--|---|---|---|--------------------------------|---|
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-04 | S and C | 022-08 |
| | | | | ODE DEFINITION | 0022 00 | | 022 00. |
| | | | | | | | |
| | | AF | ĸ | International Classification of D Modification (ICD-10-CM) Patien | | | |
| | | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed | lifier ca CM as a on to u | n only n allow se the | be wable code |
| | | | | OR | | | |
| | | PR | 2 | For claims which are not covered code source 897: International Classif Revision, Clinical Modification (ICD-10 International Classification of D | ication of -CM) iseases | Diseas Clinic | ses, 10th al |
| | | | | Modification (ICD-9-CM) Patient code source 131: International Classif | | | |
| REQUIRED HI03 - 2 | 12 | 71 | Revision, Clinical Modification (ICD-9- Industry Code Code indicating a code from a specific industry | CM) M | AN | 1/30 | |
| | | | | SEMANTIC: | | | |
| | | | | If C022-08 is used, then C022-02 represents th range of codes. | • | ing valu | ie in a |
| NOT USED | HI03 - 3 | 12 | 50 | If C022-08 is used, then C022-02 represents th range of codes. | • | ing valu ID | ie in a 2/3 |
| | HI03 - 3 HI03 - 4 | 12 12 | | If C022-08 is used, then C022-02 represents th range of codes. IMPLEMENTATION NAME: Patient Reason For V | isit | - | 2/3 |
| NOT USED | | | 51 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period | isit X | ID | 2/3 1/35 |
| NOT USED NOT USED | HI03 - 4 | 12 | 51 2 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount | isit X X | ID AN | 2/3 1/35 1/18 |
| NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 | 12 78 | 51 2 0 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period | isit X X O | ID AN R | 2/3 1/35 1/18 1/15 |
| NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 | 12 78 38 79 | 51 2 0 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity | isit X X O O | ID AN R R | 2/3 1/35 1/18 1/15 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 | 12 78 38 79 12 | 51 2 0 9 71 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier | isit X X O O O | ID AN R R AN | |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 | 12 78 38 79 12 10 | 51 2 0 9 71 73 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code | isit X X O O O X | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 | 12 78 38 79 12 10 C022 HE | 51 2 9 71 73 EALT | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code | isit X X O O O X X X | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 HI04 | 12 78 38 79 12 10 C022 HE C022 HE | 251 20 99 71 73 EALT EALT | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code IH CARE CODE INFORMATION | isit X X 0 0 0 X X X 0 1 | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 HI04 HI05 | 12 78 38 79 12 10 C022 HE C022 HE C022 HE | 51 2 9 71 73 EALT EALT | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION TH CARE CODE INFORMATION | isit X X 0 0 0 X X 0 1 01 | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 HI04 HI05 HI06 | 12 78 38 79 12 10 C022 HE C022 HE C022 HE C022 HE | 51 2 0 9 71 73 EAL1 EAL1 EAL1 EAL1 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION TH CARE CODE INFORMATION | isit X X 0 0 0 X X X 01 01 01 | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 HI04 HI05 HI06 HI07 | 12 78 38 79 12 10 C022 HE C022 HE C022 HE C022 HE C022 HE | 51 2 0 9 71 73 EAL1 EAL1 EAL1 EAL1 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION TH CARE CODE INFORMATION TH CARE CODE INFORMATION TH CARE CODE INFORMATION TH CARE CODE INFORMATION | isit X X 0 0 X X 01 01 01 01 01 | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 HI04 HI05 HI06 HI07 HI08 | 12 78 38 79 12 10 C022 HE C022 HE C022 HE C022 HE C022 HE C022 HE | 51 2 0 9 71 73 EAL1 EAL1 EAL1 EAL1 EAL1 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION TH CARE CODE INFORMATION | isit X X 0 0 0 X X 0 1 0 1 0 1 0 1 0 1 | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |
| NOT USED NOT USED NOT USED NOT USED NOT USED | HI03 - 4 HI03 - 5 HI03 - 6 HI03 - 7 HI03 - 8 HI03 - 9 HI04 HI05 HI06 HI07 HI08 HI09 | 12 78 38 79 12 10 C022 HE C022 HE C022 HE C022 HE C022 HE C022 HE | 51 2 0 9 71 73 EAL1 EAL1 EAL1 EAL1 EAL1 EAL1 | If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Patient Reason For V Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity Version Identifier Industry Code Yes/No Condition or Response Code TH CARE CODE INFORMATION TH CARE CODE INFORMATION | isit X X 0 0 0 X X 01 01 01 01 01 01 | ID AN R R AN AN | 2/3 1/35 1/18 1/15 1/30 1/30 |

| SEGMENT DETAIL | |
|---|--|
| | HI - EXTERNAL CAUSE OF INJURY |
| X12 Segment Name: | Health Care Information Codes |
| X12 Purpose: | To supply information related to the delivery of health care |
| Loop: | 2300 — CLAIM INFORMATION |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when an external Cause of Injury is needed to describe an injury poisoning, or adverse effect. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. Do not transmit the decimal point for ICD codes. The decimal point is implied. |
| | 2. In order to fully describe an injury using ICD-10-CM, it will be necessary to report a series of 3 external cause of injury codes. |
| TR3 Example: | HI*BN:E8660~ |
| TR3 Example: | HI*ABN:T560X1~ |
| DIAGRAM | |
| HI01 C0 Health Car Code Info M 1 | |
| HI07 C0 Health Car Code Info 0 1 | |
| ELEMENT DETAIL | FE DATA |
| | EF. DATA ES. ELEMENT NAME ATTRIBUTES |
| REQUIRED HI01 | C022 HEALTH CARE CODE INFORMATION M 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. |

| 005010X223 • 837 EXTERNAL CAUS | | | ASC X12N • INSU TECHN | RANCE S | | |
|-----------------------------------|----------|---|---|--|--|---------------------------|
| REQUIRED | HI01 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | |
| | | | This code set is not allowed for the time of this writing. The qual used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under t | in only in allow se the the law | be wable code /, |
| | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) iseases | S Clinic | al | |
| | | | соре source 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | f Diseas | es, 9th |
| REQUIRED | HI01 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ury Cod | le | |
| NOT USED | HI01 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI01 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI01 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI01 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI01 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI01 - 8 | 1271 | Industry Code | х | AN | 1/30 |

| - | | | | | | | | | | |
|-------------|----------|------|---|---|--|--|--|--|--|--|
| SITUATIONAL | HI01 - 9 | | 1073 | | No Condition or Response Code X ID 1/1 indicating a Yes or No condition or response | | | | | |
| | | | | SYNTAX E0809 | | | | | | |
| | | | | C022- diagno prior to NOT c unkno | SEMANTIC: C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. | | | | | |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requiring this ation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | | | | | |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing <i>Ial.</i> | | | | | |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | | | | | |
| | | | с | ODE | DEFINITION | | | | | |
| | | | N | | No | | | | | |
| | | | U | | Unknown | | | | | |
| | | | W | | Not Applicable | | | | | |
| | | | Y | | Yes | | | | | |
| SITUATIONAL | HI02 | C022 | HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantities | | | | | | | |
| | | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | | | | |
| | | | must i to rep | be sen ort oth | E: Required when an additional External Cause of Injury t and the preceding HI data elements have been used er causes of injury. If not required by this ion guide, do not send. | | | | | |

| 005010X223 • 837 EXTERNAL CAUS | | | ASC X12N • INSUF TECHN | RANCE S | | | | |
|-----------------------------------|----------|--|---|--|----------|---------|--|--|
| REQUIRED | HI02 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. | | |
| | | c | ODE DEFINITION | | | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | | | |
| | | | This code set is not allowed for the time of this writing. The qual used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed OR For claims which are not covere | he qualifier can only be CD-10-CM as an allowable exception to use the code llowed under the law, | | | | |
| | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10- International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) i seases | Clinic | al | | | |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th | | |
| REQUIRED | HI02 - 2 | 1271 | Industry Code Code indicating a code from a specific industry of | ́ М | AN | 1/30 | | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | ie in a | | |
| | | | IMPLEMENTATION NAME: External Cause of Inju | iry Cod | le | | | |
| NOT USED | HI02 - 3 | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 | | |
| NOT USED | HI02 - 4 | 1251 | Date Time Period | Х | AN | 1/35 | | |
| NOT USED | HI02 - 5 | 782 | Monetary Amount | 0 | R | 1/18 | | |
| NOT USED | HI02 - 6 | 380 | Quantity | 0 | R | 1/15 | | |
| NOT USED | HI02 - 7 | 799 | Version Identifier | 0 | AN | 1/30 | | |
| NOT USED | HI02 - 8 | 1271 | Industry Code | Х | AN | 1/30 | | |

| SITUATIONAL | HI02 - 9 | | 1073 | Voc/N | Io Condition or Response Code X ID | 1/1 |
|-----------------|----------|------|------------------|-----------------------|---|---------|
| 0.1.0.1.10.1.12 | 1102 - 9 | | 1075 | | indicating a Yes or No condition or response | 1/1 |
| | | | | SYNTAX E0809 | | |
| | | | | | ric : 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occur o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it is wn whether the onset occurred prior to admission to the hosp | d is |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requiring ation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | g this |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing Ial. | 1 |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | | | c | ODE | DEFINITION | |
| | | | Ν | | Νο | |
| | | | U | | Unknown | |
| | | | W | | Not Applicable | |
| | | | Y | | Yes | |
| SITUATIONAL | HI03 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantitie | es |
| | | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. | |
| | | | must i to rep | be sen ort oth | E: Required when an additional External Cause of In t and the preceding HI data elements have been us er causes of injury. If not required by this ion guide, do not send. | |

| 005010X223 • 837 EXTERNAL CAUS | | | ASC X12N • INSU TECHN | RANCE S | | |
|-----------------------------------|----------|------|---|--|--|---------------------------|
| REQUIRED | HI03 - 1 | 1270 | 1270 Code List Qualifier Code Code identifying a specific industry code list | | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | |
| | | | This code set is not allowed for the time of this writing. The qual used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under t | n only n allow se the the law | be wable code /, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) i seases | Clinic | al |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th |
| REQUIRED | HI03 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ary Cod | le | |
| NOT USED | HI03 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI03 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI03 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI03 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI03 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI03 - 8 | 1271 | Industry Code | Х | AN | 1/30 |

| SITUATIONAL | HI03 - 9 | | 1073 | | | 1/1 |
|-------------|----------|------|------------------|-----------------------------|---|---------|
| | | | | | indicating a Yes or No condition or response | |
| | | | | SYNTAX E0809 | | |
| | | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occu o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it wn whether the onset occurred prior to admission to the hosp | d is |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requiring ation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | g this |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing Ial. | 1 |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | | | с | ODE | DEFINITION | |
| | | | N | | No | |
| | | | U | | Unknown | |
| | | | w | | Not Applicable | |
| | | | Y | | Yes | |
| SITUATIONAL | HI04 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantiti | ies |
| | | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. | |
| | | | must i to rep | be sen ort oth | E: Required when an additional External Cause of I t and the preceding HI data elements have been us er causes of injury. If not required by this ion guide, do not send. | |

| EXTERNAL CAUS | ● 2300 ● HI E OF INJURY | | ASC X12N • INSU TECH | NICAL R | | |
|---------------|----------------------------|------|---|---------------------------|---------------------|-------------|
| REQUIRED | HI04 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 | , C022-06 | 6 and C | 022-08 |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of D Modification (ICD-10-CM) Extern Code | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR | llifier ca CM as a | in only in allow | be wable |
| | | | The Secretary grants an except set as a pilot project as allowed OR For claims which are not covere | under | the law | Ι, |
| | | BN | CODE SOURCE 897: International Classif Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Externa Code (E-codes) |)-CM) P iseases | Clinic | al |
| | | | CODE SOURCE 131: International Classif Revision, Clinical Modification (ICD-9- | | f Diseas | es, 9th |
| REQUIRED | HI04 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes. | ie beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inj | ury Cod | le | |
| NOT USED | HI04 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI04 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI04 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI04 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI04 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI04 - 8 | 1271 | Industry Code | х | AN | 1/30 |

| SITUATIONAL | HI04 - 9 | | 1073 | | Io Condition or Response CodeXIDindicating a Yes or No condition or response | 1/1 |
|-------------|----------|------|-----------------------------|---|---|---------|
| | | | | SYNTAX E0809 | | |
| | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occ o admission to the hospital; an "N" indicates that the onset of occur prior to admission to the hospital; a "U" indicates that i wn whether the onset occurred prior to admission to the hos | urred lid t is | |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requirir ation when C022-01 is "BF" (Diagnosis Code) and range of usis codes were NOT given in C022-08. | ng this |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billin Ial. | g |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | | | с | ODE | DEFINITION | |
| | | | N | | No | |
| | | | U | | Unknown | |
| | | | W | | Not Applicable | |
| | | | Y | | Yes | |
| SITUATIONAL | HI05 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quanti | ities |
| | | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. | |
| | | | must i to rep | be sen ort oth | E: Required when an additional External Cause of t and the preceding HI data elements have been u er causes of injury. If not required by this ion guide, do not send. | |

| EXTERNAL CAUS | ● 2300 ● HI E OF INJURY | | ASC X12N • INSU TECH | NICAL R | | |
|---------------|----------------------------|------|--|--|--|---------------------------|
| REQUIRED | HI05 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | C | ODE DEFINITION | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under f | n only n allow se the the law | be wable code /, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) iseases | Clinic | al |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th |
| REQUIRED | HI05 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginni | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ury Cod | le | |
| NOT USED | HI05 - 3 | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI05 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI05 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI05 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI05 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI05 - 8 | 1271 | Industry Code | х | AN | 1/30 |

| SITUATIONAL | HI05 - 9 |) | 1073 | | Io Condition or Response Code X ID 1/ indicating a Yes or No condition or response | /1 | | |
|-------------|----------|---|------------------|--|---|------|--|--|
| | | | | SYNTAX E0809 | | | | |
| | | | | SEMANTIC: C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. | | | | |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requiring t ation when C022-01 is "BF" (Diagnosis Code) and range of usis codes were NOT given in C022-08. | this | | |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing | | | |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | | | |
| | | | с | ODE | DEFINITION | | | |
| | | | N | | No | | | |
| | | | U | | Unknown | | | |
| | | | W | | Not Applicable | | | |
| | | | Y | | Yes | | | |
| SITUATIONAL | HI06 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantities | s | | |
| | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | | | |
| | | | must i to rep | be sen ort oth | E: Required when an additional External Cause of Inj t and the preceding HI data elements have been use er causes of injury. If not required by this ion guide, do not send. | | | |

| 005010X223 • 837 EXTERNAL CAUS | | | ASC X12N • INSUF TECHN | RANCE S | | | |
|-----------------------------------|----------|------|---|--|--|---------------------------|--|
| REQUIRED | HI06 - 1 | 1270 | 1270 Code List Qualifier Code Code identifying a specific industry code list | | | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. | |
| | | c | ODE DEFINITION | | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | | |
| | | | This code set is not allowed for the time of this writing. The qual used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under t | n only n allow se the the law | be wable code v, | |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10- International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) i seases | Clinic | al | |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th | |
| REQUIRED | HI06 - 2 | 1271 | Industry Code Code indicating a code from a specific industry of | ́ М | AN | 1/30 | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | ie in a | |
| | | | IMPLEMENTATION NAME: External Cause of Inju | iry Cod | le | | |
| NOT USED | HI06 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 | |
| NOT USED | HI06 - 4 | 1251 | Date Time Period | Х | AN | 1/35 | |
| NOT USED | HI06 - 5 | 782 | Monetary Amount | 0 | R | 1/18 | |
| NOT USED | HI06 - 6 | 380 | Quantity | 0 | R | 1/15 | |
| NOT USED | HI06 - 7 | 799 | Version Identifier | 0 | AN | 1/30 | |
| NOT USED | HI06 - 8 | 1271 | Industry Code | Х | AN | 1/30 | |

| SITUATIONAL | HI06 - 9 | | 1073 | | No Condition or Response Code X ID 1/1 indicating a Yes or No condition or response | | | |
|-------------|----------|--|---|-----------------------------|--|--|--|--|
| | | | | зүлта) E0809 | | | | |
| | | | | diagno prior to NOT c | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occurred o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it is wn whether the onset occurred prior to admission to the hospital | | | |
| | | | | inform | ENTS: 09 would only need to be reported to data collectors requiring this ation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | | | |
| | | | | SITUATI <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing <i>Ial.</i> | | | |
| | | | | IMPLEM | IENTATION NAME: Present on Admission Indicator | | | |
| | | | c | ODE | DEFINITION | | | |
| | | | Ν | | Νο | | | |
| | | | U | | Unknown | | | |
| | | | W | | Not Applicable | | | |
| | | | Y | | Yes | | | |
| SITUATIONAL | HI07 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantities | | | |
| | | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | | |
| | | SITUATIONAL RULE: Required when an additional External Cause of must be sent and the preceding HI data elements have been to report other causes of injury. If not required by this implementation guide, do not send. | | | | | | |

| 005010X223 • 837 EXTERNAL CAUSE | | | ASC X12N • INSUF TECHN | | | MMITTEE • TYPE 3 |
|------------------------------------|----------|------|---|---|--|---------------------------|
| REQUIRED | HI07 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | |
| | | | This code set is not allowed for the time of this writing. The qual used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed OR For claims which are not covere | ifier ca CM as a on to u under t | in only in allow se the the law | be wable code v, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10- International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) seases | Clinic | al |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | f Diseas | ses, 9th |
| REQUIRED | HI07 - 2 | 1271 | Industry Code Code indicating a code from a specific industry of | M | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | ie in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | iry Cod | le | |
| NOT USED | HI07 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI07 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI07 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI07 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI07 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI07 - 8 | 1271 | Industry Code | Х | AN | 1/30 |

| SITUATIONAL | HI07 - 9 |) | 1073 | | Io Condition or Response Code X ID | 1/1 |
|-------------|----------|------------------|-------------------|--|--|---------|
| | | | | SYNTAX E0809 | | |
| | | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occur o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it i wn whether the onset occurred prior to admission to the hosp | d is |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requiring ation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. |) this |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing ial. | 1 |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | | | с | ODE | DEFINITION | |
| | | | N | | No | |
| | | | U | | Unknown | |
| | | | W | | Not Applicable | |
| | | | Y | | Yes | |
| SITUATIONAL | HI08 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantitie | es |
| | | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. | |
| | | must i to rep | be sen ort oth | E: Required when an additional External Cause of In t and the preceding HI data elements have been use er causes of injury. If not required by this ion guide, do not send. | | |

| | E OF INJURY | | ASC X12N • INSU TECH | NICAL R | EPORT | • TYPI |
|----------|-------------|------|--|--|--|---------------------------|
| REQUIRED | HI08 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | Μ | ID | 1/3 |
| | | | земантіс: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of D Modification (ICD-10-CM) Exterr Code | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under f | n only n allov se the the law | be wable code /, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Externa Code (E-codes) | -CM) iseases | Clinic | al |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th |
| REQUIRED | HI08 - 2 | 1271 | Industry Code Code indicating a code from a specific industry SEMANTIC: | M | AN | 1/30 |
| | | | If C022-08 is used, then C022-02 represents the range of codes. | e beginni | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ury Cod | e | |
| NOT USED | HI08 - 3 | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI08 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI08 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| | HI08 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI08 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI08 - 8 | 1271 | Industry Code | Х | AN | 1/30 |

| SITUATIONAL | HI08 - 9 |) | 1073 | | Io Condition or Response Code X ID indicating a Yes or No condition or response | 1/1 |
|-------------|----------|------------------|-------------------|--|---|---------|
| | | | | SYNTAX E0809 | | |
| | | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occu o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it wn whether the onset occurred prior to admission to the hosp | d is |
| | | | | inform | NTS: 09 would only need to be reported to data collectors requiring ation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | g this |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing Ial. | 7 |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | | | с | ODE | DEFINITION | |
| | | | N | | No | |
| | | | U | | Unknown | |
| | | | W | | Not Applicable | |
| | | | Y | | Yes | |
| SITUATIONAL | HI09 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantiti | ies |
| | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. | | |
| | | must i to rep | be sen ort oth | E: Required when an additional External Cause of I t and the preceding HI data elements have been us er causes of injury. If not required by this ion guide, do not send. | | |

| EXTERNAL CAUS | Ø ● 2300 ● HI SE OF INJURY | | ASC X12N • INSU TECH | | | |
|---------------|-------------------------------|------|--|--|--|---------------------------|
| REQUIRED | HI09 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | C | ODE DEFINITION | | | |
| | | ABN | International Classification of D Modification (ICD-10-CM) Exterr Code | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under t | n only n allow se the the law | be wable code /, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Externa Code (E-codes) | -CM) iseases | Clinic | al |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th |
| REQUIRED | HI09 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ury Cod | le | |
| NOT USED | HI09 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI09 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI09 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI09 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI09 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI09 - 8 | 1271 | Industry Code | Х | AN | 1/30 |

| SITUATIONAL | HI09 - 9 |) | 1073 | | No Condition or Response Code X ID 1/1 indicating a Yes or No condition or response |
|-------------|----------|------------------|-----------------------------|--|--|
| | | | | SYNTAX E0809 | |
| | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occurred o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it is wn whether the onset occurred prior to admission to the hospital | |
| | | | | inform | ENTS: 09 would only need to be reported to data collectors requiring this lation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing |
| | | | | IMPLEN | IENTATION NAME: Present on Admission Indicator |
| | | с | ODE | DEFINITION | |
| | | | N | | No |
| | | | U | | Unknown |
| | | | w | | Not Applicable |
| | | | Y | | Yes |
| SITUATIONAL | HI10 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantities |
| | | | E0809 | C0220 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. |
| | | must i to rep | be sen ort oth | E: Required when an additional External Cause of Injury t and the preceding HI data elements have been used er causes of injury. If not required by this ion guide, do not send. | |

| 005010X223 • 837 EXTERNAL CAUS | | | ASC X12N • INSU TECHN | RANCE S | | |
|-----------------------------------|----------|------|---|--|--|---------------------------|
| REQUIRED | HI10 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of Di Modification (ICD-10-CM) Extern Code | | | |
| | | | This code set is not allowed for the time of this writing. The qual used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under t | n only n allow se the the law | be wable code /, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of Di Modification (ICD-9-CM) Externa Code (E-codes) | -CM) i seases | Clinic | al |
| | | | CODE SOURCE 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | Diseas | es, 9th |
| REQUIRED | HI10 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ary Cod | le | |
| NOT USED | HI10 - 3 | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI10 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI10 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI10 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI10 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI10 - 8 | 1271 | Industry Code | Х | AN | 1/30 |

| SITUATIONAL | HI10 - 9 | 9 | 1073 | | No Condition or Response Code X ID 1/1 indicating a Yes or No condition or response X ID 1/1 |
|-------------|----------|--------|--|--|--|
| | | | | SYNTAX E0809 | |
| | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occurred o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it is wn whether the onset occurred prior to admission to the hospital | |
| | | inform | ENTS: 09 would only need to be reported to data collectors requiring this lation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | | |
| | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing | |
| | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | c | ODE | DEFINITION | | |
| | | N | | Νο | |
| | | | U | | Unknown |
| | | | W | | Not Applicable |
| | | | Y | | Yes |
| SITUATIONAL | HI11 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantities |
| | | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. |
| | | | must i to rep | E: Required when an additional External Cause of Injury t and the preceding HI data elements have been used er causes of injury. If not required by this ion guide, do not send. | |

| 005010X223 • 837 • 2300 • HI EXTERNAL CAUSE OF INJURY | | | ASC X12N • INS TEC | URANCE HNICAL R | | |
|--|----------|------|--|--------------------|----------|---------|
| REQUIRED | HI11 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: | | | |
| | | | C022-01 qualifies C022-02, C022-04, C022-0 |)5, C022-00 | b and C | 022-08. |
| | | C | | | | |
| | | ABN | International Classification of Modification (ICD-10-CM) Exte Code | | | |
| | | | This code set is not allowed for the time of this writing. The qu used: | ualifier ca | in only | be |
| | | | If a new rule names the ICD-10 code set under HIPAA, OR |)-CM as a | in allov | wable |
| | | | The Secretary grants an exception set as a pilot project as allowed OR For claims which are not cover | ed under | the lav | Ι, |
| | | BN | CODE SOURCE 897: International Clas Revision, Clinical Modification (ICD- International Classification of Modification (ICD-9-CM) Exter Code (E-codes) | 10-CM) Diseases | s Clinic | al |
| | | | code source 131: International Clas | | f Diseas | es, 9th |
| REQUIRED | HI11 - 2 | 1271 | Revision, Clinical Modification (ICD- Industry Code Code indicating a code from a specific indust | M | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents range of codes. | the beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of I | njury Coc | le | |
| NOT USED | HI11 - 3 | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI11 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI11 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI11 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI11 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI11 - 8 | 1271 | Industry Code | х | AN | 1/30 |

| SITUATIONAL HI11 - 9 | | 1073 | | No Condition or Response Code X ID 1/1 indicating a Yes or No condition or response X ID X | |
|----------------------|------|-------|-----------------------------|--|--|
| | | | | SYNTAX E0809 | |
| | | | diagno prior to NOT o | 09 is used to identify the diagnosis onset as it relates to the osis reported in C022-02. A "Y" indicates that the onset occurred o admission to the hospital; an "N" indicates that the onset did occur prior to admission to the hospital; a "U" indicates that it is wn whether the onset occurred prior to admission to the hospital | |
| | | | inform | ENTS: 09 would only need to be reported to data collectors requiring this lation when C022-01 is "BF" (Diagnosis Code) and range of osis codes were NOT given in C022-08. | |
| | | | | SITUAT <i>manu</i> | IONAL RULE: Required as directed by the NUBC billing Jal. |
| | | | IMPLEN | IENTATION NAME: Present on Admission Indicator | |
| | c | ODE | DEFINITION | | |
| | | N | | Νο | |
| | | | U | | Unknown |
| | | | W | | Not Applicable |
| | | | Y | | Yes |
| SITUATIONAL | HI12 | C022 | | | RE CODE INFORMATION O 1 care codes and their associated dates, amounts and quantities |
| | | E0809 | r C02203 | 3 or C02204 is present, then the other is required. 2208 or C02209 may be present. | |
| | | | must i to rep | E: Required when an additional External Cause of Injury t and the preceding HI data elements have been used er causes of injury. If not required by this ion guide, do not send. | |

| 005010X223 • 837 EXTERNAL CAUS | | | ASC X12N • INSU TECH | RANCE S | | |
|-----------------------------------|----------|------|--|--|--|---------------------------|
| REQUIRED | HI12 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | ABN | International Classification of D Modification (ICD-10-CM) Exterr Code | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-0 code set under HIPAA, OR The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | lifier ca CM as a on to u under t | in only in allow se the the law | be wable code /, |
| | | BN | CODE SOURCE 897: International Classifi Revision, Clinical Modification (ICD-10 International Classification of D Modification (ICD-9-CM) Externa Code (E-codes) | -CM) iseases | Clinic | al |
| | | | code source 131: International Classifi Revision, Clinical Modification (ICD-9-0 | | f Diseas | es, 9th |
| REQUIRED | HI12 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | ́ М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: External Cause of Inju | ury Cod | le | |
| NOT USED | HI12 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI12 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI12 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI12 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI12 - 8 | 1271 | Industry Code | х | AN | 1/30 |

| SITUATIONAL | HI12 - 9 |
|-------------|----------|
|-------------|----------|

 1073
 Yes/No Condition or Response Code
 X
 ID
 1/1

 Code indicating a Yes or No condition or response
 X
 ID
 1/1

SYNTAX:

E0809

SEMANTIC:

C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not.

COMMENTS:

C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: *Required as directed by the NUBC billing manual.*

IMPLEMENTATION NAME: Present on Admission Indicator

| CODE | DEFINITION |
|------|----------------|
| Ν | No |
| U | Unknown |
| W | Not Applicable |
| Y | Yes |

| SEGMENT DETAIL | | | | | | | | | | | | |
|---|-----------------|--|--|--|---------|--|-------------|--|------------------|---|--|--|
| | | - DIAC FORM | | | EL | ATED C | GF | ROUP ([| DF | RG) | | |
| X12 Segment Nam | ne: Heal | th Care Ir | nforma | ation Codes | | | | | | | | |
| X12 Purpos | se: To su | upply info | rmatic | on related to | the | e delivery of h | nea | alth care | | | | |
| Loc | p: 2300 | — CLAI | M INF | | | | | | | | | |
| Segment Repe | at: 1 | | | | | | | | | | | |
| Usag | ge: SITU | | L | - | | | | | | | | |
| Situational Ru | and | quired when an inpatient hospital is under DRG contract with a payer d the contract requires the provider to identify the DRG to the payer. If t required by this implementation guide, do not send. | | | | | | | | | | |
| TR3 Examp | le: HI*C | DR:123~ | | | | | | | | | | |
| DIAGRAM | | | | | | | | | | | | |
| HI01 Health Code M 1 HI07 Health Code M 1 HI07 Health Code O 1 ELEMENT DETAIL | C022 | Health Ca Code Info O 1 | 022 176 * | HI03 C022 Health Care Code Info. O 1 HI09 C022 Health Care Code Info. O 1 | * * | HI04 C022 Health Care Gode Info. O 1 HI10 C022 Health Care Gode Info. O 1 | * * | HI05 C022 Health Care Gode Info. O 1 HI11 C022 Health Care Gode Info. O 1 | * * | HI06 C022 Health Care Gode Info. O 1 HI12 C022 Health Care Gode Info. O 1 ~ | | |
| REQUIRED H | 101 | C022 | To sen SYNTAX P0304 If eithe E0809 | nd health care co :: or C02203 or C0 | ode | E INFORMATI as and their asso 04 is present, the 02209 may be p | cia en t | ted dates, amou | | and quantities | | |
| REQUIRED H | 101 - 1 | | 1270 | Code identify SEMANTIC: | ring | alifier Code a specific indus es C022-02, C02 | | | M 22-0 | ID 1/3 | | |
| | | | 0 | | | ON | | | | | | |
| | | | DR | Dia | gn | osis Related | Gro | oup (DRG) | | | | |

CODE SOURCE 229: Diagnosis Related Group Number (DRG)

| REQUIRED | HI01 - 2 | | 1271 | Industry Code | м | AN | 1/30 |
|----------|-----------|------|------|---|---------|----------|--------|
| | 11101 - 2 | | 1271 | Code indicating a code from a specific industry of | | | 1/50 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginni | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Diagnosis Related Gro | oup (DF | RG) Co | ode |
| NOT USED | HI01 - 3 | | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI01 - 4 | | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI01 - 5 | | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI01 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI01 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI01 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI01 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| NOT USED | HI02 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI03 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI04 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI05 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI06 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI07 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI08 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI09 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI10 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI11 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| NOT USED | HI12 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |

| SEGMENT DETAIL | | | | | | | | | | | |
|-----------------|--|---|--|--|--|--|--|--|--|--|--|
| | HI - OT | HER DIAGN | OSIS INFORMA | TION | | | | | | | |
| X12 Segment Nar | ne: Health Care | e Information Codes | | | | | | | | | |
| X12 Purpo | se: To supply in | nformation related to | the delivery of health care | | | | | | | | |
| Lo | op: 2300 — CL | AIM INFORMATION | l | | | | | | | | |
| Segment Repe | eat: 2 | | | | | | | | | | |
| Usa | ge: SITUATIO | NAL | | | | | | | | | |
| Situational Ru | during the | equired when other condition(s) coexist or develop(s) subsequently uring the patient's treatment. If not required by this implementation uide, do not send. | | | | | | | | | |
| TR3 Not | | . Do not transmit the decimal point for ICD codes. The decimal point is implied. | | | | | | | | | |
| TR3 Examp | ole: HI*BF:482 | 1:::::N*HI*BF:250 | 000:::::Y~ | | | | | | | | |
| TR3 Examp | ole: HI*ABF:J1 | 51::::::N*ABF:E11 | 9:::::Y~ | | | | | | | | |
| DIAGRAM | | | | | | | | | | | |
| HIO7 | C022 h Care h Info. * Hi02 Health Code O 1 C022 Hi08 | Info. * Code Info. 0 1 0 0 C022 HI09 C022 | * Health Care Code Info. 0 1 * Health Code Info. Code Info. 0 1 HI10 C022 HI11 | * Code Info. 0 1 C022 HI12 C022 | | | | | | | |
| × | h Care * Health e Info. Code | × | * Health Care Code Info. Code Info. | * | | | | | | | |
| O 1 | O 1 | O 1 | 01 01 | O 1 | | | | | | | |
| ELEMENT DETAIL | | | | | | | | | | | |
| USAGE | REF. DATA DES. ELEME | NT NAME | | ATTRIBUTES | | | | | | | |
| REQUIRED | ll01 C022 | | DDE INFORMATION | M 1 | | | | | | | |
| | | SYNTAX: P0304 If either C02203 or C0 E0809 | odes and their associated dates, 02204 is present, then the other is or C02209 may be present. | · | | | | | | | |

| REQUIRED | HI01 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 | |
|-------------|----------|------|---|--|--|-----------------------------|--|
| | | | SEMANTIC: | | | | |
| | | | C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. | |
| | | C | CODE DEFINITION | | | | |
| | | ABF | ABF International Classification of Diseases C Modification (ICD-10-CM) Diagnosis | | | | |
| | | | This code set is not allowed for u the time of this writing. The qual used: If a new rule names the ICD-10-C code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed to OR For claims which are not covered | ifier ca M as a on to u under t | in only in allow se the the law | v be wable code v, | |
| | | BF | CODE SOURCE 897: International Classific Revision, Clinical Modification (ICD-10- International Classification of Dis Modification (ICD-9-CM) Diagnos | CM) seases | | | |
| | | | CODE SOURCE 131: International Classific | | f Diseas | ses, 9th | |
| REQUIRED | HI01 - 2 | 1271 | Revision, Clinical Modification (ICD-9-C Industry Code Code indicating a code from a specific industry c | ́ М | AN | 1/30 | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginn | ing valu | ie in a | |
| | | | IMPLEMENTATION NAME: Other Diagnosis | | | | |
| NOT USED | HI01 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 | |
| NOT USED | HI01 - 4 | 1251 | Date Time Period | х | AN | 1/35 | |
| NOT USED | HI01 - 5 | 782 | Monetary Amount | ο | R | 1/18 | |
| NOT USED | HI01 - 6 | 380 | Quantity | ο | R | 1/15 | |
| NOT USED | HI01 - 7 | 799 | Version Identifier | ο | AN | 1/30 | |
| NOT USED | HI01 - 8 | 1271 | Industry Code | Х | AN | 1/30 | |
| SITUATIONAL | HI01 - 9 | 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or respon | X se | ID | 1/1 | |
| | | | syntax: E0809 | | | | |
| | | | SEMANTIC: | | | | |

SEMANTIC: C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not.

COMMENTS:

C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: *Required as directed by the NUBC billing manual.*

| | | | | IMPLEMENTATION NAME: Present on Admission Indicator |
|-------------|----------|------|-----------------|--|
| | | | C | CODE DEFINITION |
| | | | Ν | Νο |
| | | | U | Unknown |
| | | | W | Not Applicable |
| | | | Y | Yes |
| SITUATIONAL | HI02 | C022 | | TH CARE CODE INFORMATION O 1 and health care codes and their associated dates, amounts and quantities |
| | | | E0809 | er C02203 or C02204 is present, then the other is required. |
| | | | diagn report | IONAL RULE: Required when it is necessary to report an additional nosis and the preceding HI data elements have been used to "t other diagnoses. If not required by this implementation e, do not send. |
| REQUIRED | HI02 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | C | CODE DEFINITION |
| | | | ABF | International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. code source 897: International Classification of Diseases, 10th |
| | | | BF | Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis |
| | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) |
| REQUIRED | HI02 - 2 | | 1271 | Industry Code M AN 1/30 Code indicating a code from a specific industry code list |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. |
| | | | | IMPLEMENTATION NAME: Other Diagnosis |
| NOT USED | HI02 - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 |
| NOT USED | HI02 - 4 | | 1251 | Date Time Period X AN 1/35 |
| NOT USED | HI02 - 5 | | 782 | Monetary Amount O R 1/18 |
| NOT USED | HI02 - 6 | | 380 | Quantity O R 1/15 |
| | пі02 - 0 | | 300 | Quantity U K 1/15 |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| NOT USED | HI02 - 7 | | 799 | Versio | n Identifier | ο | AN | 1/30 |
|-------------|----------|---|----------|-----------------------------------|---|-----------------------------|-----------------------------------|-----------------------------|
| NOT USED | HI02 - 8 | | 1271 | Industr | y Code | х | AN | 1/30 |
| SITUATIONAL | HI02 - 9 | | 1073 | | Condition or Response Code dicating a Yes or No condition or response | X | ID | 1/1 |
| | | | | SYNTAX: E0809 | | | | |
| | | | | diagnosi prior to a NOT occ | : 9 is used to identify the diagnosis onset as it is reported in C022-02. A "Y" indicates that admission to the hospital; an "N" indicates to cur prior to admission to the hospital; a "U" in whether the onset occurred prior to admission | t the (hat th indica | onset oc ne onset ates that | ccurred t did t it is |
| | | | | informat | rs: 9 would only need to be reported to data co ion when C022-01 is "BF" (Diagnosis Code is codes were NOT given in C022-08. | | | |
| | | | | SITUATION <i>manua</i> | NAL RULE: Required as directed by the I. | NU | BC billi | ing |
| | | | | | NTATION NAME: Present on Admission Ir | ndica | ator | |
| | | | C | ODE | DEFINITION | | | |
| | | | N | | No | | | |
| | | | U | | Unknown | | | |
| | | | w | | Not Applicable | | | |
| | | | Y | | Yes | | | |
| SITUATIONAL | HI03 | C022 | | | E CODE INFORMATION are codes and their associated dates, amou | O 1 unts a | and quar | ntities |
| | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | | | |
| | | | SITUATIO | NAL RULE: | Required when it is necessary to re | port | an add | ditional |

guide, do not send.

| 005010X223 • 837 • 2 OTHER DIAGNOSIS I | | N | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | | | | |
|---|----------|------|---|--|--------------------------------|-----------------------------|--|--|--|
| REQUIRED | HI03 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 | | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C0 |)22-0(| 6 and C | 022-08. | | | |
| | | C | ODE DEFINITION | | | | | | |
| | | ABF | International Classification of Dise Modification (ICD-10-CM) Diagnosi | | S Clinic | al | | | |
| | | | used: If a new rule names the ICD-10-CM code set under HIPAA, OR The Secretary grants an exception | the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, | | | | | |
| | | | OR For claims which are not covered | | | | | | |
| | | BF | CODE SOURCE 897: International Classificat Revision, Clinical Modification (ICD-10-Cl International Classification of Dise | ation of Diseases, 10th CM) eases Clinical | | | | | |
| | | | Modification (ICD-9-CM) Diagnosis code source 131: International Classificat | | f Diseas | es, 9th | | | |
| REQUIRED | HI03 - 2 | 1271 | Revision, Clinical Modification (ICD-9-CM Industry Code Code indicating a code from a specific industry code |) M | AN | 1/30 | | | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the b range of codes. | | | e in a | | | |
| | | | IMPLEMENTATION NAME: Other Diagnosis | | | | | | |
| NOT USED | HI03 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 | | | |
| NOT USED | HI03 - 4 | 1251 | Date Time Period | Х | AN | 1/35 | | | |
| NOT USED | HI03 - 5 | 782 | Monetary Amount | 0 | R | 1/18 | | | |
| NOT USED | HI03 - 6 | 380 | Quantity | 0 | R | 1/15 | | | |
| NOT USED | HI03 - 7 | 799 | Version Identifier | 0 | AN | 1/30 | | | |
| NOT USED | HI03 - 8 | 1271 | Industry Code | Х | AN | 1/30 | | | |
| SITUATIONAL | HI03 - 9 | 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or response | X | ID | 1/1 | | | |
| | | | syntax: E0809 | | | | | | |
| | | | SEMANTIC: C022-09 is used to identify the diagnosis onset as diagnosis reported in C022-02. A "Y" indicates tha prior to admission to the hospital; an "N" indicates NOT occur prior to admission to the hospital; a "U" unknown whether the onset occurred prior to admi or not. | t the o that th indica | onset o ne onse ates tha | ccurred t did t it is | | | |

COMMENTS: C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

| | | | | IMPLEMENTATION NAME: Present on Admission Indicator | | | | | | | |
|-------------|----------|------|------------------|--|--|--|--|--|--|--|--|
| | | | с | CODE DEFINITION | | | | | | | |
| | | | Ν | No | | | | | | | |
| | | | U | Unknown | | | | | | | |
| | | | w | Not Applicable | | | | | | | |
| | | | Y | Yes | | | | | | | |
| SITUATIONAL | HI04 | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities | | | | | | | |
| | | | E0809 | : r C02203 or C02204 is present, then the other is required. ne of C02208 or C02209 may be present. | | | | | | | |
| | | | diagno report | SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send. | | | | | | | |
| REQUIRED | HI04 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | | | | | | | |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | | | | | |
| | | | C | CODE DEFINITION | | | | | | | |
| | | | ABF | International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis | | | | | | | |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. code source 897: International Classification of Diseases, 10th | | | | | | | |
| | | | BF | Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis | | | | | | | |
| | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) | | | | | | | |
| REQUIRED | HI04 - 2 | | 1271 | Industry Code M AN 1/30 Code indicating a code from a specific industry code list | | | | | | | |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. | | | | | | | |
| | | | | IMPLEMENTATION NAME: Other Diagnosis | | | | | | | |
| NOT USED | HI04 - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 | | | | | | | |
| NOT USED | HI04 - 4 | | 1251 | Date Time Period X AN 1/35 | | | | | | | |
| NOT USED | | | - | | | | | | | | |
| | HI04 - 5 | | 782 | Monetary Amount O R 1/18 | | | | | | | |
| NOT USED | HI04 - 6 | | 380 | Quantity O R 1/15 | | | | | | | |

| NOT USED | HI04 - | 7 | 799 | Versio | on Identifier | ο | AN | 1/30 | | |
|-------------|--------|------|---|--|--|----------------------|----------|---------|--|--|
| NOT USED | HI04 - | 8 | 1271 | Indus | try Code | Х | AN | 1/30 | | |
| SITUATIONAL | HI04 - | 9 | 1073 | | o Condition or Response Code ndicating a Yes or No condition or response | X | ID | 1/1 | | |
| | | | | SYNTAX E0809 | | | | | | |
| | | | | SEMANTIC: C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not. | | | | | | |
| | | | | informa | vrs : 19 would only need to be reported to data co ttion when C022-01 is "BF" (Diagnosis Code sis codes were NOT given in C022-08. | | | | | |
| | | | SITUATIO <i>manu</i> a | DNAL RULE: Required as directed by the al. | NUE | BC billi | ing | | | |
| | | | | IMPLEM | ENTATION NAME: Present on Admission Ir | ndica | tor | | | |
| | | | C | ODE | DEFINITION | | | | | |
| | | | N | | No | | | | | |
| | | | U | | Unknown | | | | | |
| | | | W | | Not Applicable | | | | | |
| | | | Y | | Yes | | | | | |
| SITUATIONAL | HI05 | C022 | | | E CODE INFORMATION care codes and their associated dates, amou | O 1 unts a | and quar | ntities | | |
| | | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | | | | |
| | | | | | Required when it is necessary to re the preceding HI data elements hav | | | | | |

diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.

| REQUIRED | HI05 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 | | | |
|-------------|------------------|------|--|--|--|--|--|--|--|
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | | | | |
| | | с | ODE DEFINITION | | | | | | |
| | | ABF | International Classification of Dise Modification (ICD-10-CM) Diagnosi | | Clinic | al | | | |
| | | BF | This code set is not allowed for use the time of this writing. The qualifie used: If a new rule names the ICD-10-CM code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed un OR For claims which are not covered u code source 897: International Classificat Revision, Clinical Modification (ICD-10-CM International Classification of Dise Modification (ICD-0, CM) Diagnocia | to u der f unde ion of (1) ases | n only n allov se the the law r HIPA | v be wable code v, A. ses, 10th | | | |
| REQUIRED | EQUIRED HI05 - 2 | 1271 | Modification (ICD-9-CM) Diagnosis code source 131: International Classificati Revision, Clinical Modification (ICD-9-CM) Industry Code Code indicating a code from a specific industry cod | ion of) M | Diseas | ses, 9th 1/30 | | | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the be range of codes. | | ing valu | ie in a | | | |
| | | | IMPLEMENTATION NAME: Other Diagnosis | | | | | | |
| NOT USED | HI05 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 | | | |
| NOT USED | HI05 - 4 | 1251 | Date Time Period | Х | AN | 1/35 | | | |
| NOT USED | HI05 - 5 | 782 | Monetary Amount | 0 | R | 1/18 | | | |
| NOT USED | HI05 - 6 | 380 | Quantity | 0 | R | 1/15 | | | |
| NOT USED | HI05 - 7 | 799 | Version Identifier | 0 | AN | 1/30 | | | |
| NOT USED | HI05 - 8 | 1271 | Industry Code | Х | AN | 1/30 | | | |
| SITUATIONAL | HI05 - 9 | 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or response | Х | ID | 1/1 | | | |
| | | | syntax: E0809 | | | | | | |

SEMANTIC:

C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not.

COMMENTS:

C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: *Required as directed by the NUBC billing manual.*

| | | | | IMPLEMENTATION NAME: Present on Admission Indicator | | | | | | | | |
|-------------|----------|------|------------------|---|--|--|--|--|--|--|--|--|
| | | | c | ODE DEFINITION | | | | | | | | |
| | | | Ν | No | | | | | | | | |
| | | | U | Unknown | | | | | | | | |
| | | | w | Not Applicable | | | | | | | | |
| | | | Y | Yes | | | | | | | | |
| SITUATIONAL | HI06 | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities | | | | | | | | |
| | | | E0809 | r C02203 or C02204 is present, then the other is required. ne of C02208 or C02209 may be present. | | | | | | | | |
| | | | diagno report | SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send. | | | | | | | | |
| REQUIRED | HI06 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | | | | | | | | |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | | | | | | |
| | | | с | ODE DEFINITION | | | | | | | | |
| | | | ABF | International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis | | | | | | | | |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: | | | | | | | | |
| | | | | If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR | | | | | | | | |
| | | | | The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR | | | | | | | | |
| | | | | For claims which are not covered under HIPAA. | | | | | | | | |
| | | | BF | CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis | | | | | | | | |
| | | | | CODE SOURCE 131: International Classification of Diseases, 9th | | | | | | | | |
| REQUIRED | HI06 - 2 | | 1271 | Revision, Clinical Modification (ICD-9-CM)Industry CodeMAN1/30Code indicating a code from a specific industry code list | | | | | | | | |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. | | | | | | | | |
| | | | | | | | | | | | | |
| NOT USED | HI06 - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 | | | | | | | | |
| NOT USED | HI06 - 4 | | 1251 | Date Time Period X AN 1/35 | | | | | | | | |
| NOT USED | | | - | | | | | | | | | |
| NOT USED | HI06 - 5 | | 782 | | | | | | | | | |
| NOT USED | HI06 - 6 | | 380 | Quantity O R 1/15 | | | | | | | | |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| NOT USED | HI06 - | 7 | 799 | Version | Identifier | ο | AN | 1/30 | | | |
|-------------|----------|------|---|---|---|--------------------------|----------------------------------|-----------------------------|--|--|--|
| NOT USED | HI06 - 3 | 3 | 1271 | Industry | y Code | х | AN | 1/30 | | | |
| SITUATIONAL | HI06 - 9 | Э | 1073 | | Condition or Response Code icating a Yes or No condition or response | X | ID | 1/1 | | | |
| | | | | SYNTAX: E0809 | | | | | | | |
| | | | | diagnosis prior to a NOT occ | is used to identify the diagnosis onset as is reported in C022-02. A "Y" indicates that dmission to the hospital; an "N" indicates t ur prior to admission to the hospital; a "U" whether the onset occurred prior to admis | t the hat th indic | onset oc ne onset ates tha | ccurred t did t it is | | | |
| | | | | informatio | s: would only need to be reported to data co on when C022-01 is "BF" (Diagnosis Code s codes were NOT given in C022-08. | | | | | | |
| | | | | SITUATION | AL RULE: Required as directed by the | NU | BC billi | 'ng | | | |
| | | | | IMPLEMENTATION NAME: Present on Admission Indicator | | | | | | | |
| | | | C | ODE | DEFINITION | | | | | | |
| | | | | N No | | | | | | | |
| | | | Ν | | No | | | | | | |
| | | | N U | | No Unknown | | | | | | |
| | | | | | | | | | | | |
| | | | U | | Unknown | | | | | | |
| SITUATIONAL | HI07 | C022 | U W Y HEAL1 | TH CARE | Unknown Not Applicable Yes | O 1 unts a | and quar | ntities | | | |
| SITUATIONAL | HI07 | C022 | U W Y HEALT To send SYNTAX: P0304 If either E0809 | TH CARE d health car | Unknown Not Applicable Yes CODE INFORMATION | unts a | and quar | ntities | | | |

report other diagnoses. If not required by this implementation guide, do not send.

| 005010X223 • 837 • 2300 • HI OTHER DIAGNOSIS INFORMATION | | | ASC X12N • INSURAI TECHNIC | | | |
|---|----------|------|---|---------------------|---|---------------------------|
| REQUIRED | HI07 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C0 | 22-0 | 6 and C | 022-08. |
| | | c | | | | |
| | | ABF | International Classification of Dise Modification (ICD-10-CM) Diagnosi | | s Clinic | al |
| | | | This code set is not allowed for us the time of this writing. The qualifie used: If a new rule names the ICD-10-CM code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed un OR For claims which are not covered u | as a to u der | in only in allow ise the the law | be wable code /, |
| | | BF | CODE SOURCE 897: International Classificat Revision, Clinical Modification (ICD-10-CM International Classification of Dise Modification (ICD-9-CM) Diagnosis | /I) ases | | |
| REQUIRED HI07 - 2 | | 1271 | CODE SOURCE 131: International Classificat Revision, Clinical Modification (ICD-9-CM Industry Code Code indicating a code from a specific industry cod SEMANTIC: If C022-08 is used, then C022-02 represents the be range of codes. |) M le list | AN | 1/30 |
| | | | IMPLEMENTATION NAME: Other Diagnosis | | | |
| NOT USED | HI07 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI07 - 4 | 1251 | Date Time Period | X | AN | 1/35 |
| NOT USED | HI07 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI07 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI07 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI07 - 8 | 1271 | Industry Code | х | AN | 1/30 |
| SITUATIONAL | HI07 - 9 | 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or response | x | ID | 1/1 |
| | | | syntax: E0809 | | | |
| | | | SEMANTIC: C022-09 is used to identify the diagnosis onset as diagnosis reported in C022-02. A "Y" indicates tha prior to admission to the hospital; an "N" indicates t NOT occur prior to admission to the hospital; a "U" | t the hat tl | onset oo he onse | ccurred t did |

NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not.

COMMENTS:

COMMENTS: C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

| | | | | IMPLEMENTATION NAME: Present on Admission Indicator |
|-------------|-----------|------|-----------------|---|
| | | | c | CODE DEFINITION |
| | | | Ν | No |
| | | | U | Unknown |
| | | | W | Not Applicable |
| | | | Y | Yes |
| SITUATIONAL | HI08 | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities |
| | | | E0809 | : r C02203 or C02204 is present, then the other is required. ne of C02208 or C02209 may be present. |
| | | | diagn report | DNAL RULE: Required when it is necessary to report an additional osis and the preceding HI data elements have been used to t other diagnoses. If not required by this implementation , do not send. |
| REQUIRED | HI08 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list |
| | | | | земантіс: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | c | CODE DEFINITION |
| | | | ABF | International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis |
| | | | | This code set is not allowed for use under HIPAA at |
| | | | | the time of this writing. The qualifier can only be used: |
| | | | | If a new rule names the ICD-10-CM as an allowable code set under HIPAA, |
| | | | | OR The Secretary grants an exception to use the code |
| | | | | set as a pilot project as allowed under the law, OR |
| | | | | For claims which are not covered under HIPAA. |
| | | | BF | CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis |
| | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) |
| REQUIRED | HI08 - 2 | | 1271 | Industry Code M AN 1/30 Code indicating a code from a specific industry code list |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. |
| | | | | IMPLEMENTATION NAME: Other Diagnosis |
| NOT USED | HI08 - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 |
| NOT USED | HI08 - 4 | | 1251 | Date Time Period X AN 1/35 |
| NOT USED | HI08 - 5 | | 782 | Monetary Amount O R 1/18 |
| NOT USED | HI08 - 6 | | 380 | Quantity O R 1/15 |
| | 11100 - 0 | | | |

| NOT USED | HI08 | - 7 | 799 | Versio | on Identifier | ο | AN | 1/30 |
|-------------|------|---------|---|-------------------|---|-------|----------|------|
| NOT USED | HI08 | - 8 | 1271 | Indust | ry Code | х | AN | 1/30 |
| SITUATIONAL | HI08 | - 9 | 1073 | | o Condition or Response Code ndicating a Yes or No condition or response | X | ID | 1/1 |
| | | | | syntax: E0809 | | | | |
| | | | SEMANTIC: C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospita or not. | | | | | |
| | | informa | ιτs : 9 would only need to be reported to data co tion when C022-01 is "BF" (Diagnosis Code sis codes were NOT given in C022-08. | | | | | |
| | | | | SITUATIO manua | DNAL RULE: Required as directed by the al. | NU | BC billi | ing |
| | | | | IMPLEME | ENTATION NAME: Present on Admission Ir | ndica | ator | |
| | | | C | ODE | DEFINITION | | | |
| | | | Ν | | No | | | |
| | | | U | | Unknown | | | |
| | | | W | | Not Applicable | | | |
| | | | Y | | Yes | | | |

005010X223 • 837 • 2300 • HI OTHER DIAGNOSIS INFORMATION

SITUATIONAL HI09

09

C022

HEALTH CARE CODE INFORMATION 01

To send health care codes and their associated dates, amounts and quantities

SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

E0809

Only one of C02208 or C02209 may be present.

SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.

| REQUIRED | HI09 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
|-------------|----------|--|--|---|---|---------------------------------|
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C0 | 22-06 | and C | 022-08. |
| | | с | ODE DEFINITION | | | |
| | | | International Classification of Disea Modification (ICD-10-CM) Diagnosis | | Clinic | al |
| | | | This code set is not allowed for use the time of this writing. The qualifie used: If a new rule names the ICD-10-CM code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed un OR For claims which are not covered u | er ca as a to us der t inde | n only n allow se the he law r HIPA | be wable code v, A. |
| | BF | CODE SOURCE 897: International Classificati Revision, Clinical Modification (ICD-10-CM International Classification of Dise Modification (ICD-9-CM) Diagnosis | 1) | | , | |
| | | | CODE SOURCE 131: International Classificati Revision, Clinical Modification (ICD-9-CM) | | Diseas | es, 9th |
| REQUIRED | HI09 - 2 | 1271 | Industry Code Code indicating a code from a specific industry cod | M e list | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the be range of codes. | eginni | ng valu | ie in a |
| | | | IMPLEMENTATION NAME: Other Diagnosis | | | |
| NOT USED | HI09 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI09 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI09 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI09 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI09 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI09 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| SITUATIONAL | HI09 - 9 | 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or response | Х | ID | 1/1 |
| | | | syntax: E0809 | | | |
| | | | | | | |

SEMANTIC:

C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not.

COMMENTS:

C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: *Required as directed by the NUBC billing manual.*

| | | | | IMPLEMENTATION NAME: Present on Admission Indicator | |
|-------------|----------|------|------------------|--|--------|
| | | | с | DE DEFINITION | |
| | | | N | No | |
| | | | U | Unknown | |
| | | | W | Not Applicable | |
| | | | Y | Yes | |
| SITUATIONAL | HI10 | C022 | HEAL | H CARE CODE INFORMATION O 1 health care codes and their associated dates, amounts and quant | tities |
| | | | E0809 | C02203 or C02204 is present, then the other is required. a of C02208 or C02209 may be present. | |
| | | | diagno report | NAL RULE: Required when it is necessary to report an add sis and the preceding HI data elements have been used other diagnoses. If not required by this implementation do not send. | d to |
| REQUIRED | HI10 - 1 | | 1270 | Code List Qualifier CodeMIDCode identifying a specific industry code list | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C02 | 22-08. |
| | | | с | DE DEFINITION | |
| | | | ABF | International Classification of Diseases Clinica Modification (ICD-10-CM) Diagnosis | l |
| | | | | This code set is not allowed for use under HIP, the time of this writing. The qualifier can only b used: | |
| | | | | If a new rule names the ICD-10-CM as an allow code set under HIPAA, OR | able |
| | | | | The Secretary grants an exception to use the c set as a pilot project as allowed under the law, OR | |
| | | | | For claims which are not covered under HIPAA | ۱. |
| | | | BF | CODE SOURCE 897: International Classification of Disease Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinica Modification (ICD-9-CM) Diagnosis | |
| | | | | code source 131: International Classification of Disease | s, 9th |
| REQUIRED | HI10 - 2 | | 1271 | Revision, Clinical Modification (ICD-9-CM) Industry Code M AN Code indicating a code from a specific industry code list | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value range of codes. | in a |
| | | | | IMPLEMENTATION NAME: Other Diagnosis | |
| NOT USED | HI10 - 3 | | 1250 | Date Time Period Format Qualifier X ID | 2/3 |
| NOT USED | HI10 - 4 | | 1250 | Date Time Period X AN | 1/35 |
| NOT USED | - | | - | | |
| NOT USED | HI10 - 5 | | 782 | Monetary Amount O R | 1/18 |
| NOT USED | HI10 - 6 | | 380 | Quantity O R | 1/15 |

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| NOT USED | HI10 - 7 | , | 799 | Versio | n Identifier | ο | AN | 1/30 |
|-------------|----------|------|--|--|--|---------------------------|---------------------------------|------------------------------|
| NOT USED | HI10 - 8 | 3 | 1271 | Indust | ry Code | х | AN | 1/30 |
| SITUATIONAL | HI10 - 9 |) | 1073 | | Condition or Response Code dicating a Yes or No condition or response | X | ID | 1/1 |
| | | | | syntax: E0809 | | | | |
| | | | | diagnos prior to NOT oc | c : 9 is used to identify the diagnosis onset as sis reported in C022-02. A "Y" indicates tha admission to the hospital; an "N" indicates t cur prior to admission to the hospital; a "U" in whether the onset occurred prior to admis | t the that tl indic | onset or ne onse ates tha | ccurred t did it it is |
| | | | | informa | τ s : 9 would only need to be reported to data co tion when C022-01 is "BF" (Diagnosis Code is codes were NOT given in C022-08. | | | |
| | | | | SITUATIO manua | NAL RULE: Required as directed by the | NU | BC bill | ing |
| | | | | manac | | | | |
| | | | | | NTATION NAME: Present on Admission Ir | ndica | ator | |
| | | | C | | | ndica | ator | |
| | | | c | IMPLEME | NTATION NAME: Present on Admission Ir | ndica | ator | |
| | | | | IMPLEME | NTATION NAME: Present on Admission Ir | ndica | ator | |
| | | | N | IMPLEME | NTATION NAME: Present on Admission Ir DEFINITION No | ndica | ator | |
| | | | N U | IMPLEME | NTATION NAME: Present on Admission Ir DEFINITION No Unknown | ndica | ator | |
| SITUATIONAL | HI11 | C022 | N U W Y HEAL1 | | NTATION NAME: Present on Admission Ir - DEFINITION No Unknown Not Applicable | 01 | | ntities |
| SITUATIONAL | HI11 | C022 | N U W Y HEALT To send SYNTAX: P0304 If either E0809 | IMPLEME ODE TH CAR d health c C02203 | NTATION NAME: Present on Admission Ir DEFINITION No Unknown Not Applicable Yes E CODE INFORMATION | O 1 unts a | and qua | ntities |

report other diagnoses. If not required by this implementation guide, do not send.

| 005010X223 • 837 • OTHER DIAGNOSIS | | | ASC X12N • INSURA TECHNIC | | | • TYPE 3 | | |
|---------------------------------------|----------|---|---|-------------------------------|---------------------------------|-----------------------------|--|--|
| REQUIRED | HI11 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C0 |)22-0(| 6 and C | 022-08. | | |
| | | с | ODE DEFINITION | | | | | |
| | | ABF | ABF International Classification of Diseases C Modification (ICD-10-CM) Diagnosis | | | | | |
| | | This code set is not allowed for us the time of this writing. The qualifi- used: If a new rule names the ICD-10-CM code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed un OR | er ca as a to u | in only in allow se the | be wable code | | | |
| | | | For claims which are not covered | | | | | |
| | BF | CODE SOURCE 897: International Classificat Revision, Clinical Modification (ICD-10-Cl International Classification of Dise Modification (ICD-9-CM) Diagnosis | ۸) ases | | | | | |
| REQUIRED HI11 - 2 | 1271 | code source 131: International Classificat Revision, Clinical Modification (ICD-9-CM Industry Code Code indicating a code from a specific industry code |) M | AN | ses, 9th 1/30 | | | |
| | | SEMANTIC: If C022-08 is used, then C022-02 represents the b range of codes. | | | e in a | | | |
| | | | IMPLEMENTATION NAME: Other Diagnosis | | | | | |
| NOT USED | HI11 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 | | |
| NOT USED | HI11 - 4 | 1251 | Date Time Period | х | AN | 1/35 | | |
| NOT USED | HI11 - 5 | 782 | Monetary Amount | ο | R | 1/18 | | |
| NOT USED | HI11 - 6 | 380 | Quantity | ο | R | 1/15 | | |
| NOT USED | HI11 - 7 | 799 | Version Identifier | ο | AN | 1/30 | | |
| NOT USED | HI11 - 8 | 1271 | Industry Code | х | AN | 1/30 | | |
| SITUATIONAL | HI11 - 9 | 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or response | Х | ID | 1/1 | | |
| | | | SYNTAX: E0809 | | | | | |
| | | | SEMANTIC: C022-09 is used to identify the diagnosis onset as diagnosis reported in C022-02. A "Y" indicates tha prior to admission to the hospital; an "N" indicates in NOT occur prior to admission to the hospital; a "U" unknown whether the onset occurred prior to admis or not. | t the that th indic | onset oo ne onse ates tha | ccurred t did t it is | | |

COMMENTS: C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

| | | | | IMPLEMENTATION NAME: Present on Admission Indicator |
|-------------|----------|------|-----------------|--|
| | | | c | CODE DEFINITION |
| | | | Ν | Νο |
| | | | U | Unknown |
| | | | W | Not Applicable |
| | | | Y | Yes |
| SITUATIONAL | HI12 | C022 | | TH CARE CODE INFORMATION O 1 ad health care codes and their associated dates, amounts and quantities |
| | | | E0809 | or C02203 or C02204 is present, then the other is required. |
| | | | diagn report | NONAL RULE: Required when it is necessary to report an additional nosis and the preceding HI data elements have been used to to to ther diagnoses. If not required by this implementation e, do not send. |
| REQUIRED | HI12 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | C | CODE DEFINITION |
| | | | ABF | International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. code source 897: International Classification of Diseases, 10th |
| | | | BF | Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis |
| | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) |
| REQUIRED | HI12 - 2 | | 1271 | Industry Code M AN 1/30 Code indicating a code from a specific industry code list |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. |
| | | | | IMPLEMENTATION NAME: Other Diagnosis |
| NOT USED | HI12 - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 |
| NOT USED | HI12 - 4 | | 1251 | Date Time Period X AN 1/35 |
| NOT USED | HI12 - 5 | | 782 | Monetary Amount O R 1/18 |
| NOT USED | HI12 - 6 | | 380 | Quantity O R 1/15 |
| | | | | |

| NOT USED | HI12 - 7 |
|-------------|----------|
| NOT USED | HI12 - 8 |
| SITUATIONAL | HI12 - 9 |

| 799 | Version Identifier | 0 | AN | 1/30 |
|------|--|---|----|------|
| 1271 | Industry Code | Х | AN | 1/30 |
| 1073 | Yes/No Condition or Response Code Code indicating a Yes or No condition or response | X | ID | 1/1 |

SYNTAX:

E0809

SEMANTIC:

C022-09 is used to identify the diagnosis onset as it relates to the diagnosis reported in C022-02. A "Y" indicates that the onset occurred prior to admission to the hospital; an "N" indicates that the onset did NOT occur prior to admission to the hospital; a "U" indicates that it is unknown whether the onset occurred prior to admission to the hospital or not.

COMMENTS:

C022-09 would only need to be reported to data collectors requiring this information when C022-01 is "BF" (Diagnosis Code) and range of diagnosis codes were NOT given in C022-08.

SITUATIONAL RULE: *Required as directed by the NUBC billing manual.*

IMPLEMENTATION NAME: Present on Admission Indicator

| | CODE | DEFINITION |
|---|------|----------------|
| Ν | | No |
| U | | Unknown |
| w | | Not Applicable |
| Y | | Yes |

SEGMENT DETAIL **HI - PRINCIPAL PROCEDURE INFORMATION** X12 Segment Name: Health Care Information Codes X12 Purpose: To supply information related to the delivery of health care Loop: 2300 - CLAIM INFORMATION Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required on inpatient claims when a procedure was performed. If not required by this implementation guide, do not send. 1. Do not transmit the decimal point for ICD codes. The decimal point is TR3 Notes: implied. TR3 Example: HI*BR:3121:D8:20051119~ TR3 Example: HI*BBR:0B110F5:D8:20050321~ DIAGRAM HI01 C022 HI02 C022 HI03 C022 HI04 C022 HI05 C022 HI06 C022 **Health Care Health Care Health Care Health Care Health Care Health Care** * * * * **HI** * * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. 01 O 1 01 O 1 01 M 1 HI07 C022 HI08 C022 HI09 C022 HI10 C022 HI11 C022 HI12 C022 **Health Care Health Care Health Care Health Care Health Care Health Care** * * * * * * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. 01 01 01 01 01 01 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED HI01 C022 HEALTH CARE CODE INFORMATION M 1 To send health care codes and their associated dates, amounts and quantities SYNTAX:

P0304

If either C02203 or C02204 is present, then the other is required.

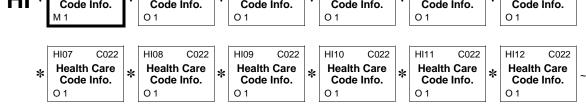
E0809

Only one of C02208 or C02209 may be present.

| 005010X223 • 837 • 2300 • HI PRINCIPAL PROCEDURE INFORMATION | N | ASC X12N • INSU TECH | | | MMITTER |
|---|------|---|--------------------|------------------------|---------------------|
| REQUIRED HI01 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
| | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | с | ODE DEFINITION | | | |
| | BBR | International Classification of D Modification (ICD-10-PCS) Princ Codes | | | |
| | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10-F code set under HIPAA, OR | lifier ca | n only | be |
| | | The Secretary grants an excepti set as a pilot project as allowed OR For claims which are not covere | under | the law | Ι, |
| | BR | CODE SOURCE 896: International Classifi Revision, Procedure Coding System (I International Classification of D Modification (ICD-9-CM) Princip | CD-10-P iseases | CS) Clinic | al |
| | САН | code source 131: International Classifi Revision, Clinical Modification (ICD-9-0 Advanced Billing Concepts (AB | CM) | | es, 9th |
| REQUIRED HI01 - 2 | 1271 | CODE SOURCE 843: Advanced Billing Co Industry Code Code indicating a code from a specific industry | ́М` | ABC) Co AN | odes 1/30 |
| | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | IMPLEMENTATION NAME: Principal Procedure C | Code | | |
| REQUIRED HI01 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 ormat |
| | | syntax: P0304 | | | |
| | | SEMANTIC: | 000.04 | | |
| | с | C022-03 is the date format that will appear in C ODE DEFINITION | 022-04. | | |
| | D8 | Date Expressed in Format CCY | MMDD |) | |
| REQUIRED HI01 - 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates, | Х | AN | 1/35 nd times |
| | | syntax: P0304 | | | |
| | | IMPLEMENTATION NAME: Principal Procedure I | Date | | |
| NOT USED HI01 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED HI01 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED HI01 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED HI01 - 8 | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED HI01 - 9 | 1073 | Yes/No Condition or Response Code | х | | |

| NOT USED | HI02 | C022 | HEALTH CARE CODE INFORMATION | 01 |
|----------|------|------|------------------------------|----|
| NOT USED | HI03 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI04 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI05 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI06 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI07 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI08 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI09 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI10 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI11 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| NOT USED | HI12 | C022 | HEALTH CARE CODE INFORMATION | 01 |
| | | | | |

SEGMENT DETAIL **HI - OTHER PROCEDURE INFORMATION** X12 Segment Name: Health Care Information Codes X12 Purpose: To supply information related to the delivery of health care Loop: 2300 - CLAIM INFORMATION Segment Repeat: 2 Usage: SITUATIONAL Situational Rule: Required on inpatient claims when additional procedures must be reported. If not required by this implementation guide, do not send. TR3 Notes: 1. Do not transmit the decimal point for ICD codes. The decimal point is implied. TR3 Example: HI*BQ:3614:D8:20051117*BQ:3723:D8:20051119~ TR3 Example: HI*BBQ:02139Y3:D8:20050321*BBQ:4A025N8:D8:20050310~ DIAGRAM HI01 C022 HI02 C022 HI03 C022 HI04 C022 HI05 C022 HI06 C022 **Health Care Health Care Health Care** Health Care **Health Care Health Care** * * * * **HI** * * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info.



ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | |
|----------|--------------|-----------------|--|------------|--|
| REQUIRED | HI01 | C022 | HEALTH CARE CODE INFORMATION | M 1 | |
| | | | To send health care codes and their associated dates, amounts and quantities | | |
| | | | SYNTAX: | | |
| | | | P0304 | uirod | |
| | | | If either C02203 or C02204 is present, then the other is req E0809 | ulled. | |

Only one of C02208 or C02209 may be present.

| REQUIRED | HI01 - 1 | 1270 | Code List Qualifier Code | М | ID | 1/3 | | |
|-------------------|----------|--|---|----------------------------------|-----------------------------|------------------------|--|--|
| | | | Code identifying a specific industry code list | | | | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 | , C022-06 | 6 and C | 022-08. | | |
| | | C | | | | | | |
| | | BBQ | International Classification of E Modification (ICD-10-PCS) Othe | | | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10- code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed | alifier ca PCS as ion to u | n only an allo se the | v be owable code | | |
| | | | OR For claims which are not cover | ed unde | r HIPA | A. | | |
| | | BQ | CODE SOURCE 896: International Classi Revision, Procedure Coding System (International Classification of E Modification (ICD-9-CM) Other | ICD-10-P Diseases | CS) Clinic | cal | | |
| | | | CODE SOURCE 131: International Classi Revision, Clinical Modification (ICD-9- | | Diseas | ses, 9th | | |
| REQUIRED HI01 - 2 | 1271 | Industry Code Code indicating a code from a specific industry | M | AN | 1/30 | | | |
| | | SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes. | ne beginn | ing valu | ie in a | | | |
| | | | IMPLEMENTATION NAME: Procedure Code | | | | | |
| REQUIRED | HI01 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, o | X r date and | ID d time fo | 2/3 ormat | | |
| | | | SYNTAX: P0304 | | | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C | 022-04. | | | | |
| | | C | ODE DEFINITION | DEFINITION | | | | |
| | | D8 | Date Expressed in Format CCY | YMMDD | 1 | | | |
| REQUIRED | HI01 - 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates | X , times or | AN dates a | 1/35 and times | | |
| | | | syntax: P0304 | | | | | |
| | | | IMPLEMENTATION NAME: Procedure Date | | | | | |
| NOT USED | HI01 - 5 | 782 | Monetary Amount | ο | R | 1/18 | | |
| NOT USED | HI01 - 6 | 380 | Quantity | 0 | R | 1/15 | | |
| NOT USED | HI01 - 7 | 799 | Version Identifier | 0 | AN | 1/30 | | |
| NOT USED | HI01 - 8 | 1271 | Industry Code | Х | AN | 1/30 | | |
| NOT USED | HI01 - 9 | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 | | |

| SITUATIONAL | HI02 | C022 | | | CODE INFORMATION O 1 re codes and their associated dates, amounts and quantities |
|-------------|----------|------|-----------------|---|---|
| | | | E0809 | or C02204 is present, then the other is required. 08 or C02209 may be present. | |
| | | | proce report | dure and | Required when it is necessary to report an additional the preceding HI data elements have been used to ocedures. If not required by this implementation send. |
| REQUIRED | HI02 - 1 | | 1270 | | ist Qualifier Code M ID 1/3 entifying a specific industry code list |
| | | | | semantic C022-01 | :: qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | C | ODE | DEFINITION |
| | | | BBQ | | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes |
| | | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: |
| | | | | | If a new rule names the ICD-10-PCS as an allowable code set under HIPAA, OR |
| | | | | | The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. |
| | | | BQ | | code source 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes |
| | | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) |
| REQUIRED | HI02 - 2 | | 1271 | Industr Code ind | |
| | | | | SEMANTIC If C022-0 range of | 08 is used, then C022-02 represents the beginning value in a |
| | | | | IMPLEMEN | ITATION NAME: Procedure Code |
| REQUIRED | HI02 - 3 | | 1250 | | me Period Format Qualifier X ID 2/3 licating the date format, time format, or date and time format |
| | | | | syntax : P0304 | |
| | | | | SEMANTIC C022-03 | e is the date format that will appear in C022-04. |
| | | | C | ODE | DEFINITION |
| | | | D8 | | Date Expressed in Format CCYYMMDD |

| ASC X12N • INSURA TECHNICAL REPOR | | MMITTEE | | 005010) OTHER PROCE | | | 2300 • HI RMATION |
|--------------------------------------|----------|---------|---|---|--|---------------------------------------|-------------------------|
| REQUIRED | HI02 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, tim | X es or | AN dates a | 1/35 nd times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Procedure Date | | | |
| NOT USED | HI02 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI02 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI02 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI02 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI02 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI03 | C022 | | TH CARE CODE INFORMATION I health care codes and their associated dates, amount | O 1 unts a | nd quai | ntities |
| | | | E0809 Only on situatio proceed report | C02203 or C02204 is present, then the other is require of C02208 or C02209 may be present. NAL RULE: <i>Required when it is necessary to redure and the preceding HI data elements ha other procedures. If not required by this im</i> | port ve be | en us | ed to |
| | | | guide, | do not send. | | | |
| REQUIRED | HI03 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | Μ | ID | 1/3 |
| | | | _ | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, CC | 22-06 | and C | 022-08. |
| | | | | | | 0 | |
| | | | BBQ | International Classification of Dise Modification (ICD-10-PCS) Other P | | | |
| | | | | This code set is not allowed for us the time of this writing. The qualific used: If a new rule names the ICD-10-PC code set under HIPAA, OR The Secretary grants an exception set as a pilot project as allowed un OR For claims which are not covered u | er ca S as to u ider f | n only an allo se the he law | be wable code |
| | | | BQ | CODE SOURCE 896: International Classificat Revision, Procedure Coding System (ICD International Classification of Dise Modification (ICD-9-CM) Other Pro- CODE SOURCE 131: International Classificat Revision, Clinical Modification (ICD-9-CM) | -10-P ases cedu ion of | CS) Clinic re Coc | al les |
| REQUIRED | HI03 - 2 | | 1271 | Industry Code Code indicating a code from a specific industry code | M | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the be range of codes. | eginni | ng valu | e in a |
| | | | | IMPLEMENTATION NAME: Procedure Code | | | |

| 005010X223 • 837 • 2 OTHER PROCEDURE | | NC | | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 |
|---|-----------------------|----|-----------------|---|
| REQUIRED | HI03 - 3 | | 1250 | Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format |
| | | | | syntax: P0304 |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C022-04. |
| | | | c | CODE DEFINITION |
| | | | D8 | Date Expressed in Format CCYYMMDD |
| REQUIRED | HI03 - 4 | | 1251 | Date Time Period X AN 1/35 |
| | | | | Expression of a date, a time, or range of dates, times or dates and times SYNTAX: P0304 |
| | | | | IMPLEMENTATION NAME: Procedure Date |
| NOT USED | HI03 - 5 | | 782 | Monetary Amount O R 1/18 |
| NOT USED | HI03 - 6 | | 380 | Quantity O R 1/15 |
| NOT USED | HI03 - 7 | | 799 | Version Identifier O AN 1/30 |
| NOT USED | HI03 - 8 | | 1271 | Industry Code X AN 1/30 |
| NOT USED | HI03 - 9 | | 1073 | Yes/No Condition or Response Code X ID 1/1 |
| SITUATIONAL | SITUATIONAL HI04 C022 | | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities |
| | | | E0809 | r C02203 or C02204 is present, then the other is required. |
| | | | proce report | ONAL RULE: Required when it is necessary to report an additional edure and the preceding HI data elements have been used to t other procedures. If not required by this implementation b, do not send. |
| REQUIRED | HI04 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | c | CODE DEFINITION |
| | | | BBQ | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-PCS as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. code source 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) |

| | BQ 1271 1250 | International Classification of Dise Modification (ICD-9-CM) Other Pro code source 131: International Classificat Revision, Clinical Modification (ICD-9-CM Industry Code Code indicating a code from a specific industry cod SEMANTIC: If C022-08 is used, then C022-02 represents the b range of codes. IMPLEMENTATION NAME: Procedure Code Date Time Period Format Qualifier Code indicating the date format, time format, or da SYNTAX: P0304 SEMANTIC: | cedu tion of) M de list eginn | f Diseas AN ing valu | les es, 9th 1/30 e in a 2/3 | | |
|------------------|-----------------------------|---|--|---|--|--|--|
| | | Revision, Clinical Modification (ICD-9-CM Industry Code Code indicating a code from a specific industry cod SEMANTIC: If C022-08 is used, then C022-02 represents the b range of codes. IMPLEMENTATION NAME: Procedure Code Date Time Period Format Qualifier Code indicating the date format, time format, or da SYNTAX: P0304 SEMANTIC: | l) M de list eginn X | AN ing valu ID | 1/30 e in a 2/3 | | |
| | | Code indicating a code from a specific industry cod SEMANTIC: If C022-08 is used, then C022-02 represents the b range of codes. IMPLEMENTATION NAME: Procedure Code Date Time Period Format Qualifier Code indicating the date format, time format, or da SYNTAX: P0304 SEMANTIC: | de list eginn X | ing valu | e in a 2/3 | | |
| | 1250 | If C022-08 is used, then C022-02 represents the b range of codes. IMPLEMENTATION NAME: Procedure Code Date Time Period Format Qualifier Code indicating the date format, time format, or da SYNTAX: P0304 SEMANTIC: | X | ID | 2/3 | | |
| | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or da syntax: P0304 SEMANTIC: | | | | | |
| | 1250 | Code indicating the date format, time format, or da SYNTAX: P0304 SEMANTIC: | | | | | |
| | | P0304 Semantic: | | | | | |
| | | | | | | | |
| | | SEMANTIC: C022-03 is the date format that will appear in C022-04. | | | | | |
| | c | ODE DEFINITION | | | | | |
| | D8 | Date Expressed in Format CCYYM | MDD |) | | | |
| EQUIRED HI04 - 4 | | Date Time Period Expression of a date, a time, or range of dates, time | X nes or | AN dates a | 1/35 nd times | | |
| | | syntax: P0304 | | | | | |
| | | IMPLEMENTATION NAME: Procedure Date | | | | | |
| | 782 | Monetary Amount | ο | R | 1/18 | | |
| | 380 | Quantity | ο | R | 1/15 | | |
| | 799 | Version Identifier | ο | AN | 1/30 | | |
| | 1271 | Industry Code | Х | AN | 1/30 | | |
| | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 | | |
| C022 | | | O1 unts a | and quai | ntities | | |
| | P0304 If either E0809 | $^{\rm r}$ C02203 or C02204 is present, then the other is requ | uired. | | | | |
| | | 1251 782 380 799 1271 1073 C022 HEAL To serve SYNTAX: P0304 If either E0809 Only or SITUATIO | 1251 Date Time Period Expression of a date, a time, or range of dates, times SYNTAX: P0304 IMPLEMENTATION NAME: Procedure Date 782 Monetary Amount 380 Quantity 799 Version Identifier 1271 Industry Code 1073 Yes/No Condition or Response Code C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amo SYNTAX: P0304 If either C02203 or C02204 is present, then the other is requee E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to red | 1251 Date Time Period Expression of a date, a time, or range of dates, times or SYNTAX: P0304 X IMPLEMENTATION NAME: Procedure Date IMPLEMENTATION NAME: Procedure Date 782 Monetary Amount 0 380 Quantity 0 799 Version Identifier 0 1271 Industry Code X 1073 Yes/No Condition or Response Code X C022 HEALTH CARE CODE INFORMATION 01 To send health care codes and their associated dates, amounts a SYNTAX: P0304 SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | 1251 Date Time Period X AN Expression of a date, a time, or range of dates, times or dates a SYNTAX: P0304 IMPLEMENTATION NAME: Procedure Date 0 R 782 Monetary Amount 0 R 380 Quantity 0 R 799 Version Identifier 0 AN 1271 Industry Code X AN 1073 Yes/No Condition or Response Code X ID C022 HEALTH CARE CODE INFORMATION 01 To send health care codes and their associated dates, amounts and quar SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 | | |

procedure and the preceding HI data elements have been used report other procedures. If not required by this implementation guide, do not send.

| 005010X223 • 837 OTHER PROCEDL | • 2300 • HI JRE INFORMATION | | ASC X12N • INSU TECH | IRANCE : INICAL R | | |
|-----------------------------------|--------------------------------|--|---|--|--|----------------------------|
| REQUIRED | HI05 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 | 5, C022-06 | 6 and C | 022-08. |
| | | с | ODE DEFINITION | | | |
| | | BBQ | International Classification of E Modification (ICD-10-PCS) Othe | | | |
| | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10- code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR For claims which are not cover | alifier ca PCS as tion to u d under t | n only an allo se the the law | be owable code /, |
| | | BQ | CODE SOURCE 896: International Classi Revision, Procedure Coding System (International Classification of E Modification (ICD-9-CM) Other | (ICD-10-P Diseases | CS) Clinic | al |
| REQUIRED HI05 - 2 | 1271 | CODE SOURCE 131: International Classi Revision, Clinical Modification (ICD-9- Industry Code Code indicating a code from a specific industry | -CM) M | Diseas | es, 9th 1/30 | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes. | ne beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: Procedure Code | | | |
| REQUIRED | HI05 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, o | X or date and | ID d time fo | 2/3 ormat |
| | | | syntax: P0304 | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C | C022-04. | | |
| | | C D8 | ODE DEFINITION | | | |
| REQUIRED | HI05 - 4 | 1251 | Date Expressed in Format CCY Date Time Period | Х | AN | 1/35 |
| | | | Expression of a date, a time, or range of dates SYNTAX: P0304 | , umes or | uales a | na umes |
| | | | | | | |
| NOT USED | HI05 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI05 - 6 | 380 | Quantity | 0 | R | 1/10 |
| NOT USED | HI05 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI05 - 8 | 1271 | Industry Code | x | AN | 1/30 |
| NOT USED | HI05 - 9 | 1073 | Yes/No Condition or Response Code | x | ID | 1,50 |

| SITUATIONAL | HI06 | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities |
|-------------|----------|------|-----------------|--|
| | | | E0809 | r C02203 or C02204 is present, then the other is required. |
| | | | proce report | ONAL RULE: Required when it is necessary to report an additional edure and the preceding HI data elements have been used to t other procedures. If not required by this implementation b, do not send. |
| REQUIRED | HI06 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | c | CODE DEFINITION |
| | | | BBQ | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-PCS as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. |
| | | | BQ | CODE SOURCE 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes |
| | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) |
| REQUIRED | HI06 - 2 | | 1271 | Industry Code M AN 1/30 Code indicating a code from a specific industry code list |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. |
| | | | | IMPLEMENTATION NAME: Procedure Code |
| REQUIRED | HI06 - 3 | | 1250 | Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format |
| | | | | syntax: P0304 |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C022-04. |
| | | | | |
| | | | D8 | Date Expressed in Format CCYYMMDD |

| 005010X223 • 837 • 23 OTHER PROCEDURE | | ON | | ASC X12N • INSURANCE SUBCOMMITTE TECHNICAL REPORT • TYPE | | | | | | | |
|--|-----------------------|----|--|---|--|--|--|--|--|--|--|
| REQUIRED | HI06 - 4 | | 1251 | Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times | | | | | | | |
| | | | | syntax: P0304 | | | | | | | |
| | | | | IMPLEMENTATION NAME: Procedure Date | | | | | | | |
| NOT USED | HI06 - 5 | | 782 | Monetary Amount O R 1/18 | | | | | | | |
| NOT USED | HI06 - 6 | | 380 | Quantity O R 1/15 | | | | | | | |
| NOT USED | HI06 - 7 | | 799 | Version Identifier O AN 1/30 | | | | | | | |
| NOT USED | HI06 - 8 | | 1271 | Industry Code X AN 1/30 | | | | | | | |
| NOT USED | HI06 - 9 | | 1073 | Yes/No Condition or Response Code X ID 1/1 | | | | | | | |
| SITUATIONAL | SITUATIONAL HI07 C022 | | To send | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities | | | | | | | |
| | | | E0809 | r C02203 or C02204 is present, then the other is required. | | | | | | | |
| | | | Only On | Only one of C02208 or C02209 may be present. | | | | | | | |
| | | | proced report | DNAL RULE: Required when it is necessary to report an additional dure and the preceding HI data elements have been used to t other procedures. If not required by this implementation , do not send. | | | | | | | |
| REQUIRED | HI07 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | | | | | | | |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | | | | | |
| | | | C | ODE DEFINITION | | | | | | | |
| | | | BBQ | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes | | | | | | | |
| | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-PCS as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. | | | | | | | | |
| | | | BQ | CODE SOURCE 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes CODE SOURCE 131: International Classification of Diseases, 9th | | | | | | | |
| REQUIRED | HI07 - 2 | | 1271 | Revision, Clinical Modification (ICD-9-CM) Industry Code M AN 1/30 Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. | | | | | | | |
| | | | | IMPLEMENTATION NAME: Procedure Code | | | | | | | |

| ASC X12N • INSURA TECHNICAL REPOR | | | | OTHER PRO | | | 2300 • RMATIC |
|--------------------------------------|----------|------------------|--------------------------|--|-----------------|------------------------|---------------------|
| REQUIRED | HI07 - 3 | 1250 | | me Period Format Qualifier licating the date format, time format, or o | X date and | ID d time fo | 2/3 ormat |
| | | | syntax: P0304 | | | | |
| | | | semantic C022-03 | : is the date format that will appear in C0 | 22-04. | | |
| | | C | ODE | DEFINITION | | | |
| | | D8 | | Date Expressed in Format CCYY | MMDD | 1 | |
| REQUIRED | HI07 - 4 | 1251 | | me Period on of a date, a time, or range of dates, t | X imes or | AN dates a | 1/35 nd times |
| | | | зүнтах : Р0304 | | | | |
| | | | IMPLEMEN | TATION NAME: Procedure Date | | | |
| NOT USED | HI07 - 5 | 782 | Moneta | ry Amount | ο | R | 1/18 |
| NOT USED | HI07 - 6 | 380 | Quantit | у | ο | R | 1/15 |
| NOT USED | HI07 - 7 | 799 | Versior | Identifier | ο | AN | 1/30 |
| NOT USED | HI07 - 8 | 1271 | Industr | y Code | х | AN | 1/30 |
| NOT USED | HI07 - 9 | 1073 | Yes/No | Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI08 | | - | E CODE INFORMATION re codes and their associated dates, arr | O 1 nounts a | and quai | ntities |
| | | E0809 Only on | e of C022 | r C02204 is present, then the other is re 08 or C02209 may be present. Required when it is necessary to | report | | |
| | | report | | the preceding HI data elements h ocedures. If not required by this i rend. | | | |
| REQUIRED | HI08 - 1 | 1270 | | ist Qualifier Code Intifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC C022-01 | : qualifies C022-02, C022-04, C022-05, 0 | 022-06 | 6 and C | 022-08. |
| | | C | ODE | DEFINITION | | | |
| | | BBQ | | International Classification of Dis Modification (ICD-10-PCS) Other | | | |
| | | | | This code set is not allowed for u the time of this writing. The quali | ise un | der HIF | PAA at |
| | | | | used: If a new rule names the ICD-10-P code set under HIPAA, OR | CS as | an allo | wable |
| | | | | The Secretary grants an exception | | | |
| | | | | set as a pilot project as allowed u OR For claims which are not covered | | | |

| 005010X223 • 837 • 2 OTHER PROCEDURE | | | ASC X12N • INSURA TECHNI | | | • TYPE 3 |
|---|------------------|-----------------|---|-----------------------|------------------------|------------------------|
| | | BQ | International Classification of Dis Modification (ICD-9-CM) Other Pro | | | |
| REQUIRED | HI08 - 2 | 1271 | CODE SOURCE 131: International Classifica Revision, Clinical Modification (ICD-9-CN Industry Code Code indicating a code from a specific industry code | И) М | AN | es, 9th 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the l range of codes. | | | e in a |
| | | | IMPLEMENTATION NAME: Procedure Code | | | |
| REQUIRED | HI08 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or date | X ate an | ID d time fo | 2/3 ormat |
| | | | syntax: P0304 | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C02 | 2-04. | | |
| | | C | CODE DEFINITION | | | |
| | | D8 | Date Expressed in Format CCYYN | IMDD |) | |
| REQUIRED | EQUIRED HI08 - 4 | | Date Time Period Expression of a date, a time, or range of dates, tir | X nes or | AN dates a | 1/35 nd times |
| | | | SYNTAX: P0304 | | | |
| | | | IMPLEMENTATION NAME: Procedure Date | | | |
| NOT USED | HI08 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI08 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI08 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI08 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI08 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI09 C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, amo | O 1 ounts a | and qua | ntities |
| | | E0809 | r C02203 or C02204 is present, then the other is rec | quired. | | |
| | | proce report | DNAL RULE: Required when it is necessary to r dure and the preceding HI data elements ha t other procedures. If not required by this ir , do not send. | ave b | een us | ed to |

| 1/3 | ID | м | Code List Qualifier Code | 1270 | - 1 | HI09 - | REQUIRED |
|--------------------------|-----------------------------|----------------------------|---|------|-------------------|--------|----------|
| | | | Code identifying a specific industry code list | | | | |
| 022-08. | and C | C022-06 | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 | | | | |
| | | | DE DEFINITION | C | | | |
| | | | International Classification of D Modification (ICD-10-PCS) Othe | BBQ | | | |
| / be owable e code | n only an alle se the | lifier ca PCS as | This code set is not allowed for the time of this writing. The qua used: If a new rule names the ICD-10- code set under HIPAA, OR The Secretary grants an except set as a pilot project as allowed OR | | | | |
| AA. | r HIPA | d unde | For claims which are not covere | | | | |
| cal | CS) Clinio | CD-10-P i seases | CODE SOURCE 896: International Classid Revision, Procedure Coding System (International Classification of D Modification (ICD-9-CM) Other F | BQ | | | |
| ses, 9th | Diseas | | CODE SOURCE 131: International Classid Revision, Clinical Modification (ICD-9- | | | | |
| 1/30 | AN | M | Industry Code Code indicating a code from a specific industry | 1271 | REQUIRED HI09 - 2 | | |
| ue in a | ng valu | e beginni | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | | | | |
| | | | IMPLEMENTATION NAME: Procedure Code | | | | |
| 2/3 ormat | ID I time f | X date and | Date Time Period Format Qualifier Code indicating the date format, time format, or | 1250 | - 3 | HI09 - | REQUIRED |
| | | | зүнтах: Р0304 | | | | |
| | | 022-04. | SEMANTIC: C022-03 is the date format that will appear in C | | | | |
| DEFINITION | | | | | | | |
| | | | Date Expressed in Format CCY | D8 | | | |
| 1/35 and times | AN dates a | X times or | Date Time Period Expression of a date, a time, or range of dates, | 1251 | - 4 | HI09 - | REQUIRED |
| | | | syntax: P0304 | | | | |
| | | | IMPLEMENTATION NAME: Procedure Date | | | | |
| 1/18 | R | ο | Monetary Amount | 782 | - 5 | HI09 - | IOT USED |
| 1/15 | R | 0 | Quantity | 380 | | HI09 - | |
| 1/30 | AN | ο | Version Identifier | 799 | - 7 | HI09 - | IOT USED |
| 1/30 | AN | х | Industry Code | 1271 | - 8 | HI09 - | IOT USED |
| | | | - | | | HI09 - | IOT USED |

| SITUATIONAL | HI10 | C022 | | | E CODE INFORMATION O 1 are codes and their associated dates, amounts and quantities | | | | | |
|-------------|----------|------|-----------------|----------------------------------|---|--|--|--|--|--|
| | | | E0809 | r C02203 (| or C02204 is present, then the other is required. | | | | | |
| | | | proce report | dure and | Required when it is necessary to report an additional I the preceding HI data elements have been used to rocedures. If not required by this implementation send. | | | | | |
| REQUIRED | HI10 - 1 | | 1270 | | ist Qualifier CodeMID1/3entifying a specific industry code list | | | | | |
| | | | | SEMANTIC C022-01 | c: I qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | | | |
| | | | CODE | | CODE DEFINITION | | | | | |
| | | | BBQ | | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes | | | | | |
| | | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-PCS as an allowable | | | | | |
| | | | | | code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, | | | | | |
| | | | | | OR For claims which are not covered under HIPAA. | | | | | |
| | | | BQ | | code source 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes | | | | | |
| | | | | | CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) | | | | | |
| REQUIRED | HI10 - 2 | | 1271 | | M AN 1/30 dicating a code from a specific industry code list | | | | | |
| | | | | SEMANTIC If C022- range of | 08 is used, then C022-02 represents the beginning value in a | | | | | |
| | | | | IMPLEMEN | NTATION NAME: Procedure Code | | | | | |
| REQUIRED | HI10 - 3 | | 1250 | | ime Period Format Qualifier X ID 2/3 dicating the date format, time format, or date and time format | | | | | |
| | | | | зүнтах : Р0304 | | | | | | |
| | | | | SEMANTIC C022-03 | c: 3 is the date format that will appear in C022-04. | | | | | |
| | | | с | ODE | | | | | | |
| | | | D8 | | Date Expressed in Format CCYYMMDD | | | | | |

| ASC X12N • INSURA TECHNICAL REPOR | | MMITTEE | | 005010X223 ● 837 ● 2300 ● HI OTHER PROCEDURE INFORMATION |
|--------------------------------------|----------|---------|--|--|
| REQUIRED | HI10 - 4 | | 1251 | Date Time PeriodXAN1/35Expression of a date, a time, or range of dates, times or dates and times |
| | | | | syntax: P0304 |
| | | | | IMPLEMENTATION NAME: Procedure Date |
| NOT USED | HI10 - 5 | | 782 | Monetary Amount O R 1/18 |
| NOT USED | HI10 - 6 | | 380 | Quantity O R 1/15 |
| NOT USED | HI10 - 7 | | 799 | Version Identifier O AN 1/30 |
| NOT USED | HI10 - 8 | | 1271 | Industry Code X AN 1/30 |
| NOT USED | HI10 - 9 | | 1073 | Yes/No Condition or Response Code X ID 1/1 |
| SITUATIONAL | HI11 | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities |
| | | | E0809 Only on SITUATIC procee report | r C02203 or C02204 is present, then the other is required. The of C02208 or C02209 may be present. DNAL RULE: <i>Required when it is necessary to report an additional dure and the preceding HI data elements have been used to to ther procedures. If not required by this implementation</i> |
| | | | guide, | , do not send. |
| REQUIRED | HI11 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list |
| | | - 1 | C | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. |
| | | | BBQ | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes |
| | | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-PCS as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. |
| | | | BQ | CODE SOURCE 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) |
| REQUIRED | HI11 - 2 | | 1271 | Industry Code M AN 1/30 Code indicating a code from a specific industry code list |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. |
| | | | | IMPLEMENTATION NAME: Procedure Code |

| 005010X223 • 837 • 2 OTHER PROCEDURE | | | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | | | |
|---|-------------------|-----------------|--|--|--|--|--|--|
| REQUIRED | HI11 - 3 | 1250 | Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format | | | | | |
| | | | SYNTAX: P0304 | | | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C022-04. | | | | | |
| | | C | CODE DEFINITION | | | | | |
| | | D8 | Date Expressed in Format CCYYMMDD | | | | | |
| REQUIRED | HI11 - 4 | 1251 | Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times | | | | | |
| | | | зултах: Р0304 | | | | | |
| | | | IMPLEMENTATION NAME: Procedure Date | | | | | |
| NOT USED | HI11 - 5 | 782 | Monetary Amount O R 1/18 | | | | | |
| NOT USED | HI11 - 6 | 380 | Quantity O R 1/15 | | | | | |
| NOT USED | HI11 - 7 | 799 | Version Identifier O AN 1/30 | | | | | |
| NOT USED | HI11 - 8 | 1271 | Industry Code X AN 1/30 | | | | | |
| NOT USED | HI11 - 9 | 1073 | Yes/No Condition or Response Code X ID 1/1 | | | | | |
| | ATIONAL HI12 C022 | | LTH CARE CODE INFORMATION O 1 Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes and their associated dates, amounts and quantities X: Ind health care codes or Co2204 is present, then the other is required. Ind health care codes or Co2209 may be present. INDUAL RULE: Required when it is necessary to report an additional | | | | | |
| | | proce report | edure and the preceding HI data elements have been used to rt other procedures. If not required by this implementation e, do not send. | | | | | |
| REQUIRED | HI12 - 1 | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | | | | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. | | | | | |
| | | C | CODE DEFINITION | | | | | |
| | | BBQ | International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes | | | | | |
| | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-PCS as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. | | | | | |
| | | | CODE SOURCE 896: International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS) | | | | | |

| ASC X12N • INSURA TECHNICAL REPOR | ANCE SUBCOMMITTEE | | 005010 OTHER PROC | | | 2300 • HI RMATION |
|--------------------------------------|-------------------|------|---|----------------|------------------------|------------------------|
| | | BQ | International Classification of Dis Modification (ICD-9-CM) Other Pro | | | |
| REQUIRED | HI12 - 2 | 1271 | CODE SOURCE 131: International Classifica Revision, Clinical Modification (ICD-9-CM Industry Code Code indicating a code from a specific industry code | ۸) M | AN | es, 9th 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: Procedure Code | | | |
| REQUIRED | HI12 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or d | X ate an | ID d time fo | 2/3 prmat |
| | | | syntax: P0304 | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C02 | 22-04. | | |
| | | C | ODE DEFINITION | | | |
| | | D8 | Date Expressed in Format CCYYN | MDD |) | |
| REQUIRED | HI12 - 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates, tin | X | AN datas a | 1/35 |
| | | | SYNTAX: P0304 | 1165 01 | uales a | |
| | | | IMPLEMENTATION NAME: Procedure Date | | | |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI12 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI12 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI12 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI12 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |

| SEGMENT DETAIL | | | | | | |
|---|----------|---------------------------------------|--|---|--|--|
| | HI - C | OCCUR | RENC | E SPAN IN | FORMA | ΓΙΟΝ |
| X12 Segment Name: | Health C | are Informa | tion Codes | 3 | | |
| • | | • | | o the delivery of h | nealth care | |
| Loop: | 2300 — | | ORMATIO | N | | |
| Segment Repeat: | 2 | | | | | |
| Usage: | SITUATI | ONAL | | | | |
| Situational Rule: | - | | | ccurrence Span implementation | | |
| TR3 Example: | HI*BI:70 |):RD8:2005 | 1202-200 | 51212*BI:74:RD | 8:20051214-20 | 051216~ |
| DIAGRAM | | | | | | |
| HI01 C Health Ca Code Info M 1 | * | C022 alth Care ode Info. | HI03 C02 Health Care Code Info. O 1 | e \star Health Care | HI05 C022 Health Care Code Info. O 1 O | HI06 C022 Health Care Code Info. O 1 O 1 |
| HI07 C Health Ca Code Infe O 1 | * | C022 alth Care ode Info. | HI09 C02 Health Care Code Info. O 1 | e _ Health Care | HI11 C022 Health Care Code Info. 0 1 0 | HI12 C022 Health Care Code Info. O 1 O 1 |
| ELEMENT DETAIL | | | | | | |
| | | DATA EMENT <u>NAME</u> | | | | ATTRIBUTES |
| REQUIRED HI01 | CO | | | CODE INFORMATI | - | M 1 |
| | | SYNTAX P0304 If either E0809 | : r C02203 or (| C02204 is present, th 3 or C02209 may be p | en the other is requ | |
| REQUIRED HI01 | - 1 | 1270 | | t Qualifier Code tifying a specific indus | stry code list | M ID 1/3 |
| | | | земантіс : C022-01 q | ualifies C022-02, C02 | 22-04, C022-05, C0 | 22-06 and C022-08. |
| | | C | | EFINITION | | |
| | | BI | | Occurrence Span | | |
| REQUIRED HI01 | 0 | 4074 | С | ode source 132: Natio odes | onal Uniform Billing | |
| REQUIRED HI01 | - 2 | 1271 | Industry Code indic | Code ating a code from a s | pecific industry cod | M AN 1/30 e list |
| | | | SEMANTIC: If C022-08 range of co | is used, then C022-0 odes. | 2 represents the be | eginning value in a |
| | | | IMPLEMENTA | ATION NAME: Occurre | nce Span Code | |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| Expression of a date, a time, or range of dates, times or dates and ti SYNTAX: P0304 MOT USED HI01 - 5 782 Monetary Amount 0 R 1// NOT USED HI01 - 6 380 Quantity 0 R 1// NOT USED HI01 - 7 799 Version Identifier 0 AN 1// NOT USED HI01 - 7 799 Version Identifier 0 AN 1// NOT USED HI01 - 8 1271 Industry Code X AN 1// NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION 0 1 - SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION 0 1 - SITUATIONAL HI02 C022 To send health care codes and their associated dates, amounts and quantitie - - SITUATIONAL <th>REQUIRED</th> <th>HI01 - 3</th> <th>1250</th> <th>Date Time Period Format Qualifier Code indicating the date format, time format, o</th> <th>X r date and</th> <th>ID d time fo</th> <th>2/3 prmat</th> | REQUIRED | HI01 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, o | X r date and | ID d time fo | 2/3 prmat | |
|---|---|----------|----------------------------|--|-----------------|-----------------|---------------------|-------------------|
| C022-03 is the date format that will appear in C022-04. CO22-03 is the date format that will appear in C022-04. REQUIRED HI01 - 4 RD3 Range of Dates Expressed in Format CCYYMMDD CCYYMMDD CCYYMMDD Service in Format CCYYMMDD CCYYMMDD CCYYMMDD Service in Format CCYYMMDD CCYYMMDD Service in Format CCYYMMDD Service in Format CCYYMMDD Service in Format CCYYMMDD NOT USED HI01 - 5 782 Monetary Amount O R 1/ NOT USED HI01 - 7 799 Version Identifier O AN 1/ NOT USED HI01 - 8 1073 Yes/No Condition or Response Code X N 1/ Service in Format CCYYMMDD Version Identifier O AN 1/ NOT USED HI01 - 8 1073 Yes/No Condition or Response Code X N 1/ Service in Code is on Coze0 or | | | | | | | | |
| RD8 Range of Dates Expressed in Format CCYYMMDD CCYYMMDD REQUIRED HI01 - 4 1251 Date Time Period X AN 1/ Expression of a date, a time, or range of dates, times or dates and it swrrax: P0304 NOT USED HI01 - 5 782 Monetary Amount O R 1/ R NOT USED HI01 - 6 380 Quantity O R 1/ R NOT USED HI01 - 7 799 Version Identifier O AN 1/ R NOT USED HI01 - 8 1271 Industry Code X AN 1/ R NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 NOT USED HI02 C022 HEALTH CARE CODE INFORMATION O 1 SITUATIONAL HI02 C022 HEALTH CARE CODE OF INFORMATION O 1 SITUATIONAL HI02 C022 HEALTH CARE CODE OF INFORMATION O 1 SITUATIONAL HI02 1 To send health care codes and their associated dates, amounts and quantitie set and their associated dates, amounts and quantitie set and their associated dates, amounts and quantitie set and the alemernts have been used to | | | | | 022-04. | | | |
| CCYYMDDD CCYYMDDD REQUIRED HI01 - 4 1251 Date Time Period X AN 1/1 Switzer NOT USED HI01 - 5 782 Monetary Amount O R 1/1 NOT USED HI01 - 6 380 Quantity O R 1/1 NOT USED HI01 - 7 799 Version Identifier O AN 1/1 NOT USED HI01 - 8 1271 Industry Code X AN 1/1 NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 NOT USED HI02 C022 HEALTH CARE CODE INFORMATION O1 To send health care codes and their associated dates, amounts and quantitie symmetry 9304 If either C02203 or C02203 or C02203 or C02204 is present, then the other is required. E609 Only one of C02203 or C02203 or C02209 may be present. E009 Only one of C02208 or C02209 may be present. E000 E001 or equire by this implementation guide, do not send. E0022-01 (ualifier Code M ID 1 CO22-01 yualifies C022-02, C022-04, C022-0 | | | | CODE DEFINITION | | | | |
| Itel | | | RD8 | | ormat C | CYYM | MDD- | |
| P0304 IMPLEMENTATION NAME: Occurrence Span Code Date NOT USED HI01 - 5 782 Monetary Amount O R 1/ NOT USED HI01 - 6 380 Quantity O R 1/ NOT USED HI01 - 7 799 Version Identifier O AN 1/ NOT USED HI01 - 8 1271 Industry Code X AN 1/ NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantitie SYNTA: 70304 If either CO2203 or C02204 is present, then the other is required. E0609 Only one of C02208 or C02209 may be present. STUATIONAL RULE: Required when it is necessary to report an additic occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not requires by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code List Qualifier Code Co22-05, C022-06 and C022-05 (co22-01 qualifier Code codes) M ID 1 <td colspan<="" t<="" td=""><td>REQUIRED</td><td>HI01 - 4</td><td>1251</td><td></td><td></td><td></td><td>1/35 and times</td></td> | <td>REQUIRED</td> <td>HI01 - 4</td> <td>1251</td> <td></td> <td></td> <td></td> <td>1/35 and times</td> | REQUIRED | HI01 - 4 | 1251 | | | | 1/35 and times |
| NOT USED HI01 - 5 782 Monetary Amount 0 R 1// NOT USED HI01 - 6 380 Quantity 0 R 1// NOT USED HI01 - 7 799 Version Identifier 0 AN 1// NOT USED HI01 - 8 1271 Industry Code X AN 1// NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C022 C022 HEALTH CARE CODE INFORMATION 0 1 To send health care codes and their associated dates, amounts and quantitie SWITAX: P0304 If either C02203 or C02209 may be present. E0809 Only one of C02208 or C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additio occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code List Qualifier Code Code List Qualifier Code Code: List Qualifier Code Code: C | | | | | | | | |
| NOT USED HI01 = 0 102 Indicating Announce 0 R 1/1 NOT USED HI01 = 6 380 Quantity 0 R 1/1 NOT USED HI01 = 7 799 Version Identifier 0 AN 1/1 NOT USED HI01 = 8 1271 Industry Code X AN 1/1 NOT USED HI01 = 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION 0 1 To send health care codes and their associated dates, amounts and quantitie SYNTAX: P0304 If either C02203 or C02209 or C02209 may be present. If either C02203 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additio occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. ID 1 REQUIRED HI02 - 1 1270 Code List Qualifier Code Code M ID 1 SEMANTIC: CODE DEFINITION BI Occurrence Span code source 132: National Uniform Billing Committee (NUE Code Soce Source 132: National Uniform Billing Co | | | | IMPLEMENTATION NAME: Occurrence Span Co | de Date | 1 | | |
| NOT USED HI01 - 7 799 Version Identifier O AN 1/ NOT USED HI01 - 7 799 Version Identifier O AN 1/ NOT USED HI01 - 8 1271 Industry Code X AN 1/ NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C02 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantitie SWNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0609 Color Color Color Color Color E0609 Color Co | NOT USED | HI01 - 5 | 782 | Monetary Amount | ο | R | 1/18 | |
| NOT USED HI01 - 7 100 Version Relatives 0 Version Relatives NOT USED HI01 - 8 1271 Industry Code X AN 1/ NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantitie SWTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. STUATIONAL RULE: Required when it is necessary to report an additic occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code identifying a specific industry code list M ID 1 CO22-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-0 C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-0 C022-06 C022-06 C022-06 REQUIRED HI02 - 2 1271 Industry Code M N 1/ CODE DEFINITION EI 0 Courrence Span code scit as unditin the to the specific i | NOT USED | HI01 - 6 | 380 | Quantity | 0 | R | 1/15 | |
| NOT USED HI01 - 9 1073 Yes/No Condition or Response Code X ID 1 SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION O 1 0 To send health care codes and their associated dates, amounts and quantitie SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additic occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code List Qualifier Code M ID 1 CODE DEFINITION BI Occurrence Span code send C022-02, C022-04, C022-05, C022-06 and C022-02-02 co22-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-02 codes REQUIRED HI02 - 2 1271 Industry Code Code from a specific industry code list SEMANTIC: Code indicating a code from a specific industry code list SEMANTIC: If C022-02 is used, then C022-02 represents the beginning value in | NOT USED | HI01 - 7 | 799 | Version Identifier | ο | AN | 1/30 | |
| SITUATIONAL HI02 C022 HEALTH CARE CODE INFORMATION O 1 To send health care codes and their associated dates, amounts and quantitie SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additic occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code List Qualifier Code M CO22-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-02-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-02-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-02-02 codes REQUIRED HI02 - 2 1271 Industry Code M AN 1/ Code identifying a specific industry code list SEMANTIC: C02E-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-02-02 REQUIRED HI02 - 2 1271 Industry Code M AN 1/ Code identifying a specific industry code list SEMANTIC: Industry Code M AN 1/ Code identifying a specific industry code list SEMANTIC: Industry Code M | NOT USED | HI01 - 8 | 1271 | Industry Code | Х | AN | 1/30 | |
| INDEXEMPTION INDEX | NOT USED | HI01 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 | |
| P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additic occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code List Qualifier Code M ID 1 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022- CODE DEFINITION BI Occurrence Span codes ource 132: National Uniform Billing Committee (NUE Codes REQUIRED HI02 - 2 1271 Industry Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a | SITUATIONAL | HI02 | | | | and qua | ntities | |
| occurrence span code and the preceding HI data elements have been used to report other occurrence span codes. If not required by this implementation guide, do not send. REQUIRED HI02 - 1 1270 Code List Qualifier Code M ID 1 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-02 C0DE DEFINITION BI Occurrence Span code source 132: National Uniform Billing Committee (NUE Codes REQUIRED HI02 - 2 1271 Industry Code Code M AN 1/2 REQUIRED HI02 - 2 1271 Industry Code Code M AN 1/2 | | | P0304 If eithe E0809 | er C02203 or C02204 is present, then the other is | required. | | | |
| Index = 1 Index = 1 <thindex 1<="" =="" th=""> <thindex 1<="" =="" th=""> <thindex 1<="" =="" th=""></thindex></thindex></thindex> | | | occu been | rrence span code and the preceding HI da used to report other occurrence span co | ata elem | ents h | ave | |
| C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-0 CODE DEFINITION BI Occurrence Span CODE source 132: National Uniform Billing Committee (NUE Codes REQUIRED HI02 - 2 1271 Industry Code M AN 1/ Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a | REQUIRED | HI02 - 1 | 1270 | | М | ID | 1/3 | |
| BI Occurrence Span CODE SOURCE 132: National Uniform Billing Committee (NUE Codes REQUIRED HI02 - 2 1271 Industry Code M AN Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a | | | | | , C022-0(| 6 and C | 022-08. | |
| CODE SOURCE 132: National Uniform Billing Committee (NUE Codes REQUIRED HI02 - 2 1271 Industry Code M AN 1/ Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a specific industry code indicating a code from a sp | | | | | | | | |
| REQUIRED HI02 - 2 1271 Industry Code Code indicating a code from a specific industry code list M AN 1/ SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a | | | BI | Occurrence Span | | | | |
| REQUIRED HI02 - 2 1271 Industry Code Code indicating a code from a specific industry code list M AN 1/ SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a | | | | | lling Com | imittee (| NUBC) | |
| If C022-08 is used, then C022-02 represents the beginning value in | REQUIRED | HI02 - 2 | 1271 | Industry Code | | | 1/30 | |
| - | | | | If C022-08 is used, then C022-02 represents the | ıe beginn | ing valu | e in a | |
| IMPLEMENTATION NAME: Occurrence Span Code | | | | IMPLEMENTATION NAME: Occurrence Span Co | de | | | |

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|--------------------------------------|-----------------------|------|------------------------------|--|--------------------------|-----------------------|---------------------|
| REQUIRED | HI02 - 3 | 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format | X , or date an | ID d time f | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in | n C022-04. | | |
| | | | c | DDE DEFINITION | | | |
| | | | RD8 | Range of Dates Expressed in CCYYMMDD | Format C | CYYM | MDD- |
| REQUIRED | HI02 - 4 | 4 | 1251 | Date Time Period Expression of a date, a time, or range of date | X es, times or | AN dates a | 1/35 and time |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Span (| Code Date |) | |
| NOT USED | HI02 - 4 | 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI02 - (| 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI02 - 7 | 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI02 - 8 | 3 | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI02 - 9 | Ð | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI02 - 9 HI03 C022 | | To send syntax: P0304 | TH CARE CODE INFORMATION I health care codes and their associated dates C02203 or C02204 is present, then the other | | · | ntities |
| | | | SITUATIC occurr been u | e of C02208 or C02209 may be present. NAL RULE: Required when it is necessary rence span code and the preceding HI used to report other occurrence span of s implementation guide, do not send. | data elem | ents h | ave |
| REQUIRED | HI03 - 7 | 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022- | M 05, C022-0 | ID 6 and C | 1/3 |
| | | | с | DDE DEFINITION | , | | |
| | | | BI | Occurrence Span | | | |
| | | | | code source 132: National Uniform Codes | Billing Corr | mittee | (NUBC) |
| REQUIRED | HI03 - 2 | 2 | 1271 | Industry Code Code indicating a code from a specific indus | M try code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents | s the beginn | ing valu | ue in a |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents range of codes. | | ing valu | ue in a |

| | T • TYPE 3 | | | | RRENCE SPA | | |
|-------------|------------|--|-----------------------------|---|---|-------------------------|-----------------------------------|
| REQUIRED | HI03 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time form | | ID d time f | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear | ar in C022-04. | | |
| | | | C | DE DEFINITION | | | |
| | | | RD8 | Range of Dates Expressed CCYYMMDD | in Format C | CYYN | MDD- |
| REQUIRED | HI03 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of | X dates, times or | AN dates a | 1/35 and times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Spa | n Code Date | | |
| NOT USED | HI03 - 5 | | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI03 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI03 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI03 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| IOT USED | HI03 - 9 | | 1073 | Yes/No Condition or Response Co | de X | ID | 1/1 |
| SITUATIONAL | HI04 | | | CO2203 or CO2204 is present, then the ot of CO2208 or CO2209 may be present. | | and qua | ntities |
| | | | occuri been u by this | NAL RULE: Required when it is necess ence span code and the preceding sed to report other occurrence spa implementation guide, do not send | HI data elem In codes. If n | ents l ot req | ave |
| REQUIRED | HI04 - 1 | | 1270 | Code List Qualifier Code | | ID | 1/3 |
| REQUIRED | HI04 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code SEMANTIC: C022-01 qualifies C022-02, C022-04, C0 | list | | |
| REQUIRED | HI04 - 1 | | | Code identifying a specific industry code SEMANTIC: C022-01 qualifies C022-02, C022-04, C0 DE DEFINITION | list | | |
| REQUIRED | HI04 - 1 | | | Code identifying a specific industry code SEMANTIC: C022-01 qualifies C022-02, C022-04, C0 DDE DEFINITION Occurrence Span | list 22-05, C022-06 | 6 and C | :022-08. |
| REQUIRED | HI04 - 1 | | C | Code identifying a specific industry code SEMANTIC: C022-01 qualifies C022-02, C022-04, C0 DE DEFINITION | list 22-05, C022-00 orm Billing Com M | 6 and C | :022-08. |
| | | | c | Code identifying a specific industry code SEMANTIC: C022-01 qualifies C022-02, C022-04, C0 DE DEFINITION DEFINITION Occurrence Span CODE source 132: National Unifo Codes Industry Code | list 22-05, C022-00 orm Billing Com M dustry code list | 5 and C mittee AN | :022-08: (NUBC) 1/30 |

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| | HI04 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 prmat |
|-------------|----------------------|------|---|--|---|--|--|
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C0 |)22-04. | | |
| | | | C | ODE DEFINITION | | | |
| | | | RD8 | Range of Dates Expressed in Fo | rmat C | CYYM | MDD- |
| REQUIRED | HI04 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, | X times or | AN dates a | 1/35 nd times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Span Coc | le Date | | |
| NOT USED | HI04 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI04 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI04 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI04 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI04 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI05 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, ar | O 1 nounts a | ind quai | ntities |
| | | | SYNTAX: P0304 | | | | |
| | | | If either E0809 | C02203 or C02204 is present, then the other is m ne of C02208 or C02209 may be present. | equired. | | |
| | | | If either E0809 Only on SITUATIO OCCUTI been U | | report ta elem | ents h | ave |
| REQUIRED | HI05 - 1 | | If either E0809 Only on SITUATIO OCCUTI been U | ne of C02208 or C02209 may be present. NAL RULE: <i>Required when it is necessary to</i> rence span code and the preceding HI dat used to report other occurrence span code | report ta elem | ents h | ave |
| REQUIRED | HI05 - 1 | | If either E0809 Only on SITUATIO OCCUTI been u by this | ne of C02208 or C02209 may be present. NAL RULE: Required when it is necessary to rence span code and the preceding HI dat used to report other occurrence span cod s implementation guide, do not send. Code List Qualifier Code | report ta elem les. If n M | ents h ot requ ID | ave Jired 1/3 |
| REQUIRED | HI05 - 1 | | If either E0809 Only on SITUATIO OCCUTI been u by this 1270 | the of C02208 or C02209 may be present. EXAL RULE: Required when it is necessary to rence span code and the preceding HI dat used to report other occurrence span code implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | report ta elem les. If n M | ents h ot requ ID | ave Jired 1/3 |
| REQUIRED | HI05 - 1 | | If either E0809 Only on SITUATIO OCCUTI been u by this 1270 | ne of C02208 or C02209 may be present. NNAL RULE: Required when it is necessary to rence span code and the preceding HI dat used to report other occurrence span code implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | report ta elem les. If n M | ents h ot requ ID | ave Jired 1/3 |
| REQUIRED | HI05 - 1 | | If either E0809 Only on SITUATIO OCCUTT been L by this 1270 | The of C02208 or C02209 may be present. ADVAL RULE: Required when it is necessary too rence span code and the preceding HI data used to report other occurrence span code implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence Span code source 132: National Uniform Bill | report ta elem les. If n M C022-06 | ents h ot requ ID | ave Jired 1/3 022-08. |
| REQUIRED | HI05 - 1 HI05 - 2 | | If either E0809 Only on SITUATIO OCCUTT been L by this 1270 | The of C02208 or C02209 may be present. ADVAL RULE: Required when it is necessary too rence span code and the preceding HI data used to report other occurrence span code implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence Span | report ta elem les. If n M C022-06 ing Com | ents h ot requ ID | ave Jired 1/3 022-08. |
| | | | If either E0809 Only on SITUATIO OCCUITI been u by this 1270 | The of C02208 or C02209 may be present. ADVAL RULE: Required when it is necessary to rence span code and the preceding HI dat used to report other occurrence span code implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence Span code source 132: National Uniform Bill Codes Industry Code | report ta elem les. If n M C022-06 ing Com M code list | ents h ot requ ID 6 and C mittee (AN | ave J/3 022-08. NUBC) 1/30 |

| | | | 4050 | Deta Tima Dania d Farmat Ovalitian | v | | 0/0 |
|-------------|----------------------|------------------|---|--|------------------------------------|---------------------------|---------------------------------|
| REQUIRED | HI05 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or o | X date and | ID d time fo | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C0 | 22-04. | | |
| | | | C | ODE DEFINITION | | | |
| | | | RD8 | Range of Dates Expressed in For CCYYMMDD | mat C | СҮҮМ | MDD- |
| REQUIRED | HI05 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, ti | X imes or | AN dates a | 1/35 nd times |
| | | | | SYNTAX: P0304 | | | |
| | | | | IMPLEMENTATION NAME: OCCURRENCE Span Cod | e Date | | |
| NOT USED | HI05 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI05 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI05 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI05 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI05 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI06 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, arr | O 1 nounts a | and qua | ntities |
| | | E0809 | C02203 or C02204 is present, then the other is re ne of C02208 or C02209 may be present. | quired. | | | |
| | | occuri been u | DNAL RULE: Required when it is necessary to rence span code and the preceding HI data used to report other occurrence span code | a elem | ents h | ave | |
| | | | by this | s implementation guide, do not send. | | | uneu |
| REQUIRED | HI06 - 1 | | <i>by thi</i> : 1270 | Code List Qualifier Code Code identifying a specific industry code list | Μ | ID | 1/3 |
| REQUIRED | HI06 - 1 | | - | Code List Qualifier Code | | | 1/3 |
| REQUIRED | HI06 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | | | 1/3 |
| REQUIRED | HI06 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C | | | 1/3 |
| REQUIRED | HI06 - 1 | | 1270 c | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, 0 ODE DEFINITION Occurrence Span code source 132: National Uniform Billing | 022-06 | 6 and C | 1/3 022-08. |
| REQUIRED | HI06 - 1 HI06 - 2 | | 1270 c | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-04 ODE DEFINITION Occurrence Span | C022-06 | 6 and C | 1/3 022-08. |
| | | | 1270 | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C ODE DEFINITION DEFINITION Occurrence Span CODE SOURCE 132: National Uniform Billin Codes Industry Code | c022-06 ng Com M ode list | 5 and C mittee (AN | 1/3 022-08. NUBC) 1/30 |

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| REQUIRED | HI06 - 3 | 1250 | | od Format Qualifier e date format, time format, d | X or date and | ID d time fo | 2/3 prmat |
|-------------|----------|--------------|---|---|-------------------------|------------------------|---------------------|
| | | | syntax: P0304 | | | | |
| | | | SEMANTIC: C022-03 is the dat | e format that will appear in | C022-04. | | |
| | | | ODE DEFINITION | 1 | | | |
| | | RD8 | Range c CCYYM | of Dates Expressed in F MDD | Format C | СҮҮМ | MDD- |
| REQUIRED | HI06 - 4 | 1251 | Date Time Peric Expression of a da | od te, a time, or range of dates | X s, times or | AN dates a | 1/35 nd times |
| | | | SYNTAX: P0304 | | | | |
| | | | IMPLEMENTATION NAM | ME: Occurrence Span Co | ode Date | 1 | |
| NOT USED | HI06 - 5 | 782 | Monetary Amou | Int | ο | R | 1/18 |
| NOT USED | HI06 - 6 | 380 | Quantity | | ο | R | 1/15 |
| NOT USED | HI06 - 7 | 799 | Version Identifie | er | ο | AN | 1/30 |
| NOT USED | HI06 - 8 | 1271 | Industry Code | | Х | AN | 1/30 |
| NOT USED | HI06 - 9 | 1073 | Yes/No Condition | on or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI07 | | TH CARE CODE I d health care codes a | NFORMATION and their associated dates, | O1 amounts a | and qua | ntities |
| | | E0809 | r C02203 or C02204 | is present, then the other is 209 may be present. | required. | | |
| | | occu been | rence span code used to report oth | d when it is necessary i and the preceding HI d her occurrence span co guide, do not send. | lata elem | ents h | ave |
| REQUIRED | HI07 - 1 | 1270 | Code List Quali Code identifying a | fier Code specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies (| C022-02, C022-04, C022-0 | 5, C022-0 | 6 and C | 022-08. |
| | | | CODE DEFINITION | | | | |
| | | BI | Occurre | ence Span | | | |
| | | | code sour Codes | RCE 132: National Uniform E | Billing Corr | imittee (| NUBC) |
| REQUIRED | HI07 - 2 | 1271 | Industry Code | code from a specific industr | M y code list | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, range of codes. | , then C022-02 represents t | he beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAM | ME: Occurrence Span Co | ode | | |
| | | | | | | | |

| REQUIRED | T • TYPE 3 | | | | 005010X223 RENCE SPA | | |
|-------------|------------|-------|--|--|---|-------------------------|-------------------------|
| REQUIRED | HI07 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format | X It, or date and | ID d time fo | 2/3 prmat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear | in C022-04. | | |
| | | | C | DDE DEFINITION | | | |
| | | | RD8 | Range of Dates Expressed in CCYYMMDD | n Format C | CYYM | MDD- |
| REQUIRED | HI07 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of da | X ites, times or | AN dates a | 1/35 Ind times |
| | | | | зүнтах: Р0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Span | Code Date | • | |
| NOT USED | HI07 - 5 | | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI07 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI07 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI07 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI07 - 9 | | 1073 | Yes/No Condition or Response Cod | e X | ID | 1/1 |
| SITUATIONAL | 11107 - 5 | | | TH CARE CODE INFORMATION I health care codes and their associated date | O 1 es, amounts a | and qua | ntities |
| | | E0809 | C02203 or C02204 is present, then the othe e of C02208 or C02209 may be present. | r is required. | | | |
| | | | occur | NAL RULE: Required when it is necessal rence span code and the preceding H ised to report other occurrence span | l data elem | ents h | |
| | | | | s implementation guide, do not send. | codes. Il li | ot req | |
| REQUIRED | HI08 - 1 | | | S implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code lis SEMANTIC : | M t | ID | uired 1/3 |
| REQUIRED | HI08 - 1 | | by this | s implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list | M t | ID | uired 1/3 |
| REQUIRED | HI08 - 1 | | <i>by thi</i> s | S implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code lis SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 DDE DEFINITION | M t | ID | uired 1/3 |
| REQUIRED | HI08 - 1 | | <i>by thi</i> s | S implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 DDE DEFINITION Occurrence Span | M t 2-05, C022-0 | ID 6 and C | uired 1/3 022-08. |
| REQUIRED | HI08 - 1 | | <i>by this</i> 1270 | S implementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code lis SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 DDE DEFINITION | M t 2-05, C022-0 n Billing Corr M | ID 6 and C mittee | uired 1/3 022-08. |

| 005010X223 • 837 • 2300 • HI | |
|------------------------------|--|
| OCCURRENCE SPAN INFORMATION | |

| REQUIRED | HI08 - 3 | | 1250 | Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format Code indicating the date format, time format Code indicating the date format Code ing the date format | 3 |
|-------------|----------|------|------------------|--|----|
| | | | | syntax: P0304 | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C022-04. | |
| | | | C | ODE DEFINITION | |
| | | | RD8 | Range of Dates Expressed in Format CCYYMMDD CCYYMMDD | - |
| REQUIRED | HI08 - 4 | | 1251 | Date Time PeriodXAN1/3Expression of a date, a time, or range of dates, times or dates and time | - |
| | | | | syntax: P0304 | |
| | | | | IMPLEMENTATION NAME: Occurrence Span Code Date | |
| NOT USED | HI08 - 5 | | 782 | Monetary Amount O R 1/1 | 8 |
| NOT USED | HI08 - 6 | | 380 | Quantity O R 1/1 | 5 |
| NOT USED | HI08 - 7 | | 799 | Version Identifier O AN 1/3 | 0 |
| NOT USED | HI08 - 8 | | 1271 | Industry Code X AN 1/3 | 0 |
| NOT USED | HI08 - 9 | | 1073 | Yes/No Condition or Response Code X ID 1/1 | 1 |
| SITUATIONAL | HI09 | C022 | | TH CARE CODE INFORMATION O 1 d health care codes and their associated dates, amounts and quantities | |
| | | | E0809 | C02203 or C02204 is present, then the other is required. ne of C02208 or C02209 may be present. | |
| | | | occuri been u | DNAL RULE: Required when it is necessary to report an addition rence span code and the preceding HI data elements have used to report other occurrence span codes. If not required s implementation guide, do not send. | |
| REQUIRED | HI09 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | 3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08 | 8. |
| | | | C | ODE DEFINITION | |
| | | | BI | Occurrence Span | |
| | | | | CODE SOURCE 132: National Uniform Billing Committee (NUBC | C) |
| REQUIRED | HI09 - 2 | | 1271 | Codes Industry Code M AN 1/3 Code indicating a code from a specific industry code list | 0 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. | |
| | | | | IMPLEMENTATION NAME: Occurrence Span Code | |

| ASC X12N • INSU TECHNICAL REP | RANCE SUBCOMMIT | ſEE | |
|----------------------------------|-----------------|------|---------------------|
| REQUIRED | HI09 - 3 | 1250 | Date Ti Code ind |
| | | | SYNTAX: |

| REQUIRED | HI09 - 3 | | 1250 | Date Time Period Format QualifierXID2/3Code indicating the date format, time format, or date and time format | 3 |
|-------------|----------|------|------------------|---|----|
| | | | | syntax: P0304 | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C022-04. | |
| | | | C | DDE DEFINITION | |
| | | | RD8 | Range of Dates Expressed in Format CCYYMMDD | |
| REQUIRED | HI09 - 4 | | 1251 | Date Time PeriodXAN1/3Expression of a date, a time, or range of dates, times or dates and time | - |
| | | | | syntax: P0304 | |
| | | | | IMPLEMENTATION NAME: Occurrence Span Code Date | |
| NOT USED | HI09 - 5 | | 782 | Monetary Amount O R 1/1 | 8 |
| NOT USED | HI09 - 6 | | 380 | Quantity O R 1/1 | 5 |
| NOT USED | HI09 - 7 | | 799 | Version Identifier O AN 1/3 | 0 |
| NOT USED | HI09 - 8 | | 1271 | Industry Code X AN 1/3 | 0 |
| NOT USED | HI09 - 9 | | 1073 | Yes/No Condition or Response Code X ID 1/ | 1 |
| SITUATIONAL | HI10 | C022 | | H CARE CODE INFORMATION O 1 health care codes and their associated dates, amounts and quantities | |
| | | | E0809 | C02203 or C02204 is present, then the other is required. e of C02208 or C02209 may be present. | |
| | | | occuri been u | NAL RULE: Required when it is necessary to report an addition ence span code and the preceding HI data elements have used to report other occurrence span codes. If not required is implementation guide, do not send. | |
| REQUIRED | HI10 - 1 | | 1270 | Code List Qualifier CodeMID1/3Code identifying a specific industry code list | 3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-0 | 8. |
| | | | C | DDE DEFINITION | |
| | | | BI | Occurrence Span | |
| | | | | CODE SOURCE 132: National Uniform Billing Committee (NUBC | C) |
| REQUIRED | HI10 - 2 | | 1271 | Codes M AN 1/3 Industry Code M AN 1/3 Code indicating a code from a specific industry code list Industry code list Industry code list | 0 |
| | | | | | |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes. | |

| OCCURRENCE SPA | 2300 • HI N INFORMA | | | | ASC X12N • INSURAN TECHNIC | | | |
|----------------|------------------------|------|------------------|---|--|----------------------------|-----------------------|---------------------|
| REQUIRED | HI10 - 3 | 3 | 1250 | Date Time Period Fo | rmat Qualifier format, time format, or dat | X e and | ID time fo | 2/3 prmat |
| | | | | SYNTAX: P0304 | | | | |
| | | | | SEMANTIC: C022-03 is the date form | nat that will appear in C022 | -04. | | |
| | | | C | DE DEFINITION | | | | |
| | | | RD8 | Range of Da | es Expressed in Form | at C | CYYM | MDD- |
| REQUIRED | HI10 - 4 | 4 | 1251 | Date Time Period Expression of a date, a t | ime, or range of dates, time | X es or | AN dates a | 1/35 nd times |
| | | | | SYNTAX: P0304 | | | | |
| | | | | IMPLEMENTATION NAME: O | currence Span Code I | Date | | |
| NOT USED | HI10 - | 5 | 782 | Monetary Amount | | ο | R | 1/18 |
| NOT USED | HI10 - | 6 | 380 | Quantity | | 0 | R | 1/15 |
| NOT USED | HI10 - | 7 | 799 | Version Identifier | | ο | AN | 1/30 |
| NOT USED | HI10 - 3 | 8 | 1271 | Industry Code | | х | AN | 1/30 |
| NOT USED | HI10 - 9 | 9 | 1073 | Yes/No Condition or | Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI11 | C022 | | H CARE CODE INFO health care codes and th | RMATION eir associated dates, amou | O 1 ints a | nd qua | ntities |
| | | | E0809 | C02203 or C02204 is pre e of C02208 or C02209 n | sent, then the other is requ ay be present. | ired. | | |
| | | | occuri been u | ence span code and | en it is necessary to re the preceding HI data e ccurrence span codes. le, do not send. | elem | ents h | ave |
| REQUIRED | HI11 - | 1 | 1270 | Code List Qualifier (Code identifying a speci | | М | ID | 1/3 |
| | | | | | | | | |
| | | | | SEMANTIC: C022-01 qualifies C022- | 02, C022-04, C022-05, C0 | 22-06 | and C | 022-08. |
| | | | C | | 02, C022-04, C022-05, C0 | 22-06 | and C | 022-08. |
| | | | c BI | C022-01 qualifies C022- | | 22-06 | and C | 022-08. |
| | | | | C022-01 qualifies C022- DE DEFINITION Occurrence CODE SOURCE 13 | | | | |
| REQUIRED | HI11 - : | 2 | | C022-01 qualifies C022- DE DEFINITION Occurrence CODE SOURCE 13 Codes Industry Code | Span | Comi M | | |
| REQUIRED | HI11 - : | 2 | BI | C022-01 qualifies C022- DE DEFINITION COLE SOURCE 13 Codes Industry Code Code indicating a code f SEMANTIC: | Span 2: National Uniform Billing | Comi M e list | mittee (AN | NUBC) 1/30 |

| | T • TYPE 3 | | | OCCUR | RENCE SPA | N INFO | RMATIO |
|-------------|------------|------|------------------|--|---|--------------------------|---------------------|
| REQUIRED | HI11 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format | X at, or date an | ID d time f | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear | in C022-04. | | |
| | | | C | DDE DEFINITION | | | |
| | | | RD8 | Range of Dates Expressed i CCYYMMDD | n Format C | CYYM | MDD- |
| REQUIRED | HI11 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of da | X ates, times or | AN dates a | 1/35 and times |
| | | | | зүлтах: Р0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Span | Code Date |) | |
| NOT USED | HI11 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI11 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI11 - 7 | | 799 | Version Identifier | О | AN | 1/30 |
| NOT USED | HI11 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI11 - 9 | | 1073 | Yes/No Condition or Response Cod | e X | ID | 1/1 |
| SITUATIONAL | HI12 | C022 | | TH CARE CODE INFORMATION | O 1 es, amounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the othe e of C02208 or C02209 may be present. | er is required. | | |
| | | | occuri been u | NAL RULE: Required when it is necessa rence span code and the preceding H ised to report other occurrence span s implementation guide, do not send. | ll data elen codes. If r | nents h | ave |
| | | | | | | | |
| REQUIRED | HI12 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code lis SEMANTIC: | | ID | 1/3 |
| REQUIRED | HI12 - 1 | | - | Code identifying a specific industry code lis SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 | st | | |
| REQUIRED | HI12 - 1 | | C | Code identifying a specific industry code lis SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 DDE DEFINITION | st | | |
| REQUIRED | HI12 - 1 | | - | Code identifying a specific industry code lis SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 DDE DEFINITION Occurrence Span | st 2-05, C022-0 | 6 and C | 022-08. |
| REQUIRED | HI12 - 1 | | C | Code identifying a specific industry code lis SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 DDE DEFINITION | st 2-05, C022-0 m Billing Con M | 6 and C nmittee AN | 022-08. |

| 005010X223 • 837 OCCURRENCE SP | ● 2300 ● HI PAN INFORMATION | | ASC X12N • INSUR TECHN | | | MMITTEE • TYPE 3 |
|-----------------------------------|--------------------------------|------|---|--------------|------------------------|---------------------|
| REQUIRED | HI12 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or o | X late an | ID d time fo | 2/3 ormat |
| | | | syntax: P0304 | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C0 | 22-04. | | |
| | | C | ODE DEFINITION | | | |
| | | RD8 | Range of Dates Expressed in For CCYYMMDD | mat C | CYYM | MDD- |
| REQUIRED | HI12 - 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates, ti | X mes or | AN dates a | 1/35 and times |
| | | | syntax: P0304 | | | |
| | | | IMPLEMENTATION NAME: Occurrence Span Cod | e Date |) | |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI12 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI12 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI12 - 8 | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI12 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |

| SEGMENT DETAIL | | | | |
|--|----------------------------------|--|--|--|
| | HI - OC | URRENC | E INFORMA | ΓΙΟΝ |
| X12 Segment Name: | Health Care | nformation Codes | | |
| X12 Purpose: | To supply ir | rmation related to | o the delivery of healt | h care |
| Loop: | 2300 — CL | M INFORMATIO | N | |
| Segment Repeat: | 2 | | | |
| Usage: | SITUATION | L | | |
| Situational Rule: | - | | currence Code that a ion guide, do not se | applies to this claim. If not nd. |
| TR3 Example: | HI*BH:42:I | :20051208*BH:/ | A3:D8:20051203~ | |
| DIAGRAM | | | | |
| HI01 Co Health Ca Code Info M 1 | × | * | * Health Care * Code Info. | HI05 C022 Health Care Code Info. 0 1 HI06 C022 Health Care Code Info. 0 1 |
| HI07 CI Health Ca Code Info O 1 | ×. | The second secon | * * Health Care Code Info. * | HI11 C022 Health Care Code Info. > 1 HI12 C022 Health Care Code Info. O 1 |
| ELEMENT DETAIL | | | | |
| | | | | |
| USAGE | REF. DATA DES. ELEMEN | NAME | | ATTRIBUTES |
| USAGE HI01 | REF. DATA DES. ELEMEN C022 | | | ATTRIBUTES M 1 |
| REQUIRED HI01 | <u>ELEMEN</u> C022 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 | codes and their associated C02204 is present, then the or C02209 may be presen | M 1 d dates, amounts and quantities e other is required. t. |
| REQUIRED HI01 | <u>ELEMEN</u> C022 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi | codes and their associated | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 |
| REQUIRED HI01 | <u>ELEMEN</u> C022 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi SEMANTIC: | codes and their associated C02204 is present, then the or C02209 may be present Qualifier Code fying a specific industry co | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 |
| REQUIRED HI01 | <u>ELEMEN</u> C022 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi SEMANTIC: C022-01 qu | codes and their associated C02204 is present, then the or C02209 may be present Qualifier Code fying a specific industry co | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 de list |
| REQUIRED HI01 | <u>ELEMEN</u> C022 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi SEMANTIC: C022-01 qu CODE DE BH O | Codes and their associated CO2204 is present, then the or CO2209 may be present Qualifier Code fying a specific industry co ualifies CO22-02, CO22-04, FINITION CCURRENCE | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 de list C022-05, C022-06 and C022-08. |
| REQUIRED HI01 | - 1 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi SEMANTIC: C022-01 qu CODE DE BH O CCC | Codes and their associated CO2204 is present, then the or CO2209 may be present c Qualifier Code fying a specific industry co ralifies CO22-02, CO22-04, FINITION CCURRENCE DDE SOURCE 132: National Updes | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 de list C022-05, C022-06 and C022-08. |
| REQUIRED HI01 | - 1 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi SEMANTIC: C022-01 qu CODE DE BH O CC CA | Codes and their associated CO2204 is present, then the or CO2209 may be present c Qualifier Code fying a specific industry co ralifies CO22-02, CO22-04, FINITION CCURRENCE DDE SOURCE 132: National Updes | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 de list C022-05, C022-06 and C022-08. |
| REQUIRED HI01 | - 1 | HEALTH CARE C To send health care SYNTAX: P0304 If either C02203 or C E0809 Only one of C02208 1270 Code List Code identi SEMANTIC: C022-01 qu CODE DE BH O CC 1271 Industry C Code indica SEMANTIC: | Codes and their associated CO2204 is present, then the or CO2209 may be present Qualifier Code fying a specific industry co ualifies CO22-02, CO22-04, FINITION CCURTENCE DOE SOURCE 132: National U Dodes Code ating a code from a specific is used, then CO22-02 repu | M 1 d dates, amounts and quantities e other is required. t. M ID 1/3 de list C022-05, C022-06 and C022-08. |

| REQUIRED | HI01 - 3 | 12 | 50 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X r date and | ID d time fo | 2/3 prmat |
|-------------|----------|--------------------|----------------|---|-----------------|------------------------|-----------------------|
| | | | | SYNTAX: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C | 022-04. | | |
| | | . <u> </u> | со | DE DEFINITION | | | |
| | | D8 | 5 | Date Expressed in Format CCY | YMMDD | | |
| REQUIRED | HI01 - 4 | 12 | 51 | Date Time Period Expression of a date, a time, or range of dates, | X times or | AN dates a | 1/35 and times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Da | te | | |
| NOT USED | HI01 - 5 | 782 | 2 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI01 - 6 | 38 | 0 | Quantity | ο | R | 1/15 |
| NOT USED | HI01 - 7 | 79 | 9 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI01 - 8 | 12 | 71 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI01 - 9 | 10 | 73 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI02 | | | H CARE CODE INFORMATION health care codes and their associated dates, a | O 1 mounts a | nd qua | ntities |
| | | P0: If e E08 | 809 | C02203 or C02204 is present, then the other is e of C02208 or C02209 may be present. | required. | | |
| | | oc us | curre ed to | NAL RULE: Required when it is necessary to ence code and the preceding HI data ele o report other occurrence codes. If not r nentation guide, do not send. | ements l | have b | een |
| REQUIRED | HI02 - 1 | 12 | 70 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 | , C022-06 | 6 and C | 022-08. |
| | | | со | DE DEFINITION | | | |
| | | BH | 1 | Occurrence | | | |
| REQUIRED | HI02 - 2 | 12 | 71 | code source 132: National Uniform Bi Codes Industry Code Code indicating a code from a specific industry | M | mittee (AN | (NUBC) 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | | ng valu | ie in a |
| | | | | IMPLEMENTATION NAME: Occurrence Code | | | |

| REQUIRED | • TYPE 3 | | | 0000 | JRRENC | E INFO | RMATIO |
|-------------|------------------|------|-------------------------------------|---|---|--|--|
| | HI02 - | 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 prmat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C | 022-04. | | |
| | | | c | ODE DEFINITION | | | |
| | | | D8 | Date Expressed in Format CCY | YMMDD |) | |
| REQUIRED | HI02 - | 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates, | X times or | AN dates a | 1/35 Ind times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Da | te | | |
| NOT USED | HI02 - | 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI02 - | 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI02 - | 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI02 - | 8 | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI02 - | 9 | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI03 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| | | | SITUATIO | ne of C02208 or C02209 may be present. | o report | an ad | ditional |
| | | | used t | rence code and the preceding HI data ele to report other occurrence codes. If not r | | have b | een |
| | | | used t | | | have b | een |
| REQUIRED | HI03 - | 1 | used t | o report other occurrence codes. If not r | | have b | een |
| REQUIRED | HI03 - | 1 | used t implei | o report other occurrence codes. If not re mentation guide, do not send. Code List Qualifier Code | equired M | have b I by thi ID | een s 1/3 |
| REQUIRED | HI03 - | 1 | used t impler 1270 | to report other occurrence codes. If not re mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | equired M | have b I by thi ID | een s 1/3 |
| REQUIRED | HI03 - | 1 | used t impler 1270 | to report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | equired M | have b I by thi ID | een s 1/3 |
| REQUIRED | HI03 - | 1 | used t implei 1270 c | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Bill | equired M , C022-00 | have b I by thi ID 6 and C | een s 1/3 022-08. |
| REQUIRED | HI03 - HI03 - | | used t implei 1270 c | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence | equired M , C022-00 lling Com | have b by thi ID 6 and C mittee | een s 1/3 022-08. |
| | | | used t implei 1270 c BH | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Bil Codes Industry Code | equired M , C022-00 lling Corr M code list | have b by thi ID 6 and C amittee (AN | een s 1/3 022-08. (NUBC) 1/30 |

| 005010X223 • 837 • 2 OCCURRENCE INFO | | | | ASC X12N • INSUF TECHN | | | • TYPE |
|---|----------|------|-----------------|--|-----------------|------------------------|---------------------|
| REQUIRED | HI03 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 prmat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C0 |)22-04. | | |
| | | | c | ODE DEFINITION | | | |
| | | | D8 | Date Expressed in Format CCYY | MMDD | | |
| REQUIRED | HI03 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, | х | AN | 1/35 and times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Dat | е | | |
| NOT USED | HI03 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI03 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI03 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI03 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI03 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI04 | C022 | | TH CARE CODE INFORMATION | O 1 nounts a | ind qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present. | equired. | | |
| | | | occur used t | NAL RULE: Required when it is necessary to rence code and the preceding HI data eler to report other occurrence codes. If not re mentation guide, do not send. | ments l | have b | een |
| REQUIRED | HI04 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | | C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | | C | ODE DEFINITION | | | |
| | | | BH | Occurrence | | | |
| REQUIRED | HI04 - 2 | | 1271 | code source 132: National Uniform Bill Codes Industry Code | м | mittee (AN | NUBC) 1/30 |
| | | | | Code indicating a code from a specific industry of SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Occurrence Code | | | |
| | | | | | | | |

| REQUIRED HI04 - 3 1250 Date Time Period Format Qualifier Code indicating the date format, time format, or or SYNTAX: P0304 REQUIRED HI04 - 4 250 Date Time Period Format Qualifier Code indicating the date format, time format, or or SYNTAX: P0304 REQUIRED HI04 - 4 251 Date Expressed in Format CCYYI REQUIRED HI04 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, ti SYNTAX: P0304 NOT USED HI04 - 5 782 Monetary Amount NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 | 022-04. MMDE X times or e 0 0 0 X X X 0 1 | D AN r dates R R AN AN ID | 1/35 |
|--|---|---|---|
| P0304 SEMANTIC: CO22-03 is the date format that will appear in CO2 CODE DEFINITION D8 Date Expressed in Format CCYYI D8 Date Expression of a date, a time, or range of dates, time, or use of dates, time, or use of the date | r MMDE X times or e O O X X X O 1 | R R AN AN ID | and times 1/18 1/15 1/30 1/30 |
| CO22-03 is the date format that will appear in CO2 CODE DEFINITION D8 Date Expressed in Format CCYYI D8 Date Expressed in Format CCYYI D8 Date Expression of a date, a time, or range of dates, time NOT USED HI04 - 5 782 Monetary Amount NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am | r MMDE X times or e O O X X X O 1 | R R AN AN ID | and times 1/18 1/15 1/30 1/30 |
| REQUIRED HI04 - 4 Date Expressed in Format CCYYI 1251 Date Time Period Expression of a date, a time, or range of dates, time SYNTAX: P0304 NOT USED HI04 - 5 782 NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 HI04 - 9 1271 Industry Code NOT USED HI04 - 9 NOT USED HI04 - 9 NOT USED HI04 - 8 NOT USED HI04 - 9 NOT USED HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated | x times or e O O X X X O 1 | AN r dates R R AN AN ID | and times 1/18 1/15 1/30 1/30 |
| REQUIRED HI04 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, til SYNTAX: P0304 NOT USED HI04 - 5 782 Monetary Amount NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 | x times or e O O X X X O 1 | AN r dates R R AN AN ID | and times 1/18 1/15 1/30 1/30 |
| International File international Expression of a date, a time, or range of dates, ti SYNTAX: P0304 IMPLEMENTATION NAME: Occurrence Code Date NOT USED HI04 - 5 782 Monetary Amount NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 | e O O X X X O 1 | R R AN AN ID | and times 1/18 1/15 1/30 1/30 |
| P0304 IMPLEMENTATION NAME: Occurrence Code Date NOT USED HI04 - 5 782 Monetary Amount NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 P0304 | 0 0 0 X X 01 | R AN AN ID | 1/15 1/30 1/30 |
| NOT USED HI04 - 5 782 Monetary Amount NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 P0304 | 0 0 0 X X 01 | R AN AN ID | 1/15 1/30 1/30 |
| NOT USED HI04 - 6 380 Quantity NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 P0304 | 0 0 X X 0 1 | R AN AN ID | 1/15 1/30 1/30 |
| NOT USED HI04 - 7 799 Version Identifier NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 P0304 | 0 X X 01 | AN AN ID | 1/30 1/30 |
| NOT USED HI04 - 8 1271 Industry Code NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 P0304 | X X O 1 | AN ID | 1/30 |
| NOT USED HI04 - 9 1073 Yes/No Condition or Response Code SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 P0304 | X 0 1 | ID | |
| SITUATIONAL HI05 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am SYNTAX: P0304 | 01 | | 1/1 |
| To send health care codes and their associated dates, am SYNTAX: P0304 | | and av | |
| SYNTAX: P0304 | nounts | and av | |
| If either C02203 or C02204 is present, then the other is re E0809 Only one of C02208 or C02209 may be present. | equired. | | |
| SITUATIONAL RULE: Required when it is necessary to a occurrence code and the preceding HI data elemused to report other occurrence codes. If not required to report other occurrence codes. If not required to report at a send. | ments | have | been |
| REQUIRED HI05 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C | C022-0 |)6 and (| C022-08. |
| CODE DEFINITION | | | |
| BH Occurrence | | | |
| CODE SOURCE 132: National Uniform Billin Codes | U | | , |
| REQUIRED HI05 - 2 1271 Industry Code Code indicating a code from a specific industry code | M code list | AN t | 1/30 |
| SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | ə beginr | ning val | ue in a |

| | 2300 • HI ORMATION | | | ASC X12N • INSUR TECHN | | | • TYPE |
|-------------|-----------------------|------|---|---|--|------------------------|--------------------------------------|
| REQUIRED | HI05 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C0 | 22-04. | | |
| | | | C | | | | |
| | | | D8 | Date Expressed in Format CCYY | MMDD | | |
| REQUIRED | HI05 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, t | X imes or | AN dates a | 1/35 nd times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Date | e | | |
| NOT USED | HI05 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI05 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI05 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI05 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI05 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI06 | C022 | | TH CARE CODE INFORMATION | O 1 | ind qua | ntities |
| | | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | |
| | | | | NAL RULE: Required when it is necessary to rence code and the preceding HI data eler | - | | ditiona |
| | | | | to report other occurrence codes. If not re nentation guide, do not send. | | | |
| REQUIRED | HI06 - 1 | | | to report other occurrence codes. If not re- mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list | | | |
| REQUIRED | HI06 - 1 | | impler | o report other occurrence codes. If not re nentation guide, do not send. Code List Qualifier Code | quired M | by thi | s 1/3 |
| REQUIRED | HI06 - 1 | | impler 1270 | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | quired M | by thi | s 1/3 |
| REQUIRED | HI06 - 1 | | impler 1270 | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | quired M | by thi | s 1/3 |
| REQUIRED | HI06 - 1 | | impler 1270 | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Billi | quired M C022-06 | by thi | s 1/3 022-08. |
| REQUIRED | HI06 - 1 | | impler 1270 | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence | quired M C022-06 ng Com | by thi | s 1/3 022-08. |
| | | | impler 1270 c BH | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, DEFINITION DEFINITION Occurrence Code source 132: National Uniform Billi Codes Industry Code | M C022-06 ng Com M code list | by thi | s 1/3 022-08. NUBC) 1/30 |

| DEOLIIDED | 「• TYPE 3 | | | 0000 | RRENC | e info | | |
|-------------|----------------------|------|--|--|---|----------------------------------|---------------------------------------|--|
| REQUIRED | HI06 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 prmat | |
| | | | | syntax: P0304 | | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in Co | 022-04. | | | |
| | | | CODE DEFINITION | | | | | |
| | | | D8 | Date Expressed in Format CCYY | MMDD |) | | |
| REQUIRED | HI06 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, | X times or | AN dates a | 1/35 and time: | |
| | | | | syntax: P0304 | | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Dat | е | | | |
| NOT USED | HI06 - 5 | | 782 | Monetary Amount | ο | R | 1/18 | |
| NOT USED | HI06 - 6 | | 380 | Quantity | 0 | R | 1/15 | |
| NOT USED | HI06 - 7 | | 799 | Version Identifier | ο | AN | 1/30 | |
| NOT USED | HI06 - 8 | | 1271 | Industry Code | х | AN | 1/30 | |
| NOT USED | HI06 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 | |
| SITUATIONAL | HI07 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | | |
| | | | E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additional occurrence code and the preceding HI data elements have been used to report other occurrence codes. If not required by this | | | | | |
| | | | used t | to report other occurrence codes. If not re | | | | |
| REGURED | | | used t implei | to report other occurrence codes. If not re mentation guide, do not send. | equired | by thi | s | |
| REQUIRED | HI07 - 1 | | used t | to report other occurrence codes. If not re | | | | |
| REQUIRED | HI07 - 1 | | used t implei | to report other occurrence codes. If not re mentation guide, do not send. Code List Qualifier Code | equired M | l by thi | s 1/3 | |
| REQUIRED | HI07 - 1 | | used t impler 1270 | to report other occurrence codes. If not re- mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | equired M | l by thi | s 1/3 | |
| REQUIRED | HI07 - 1 | | used t impler 1270 | to report other occurrence codes. If not re- mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | equired M | l by thi | s 1/3 | |
| REQUIRED | HI07 - 1 | | used t implei 1270 c | to report other occurrence codes. If not re- mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Bill | equired M C022-00 | I by thi | s 1/3 022-08. | |
| REQUIRED | HI07 - 1 HI07 - 2 | | used t implei 1270 c | to report other occurrence codes. If not re- mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence | equired M C022-00 ing Com | I by thi | s 1/3 022-08. | |
| | | | used t implei 1270 c BH | to report other occurrence codes. If not re- mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence CODE SOURCE 132: National Uniform Bill Codes Industry Code | equired M C022-00 ing Corr M code list | ID 6 and C mmittee (AN | s 1/3 022-08. (NUBC) 1/30 | |

| 005010X223 • 837 • 2 OCCURRENCE INFO | | | | ASC X12N • INSU TECHI | | | • TYPE | | |
|---|----------|------|---|--|-----------------|------------------------|---------------------|--|--|
| REQUIRED | HI07 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 prmat | | |
| | | | | syntax: P0304 | | | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C | 022-04. | | | | |
| | | | с | ODE DEFINITION | | | | | |
| | | | D8 | Date Expressed in Format CCY | MMDD | | | | |
| REQUIRED | HI07 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, | Х | AN | 1/35 nd times | | |
| | | | | SYNTAX: P0304 | | | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Date | te | | | | |
| NOT USED | HI07 - 5 | | 782 | Monetary Amount | ο | R | 1/18 | | |
| NOT USED | HI07 - 6 | | 380 | Quantity | ο | R | 1/15 | | |
| NOT USED | HI07 - 7 | | 799 | Version Identifier | ο | AN | 1/30 | | |
| NOT USED | HI07 - 8 | | 1271 | Industry Code | х | AN | 1/30 | | |
| NOT USED | HI07 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 | | |
| SITUATIONAL | HI08 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, a | O 1 mounts a | and qua | ntities | | |
| | | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. | | | | | | |
| | | | occur used t | DNAL RULE: Required when it is necessary to rence code and the preceding HI data ele to report other occurrence codes. If not re mentation guide, do not send. | ments | have b | een | | |
| REQUIRED | HI08 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | Μ | ID | 1/3 | | |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. | | |
| | | | | | | | | | |
| | | | BH | Occurrence | | | | | |
| REQUIRED | HI08 - 2 | | 1271 | code source 132: National Uniform Bil Codes Industry Code Code indicating a code from a specific industry | М | AN | NUBC) 1/30 | | |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes. | | | e in a | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code | | | | | |
| | | | | | | | | | |

| | F • TYPE 3 | | | 0000 | | | |
|-------------|------------|------|------------------------------|--|----------------------------------|-----------------------|---------------------|
| REQUIRED | HI08 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C0 |)22-04. | | |
| | | | C | ODE DEFINITION | | | |
| | | | D8 | Date Expressed in Format CCYY | MMDD | | |
| REQUIRED | HI08 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, | X times or | AN dates a | 1/35 nd times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Dat | e | | |
| NOT USED | HI08 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI08 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI08 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI08 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI08 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI09 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| | | | E0809 Only or SITUATIO | CO2203 or CO2204 is present, then the other is more of CO2208 or CO2209 may be present. NAL RULE: <i>Required when it is necessary to rence code and the preceding HI data elements</i> | report ments l | have b | een |
| | | | | to report other occurrence codes. If not re mentation guide, do not send. | equired | by thi | S |
| REQUIRED | HI09 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | | | | | |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | | C | | C022-06 | 6 and C | 022-08. |
| | | | c BH | C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | | BH | C022-01 qualifies C022-02, C022-04, C022-05, DEFINITION Occurrence CODE SOURCE 132: National Uniform Bill Codes | ing Com | mittee (| NUBC) |
| REQUIRED | HI09 - 2 | | | C022-01 qualifies C022-02, C022-04, C022-05, DEFINITION Occurrence CODE SOURCE 132: National Uniform Bill | ing Com M | | |
| REQUIRED | HI09 - 2 | | BH | C022-01 qualifies C022-02, C022-04, C022-05, DEFINITION Occurrence CODE SOURCE 132: National Uniform Bill Codes Industry Code | ing Com M code list | mittee (AN | NUBC) 1/30 |

| | RMATION | | | ASC X12N • INSUF TECHN | IICAL R | | • TYP |
|-------------|---------|------|-----------------|--|--------------------------------------|---------------------------|-------------------------|
| REQUIRED | HI09 - | 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C0 |)22-04. | | |
| | | | c | ODE DEFINITION | | | |
| | | | D8 | Date Expressed in Format CCYY | MMDD | | |
| REQUIRED | HI09 - | 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates, t | X times or | AN dates a | 1/35 and time |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Date | е | | |
| NOT USED | HI09 - | 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI09 - | 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI09 - | 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI09 - | 8 | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI09 - | 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI10 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, ar | O 1 nounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present. | equired. | | |
| | | | occur used t | DNAL RULE: Required when it is necessary to rence code and the preceding HI data eler to report other occurrence codes. If not re mentation guide, do not send. | ments | have b | een |
| | | | | | | | |
| REQUIRED | HI10 - | 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | М | ID | |
| REQUIRED | HI10 - | 1 | 1270 | Code identifying a specific industry code list | | | |
| REQUIRED | HI10 - | 1 | - | Code identifying a specific industry code list SEMANTIC: | | | |
| REQUIRED | HI10 - | 1 | - | Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION OCCURRENCE | C022-00 | 6 and C | |
| | HI10 - | | C | Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION | C022-00 | 6 and C | 022-08 |
| REQUIRED | | | c BH | Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence CODE SOURCE 132: National Uniform Bill Codes | C022-00 ing Com | 6 and C | 022-08 (NUBC) |
| | | | c BH | Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence CODE SOURCE 132: National Uniform Bill Codes Industry Code | C022-00 ing Com M code list | 5 and C mittee (AN | 022-08 (NUBC 1/3(|

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| DEOLIDED | 「• TYPE 3 | | | 0050 OCCI | URRENC | e info | RMATIO |
|-------------|----------------------|------|------------------------------|---|---|--|--------------------------------------|
| REQUIRED | HI10 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, o | X r date and | ID d time fo | 2/3 ormat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C | 022-04. | | |
| | | | c | ODE DEFINITION | | | |
| | | | D8 | Date Expressed in Format CCY | YMMDD |) | |
| REQUIRED | HI10 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates | X , times or | AN dates a | 1/35 nd times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Da | te | | |
| NOT USED | HI10 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI10 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI10 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI10 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI10 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI11 | C022 | HEAL | TH CARE CODE INFORMATION | 01 | | |
| | | | E0809 Only or SITUATIO | CO2203 or CO2204 is present, then the other is ne of CO2208 or CO2209 may be present. DNAL RULE: <i>Required when it is necessary to</i> rence code and the preceding HI data ele | o report | an ad | |
| | | | | to report other occurrence codes. If not r | | | |
| | | | | to report other occurrence codes. If not r mentation guide, do not send. | | | |
| REQUIRED | HI11 - 1 | | | • | | | |
| REQUIRED | HI11 - 1 | | impler | mentation guide, do not send. Code List Qualifier Code | equired M | l by thi | s 1/3 |
| REQUIRED | HI11 - 1 | | implei 1270 | Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | equired M | l by thi | s 1/3 |
| REQUIRED | HI11 - 1 | | implei 1270 | Code List Qualifier CodeCode identifying a specific industry code listSEMANTIC:C022-01 qualifies C022-02, C022-04, C022-05 | equired M | l by thi | s 1/3 |
| REQUIRED | HI11 - 1 | | implei 1270 c | mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 ODE DEFINITION Occurrence CODE SOURCE 132: National Uniform Bit | equired M , C022-00 | ID ID 6 and C | s 1/3 022-08. |
| REQUIRED | HI11 - 1 HI11 - 2 | | implei 1270 c | mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 ODE DEFINITION Occurrence | , C022-00 Iling Com | ID 1D 6 and C 1mittee (AN | s 1/3 022-08. |
| | | | implei 1270 c BH | Definition guide, do not send. Code List Qualifier Code Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05 C0DE DEFINITION Occurrence CODE DEFINITION Occurrence CODE SOURCE 132: National Uniform Bicodes Industry Code Industry Code | , C022-00 Illing Com M code list | ID 6 and C umittee (AN | s 1/3 022-08. NUBC) 1/30 |

| | 2300 • HI RMATION | | | ASC X12N • INSUI TECH | | | • TYPE |
|-------------|----------------------|------|-------------------------------------|--|---|---|---|
| REQUIRED | HI11 - 3 | | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or | X date and | ID d time fo | 2/3 prmat |
| | | | | syntax: P0304 | | | |
| | | | | SEMANTIC: C022-03 is the date format that will appear in C | 022-04. | | |
| | | | c | ODE DEFINITION | | | |
| | | | D8 | Date Expressed in Format CCY | MMDD |) | |
| REQUIRED | HI11 - 4 | | 1251 | Date Time Period Expression of a date, a time, or range of dates, | х | AN | 1/35 nd times |
| | | | | syntax: P0304 | | | |
| | | | | IMPLEMENTATION NAME: Occurrence Code Dat | е | | |
| NOT USED | HI11 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI11 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI11 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI11 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI11 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI12 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, and | O 1 nounts a | and quai | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is r ne of C02208 or C02209 may be present. | equired. | | |
| | | | | NAL RULE: Required when it is necessary to rence code and the preceding HI data ele | | an ad | ditional |
| | | | used t | to report other occurrence codes. If not re mentation guide, do not send. | | | een |
| REQUIRED | HI12 - 1 | | used t | o report other occurrence codes. If not re | | | een |
| REQUIRED | HI12 - 1 | | used t impler | o report other occurrence codes. If not re mentation guide, do not send. Code List Qualifier Code | equired M | l by thi | een s 1/3 |
| REQUIRED | HI12 - 1 | | used t impler 1270 | To report other occurrence codes. If not re mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | equired M | l by thi | een s 1/3 |
| REQUIRED | HI12 - 1 | | used t impler 1270 | to report other occurrence codes. If not re mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | equired M | l by thi | een s 1/3 |
| | | | used t implei 1270 c BH | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Bill Codes | equired M C022-00 | I by thi | een s 1/3 022-08. NUBC) |
| REQUIRED | HI12 - 1 HI12 - 2 | | used t impler 1270 c | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Bill | equired M C022-00 ing Com M | I by this ID 6 and C mmittee (AN | een s 1/3 022-08. |
| | | | used t implei 1270 c BH | To report other occurrence codes. If not rementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Occurrence code source 132: National Uniform Bill Codes Industry Code | equired M C022-00 ing Corr M code list | ID 6 and C mmittee (AN | een s 1/3 022-08. NUBC) 1/30 |

| ASC X12N • INSUR TECHNICAL REPO | ANCE SUBCOMMITTEE RT • TYPE 3 | | 005010X223 • 837 • OCCURRENCE INFOR | | | | |
|------------------------------------|----------------------------------|------|---|--------------|------------------------|---------------------|--|
| REQUIRED | HI12 - 3 | 1250 | Date Time Period Format Qualifier Code indicating the date format, time format, or d | X ate and | ID d time fo | 2/3 prmat | |
| | | | syntax: P0304 | | | | |
| | | | SEMANTIC: C022-03 is the date format that will appear in C02 | 22-04. | | | |
| | | C | ODE DEFINITION | | | | |
| | | D8 | Date Expressed in Format CCYY | MDD |) | | |
| REQUIRED | HI12 - 4 | 1251 | Date Time Period Expression of a date, a time, or range of dates, time | X mes or | AN dates a | 1/35 and times | |
| | | | syntax: P0304 | | | | |
| | | | IMPLEMENTATION NAME: Occurrence Code Date | | | | |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | ο | R | 1/18 | |
| NOT USED | HI12 - 6 | 380 | Quantity | ο | R | 1/15 | |
| NOT USED | HI12 - 7 | 799 | Version Identifier | ο | AN | 1/30 | |
| NOT USED | HI12 - 8 | 1271 | Industry Code | х | AN | 1/30 | |
| NOT USED | HI12 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 | |

SEGMENT DETAIL **HI - VALUE INFORMATION** X12 Segment Name: Health Care Information Codes **X12 Purpose:** To supply information related to the delivery of health care Loop: 2300 - CLAIM INFORMATION Segment Repeat: 2 Usage: SITUATIONAL Situational Rule: Required when there is a Value Code that applies to this claim. If not required by this implementation guide, do not send. TR3 Example: HI*BE:08::1740*BE:A7::940~ DIAGRAM C022 HI01 C022 HI02 C022 HI03 HI04 C022 HI05 C022 HI06 C022 **Health Care Health Care Health Care Health Care Health Care Health Care** * * * * * **H**| * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. 01 O 1 O 1 O 1 01 M 1 HI07 C022 HI08 C022 HI09 C022 HI10 C022 HI11 C022 HI12 C022 Health Care Health Care **Health Care Health Care** Health Care Health Care * * * * * * Code Info. Code Info. Code Info. Code Info. Code Info. Code Info. O 1 01 01 01 01 01 ELEMENT DETAIL DATA REF. USAGE NAME ATTRIBUTES REQUIRED HI01 C022 HEALTH CARE CODE INFORMATION M 1 To send health care codes and their associated dates, amounts and quantities SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. REQUIRED HI01 - 1 1270 **Code List Qualifier Code** Μ ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. DEFINITION CODE BE Value CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes REQUIRED HI01 - 2 1271 1/30 **Industry Code** М AN Code indicating a code from a specific industry code list SEMANTIC: If C022-08 is used, then C022-02 represents the beginning value in a range of codes.

IMPLEMENTATION NAME: Value Code

| NOT USED | HI01 - 3 | 1250 | Date Time Period Format Qualifier | v | п | a /a |
|-------------|----------|-------------------------|--|----------|----------|-------------|
| NOT USED | | | | X | ID | 2/3 |
| REQUIRED | HI01 - 4 | 1251 | Date Time Period | X | AN | 1/35 |
| REQUIRED | HI01 - 5 | 782 | Monetary Amount Monetary amount | 0 | R | 1/18 |
| | | | IMPLEMENTATION NAME: Value Code Amount | | | |
| NOT USED | HI01 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI01 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI01 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI01 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI02 | | TH CARE CODE INFORMATION | 01 | | |
| | | To sen | d health care codes and their associated dates, an | nounts a | ind qua | ntities |
| | | SYNTAX P0304 | | | | |
| | | If either | r C02203 or C02204 is present, then the other is re | equired. | | |
| | | E0809 Only or | ne of C02208 or C02209 may be present. | | | |
| | | SITUATI | DNAL RULE: Required when it is necessary to | renorf | an ad | ditional |
| | | | code and the preceding HI data elements | | | |
| | | - | t other value codes. If not required by this | impler | nentat | ion |
| | | guide | , do not send. | | | |
| REQUIRED | HI02 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | c | ODE DEFINITION | | | |
| | | BE | Value | | | |
| | | | CODE SOURCE 132: National Uniform Billi | ing Com | mittee | NUBC) |
| REQUIRED | HI02 - 2 | 1271 | Codes Industry Code | м | AN | 1/30 |
| | | | Code indicating a code from a specific industry of | ode list | | |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the | beginni | ing valu | e in a |
| | | | range of codes. | | | |
| NOT USED | 11100 0 | 4050 | | | 15 | 0.10 |
| NOT USED | HI02 - 3 | 1250 | Date Time Period Format Qualifier | X | ID | 2/3 |
| REQUIRED | HI02 - 4 | 1251 | Date Time Period | X | AN | 1/35 |
| REQUIRED | HI02 - 5 | 782 | Monetary Amount Monetary amount | 0 | R | 1/18 |
| | | | IMPLEMENTATION NAME: Value Code Amount | | | |
| NOT USED | HI02 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI02 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI02 - 8 | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI02 - 9 | 1073 | Yes/No Condition or Response Code | X | ID | 1/1 |
| | | 1010 | | ~ | | |

| SITUATIONAL | HI03 | C022 | | | CODE INFORMATION | O 1 mounts a | and qua | ntities |
|-------------|-----------|------|-----------------|-----------------------------------|--|-----------------------|----------|----------------|
| | | | E0809 | [.] C02203 o | or C02204 is present, then the other is 0 | required. | | |
| | | | value report | code and | Required when it is necessary to I the preceding HI data elements Ilue codes. If not required by this send. | s have b | een u | sed to |
| REQUIRED | HI03 - 1 | | 1270 | Code ide | ist Qualifier Code entifying a specific industry code list | М | ID | 1/3 |
| | | | | SEMANTIC C022-01 | :: qualifies C022-02, C022-04, C022-05 | , C022-00 | 6 and C | 022-08. |
| | | | c | ODE | DEFINITION | | | |
| | | | BE | | Value | | | |
| REQUIRED | HI03 - 2 | | 1271 | Industr | CODE SOURCE 132: National Uniform Bi Codes | lling Com M | mittee | (NUBC) 1/30 |
| | 11105 - 2 | | 1271 | | licating a code from a specific industry | | | 1/50 |
| | | | | SEMANTIC If C022-(range of | 08 is used, then C022-02 represents th | e beginn | ing valu | ie in a |
| | | | | IMPLEMEN | ITATION NAME: Value Code | | | |
| NOT USED | HI03 - 3 | | 1250 | Date Ti | me Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI03 - 4 | | 1251 | Date Ti | me Period | х | AN | 1/35 |
| REQUIRED | HI03 - 5 | | 782 | | r y Amount y amount | 0 | R | 1/18 |
| | | | | IMPLEMEN | ITATION NAME: Value Code Amount | | | |
| NOT USED | HI03 - 6 | | 380 | Quantit | y | ο | R | 1/15 |
| NOT USED | HI03 - 7 | | 799 | Versior | Identifier | ο | AN | 1/30 |
| NOT USED | HI03 - 8 | | 1271 | Industr | y Code | х | AN | 1/30 |
| NOT USED | HI03 - 9 | | 1073 | Yes/No | Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI04 | C022 | | - | CODE INFORMATION re codes and their associated dates, a | O 1 mounts a | and qua | ntities |
| | | | E0809 | [.] C02203 o | or C02204 is present, then the other is 0 | required. | | |
| | | | value report | code and | Required when it is necessary to I the preceding HI data elements Ilue codes. If not required by this send. | s have b | een u | sed to |

| ASC X12N • INSURA TECHNICAL REPOR | | | | | | 5010X223 VALU | | RMATIO |
|--------------------------------------|----------|---|-------------------|---|---|---------------------------|----------|---------|
| REQUIRED | HI04 - 1 | 1 | 1270 | Code List Qu Code identifyin | alifier Code g a specific industry code list | Μ | ID | 1/3 |
| | | | | seмanтic : C022-01 qualifi | es C022-02, C022-04, C022- | 05, C022-06 | 3 and C | 022-08. |
| | | _ | C | DDE DEFINIT | TION | | | |
| | | E | BE | Value |) | | | |
| | | | | CODE S | OURCE 132: National Uniform | Billing Com | mittee | (NUBC) |
| REQUIRED | HI04 - 2 | 1 | 1271 | Industry Cod | le | м | AN | 1/30 |
| | | | | - | a code from a specific indust | ry code list | | |
| | | | | SEMANTIC: If C022-08 is us range of codes | sed, then C022-02 represents | the beginn | ing valu | ie in a |
| | | | | IMPLEMENTATION | NAME: Value Code | | | |
| NOT USED | HI04 - 3 | 1 | 1250 | Date Time Pe | eriod Format Qualifier | х | ID | 2/3 |
| NOT USED | HI04 - 4 | 1 | 1251 | Date Time Pe | eriod | х | AN | 1/35 |
| REQUIRED | HI04 - 5 | 7 | 782 | Monetary An Monetary amou | | 0 | R | 1/18 |
| | | | | IMPLEMENTATION | NAME: Value Code Amour | t | | |
| NOT USED | HI04 - 6 | 3 | 380 | Quantity | | ο | R | 1/15 |
| NOT USED | HI04 - 7 | 7 | 799 | Version Iden | tifier | ο | AN | 1/30 |
| NOT USED | HI04 - 8 | 1 | 1271 | Industry Coc | le | х | AN | 1/30 |
| NOT USED | HI04 - 9 | 1 | 1073 | Yes/No Cond | lition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI05 | | | | E INFORMATION es and their associated dates | O 1 , amounts a | and qua | ntities |
| | | F | E0809 | | 204 is present, then the other 202209 may be present. | is required. | | |
| | | 1 | value (report | code and the | ired when it is necessary preceding HI data elemen odes. If not required by t | nts have b | een us | sed to |
| REQUIRED | HI05 - 1 | 1 | 1270 | Code List Qu Code identifyin | alifier Code g a specific industry code list | Μ | ID | 1/3 |
| | | | | semantic: C022-01 qualifi | es C022-02, C022-04, C022- | 05, C022-06 | 6 and C | 022-08. |
| | | - | C | DDE DEFINIT | rion | | | |
| | | E | BE | Value | 9 | | | |
| | | | | CODE S | OURCE 132: National Uniform | Billing Com | mittee | (NUBC) |

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|------------------------------|
| VALUE INFORMATION |

| REQUIRED | HI05 - 2 | | 1271 | Industry Code | м | AN | 1/30 |
|----------------------------------|----------------------------------|------|--|---|---|---|--|
| | | | | Code indicating a code from a specific industry of | | , | ., |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginni | ing valu | ie in a |
| | | | | IMPLEMENTATION NAME: Value Code | | | |
| NOT USED | HI05 - 3 | | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI05 - 4 | | 1251 | Date Time Period | Х | AN | 1/35 |
| REQUIRED | HI05 - 5 | | 782 | Monetary Amount Monetary amount | ο | R | 1/18 |
| | | | | IMPLEMENTATION NAME: Value Code Amount | | | |
| NOT USED | HI05 - 6 | | 380 | Quantity | ο | R | 1/1 |
| NOT USED | HI05 - 7 | | 799 | Version Identifier | 0 | AN | 1/3 |
| NOT USED | HI05 - 8 | | 1271 | Industry Code | Х | AN | 1/3 |
| NOT USED | HI05 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI06 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, an | O 1 nounts a | ind qua | ntities |
| | | | Only or | ne of C02208 or C02209 may be present. | | | |
| REQUIRED | HI06 - 1 | | situatio value report | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code | have b | een u | sed to tion |
| REQUIRED | HI06 - 1 | | situatio value report guide, | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. | have b impler M | een u nentai ID | sed to tion 1/3 |
| REQUIRED | HI06 - 1 | | situatio value report guide, 1270 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | have b impler M | een u nentai ID | sed to tion 1/3 |
| REQUIRED | HI06 - 1 | | situatic value report guide, 1270 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION | have b impler M | een u nentai ID | sed to tion 1/3 |
| REQUIRED | HI06 - 1 | | situatio value report guide, 1270 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | have b impler M C022-06 | een us nentat ID | sed to tion 1/3 022-08 |
| REQUIRED | HI06 - 1 | | situatic value report guide, 1270 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value code source 132: National Uniform Billic Codes Industry Code | have b impler. M C022-06 ing Com | een us nentat ID | sed to tion 1/3 022-08 |
| | | | situatio value report guide, 1270 c BE | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value code source 132: National Uniform Billic Codes | have b impler M C022-06 ing Com M code list | inentation ID S and C mittee AN | sed to tion 1/3 :022-08 (NUBC 1/3 |
| | | | situatio value report guide, 1270 c BE | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value code source 132: National Uniform Billi Code indicating a code from a specific industry code SEMANTIC: Industry Code Code indicating a code from a specific industry code SEMANTIC: If C022-08 is used, then C022-02 represents the | have b impler M C022-06 ing Com M code list | inentation ID S and C mittee AN | sed to tion 1/3 022-08 (NUBC 1/3 |
| REQUIRED | | | situatio value report guide, 1270 c BE | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value codes Industry Code Code indicating a code from a specific industry code si is used, then C022-02 represents the range of codes. | have b impler M C022-06 ing Com M code list | inentation ID S and C mittee AN | sed to tion 1/3 :022-08 (NUBC 1/3 ue in a |
| REQUIRED NOT USED | HI06 - 2 | | SITUATIO value report guide, 1270 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements of ther value codes. If not required by this do not send. Code List Qualifier Code Code list Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value Codes Industry Code Code indicating a code from a specific industry code indicating a code from a specific industry code range of codes. IMPLEMENTATION NAME: Value Code | have b impler M C022-00 ing Com M code list | ing valu | sed to tion 1/3 022-08 (NUBC 1/3 ue in a 2/3 |
| REQUIRED NOT USED NOT USED | HI06 - 2 HI06 - 3 | | SITUATIO value report guide, 1270 C BE 1271 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements of ther value codes. If not required by this of a not send. Code List Qualifier Code Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value code source 132: National Uniform Billi Codes Industry Code Code indicating a code from a specific industry of semantic: If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Value Code Date Time Period Format Qualifier | have b impler M C022-00 ing Com M code list beginni | ing valu | sed to tion 1/3 022-08 (NUBC 1/3 ue in a 2/3 1/3 |
| | HI06 - 2 HI06 - 3 HI06 - 4 | | SITUATIC value report guide, 1270 C BE 1271 1250 1251 | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION Value code identify code Code indicating a code from a specific industry code Industry Code Code indicating a code from a specific industry code If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Value Code Date Time Period Format Qualifier Date Time Period Monetary Amount | have b impler M C022-00 ing Com M code list e beginni & X X | ing value | sed to tion 1/3 022-08 (NUBC 1/3 |

| ASC X12N • INSURAI TECHNICAL REPORT | | | INTIEE | | | 005010X223 VALU | | 2300 • I RMATIO | | |
|--|------|-----|--------|---|---|--------------------------------|----------|--------------------|--|--|
| NOT USED | HI06 | - 7 | | 799 | Version Identifier | Ο | AN | 1/30 | | |
| NOT USED | HI06 | - 8 | | 1271 | Industry Code | Х | AN | 1/30 | | |
| NOT USED | HI06 | - 9 | | 1073 | Yes/No Condition or Response C | ode X | ID | 1/1 | | |
| SITUATIONAL | HI07 | | C022 | HEALTH CARE CODE INFORMATIONO 1To send health care codes and their associated dates, amounts and quantities | | | | | | |
| | | | | E0809 | C02203 or C02204 is present, then the o e of C02208 or C02209 may be present. | other is required. | | | | |
| | | | | value report | NAL RULE: Required when it is neces code and the preceding HI data ele other value codes. If not required do not send. | ements have b | een u | sed to | | |
| REQUIRED | HI07 | - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code | M e list | ID | 1/3 | | |
| | | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C | :022-05, C022-0 | 6 and C | 022-08. | | |
| | | | | с | | | | | | |
| | | | | BE | Value | | | | | |
| | | | | | CODE SOURCE 132: National Un | form Billing Corr | mittee | (NUBC) | | |
| REQUIRED | HI07 | - 2 | | 1271 | Codes Industry Code Code indicating a code from a specific i | M ndustry code list | AN | 1/30 | | |
| | | | | | SEMANTIC: If C022-08 is used, then C022-02 repre range of codes. | sents the beginn | ing valu | ie in a | | |
| | | | | | IMPLEMENTATION NAME: Value Code | | | | | |
| NOT USED | HI07 | - 3 | | 1250 | Date Time Period Format Qualifie | er X | ID | 2/3 | | |
| NOT USED | HI07 | - 4 | | 1251 | Date Time Period | Х | AN | 1/35 | | |
| REQUIRED | HI07 | - 5 | | 782 | Monetary Amount Monetary amount | 0 | R | 1/18 | | |
| | | | | | IMPLEMENTATION NAME: Value Code An | nount | | | | |
| NOT USED | HI07 | - 6 | | 380 | Quantity | 0 | R | 1/15 | | |
| NOT USED | HI07 | - 7 | | 799 | Version Identifier | 0 | AN | 1/30 | | |
| NOT USED | HI07 | - 8 | | 1271 | Industry Code | Х | AN | 1/30 | | |
| NOT USED | HI07 | - 9 | | 1073 | Yes/No Condition or Response C | ode X | ID | 1/1 | | |
| SITUATIONAL | HI08 | | C022 | | TH CARE CODE INFORMATION | O 1 dates, amounts a | and qua | ntities | | |
| | | | | SYNTAX: P0304 If either E0809 | | | · | | | |
| | | | | value report | NAL RULE: Required when it is neces code and the preceding HI data ele other value codes. If not required do not send. | ements have b | een u | sed to | | |

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|---------------------------|----|
| VALUE INFORMATION | |

| REQUIRED | HI08 - 1 | 1270 | | List Qualifier Code entifying a specific industry code list | М | ID | 1/3 |
|-------------|----------|----------------|-------------------|--|----------------------|-----------|---------|
| | | | semanti C022-0 | c : 1 qualifies C022-02, C022-04, C022-05, C | 022-0 | 6 and C | 022-08. |
| | | | CODE | DEFINITION | | | |
| | | BE | | Value | | | |
| | | | | CODE SOURCE 132: National Uniform Billin | ng Corr | nmittee | (NUBC) |
| REQUIRED | HI08 - 2 | 1271 | | Codes ry Code dicating a code from a specific industry co | M ode list | AN | 1/30 |
| | | | | c: 08 is used, then C022-02 represents the f codes. | beginn | iing valu | ie in a |
| | | | IMPLEME | NTATION NAME: Value Code | | | |
| NOT USED | HI08 - 3 | 1250 | Date T | ime Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI08 - 4 | 1251 | Date T | ime Period | х | AN | 1/35 |
| REQUIRED | HI08 - 5 | 782 | | ary Amount ry amount | 0 | R | 1/18 |
| | | | IMPLEME | NTATION NAME: Value Code Amount | | | |
| NOT USED | HI08 - 6 | 380 | Quanti | ity | ο | R | 1/15 |
| NOT USED | HI08 - 7 | 799 | Versio | n Identifier | ο | AN | 1/30 |
| NOT USED | HI08 - 8 | 1271 | Indust | ry Code | х | AN | 1/30 |
| NOT USED | HI08 - 9 | 1073 | Yes/No | Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI09 (| | - | E CODE INFORMATION | 01 | | |
| | | | | are codes and their associated dates, am | ounts a | and qua | ntities |
| | | SYNTA P0304 | 4 | | | | |
| | | E0809 | Ð | or C02204 is present, then the other is re | quired. | | |
| | | Only o | one of C022 | 208 or C02209 may be present. | | | |
| | | value repo | e code an | Required when it is necessary to d the preceding HI data elements I alue codes. If not required by this send. | have k | been u | sed to |
| REQUIRED | HI09 - 1 | 1270 | | List Qualifier Code entifying a specific industry code list | Μ | ID | 1/3 |
| | | | semanti C022-0 | c: 1 qualifies C022-02, C022-04, C022-05, C | 022-0 | 6 and C | 022-08. |
| | | | CODE | DEFINITION | | | |
| | | BE | | Value | | | |
| | | | | CODE SOURCE 132: National Uniform Billir Codes | ng Corr | nmittee | (NUBC) |

| ASC X12N • INSURA TECHNICAL REPOR | | IMITTEE | | | 005010X223 VALU | | 2300 • H RMATION |
|--------------------------------------|----------|---------|-----------------------------|---|---|-----------------------|-----------------------|
| REQUIRED | HI09 - 2 | | 1271 | Industry Code Code indicating a code from a specific i | M ndustry code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 repre range of codes. | sents the beginr | ing valu | ie in a |
| | | | | IMPLEMENTATION NAME: Value Code | | | |
| NOT USED | HI09 - 3 | | 1250 | Date Time Period Format Qualifie | er X | ID | 2/3 |
| NOT USED | HI09 - 4 | | 1251 | Date Time Period | х | AN | 1/35 |
| REQUIRED | HI09 - 5 | | 782 | Monetary Amount Monetary amount | 0 | R | 1/18 |
| | | | | IMPLEMENTATION NAME: Value Code An | nount | | |
| NOT USED | HI09 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI09 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI09 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI09 - 9 | | 1073 | Yes/No Condition or Response C | ode X | ID | 1/1 |
| SITUATIONAL | HI10 | C022 | | TH CARE CODE INFORMATION | 01 | | |
| REQUIRED | HI10 - 1 | | SITUATIC value report | e of C02208 or C02209 may be present. NAL RULE: Required when it is necess code and the preceding HI data ele other value codes. If not required do not send. Code List Qualifier Code Code identifying a specific industry code SEMANTIC: | ements have b by this imple M e list | been u menta ID | sed to tion 1/3 |
| | | | C | C022-01 qualifies C022-02, C022-04, C | 022-05, C022-0 | 6 and C | 022-08. |
| | | | BE | Value | | | |
| | | | | code source 132: National Un | form Billing Con | mittee | (NUBC) |
| REQUIRED | HI10 - 2 | | 1271 | Codes Industry Code Code indicating a code from a specific i | M ndustry code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 repre range of codes. | sents the beginr | ing valu | ie in a |
| | | | | IMPLEMENTATION NAME: Value Code | | | |
| NOT USED | HI10 - 3 | | 1250 | Date Time Period Format Qualifie | er X | ID | 2/3 |
| NOT USED | HI10 - 4 | | 1251 | Date Time Period | X | AN | 1/35 |
| REQUIRED | HI10 - 5 | | 782 | Monetary Amount Monetary amount | 0 | R | 1/18 |
| | | | | IMPLEMENTATION NAME: Value Code An | nount | | |
| NOT USED | HI10 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| | 1110 - 0 | | 500 | wannity | 0 | n | 1/13 |

| 005010X223 • 837 • 2 VALUE INFORMATIO | | | | ASC X12N • INSUF TECHN | | | MMITTEE • TYPE 3 |
|--|----------|------|-----------------|---|-----------------|----------|---------------------|
| NOT USED | HI10 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI10 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI10 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI11 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, ar | O 1 nounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present. | equired. | | |
| | | | value report | DNAL RULE: Required when it is necessary to code and the preceding HI data elements to ther value codes. If not required by this do not send. | have b | een u | sed to |
| REQUIRED | HI11 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | | с | ODE DEFINITION | | | |
| | | | BE | Value | | | |
| | | | | CODE SOURCE 132: National Uniform Bill | ing Com | mittee | (NUBC) |
| REQUIRED | HI11 - 2 | | 1271 | Codes Industry Code Code indicating a code from a specific industry of | M code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | ie in a |
| | | | | IMPLEMENTATION NAME: Value Code | | | |
| NOT USED | HI11 - 3 | | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI11 - 4 | | 1251 | Date Time Period | х | AN | 1/35 |
| REQUIRED | HI11 - 5 | | 782 | Monetary Amount Monetary amount | ο | R | 1/18 |
| | | | | IMPLEMENTATION NAME: Value Code Amount | | | |
| NOT USED | HI11 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI11 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI11 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI11 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI12 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, ar | O 1 nounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present. | equired. | | |
| | | | value report | DNAL RULE: Required when it is necessary to code and the preceding HI data elements other value codes. If not required by this do not send. | have b | een u | sed to |

| REQUIRED | HI12 - 1 | 1270 | Code identifying a specific industry code list | | М | ID | 1/3 |
|----------|----------|------|---|---|----------|----------|---------|
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022 | | 022-06 | 6 and C | 022-08. |
| | | C | ODE | DEFINITION | | | |
| | | BE | | Value | | | |
| | | | | CODE SOURCE 132: National Uniform Billin Codes | ng Com | mittee | NUBC) |
| REQUIRED | HI12 - 2 | 1271 | | ry Code | М | AN | 1/30 |
| | | | | dicating a code from a specific industry co | ode list | | |
| | | | | c: -08 is used, then C022-02 represents the f codes. | beginn | ing valu | e in a |
| | | | IMPLEME | NTATION NAME: Value Code | | | |
| NOT USED | HI12 - 3 | 1250 | Date T | ime Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI12 - 4 | 1251 | Date T | ime Period | х | AN | 1/35 |
| REQUIRED | HI12 - 5 | 782 | | ary Amount ry amount | 0 | R | 1/18 |
| | | | IMPLEME | NTATION NAME: Value Code Amount | | | |
| NOT USED | HI12 - 6 | 380 | Quant | ity | ο | R | 1/15 |
| NOT USED | HI12 - 7 | 799 | Versio | n Identifier | ο | AN | 1/30 |
| NOT USED | HI12 - 8 | 1271 | Indust | ry Code | Х | AN | 1/30 |
| NOT USED | HI12 - 9 | 1073 | Yes/No | o Condition or Response Code | Х | ID | 1/1 |

| SEGMENT DETAIL | | | | | | |
|---|----------------------------------|--|---|--|--|--|
| | HI - COI | NDIT | ION INF | ORMAT | ION | |
| X12 Segment Name: | Health Care I | Informa | tion Codes | | | |
| X12 Purpose: | | | | he delivery of h | nealth care | |
| Loop: | 2300 — CLA | IM INFO | ORMATION | | | |
| Segment Repeat: | 2 | | | | | |
| Usage: | SITUATION | AL . | | | | |
| Situational Rule: | - | | | lition Code tha n guide, do no | | is claim. If not |
| TR3 Example: | HI*BG:17*E | 3G:67~ | | | | |
| DIAGRAM | | | | | | |
| HI01 CO Health Ca Code Info M 1 | re 🐰 Health C | are * | HI03 C022 Health Care Code Info. O 1 | HI04 C022 Health Care Code Info. O 1 | HI05 C022 Health Care Code Info. O 1 O 1 | HI06 C022 Health Care Code Info. O 1 |
| HI07 C0 Health Ca Code Info O 1 | re 🔺 Health C | are * | HI09 C022 Health Care Code Info. O 1 | HI10 C022 Health Care Code Info. O 1 O 1 | HI11 C022 Health Care Code Info. 0 1 0 | HI12 C022 Health Care Code Info. 0 1 ~ |
| ELEMENT DETAIL | | | | | | |
| | REF. DATA DES. <u>ELEMENT</u> | NAME | | | | ATTRIBUTES |
| REQUIRED HI01 | C022 | | | DE INFORMATI | ON I | M 1 |
| REQUIRED HI01 | - 1 | SYNTAX: P0304 If either E0809 | r C02203 or C02 ne of C02208 or | | en the other is requi | · |
| | | 1210 | | ing a specific indus | try code list | |
| | | | seмantic: C022-01 qual | ifies C022-02, C02 | 2-04, C022-05, C02 | 22-06 and C022-08. |
| | | c | | NITION | | |
| | | BG | | dition | | |
| REQUIRED HI01 | | 4074 | Code | es | onal Unitorm Billing | Committee (NUBC) |
| REQUIRED HI01 | - 2 | 1271 | Industry Co Code indicatir | | pecific industry code | M AN 1/30 e list |
| | | | SEMANTIC: If C022-08 is range of code | | 2 represents the be | ginning value in a |
| | | | IMPLEMENTATIC | ON NAME: Conditio | n Code | |

| NOT USED | HI01 - 3 | 1250 Da | ate Time Period Format Qualifier | Х | ID | 2/3 |
|-------------|----------------------|---|---|--|-----------------------|-----------------------|
| NOT USED | HI01 - 4 | 1251 Da | ate Time Period | Х | AN | 1/35 |
| NOT USED | HI01 - 5 | 782 M | onetary Amount | 0 | R | 1/18 |
| NOT USED | HI01 - 6 | 380 Q | uantity | Ο | R | 1/15 |
| NOT USED | HI01 - 7 | 799 Ve | ersion Identifier | 0 | AN | 1/30 |
| NOT USED | HI01 - 8 | 1271 In | dustry Code | х | AN | 1/30 |
| NOT USED | HI01 - 9 | 1073 Y | es/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI02 C02 | To send he SYNTAX: P0304 If either C0 E0809 Only one of SITUATIONAL condition to report | CARE CODE INFORMATION walth care codes and their associated dates, and 2203 or C02204 is present, then the other is r f C02208 or C02209 may be present. RULE: Required when it is necessary to be code and the preceding HI data elem other condition codes. If not required intation guide, do not send. | required. The report The report of the second secon | an ad ve bee | ditional |
| REQUIRED | HI02 - 1 | Co | ode List Qualifier Code ode identifying a specific industry code list :MANTIC: 022-01 qualifies C022-02, C022-04, C022-05, | | | |
| REQUIRED | | 1071 In | Codes | • | | |
| | HI02 - 2 | Co se If ra | Idustry Code ode indicating a code from a specific industry IMANTIC: C022-08 is used, then C022-02 represents th nge of codes. PLEMENTATION NAME: Condition Code | | AN ing valu | 1/30 e in a |
| NOT USED | HI02 - 3 | 1250 D | ate Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI02 - 4 | 1251 Da | ate Time Period | х | AN | 1/35 |
| NOT USED | HI02 - 5 | 782 M | onetary Amount | ο | R | 1/18 |
| NOTHERD | | | | | | |
| NOT USED | HI02 - 6 | 380 Q | uantity | 0 | R | 1/15 |
| NOT USED | HI02 - 6 HI02 - 7 | | uantity ersion Identifier | 0 0 | R AN | 1/15 1/30 |
| | | 799 Ve | • | | | |
| NOT USED | HI02 - 7 | 799 Vo 1271 In | ersion Identifier | ο | AN | 1/30 |

| SITUATIONAL | HI03 | C022 | | TH CARE CODE INFORMATION | O 1 nounts a | and qua | ntities | |
|-------------|----------|------|--|---|------------------------|----------|---------|--|
| | | | SYNTAX: P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL BULLE: Required when it is precessary to report an additi | | | | | |
| | | | condit to rep | NAL RULE: Required when it is necessary to ion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send. | ents ha | ve bee | | |
| REQUIRED | HI03 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 | |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. | |
| | | | c | DDE DEFINITION | | | | |
| | | | BG | Condition | | | | |
| | | | | code source 132: National Uniform Bill Codes | ing Com | mittee | (NUBC) | |
| REQUIRED | HI03 - 2 | | 1271 | Industry Code Code indicating a code from a specific industry | M code list | AN | 1/30 | |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginni | ing valu | e in a | |
| | | | | IMPLEMENTATION NAME: Condition Code | | | | |
| NOT USED | HI03 - 3 | | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 | |
| NOT USED | HI03 - 4 | | 1251 | Date Time Period | Х | AN | 1/35 | |
| NOT USED | HI03 - 5 | | 782 | Monetary Amount | 0 | R | 1/18 | |
| NOT USED | HI03 - 6 | | 380 | Quantity | 0 | R | 1/15 | |
| NOT USED | HI03 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 | |
| NOT USED | HI03 - 8 | | 1271 | Industry Code | Х | AN | 1/30 | |
| | HI03 - 9 | | 1073 | Yes/No Condition or Response Code | X | ID | 1/1 | |
| SITUATIONAL | HI04 | C022 | | "H CARE CODE INFORMATION I health care codes and their associated dates, ar | O 1 nounts a | and qua | ntities | |
| | | | E0809 | C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present. | equired. | | | |
| | | | condit to rep | NAL RULE: Required when it is necessary to ion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send. | ents ha | ve bee | | |

| ASC X12N • INSURAI FECHNICAL REPORT | | OMMITTEE | | | 005010X223 CONDITIO | | |
|--|------------------|----------|--|---|--|----------------|----------------------|
| REQUIRED | HI04 - | 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code lis | M | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C02 | 2-05, C022-06 | 6 and C | 022-08. |
| | | | C | ODE DEFINITION | | | |
| | | | BG | Condition | | | |
| | | | | code source 132: National Unifor Codes | m Billing Com | mittee (| NUBC) |
| REQUIRED | HI04 - | 2 | 1271 | Industry Code Code indicating a code from a specific indu | M ustry code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represer range of codes. | its the beginn | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Condition Code | | | |
| NOT USED | HI04 - | 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI04 - | 4 | 1251 | Date Time Period | х | AN | 1/35 |
| NOT USED | HI04 - | 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI04 - | 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI04 - | 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI04 - | 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI04 - | 9 | 1073 | Yes/No Condition or Response Cod | le X | ID | 1/1 |
| SITUATIONAL | HI05 | C022 | To send SYNTAX: P0304 If either E0809 Only on SITUATIO | TH CARE CODE INFORMATION d health care codes and their associated date c C02203 or C02204 is present, then the other he of C02208 or C02209 may be present. NAL RULE: <i>Required when it is necessa</i> tion code and the preceding HI data e | er is required. ry to report | an ad | ditiona |
| | | | to rep | ort other condition codes. If not requ mentation guide, do not send. | | | |
| REQUIRED | HI05 - | 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | M | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C02 | 2-05, C022-06 | 6 and C | 022-08. |
| | | | C | ODE DEFINITION | | | |
| | | | BG | Condition | | | |
| | | | | code source 132: National Unifor Codes | m Billing Com | imittee (| NUBC) |
| | | <u>^</u> | 1271 | Industry Code | M ustry code list | AN | 1/30 |
| REQUIRED | HI05 - | 2 | | Code indicating a code from a specific indu | , | | |
| REQUIRED | HI05 - | 2 | | SEMANTIC: If C022-08 is used, then C022-02 represer range of codes. | - | ing valu | e in a |
| REQUIRED | HI05 - | 2 | | SEMANTIC: If C022-08 is used, then C022-02 represer | - | ing valu | e in a |
| REQUIRED NOT USED | HI05 - HI05 - | | 1250 | SEMANTIC: If C022-08 is used, then C022-02 represer range of codes. | - | ing valu ID | e in a 2/3 |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 005010X223 • 837 • 2300 • HI CONDITION INFORMATION NOT USED HI05 - 5 R 782 **Monetary Amount** ο 1/18 NOT USED HI05 - 6 380 Quantity Ο R 1/15 NOT USED HI05 - 7 799 **Version Identifier** AN 1/30 ο NOT USED HI05 - 8 1271 **Industry Code** Х AN 1/30 NOT USED HI05 - 9 1073 Х 1/1 Yes/No Condition or Response Code ID SITUATIONAL **HEALTH CARE CODE INFORMATION** HI06 C022 01 To send health care codes and their associated dates, amounts and quantities SYNTAX P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation quide, do not send. REQUIRED HI06 - 1 1270 **Code List Qualifier Code** Μ ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. CODE DEFINITION BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes REQUIRED HI06 - 2 1271 **Industry Code** AN 1/30 Μ Code indicating a code from a specific industry code list SEMANTIC If C022-08 is used, then C022-02 represents the beginning value in a range of codes. IMPLEMENTATION NAME: Condition Code NOT USED HI06 - 3 1250 **Date Time Period Format Qualifier** Х ID 2/3 NOT USED HI06 - 4 1251 **Date Time Period** Х AN 1/35 NOT USED HI06 - 5 782 **Monetary Amount** 0 R 1/18 NOT USED HI06 - 6 380 Quantity 0 R 1/15 NOT USED HI06 - 7 Version Identifier 799 0 AN 1/30 NOT USED HI06 - 8 1271 **Industry Code** Х AN 1/30 NOT USED HI06 - 9 1073 Yes/No Condition or Response Code Х ID 1/1

MAY 2006

| SITUATIONAL | HI07 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, and | O 1 nounts a | and quai | ntities |
|-------------|----------|------|------------------|---|-----------------------|----------|---------|
| | | | E0809 | C02203 or C02204 is present, then the other is respected or C02208 or C02209 may be present. | equired. | | |
| | | | Only of | | | | |
| | | | condit to rep | NAL RULE: Required when it is necessary to tion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send. | ents ha | ve bee | |
| REQUIRED | HI07 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | | c | ODE DEFINITION | | | |
| | | | BG | Condition | | | |
| | | | | code source 132: National Uniform Billi Codes | ing Com | mittee (| NUBC) |
| REQUIRED | HI07 - 2 | | 1271 | Industry Code Code indicating a code from a specific industry of | M code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginni | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Condition Code | | | |
| NOT USED | HI07 - 3 | | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI07 - 4 | | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI07 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI07 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI07 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI07 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI07 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI08 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, an | O 1 nounts a | and quai | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present. | equired. | | |
| | | | condit to rep | DNAL RULE: Required when it is necessary to tion code and the preceding HI data eleme ort other condition codes. If not required mentation guide, do not send. | ents ha | ve bee | |

| 005010X223 • 837 • 2 CONDITION INFORM | | | | | ASC X12N • INSUF TECHN | | | MMITTEE • TYPE 3 |
|--|----------|------|--|--|---|-----------------------|---------------|----------------------|
| REQUIRED | HI08 - 1 | | 1270 | | ist Qualifier Code entifying a specific industry code list | М | ID | 1/3 |
| | | | | SEMANTIC C022-01 | c: I qualifies C022-02, C022-04, C022-05, | C022-06 | and C | 022-08. |
| | | | с | ODE | DEFINITION | | | |
| | | | BG | | Condition | | | |
| | | | | | CODE SOURCE 132: National Uniform Bill | ing Com | mittee (| NUBC) |
| REQUIRED | HI08 - 2 | | 1271 | | Codes r y Code dicating a code from a specific industry o | M code list | AN | 1/30 |
| | | | | SEMANTIC If C022- range of | 08 is used, then C022-02 represents the | e beginni | ng valu | e in a |
| | | | | IMPLEME | NTATION NAME: Condition Code | | | |
| NOT USED | HI08 - 3 | | 1250 | Date Ti | ime Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI08 - 4 | | 1251 | Date Ti | ime Period | х | AN | 1/35 |
| NOT USED | HI08 - 5 | | 782 | Moneta | ary Amount | ο | R | 1/18 |
| NOT USED | HI08 - 6 | | 380 | Quanti | ty | ο | R | 1/15 |
| NOT USED | HI08 - 7 | | 799 | Versio | n Identifier | ο | AN | 1/30 |
| NOT USED | HI08 - 8 | | 1271 | Industi | ry Code | Х | AN | 1/30 |
| NOT USED | HI08 - 9 | | 1073 | Yes/No | Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI09 | C022 | | - | E CODE INFORMATION are codes and their associated dates, ar | 01 | | |
| | | | E0809 Only or situatic condit to rep | ne of C022 DNAL RULE: tion code ort other | or C02204 is present, then the other is n 208 or C02209 may be present. Required when it is necessary to e and the preceding HI data eleme r condition codes. If not required | report ents ha | | |
| REQUIRED | | | - | | n guide, do not send. | | | |
| | HI09 - 1 | | 1270 | | .ist Qualifier Code entifying a specific industry code list | М | ID | 1/3 |
| | | | | SEMANTIC C022-01 | c: I qualifies C022-02, C022-04, C022-05, | C022-06 | and C | 022-08. |
| | | | с | ODE | DEFINITION | | | |
| | | | BG | | Condition | | | |
| | | | | | CODE SOURCE 132: National Uniform Bill Codes | ing Com | mittee (| NUBC) |
| REQUIRED | HI09 - 2 | | 1271 | | r y Code dicating a code from a specific industry o | M code list | AN | 1/30 |
| | | | | | _ | | | |
| | | | | SEMANTIC If C022- range of | 08 is used, then C022-02 represents the | e beginni | ng valu | e in a |
| | | | | If C022- range of | 08 is used, then C022-02 represents the | e beginni | ng valu | e in a |
| NOT USED | HI09 - 3 | | 1250 | If C022- range of | 08 is used, then C022-02 represents the codes. | e beginni X | ng valu ID | e in a 2/3 |

TECHNICAL REPORT • TYPE 3 CONDITION INFORMATION NOT USED HI09 - 5 R 782 **Monetary Amount** ο 1/18 NOT USED HI09 - 6 380 Quantity Ο R 1/15 NOT USED HI09 - 7 799 **Version Identifier** AN 1/30 ο NOT USED HI09 - 8 1271 **Industry Code** Х AN 1/30 NOT USED HI09 - 9 1073 Х 1/1 Yes/No Condition or Response Code ID SITUATIONAL **HEALTH CARE CODE INFORMATION** HI10 C022 01 To send health care codes and their associated dates, amounts and quantities SYNTAX P0304 If either C02203 or C02204 is present, then the other is required. E0809 Only one of C02208 or C02209 may be present. SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation quide, do not send. REQUIRED HI10 - 1 1270 Code List Qualifier Code Μ ID 1/3 Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-06 and C022-08. CODE DEFINITION BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes REQUIRED HI10 - 2 1271 **Industry Code** AN 1/30 Μ Code indicating a code from a specific industry code list SEMANTIC If C022-08 is used, then C022-02 represents the beginning value in a range of codes. IMPLEMENTATION NAME: Condition Code NOT USED HI10 - 3 1250 **Date Time Period Format Qualifier** Х ID 2/3 NOT USED HI10 - 4 1251 **Date Time Period** Х AN 1/35 NOT USED HI10 - 5 782 **Monetary Amount** 0 R 1/18 NOT USED HI10 - 6 380 0 R 1/15 Quantity NOT USED Version Identifier HI10 - 7 799 0 AN 1/30 NOT USED 1271 **Industry Code** Х AN 1/30 HI10 - 8 NOT USED HI10 - 9 1073 Х ID 1/1 Yes/No Condition or Response Code

ASC X12N • INSURANCE SUBCOMMITTEE

005010X223 • 837 • 2300 • HI

| SITUATIONAL | HI11 | C022 | | TH CARE CODE INFORMATION I health care codes and their associated dates, a | O 1 mounts a | and qua | ntities |
|-------------|----------|------|------------------|--|-----------------|----------|---------|
| | | | E0809 | C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present. | equired. | | |
| | | | condit to rep | NAL RULE: Required when it is necessary to ion code and the preceding HI data elem ort other condition codes. If not required nentation guide, do not send. | ents ha | ve bee | |
| REQUIRED | HI11 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08. |
| | | | с | DDE DEFINITION | | | |
| | | | BG | Condition | | | |
| | | | | code source 132: National Uniform Bil Codes | ing Com | mittee (| NUBC) |
| REQUIRED | HI11 - 2 | | 1271 | Industry Code Code indicating a code from a specific industry | M code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents th range of codes. | e beginni | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Condition Code | | | |
| NOT USED | HI11 - 3 | | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI11 - 4 | | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI11 - 5 | | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI11 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI11 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI11 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI11 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI12 | C022 | | TH CARE CODE INFORMATION I health care codes and their associated dates, a | O 1 mounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is r e of C02208 or C02209 may be present. | equired. | | |
| | | | condit to rep | NAL RULE: Required when it is necessary to ion code and the preceding HI data elem ort other condition codes. If not required nentation guide, do not send. | ents ha | ve bee | |

| ASC X12N • INSURA TECHNICAL REPOR | ANCE SUBCOMMITTEE T • TYPE 3 | | | | 005010X223 • 837 • 2300 • H CONDITION INFORMATION | | | | |
|--------------------------------------|---------------------------------|------|--|---------------------|--|---------|--|--|--|
| REQUIRED | HI12 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry cod | M e list | ID | 1/3 | | | |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C | C022-05, C022-0 | 6 and C | 022-08. | | | |
| | | C | ODE DEFINITION | | | | | | |
| | | BG | Condition | | | | | | |
| | | | code source 132: National Un Codes | iform Billing Corr | mittee | (NUBC) | | | |
| REQUIRED | HI12 - 2 | 1271 | Industry Code Code indicating a code from a specific | M Induced a list | AN | 1/30 | | | |
| | | | SEMANTIC: | | | | | | |
| | | | If C022-08 is used, then C022-02 repre- range of codes. | esents the beginn | ing valu | ie in a | | | |
| | | | IMPLEMENTATION NAME: Condition Cod | e | | | | | |
| NOT USED | HI12 - 3 | 1250 | Date Time Period Format Qualifi | er X | ID | 2/3 | | | |
| NOT USED | HI12 - 4 | 1251 | Date Time Period | Х | AN | 1/35 | | | |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | 0 | R | 1/18 | | | |
| NOT USED | HI12 - 6 | 380 | Quantity | 0 | R | 1/15 | | | |
| NOT USED | HI12 - 7 | 799 | Version Identifier | 0 | AN | 1/30 | | | |
| NOT USED | HI12 - 8 | 1271 | Industry Code | Х | AN | 1/30 | | | |
| NOT USED | HI12 - 9 | 1073 | Yes/No Condition or Response (| Code X | ID | 1/1 | | | |

| SEGMENT DETAIL | | | | | | | | | | | | | |
|----------------|------------------------|----------|-----------------------|-----------------|---------------------------|-------|-------------------------------|-------|----------------------------|------------|-----------------------|----------|---|
| | | HI | - TRE | | MENT | CC | DDE INF | -0 | RMATI | 0 | Ν | | |
| X12 Segment N | lame: | Healt | th Care I | nforma | ation Codes | | | | | | | | |
| X12 Purp | pose: | To su | upply info | ormatio | on related to | o the | e delivery of | hea | alth care | | | | |
| L | _oop: | 2300 | — CLA | IM INF | ORMATIO | N | | | | | | | |
| Segment Re | peat: | 2 | | | | | | | | | | | |
| U | sage: | SITU | ATIONA | L | | | | | | | | | |
| Situational | | infor | mation u | under | | yer | contracts. | | report Plan ot required | | | nent | |
| TR3 Exar | mple: | HI*T | C:A01~ | | | | | | | | | | |
| DIAGRAM | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| HI01 | C02 C02 | | HI02 C | :022 | HI03 C02 | | HI04 C022 | | HI05 C022 Health Care | | HI06 Health | C022 | |
| | ode Info. | * | Code Inf | X | Code Info. | * | Code Info. | * | Code Info. | * | Code | | |
| M 1 | | | 01 | | 01 | | 01 | | 01 | | 01 | | |
| HI07 | 7 C02 | 2 | HI08 C | :022 | HI09 C02 | 2 | HI10 C022 | 2 | HI11 C022 | | HI12 | C022 | |
| ~ | alth Care ode Info. | * | Health Ca Code Inf | * | Health Care Code Info. | * | Health Care Code Info. | * | Health Care Code Info. | * | Health Code | | ~ |
| O 1 | | | 01 | | 01 | | 01 | | 01 | | 01 | | |
| ELEMENT DETAIL | | | | | | | | | | | | | |
| USAGE | REI | =. 3. | DATA ELEMENT | NAME | | | | | | | ATTRIBU | UTES | |
| REQUIRED | HI01 | | C022 | | | | E INFORMAT | | - | M 1 | - | | |
| | | | | | | code | es and their ass | ocia | ated dates, amo | unts | and qua | intities | |
| | | | | SYNTAX P0304 | Ļ | | 04 is present th | | the other is read | .: | 1 | | |
| | | | | E0809 |) | | | | the other is requ | lirec | 1. | | |
| | | | | Only c | one of C02208 | or C | 02209 may be | pres | sent. | | | | |
| REQUIRED | HI01 - | 1 | | 1270 | | | alifier Code | Istry | code list | М | ID | 1/3 | |
| | | | | | SEMANTIC: | Jifi | | - | 04, C022-05, C0 | 122-1 | 06 and C | 022-08 | |
| | | | | | | | | 22-0 | J4, CUZZ-03, CC | /22-(| | ,022-00. | |
| | | | | | | FINIT | - | | | | | | |
| | | | | тс | | | ment Codes ource 359: Trea | atme | ent Codes | | | | |
| | | | | | | 220 | | aann | | | | | |

| ASC X12N • INSURA TECHNICAL REPORT | T • TYPE 3 | | TREATMEN | | | RMATIO |
|--|--|---|---|--|--|--|
| REQUIRED | HI01 - 2 | 1271 | Industry Code Code indicating a code from a specific industry co | M ode list | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginni | ing valu | e in a |
| | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI01 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI01 - 4 | 1251 | Date Time Period | х | AN | 1/35 |
| NOT USED | HI01 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI01 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI01 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI01 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI01 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI02 C02 | | TH CARE CODE INFORMATION d health care codes and their associated dates, am | O 1 ounts a | ind quai | ntities |
| | | E0809 | : r C02203 or C02204 is present, then the other is re ne of C02208 or C02209 may be present. | quired. | | |
| | | SITUATIO | DNAL RULE: Required when it is necessary to | | | |
| REQUIRED | HI02 - 1 | situation treatm to rep | DNAL RULE: Required when it is necessary to ment code and the preceding HI data eleme fort other treatment codes. If not required k mentation guide, do not send. Code List Qualifier Code | nts ha | ve bee | |
| REQUIRED | HI02 - 1 | situation treatm to rep implei | DNAL RULE: Required when it is necessary to nent code and the preceding HI data eleme ort other treatment codes. If not required k mentation guide, do not send. | nts ha by this M | ID | en used 1/3 |
| REQUIRED | HI02 - 1 | situatic treatm to rep implei 1270 | DNAL RULE: Required when it is necessary to the nent code and the preceding HI data element of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | nts ha by this M | ID | en used 1/3 |
| REQUIRED | HI02 - 1 | situatio treatm to rep implei 1270 | DNAL RULE: Required when it is necessary to the preceding HI data element code and the preceding HI data element of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-04 CODE DEFINITION | nts ha by this M | ID | en used 1/3 |
| REQUIRED | HI02 - 1 HI02 - 2 | situatic treatm to rep implei 1270 | DNAL RULE: Required when it is necessary to the nent code and the preceding HI data element of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C | nts ha by this M C022-00 M | ID | en used 1/3 |
| | | situatic treatm to rep implei 1270 C TC | DNAL RULE: Required when it is necessary to the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code list Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C CODE DEFINITION Treatment Codes code source 359: Treatment Codes Industry Code | M C022-00 M code list | ID 3 and C AN | 1/3 022-08. 1/30 |
| | | situatic treatm to rep implei 1270 C TC | DNAL RULE: Required when it is necessary to the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code list Qualifier Code Code identifying a specific industry code list SEMANTIC: CODE DEFINITION Treatment Codes code source 359: Treatment Codes Industry Code Code indicating a code from a specific industry code SEMANTIC: If C022-08 is used, then C022-02 represents the | M C022-00 M code list | ID 3 and C AN | 1/3 022-08. 1/30 |
| | | situatic treatm to rep implei 1270 C TC | DNAL RULE: Required when it is necessary to the treatment codes. If not required is mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: CODE DEFINITION Treatment Codes Industry Code Code indicating a code from a specific industry code SEMANTIC: CODE DEFINITION Treatment Codes Code indicating a code from a specific industry code SEMANTIC: If CO22-08 is used, then C022-02 represents the range of codes. | M C022-00 M code list | ID 3 and C AN | 1/3 022-08. 1/30 |
| REQUIRED | HI02 - 2 | situation treatin to rep implei 1270 C TC 1271 | DNAL RULE: Required when it is necessary to the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-02, C022-05, C022-02, C022-05, C022-02, C022-05, C022-02, C0 | M C022-06 M ode list beginni | ID 6 and C AN ing valu | 1/3 022-08. 1/30 e in a |
| REQUIRED NOT USED | HI02 - 2 HI02 - 3 | situation treating to rep implea 1270 TC 1271 | DNAL RULE: Required when it is necessary to the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code lidentifying a specific industry code list SEMANTIC: CODE DEFINITION Treatment Codes Code indicating a code from a specific industry code SEMANTIC: CODE DEFINITION Treatment Codes code indicating a code from a specific industry code SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Treatment Code Date Time Period Format Qualifier | M CO22-00 M ode list beginni | ID and C AN ing valu ID | en used 1/3 022-08. 1/30 e in a 2/3 |
| REQUIRED NOT USED NOT USED | HI02 - 2 HI02 - 3 HI02 - 4 | situation to rep implea 1270 TC 1271 1250 1251 | DNAL RULE: Required when it is necessary to the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code lidentifying a specific industry code list SEMANTIC: CO22-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C | M C022-00 M ode list beginni X X | ID 5 and C AN ing valu ID AN | en used 1/3 022-08. 1/30 e in a 2/3 1/35 |
| REQUIRED NOT USED NOT USED NOT USED | HI02 - 2 HI02 - 3 HI02 - 4 HI02 - 5 HI02 - 6 | SITUATIC treatin to rep implei 1270 TC 1271 1250 1251 782 | DNAL RULE: Required when it is necessary to the forment code and the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, C DEFINITION Treatment Codes CODE DEFINITION Treatment Codes Code indicating a code from a specific industry code SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Treatment Code Date Time Period Format Qualifier Date Time Period Monetary Amount Quantity | M CO22-00 M ode list beginni X X Q | ID and C AN ing valu ID AN R | en used 1/3 022-08. 1/30 e in a 2/3 1/35 1/18 |
| REQUIRED NOT USED NOT USED NOT USED NOT USED | HI02 - 2 HI02 - 3 HI02 - 4 HI02 - 5 | SITUATIC treatin to rep implei 1270 TC 1271 1250 1251 782 380 | DNAL RULE: Required when it is necessary to the preceding HI data elements of the treatment codes. If not required to mentation guide, do not send. Code List Qualifier Code Code lidentifying a specific industry code list SEMANTIC: CO22-01 qualifies C022-02, C022-04, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C022-05, C022-01 qualifies C022-02, C022-04, C022-05, C | M CO22-00 M ode list beginni X X O O | ID 5 and C AN ing valu ID AN R R R | en used 1/3 022-08. 1/30 e in a 2/3 1/35 1/18 1/15 |

| SITUATIONAL | HI03 | C022 | | TH CARE CODE INFORMATION | O 1 nounts a | and qua | ntities |
|-------------|----------|------|--------------------|--|-----------------------|----------|----------|
| | | | SYNTAX: | | | · | |
| | | | P0304 If either | C02203 or C02204 is present, then the other is re- | equired. | | |
| | | | E0809 Only on | e of C02208 or C02209 may be present. | | | |
| | | | | www.awa Boguirad whan it is papasary to | roport | on ad | ditional |
| | | | | NAL RULE: Required when it is necessary to ent code and the preceding HI data eleme | - | | |
| | | | - | ort other treatment codes. If not required nentation guide, do not send. | by this | ; | |
| REQUIRED | HI03 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
| | | | | SEMANTIC: | C000 0/ | C and C | 000 00 |
| | | | | C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | s and C | 022-08. |
| | | | | | | | |
| | | | тс | Treatment Codes | | | |
| REQUIRED | HI03 - 2 | | 1271 | CODE SOURCE 359: Treatment Codes Industry Code Code indicating a code from a specific industry of | M code list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginn | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI03 - 3 | | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI03 - 4 | | 1251 | Date Time Period | х | AN | 1/35 |
| NOT USED | HI03 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI03 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI03 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI03 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI03 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI04 | C022 | | TH CARE CODE INFORMATION I health care codes and their associated dates, ar | O 1 nounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is re e of C02208 or C02209 may be present. | equired. | | |
| | | | treatm | NAL RULE: Required when it is necessary to tent code and the preceding HI data element out other treatment codes. If not required | ents ha | ve bee | |

to report other treatment codes. If not required by this implementation guide, do not send.

| | T • TYPE 3 | | TREATM | ENT COD | e info | 2300 • H RMATIO |
|-------------|----------------------|---|---|---|--|--|
| REQUIRED | HI04 - 1 | 127 | Code identifying a specific industry code list | М | ID | 1/3 |
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-04 | 5, C022-06 | 6 and C | 022-08. |
| | | | CODE DEFINITION | | | |
| | | тс | Treatment Codes | | | |
| REQUIRED | HI04 - 2 | 127 | CODE SOURCE 359: Treatment Codes I Industry Code Code indicating a code from a specific industr | M y code list | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents t range of codes. | he beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI04 - 3 | 125 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI04 - 4 | 125 | I Date Time Period | Х | AN | 1/35 |
| NOT USED | HI04 - 5 | 782 | Monetary Amount | 0 | R | 1/18 |
| NOT USED | HI04 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI04 - 7 | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI04 - 8 | 127 | I Industry Code | Х | AN | 1/30 |
| NOT USED | HI04 - 9 | 107 | 3 Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI05 | | LTH CARE CODE INFORMATION end health care codes and their associated dates, | O 1 amounts a | and qua | ntities |
| | | | | | | |
| | | E08 | 14 ner C02203 or C02204 is present, then the other is | s required. | | |
| | | P03 If eit E08 Only SITU <i>trea</i> <i>to r</i> | 14 ner C02203 or C02204 is present, then the other is 19 | to report ments ha | an ad ive bee | |
| REQUIRED | HI05 - 1 | P03 If eit E08 Only SITU <i>trea</i> <i>to r</i> | A her C02203 or C02204 is present, then the other is 9 one of C02208 or C02209 may be present. TIONAL RULE: <i>Required when it is necessary</i> <i>timent code and the preceding HI data elei</i> <i>eport other treatment codes. If not require</i> <i>lementation guide, do not send.</i> | to report ments ha | an ad ive bee | |
| REQUIRED | HI05 - 1 | P03 If eit E08 Only situ trea to r imp | A her C02203 or C02204 is present, then the other is one of C02208 or C02209 may be present. TIONAL RULE: <i>Required when it is necessary</i> <i>timent code and the preceding HI data elei</i> <i>eport other treatment codes. If not require</i> <i>lementation guide, do not send.</i> O Code List Qualifier Code | to report ments ha d by this M | an ad ve bee ID | en used 1/3 |
| REQUIRED | HI05 - 1 | P03 If eit E08 Only situ trea to r imp | her C02203 or C02204 is present, then the other is present, then the other is one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary the treatment code and the preceding HI data elementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | to report ments ha d by this M | an ad ve bee ID | en used 1/3 |
| REQUIRED | HI05 - 1 | P03 If eit E08 Only situ trea to r imp | her C02203 or C02204 is present, then the other is present of C02208 or C02209 may be present. TIONAL RULE: Required when it is necessary transferent code and the preceding HI data elementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-03. | to report ments ha d by this M | an ad ve bee ID | en used 1/3 |
| REQUIRED | HI05 - 1 HI05 - 2 | P03 If eit E08 Only sirru, trea to r imp 127 | 14 her C02203 or C02204 is present, then the other is 19 one of C02208 or C02209 may be present. ITIONAL RULE: Required when it is necessary tment code and the preceding HI data elementation guide, do not send. D Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-03 CODE DEFINITION Treatment Codes CODE DEFINITION Treatment Codes CODE DEFINITION | to report ments ha d by this M 5, C022-06 | ID | en used 1/3 |
| | | P03 If eit E08 Only situ, trea to r imp 127 | 14 her C02203 or C02204 is present, then the other is 19 one of C02208 or C02209 may be present. ITIONAL RULE: Required when it is necessary tment code and the preceding HI data elementation guide, do not send. 0 Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-03 CODE DEFINITION Treatment Codes CODE DEFINITION | to report ments ha d by this M 5, C022-06 M y code list | in an ad ave bee ID S and C AN | 1/3 022-08. |
| | | P03 If eit E08 Only situ, trea to r imp 127 | 14 her C02203 or C02204 is present, then the other is 19 one of C02208 or C02209 may be present. ITIONAL RULE: Required when it is necessary timent code and the preceding HI data elere 10 11 11 12 13 14 14 14 15 16 17 17 16 17 17 17 17 16 17 16 16 16 17 17 18 19 19 11 11 11 12 12 14 15 16 16 17 17 18 18 18 19 19 10 10 | to report ments ha d by this M 5, C022-06 M y code list | in an ad ave bee ID S and C AN | en used 1/3 022-08. 1/30 |
| | HI05 - 2 | P03 If eit E08 Only situ, trea to r imp 127 | 14 her C02203 or C02204 is present, then the other is 19 one of C02208 or C02209 may be present. ITIONAL RULE: Required when it is necessary timent code and the preceding HI data element to the reatment codes. If not require lementation guide, do not send. 0 Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-02 CODE DEFINITION Treatment Codes Industry Code Code indicating a code from a specific industry SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. IMPLEMENTATION NAME: Treatment Code Implementation name: Treatment Code | to report ments ha d by this M 5, C022-06 M y code list | in an ad ave bee ID S and C AN | en used 1/3 022-08. 1/30 |
| REQUIRED | | P03 If eit E08 Only sirru, trea to r imp 127 TC 127 | 14 her C02203 or C02204 is present, then the other is 19 one of C02208 or C02209 may be present. ITIONAL RULE: Required when it is necessary timent code and the preceding HI data elementation guide, do not send. 10 Code List Qualifier Code code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-04 CODE DEFINITION Treatment Codes code indicating a code from a specific industr SEMANTIC: Industry Code Code indicating a code from a specific industr SEMANTIC: If C022-08 is used, then C022-02 represents to range of codes. IMPLEMENTATION NAME: Treatment Code Date Time Period Format Qualifier | to report ments ha d by this M 5, C022-06 M y code list the beginn | ing value | 1/3 022-08. 1/30 e in a |

| | | | | | | | • TYP |
|-------------|----------|------|------------------|---|-----------------------|----------|---------|
| | HI05 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| | HI05 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| | HI05 - 8 | | 1271 | Industry Code | Х | AN | 1/30 |
| | HI05 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI06 | C022 | To send | TH CARE CODE INFORMATION I health care codes and their associated dates, an | O 1 nounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is re e of C02208 or C02209 may be present. | equired. | | |
| | | | treatm to rep | NAL RULE: Required when it is necessary to ent code and the preceding HI data eleme ort other treatment codes. If not required mentation guide, do not send. | ents ha | ve bee | |
| REQUIRED | HI06 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
| | | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-06 | 6 and C | 022-08 |
| | | | С | ODE DEFINITION | | | |
| | | | тс | Treatment Codes | | | |
| REQUIRED | HI06 - 2 | | 1271 | CODE SOURCE 359: Treatment Codes Industry Code Code indicating a code from a specific industry of SEMANTIC: | M code list | AN | 1/30 |
| | | | | If C022-08 is used, then C022-02 represents the range of codes. | beginn | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Treatment Code | | | |
| IOT USED | HI06 - 3 | | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| IOT USED | HI06 - 4 | | 1251 | Date Time Period | Х | AN | 1/3 |
| IOT USED | HI06 - 5 | | 782 | Monetary Amount | 0 | R | 1/18 |
| IOT USED | HI06 - 6 | | 380 | Quantity | 0 | R | 1/1 |
| NOT USED | HI06 - 7 | | 799 | Version Identifier | 0 | AN | 1/3 |
| NOT USED | HI06 - 8 | | 1271 | Industry Code | Х | AN | 1/3 |
| IOT USED | HI06 - 9 | | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI07 | C022 | | TH CARE CODE INFORMATION I health care codes and their associated dates, an | O 1 nounts a | and qua | ntities |
| | | | E0809 | C02203 or C02204 is present, then the other is re e of C02208 or C02209 may be present. | equired. | | |

SITUATIONAL RULE: Required when it is necessary to report an additional treatment code and the preceding HI data elements have been used to report other treatment codes. If not required by this implementation guide, do not send.

| | T • TYPE 3 | | | | | RMATIC |
|-------------|------------|--|--|---|---|---|
| REQUIRED | HI07 - 1 | 127 | 0 Code List Qualifier Code Code identifying a specific industry code list | Μ | ID | 1/3 |
| | | | ѕемантіс: С022-01 qualifies C022-02, C022-04, C022-0 | 05, C022-06 | 6 and C | 022-08. |
| | | | | | | |
| | | тс | Treatment Codes | | | |
| REQUIRED | HI07 - 2 | 127 | CODE SOURCE 359: Treatment Codes 1 Industry Code Code indicating a code from a specific indust | М | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents range of codes. | the beginn | ing valu | ie in a |
| | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI07 - 3 | 125 | 0 Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI07 - 4 | 125 | 1 Date Time Period | х | AN | 1/35 |
| NOT USED | HI07 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI07 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI07 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI07 - 8 | 127 | 1 Industry Code | х | AN | 1/30 |
| NOT USED | HI07 - 9 | 107 | 3 Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI08 | | ALTH CARE CODE INFORMATION end health care codes and their associated dates, | O1, amounts a | and qua | ntities |
| | | | | | | |
| | | E08 | 04 her C02203 or C02204 is present, then the other i | is required. | | |
| | | P03 If eit E08 Only SITU <i>trea</i> <i>to r</i> | 04 her C02203 or C02204 is present, then the other i 09 | to report ements ha | an ad ave bee | |
| REQUIRED | HI08 - 1 | P03 If eit E08 Only SITU <i>trea</i> <i>to r</i> | 04 her C02203 or C02204 is present, then the other i 09 one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary itment code and the preceding HI data ele eport other treatment codes. If not require ilementation guide, do not send. | to report ements ha | an ad ave bee | |
| REQUIRED | HI08 - 1 | P03 If eit E08 Only situ trea to r imp | ber C02203 or C02204 is present, then the other in the c02203 or C02204 is present, then the other in the other in the other in the other is one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary internet code and the preceding HI data element the other treatment codes. If not required the internet and the preceding HI data element the other treatment codes. If not required the other treatment codes. If not required the internet and the preceding HI data element the other treatment codes. If not required the other treatment codes. If not required the other treatment code and the preceding HI data element the other treatment codes. If not required the other treatment codes. If not required the other treatment codes. Code List Qualifier Code | to report ements ha ed by this M | an ad ave bee | en useo 1/3 |
| REQUIRED | HI08 - 1 | P03 If eit E08 Only situ trea to r imp | ber C02203 or C02204 is present, then the other it in the other it is necessary of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary internet code and the preceding HI data elementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: | to report ements ha ed by this M | an ad ave bee | en useo 1/3 |
| REQUIRED | HI08 - 1 | P03 If eit E08 Only situ trea to r imp | be CO2203 or CO2204 is present, then the other it op one of CO2208 or CO2209 may be present. ATIONAL RULE: Required when it is necessary attent code and the preceding HI data eleeport other treatment codes. If not required alementation guide, do not send. Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: CO22-01 qualifies CO22-02, CO22-04, CO22-04. | to report ements ha ed by this M | an ad ave bee | en useo 1/3 |
| REQUIRED | HI08 - 1 | P03 If eit E08 Only situ trea to r imp 127 | 04 her C02203 or C02204 is present, then the other if 09 one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary internet code and the preceding HI data elee eport other treatment codes. If not required idementation guide, do not send. 0 Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-04 CODE DEFINITION Treatment Codes code source 359: Treatment Codes 1 Industry Code | to report ements ha ed by this M 05, C022-00 | an ad ave bea ID 6 and C | en usec 1/3 |
| | | P03 If eit E08 Only situ. <i>trea</i> <i>to r</i> <i>imp</i> 127 | 04 her C02203 or C02204 is present, then the other if 09 one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary internet code and the preceding HI data elee eport other treatment codes. If not required elementation guide, do not send. 0 Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-04 CODE DEFINITION Treatment Codes code source 359: Treatment Codes | to report ements ha ed by this M 05, C022-00 M ry code list | i an ad ave bed ID 6 and C | 1/3 022-08. 1/30 |
| | | P03 If eit E08 Only situ. <i>trea</i> <i>to r</i> <i>imp</i> 127 | D4 her C02203 or C02204 is present, then the other if D9 r one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary internet code and the preceding HI data elee eport other treatment codes. If not required elementation guide, do not send. 0 Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-04 CODE DEFINITION Treatment Codes code indicating a code from a specific indust SEMANTIC: Industry Code Code indicating a code from a specific indust SEMANTIC: If C022-08 is used, then C022-02 represents | to report ements ha ed by this M 05, C022-00 M ry code list | i an ad ave bed ID 6 and C | 1/3 022-08. 1/30 |
| REQUIRED | HI08 - 2 | P03 If eit E08 Only situ. <i>trea</i> <i>to r</i> <i>imp</i> 127 | 04 her C02203 or C02204 is present, then the other if 09 one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary of the code and the preceding HI data element at code and the preceding HI data element at on guide, do not send. 0 Code List Qualifier Code CODE DEFINITION CODE DEFINITION Treatment Codes Code source 359: Treatment Codes 1 Industry Code Code indicating a code from a specific indust SEMANTIC: If C022-08 is used, then C022-02 represents range of codes. IMPLEMENTATION NAME: Treatment Code | to report ements ha ed by this M 05, C022-00 M ry code list | i an ad ave bed ID 6 and C | 1/3 022-08. 1/30 |
| | | P03 If eit E08 Only situ trea to r imp 127 TC 127 | 04 her C02203 or C02204 is present, then the other if 09 r one of C02208 or C02209 may be present. ATIONAL RULE: Required when it is necessary internt code and the preceding HI data elementation guide, do not send. 0 Code List Qualifier Code Code identifying a specific industry code list SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-04 CODE DEFINITION Treatment Codes code industry Code Code indicating a code from a specific indust SEMANTIC: If C022-08 is used, then C022-02 represents range of codes. IMPLEMENTATION NAME: Treatment Code 0 Date Time Period Format Qualifier | to report ements ha ed by this M 05, C022-00 M ry code list the beginn | an ad ave bea ID 6 and C AN | 1/3 022-08. 1/30 Ie in a |

| 005010X223 • 837 • TREATMENT CODE | | l | | ASC X12N • INSU TECHI | RANCE NICAL R | | |
|--------------------------------------|----------|------|---------|---|------------------|---------|---------|
| NOT USED | HI08 - 6 | | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI08 - 7 | | 799 | Version Identifier | 0 | AN | 1/30 |
| NOT USED | HI08 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI08 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI09 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, a | O 1 mounts a | and qua | ntities |
| | | | E0809 | : r C02203 or C02204 is present, then the other is r ne of C02208 or C02209 may be present. | equired. | | |
| | | | Only or | he of C02208 or C02209 may be present. | | | |

SITUATIONAL RULE: Required when it is necessary to report an additional treatment code and the preceding HI data elements have been used to report other treatment codes. If not required by this implementation guide, do not send.

| REQUIRED | HI09 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
|-------------|----------|-------|--|-----------------|-----------|---------|
| | | | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, | C022-0 | 6 and C | 022-08. |
| | | C | CODE DEFINITION | | | |
| | | тс | Treatment Codes | | | |
| REQUIRED | | 4074 | code source 359: Treatment Codes | | | 4/00 |
| REGUIRED | HI09 - 2 | 1271 | Industry Code Code indicating a code from a specific industry of | M code list | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginn | iing valu | e in a |
| | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI09 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI09 - 4 | 1251 | Date Time Period | х | AN | 1/35 |
| NOT USED | HI09 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI09 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI09 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI09 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI09 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI10 CO | | TH CARE CODE INFORMATION d health care codes and their associated dates, an | O 1 nounts a | and qua | ntities |
| | | E0809 | : r C02203 or C02204 is present, then the other is re ne of C02208 or C02209 may be present. | ∋quired. | | |

SITUATIONAL RULE: Required when it is necessary to report an additional treatment code and the preceding HI data elements have been used to report other treatment codes. If not required by this implementation guide, do not send.

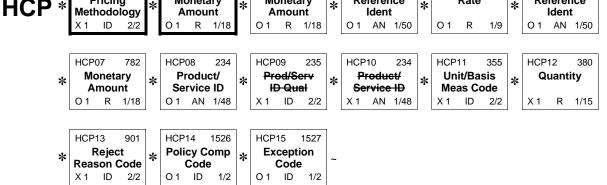
ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

1/15

| REQUIRED | HI10 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | м | ID | 1/3 |
|-------------|----------|------|------------------|--|---------------|----------|----------|
| | | | | земалтіс: C022-01 qualifies C022-02, C022-04, C022-05, C | 022-06 | 6 and C | 022-08. |
| | | | с | ODE DEFINITION | | | |
| | | | тс | Treatment Codes | | | |
| | | | | CODE SOURCE 359: Treatment Codes | | | |
| REQUIRED | HI10 - 2 | | 1271 | Industry Code Code indicating a code from a specific industry co | M ode list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginn | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI10 - 3 | | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI10 - 4 | | 1251 | Date Time Period | х | AN | 1/35 |
| NOT USED | HI10 - 5 | | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI10 - 6 | | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI10 - 7 | | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI10 - 8 | | 1271 | Industry Code | х | AN | 1/30 |
| NOT USED | HI10 - 9 | | 1073 | Yes/No Condition or Response Code | х | ID | 1/1 |
| SITUATIONAL | HI11 | C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, am | O1 ounts a | ind quai | ntities |
| | | | E0809 Only or | CO2203 or CO2204 is present, then the other is reached of CO2208 or CO2209 may be present. | | an ad | ditional |
| | | | treatm to rep | nent code and the preceding HI data eleme ort other treatment codes. If not required b mentation guide, do not send. | nts ha | ve bee | |
| REQUIRED | HI11 - 1 | | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | | | земалтіс: C022-01 qualifies C022-02, C022-04, C022-05, C | 022-06 | 6 and C | 022-08. |
| | | | с | ODE DEFINITION | | | |
| | | | тс | Treatment Codes | | | |
| REQUIRED | | | | CODE SOURCE 359: Treatment Codes | | | |
| REQUIRED | HI11 - 2 | | 1271 | Industry Code Code indicating a code from a specific industry co | M ode list | AN | 1/30 |
| | | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | beginn | ing valu | e in a |
| | | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI11 - 3 | | 1250 | Date Time Period Format Qualifier | Х | ID | 2/3 |
| NOT USED | HI11 - 4 | | 1251 | Date Time Period | Х | AN | 1/35 |

| 005010X223 • 837 • 2 TREATMENT CODE | | | ASC X12N • INSUR TECHN | | | • TYPE 3 |
|--|-----------|------------------|--|-----------------------|----------|----------|
| NOT USED | HI11 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI11 - 6 | 380 | Quantity | 0 | R | 1/15 |
| NOT USED | HI11 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI11 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI11 - 9 | 1073 | Yes/No Condition or Response Code | Х | ID | 1/1 |
| SITUATIONAL | HI12 C022 | | TH CARE CODE INFORMATION d health care codes and their associated dates, an | O 1 nounts a | ind quai | ntities |
| | | E0809 | C02203 or C02204 is present, then the other is rene of C02208 or C02209 may be present. | equired. | | |
| | | treatm to rep | DNAL RULE: Required when it is necessary to ment code and the preceding HI data eleme ort other treatment codes. If not required i mentation guide, do not send. | ents ha | ve bee | |
| REQUIRED | HI12 - 1 | 1270 | Code List Qualifier Code Code identifying a specific industry code list | М | ID | 1/3 |
| | | C | SEMANTIC: C022-01 qualifies C022-02, C022-04, C022-05, ODE DEFINITION | C022-06 | 6 and C | 022-08. |
| | | тс | Treatment Codes | | | |
| REQUIRED | HI12 - 2 | 1271 | code source 359: Treatment Codes Industry Code Code indicating a code from a specific industry of | M code list | AN | 1/30 |
| | | | SEMANTIC: If C022-08 is used, then C022-02 represents the range of codes. | e beginn | ing valu | e in a |
| | | | IMPLEMENTATION NAME: Treatment Code | | | |
| NOT USED | HI12 - 3 | 1250 | Date Time Period Format Qualifier | х | ID | 2/3 |
| NOT USED | HI12 - 4 | 1251 | Date Time Period | Х | AN | 1/35 |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | ο | R | 1/18 |
| NOT USED | HI12 - 6 | 380 | Quantity | ο | R | 1/15 |
| NOT USED | HI12 - 7 | 799 | Version Identifier | ο | AN | 1/30 |
| NOT USED | HI12 - 8 | 1271 | Industry Code | Х | AN | 1/30 |
| NOT USED | HI12 - 9 | 1073 | Yes/No Condition or Response Code | X | ID | 1/1 |

| SEGMENT DETAIL | |
|---------------------|---|
| | HCP - CLAIM PRICING/REPRICING INFORMATION |
| X12 Segment Name: | Health Care Pricing |
| X12 Purpose: | To specify pricing or repricing information about a health care claim or line item |
| X12 Syntax: | 1. R0113 At least one of HCP01 or HCP13 is required. |
| | 2. P0910 If either HCP09 or HCP10 is present, then the other is required. |
| | 3. P1112 If either HCP11 or HCP12 is present, then the other is required. |
| Loop: | 2300 — CLAIM INFORMATION |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. This information is specific to the destination payer reported in Loop ID-2010BB. |
| | 2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim. |
| TR3 Example: | HCP*03*100*10*RPO12345~ |
| DIAGRAM | |
| DIAORAII | |
| HCP01 14 Pricing | 73 HCP02 782 HCP03 782 HCP04 127 HCP05 118 HCP06 127 y Monetary y Reference y Rate y Reference |



| ELEMENT DETAIL | | | | | | | | | | |
|----------------|--------------|-----------------|--|--|------------------|----------------------|--------------------|--|--|--|
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES | | | |
| REQUIRED | HCP01 | 1473 | Pricing Meth Code specifyir priced or reprid | ng pricing methodology at which the claim or | X 1 line iter | ID m has b | 2/2 been | | | |
| | | | syntax: R0113 | 3 | | | | | | |
| | | | - | de use is determined by Trading Partr nces in contracting policies in the ind | _ | | ent due | | | |
| | | | CODE | | | | | | | |
| | | | 00 | Zero Pricing (Not Covered Under | Contra | act) | | | | |
| | | | 01 | Priced as Billed at 100% | | | | | | |
| | | | 02 | Priced at the Standard Fee Sched | ule | | | | | |
| | | | 03 | Priced at a Contractual Percentag | е | | | | | |
| | | | | 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 | | | | | | |
| REQUIRED | HCP02 | 782 | Monetary An Monetary amo | | 01 | R | 1/18 | | | |
| | | | SEMANTIC: HCF | P02 is the allowed amount. | | | | | | |
| | | | IMPLEMENTATIO | N NAME: Repriced Allowed Amount | | | | | | |
| SITUATIONAL | HCP03 | 782 | Monetary An Monetary amo | | 01 | R | 1/18 | | | |
| | | | SEMANTIC: HCF | P03 is the savings amount. | | | | | | |
| | | | SEMANTIC: HOPOS IS the savings amount. SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | | | |
| | | | IMPLEMENTATIO | N NAME: Repriced Saving Amount | | | | | | |
| | | | This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | | | |

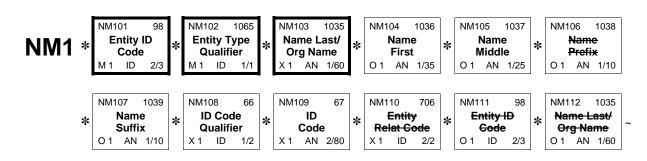
| SITUATIONAL | HCP04 | 127 | Reference IdentificationO 1 AN 1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | |
|-------------|-------|-----|---|--|--|--|--|--|
| | | | SEMANTIC: HCP04 is the repricing organization identification number. | | | | | |
| | | | SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Repricing Organization Identifier | | | | | |
| | | | This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | |
| SITUATIONAL | HCP05 | 118 | Rate O 1 R 1/9 Rate expressed in the standard monetary denomination for the currency specified | | | | | |
| | | | SEMANTIC: HCP05 is the pricing rate associated with per diem or flat rate repricing. | | | | | |
| | | | SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount | | | | | |
| | | | This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | |
| SITUATIONAL | HCP06 | 127 | Reference IdentificationO 1 AN 1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | |
| | | | SEMANTIC: HCP06 is the approved DRG code. | | | | | |
| | | | СОММЕНТ: HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values. | | | | | |
| | | | SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Repriced Approved DRG Code | | | | | |
| | | | This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | |
| SITUATIONAL | HCP07 | 782 | Monetary AmountO 1R1/18Monetary amount | | | | | |
| | | | SEMANTIC: HCP07 is the approved DRG amount. | | | | | |
| | | | SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Repriced Approved Amount | | | | | |
| | | | This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | |

| SITUATIONAL | HCP08 | 234 | Product/Servi Identifying numb | ce ID er for a product or service | 01 | AN | 1/48 | | |
|-------------|-------|-----|--|--|------------------|---------------------|------------------------|--|--|
| | | | SEMANTIC: HCP08 | 3 is the approved revenue code. | | | | | |
| | | | by the reprice information is | Required when this information r. The segment is not completed completed by repricers only. If r on guide, do not send. | by prov | iders. | The | | |
| | | | IMPLEMENTATION N | AME: Repriced Approved Revenue | e Code | | | | |
| | | | This informati Loop ID-2010 | on is specific to the destination 3B. | payer re | ported | l in | | |
| NOT USED | HCP09 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 | | |
| NOT USED | HCP10 | 234 | Product/Servi | ce ID | X 1 | AN | 1/48 | | |
| SITUATIONAL | HCP11 | 355 | | for Measurement Code the units in which a value is being expr has been taken | X 1 essed, or | ID manner | 2/2 in which | | |
| | | | syntax: P1112 | | | | | | |
| | | | SITUATIONAL RULE: Required when HCP12 exists. If not required by this implementation guide, do not send. | | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | DA | Days | | | | | |
| | | | UN | Unit | | | | | |
| SITUATIONAL | HCP12 | 380 | Quantity Numeric value of | quantity | X 1 | R | 1/15 | | |
| | | | syntax: P1112 | | | | | | |
| | | | SEMANTIC: HCP12 is the approved service units or inpatient days. | | | | | | |
| | | | SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | | | |
| | | | | AME: Repriced Approved Service | Unit Cou | unt | | | |
| | | | This informati Loop ID-2010 | on is specific to the destination | payer re | ported | l in | | |
| | | | The maximum When a decim | length for this field is 8 digits e | | | | | |

| SITUATIONAL | HCP13 | 901 | Reject Reasor Code assigned b | Code by issuer to identify reason for rejection | X 1 | ID | 2/2 |
|-------------|-------|-------------------------------|--|--|----------|-----------|--------|
| | | syntax: R0113 | | | | | |
| | | SEMANTIC: HCP13 | B is the rejection message returned from th | e third | party | | |
| | | by the reprice information is | Required when this information is r. The segment is not completed by completed by repricers only. If not on guide, do not send. | rov | iders. T | The | |
| | | | This informati Loop ID-2010 | on is specific to the destination pages. 3B. | yer rej | ported i | in |
| | | | CODE | DEFINITION | | | |
| | | T1 | Cannot Identify Provider as TPO (Third Party Organization) Participant | | | | |
| | | T2 | Cannot Identify Payer as TPO (Third Party Organization) Participant | | | | |
| | | Т3 | 3 Cannot Identify Insured as TPO (Third Party Organization) Participant | | | | |
| | | Т4 | Payer Name or Identifier Missing | | | | |
| | | | Т5 | Certification Information Missing | | | |
| | | | Т6 | Claim does not contain enough in pricing | forma | ition foi | r re- |
| SITUATIONAL | HCP14 | 1526 | Policy Compli Code specifying | ance Code policy compliance | 01 | ID | 1/2 |
| | | | by the reprice information is | Required when this information is r. The segment is not completed by completed by repricers only. If not on guide, do not send. | rov | iders. T | The |
| | | | This informati Loop ID-2010 | on is specific to the destination pages. 3B. | yer rej | ported i | in |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Procedure Followed (Compliance) |) | | |
| | | | 2 | Not Followed - Call Not Made (Nor Not Made) | ו-Com | pliance | e Call |
| | | | 3 | Not Medically Necessary (Non-Co Medically Necessary) | mplia | nce Noi | n- |
| | | | 4 | Not Followed Other (Non-Complia | nce O | ther) | |
| | | | 5 | Emergency Admit to Non-Network | (Hosp | oital | |

| SITUATIONAL HCP15 | 1527 | Exception CodeO 1ID1/2Code specifying the exception reason for consideration of out-of-network health care servicesImage: Code service servi | | | | | | |
|-------------------|------|---|--|--|--|--|--|--|
| | | | SEMANTIC: HCP1 | 5 is the exception reason generated by a third party organization. | | | | |
| | | by the reprice information is | Required when this information is deemed necessary er. The segment is not completed by providers. The s completed by repricers only. If not required by this on guide, do not send. | | | | | |
| | | | This information is specific to the destination payer reported in Loop ID-2010BB. | | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 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 | | | | |

| | NM1 - ATTENDING PROVIDER NAME |
|-------------------|--|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2310 contains information about the rendering, referring, or attending provider. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2310A — ATTENDING PROVIDER NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the claim contains any services other than non-scheduled transportation claims. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. The Attending Provider is the individual who has overall responsibility for the patient's medical care and treatment reported in this claim. |
| TR3 Example: | NM1*71*1*JONES*JOHN****XX*1234567891~ |
| DIAGRAM | |



| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | ITES | | |
|----------|--------------|-----------------|---|--|--------|--------------------------------|------|--|--|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical locatio individual | | | M 1 ID 2 on, property or an | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 71 | Attending Physician | | | | | |
| | | | | When used, the term physician is provider filling this role. | any ty | pe of | | | |

| 005010X223 • 837 • 23 ATTENDING PROVIDE | | | | INSURANCE STECHNICAL R | | | | | |
|--|------------------------|------|---|------------------------|--------|------|--|--|--|
| REQUIRED | NM102 1065 | | Entity Type Qualifier Code qualifying the type of entity | M 1 | ID | 1/1 | | | |
| | | | SEMANTIC: NM102 qualifies NM103. | | | | | | |
| | | | CODE DEFINITION | | | | | | |
| | | | 1 Person | | | | | | |
| REQUIRED | NM103 | 1035 | Name Last or Organization Name Individual last name or organizational name | X 1 | AN | 1/60 | | | |
| | | | syntax: C1203 | | | | | | |
| | | | IMPLEMENTATION NAME: Attending Provider Last | Name | | | | | |
| SITUATIONAL | SITUATIONAL NM104 1036 | | Name First Individual first name | 01 | AN | 1/35 | | | |
| | | | SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION NAME: Attending Provider First | t Name | | | | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual middle name or initial | 01 | AN | 1/25 | | | |
| | | | SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION NAME: Attending Provider Mide | dle Name or I | nitial | | | | |
| NOT USED | NM106 | 1038 | Name Prefix | 01 | AN | 1/10 | | | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individual name | 01 | AN | 1/10 | | | |
| | | | SITUATIONAL RULE: Required when the name s the individual. If not required by this imple send. | | | - | | | |
| | | | IMPLEMENTATION NAME: Attending Provider Nam | ne Suffix | | | | | |
| | | | | | | | | | |

| SITUATIONAL | NM108 | 66 | Identification Code QualifierX 1ID1/2Code designating the system/method of code structure used for IdentificationCode (67) | | | | | | | |
|-------------|-------|------|--|--|--|--|--|--|--|--|
| | | | syntax: P0809 | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | | | | |
| | | | CODE DEFINITION | | | | | | | |
| | | | XX Centers for Medicare and Medicaid Services National Provider Identifier | | | | | | | |
| | | | CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier | | | | | | | |
| SITUATIONAL | NM109 | 67 | Identification CodeX 1AN2/80Code identifying a party or other code | | | | | | | |
| | | | syntax: P0809 | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on | | | | | | | |
| | | | or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR | | | | | | | |
| | | | OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. | | | | | | | |
| | | | If not required by this implementation guide, do not send. | | | | | | | |
| | | | IMPLEMENTATION NAME: Attending Provider Primary Identifier | | | | | | | |
| NOT USED | NM110 | 706 | Entity Relationship Code X 1 ID 2/2 | | | | | | | |
| NOT USED | NM111 | 98 | Entity Identifier Code O 1 ID 2/3 | | | | | | | |
| NOT USED | NM112 | 1035 | Name Last or Organization Name O 1 AN 1/60 | | | | | | | |

| SEGMENT DETAIL | | | | | | | | |
|----------------------|--------------------------|---|---|--|------------------------------|--------------------------|----------------------|--|
| | | | TTENDIN IATION | IG PROVIDER SPEC | | LTY | , | |
| X12 Segment Na | ame: Prov | ider Infor | mation | | | | | |
| X12 Purp | ose: To s | pecify the | e identifying cha | aracteristics of a provider | | | | |
| X12 Syr | | P0203 If either F | PRV02 or PRV0 | 03 is present, then the other is req | uired | | | |
| L | oop: 2310 | 0A — AT | TENDING PRO | OVIDER NAME | | | | |
| Segment Rep | beat: 1 | | | | | | | |
| Us | age: SITU | ATIONA | L | | | | | |
| Situational F | paye prov | Required when adjudication of the destination payer, or any subsequent payer listed on this claim, is known to be impacted by the attending provider taxonomy code. If not required by this implementation guide, do not send. | | | | | | |
| TR3 Exam | nple: PRV | *AT*PX | (C*208D0000 |)X~ | | | | |
| DIAGRAM | | | | | | | | |
| | ovider Code ID 1/3 | Reference Ident Qu X 1 ID | ial [*] Ident | * * | * | Provi Org C D 1 ID | Fode 7 3/3 | |
| REQUIRED | PRV01 | 1221 | Provider Code |) | M 1 | ID | 1/3 | |
| REQUIRED | PRV02 PRV03 | 128 | Code identifying <u>CODE</u> AT Reference Ide Code qualifying t SYNTAX: P0203 <u>CODE</u> PXC Reference Ide Reference Ide Reference Ide | DEFINITION Attending ntification Qualifier he Reference Identification DEFINITION Health Care Provider Taxonomy C code source 682: Health Care Provider Taxonomy C | X 1 Code Taxonc X 1 | ID my AN | 2/3 | |
| | | | | AME: Provider Taxonomy Code | | | | |
| NOT USED NOT USED | PRV04 | 156 | State or Provi | | 01 | ID | 2/2 | |
| NOT USED | PRV05 | C035 | PROVIDER SP | PECIALTY INFORMATION | 01 | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE |
|-----------------------------------|
| TECHNICAL REPORT • TYPE 3 |

| NOT USED | PRV06 | 1223 | Provider Organization Code | O1 ID | 3/3 |
|----------|-------|------|----------------------------|-------|-----|
|----------|-------|------|----------------------------|-------|-----|

SEGMENT DETAIL **REF - ATTENDING PROVIDER SECONDARY IDENTIFICATION** X12 Segment Name: Reference Information X12 Purpose: To specify identifying information 1. R0203 X12 Syntax: At least one of REF02 or REF03 is required. Loop: 2310A — ATTENDING PROVIDER NAME Segment Repeat: 4 Usage: SITUATIONAL Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. TR3 Example: REF*1G*A12345~ DIAGRAM

RFF01 REF02 REF03 REF04 128 352 C040 127 Reference Reference **Description** Reference REF * * * **Ident Qual** Ident **Identifier** ID AN 1/50 O 1 M 1 2/3 X 1 AN 1/80 X 1

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES |
|----------|--------------|-----------------|------|---|-------------------------------|------------------|------------|
| REQUIRED | REF01 | 128 | | Reference Identification Qualifier Code qualifying the Reference Identification | | | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | 0B | State License Number | | | |
| | | | 1G | Provider UPIN Number | | | |
| | | | | UPINs must be formatted as eithe XXX999. | r X999 | 999 or | |
| | | | G2 | Provider Commercial Number | | | |
| | | | | This code designates a proprietar for the destination payer identified Name loop, Loop ID-2010BB, asso claim. This is to be used by all pay Medicare, Medicaid, Blue Cross, e | d in th ociated yers ir | e Paye d with | er this |
| | | | LU | Location Number | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2310A • REF ATTENDING PROVIDER SECONDARY IDENTIFICATION | | | |
|--|-------|------|--|--------------|---------------|-------------------------|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Tr by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as s | 1/50 pecified |
| | | | IMPLEMENTATION NAME: Attending Provider Seco | ondary Ident | ifier | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

| SEGMENT DETAIL | |
|---|---|
| | NM1 - OPERATING PHYSICIAN NAME |
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2310 contains information about the rendering, referring, or attending provider. |
| X12 Syntax: | P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2310B — OPERATING PHYSICIAN NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when a surgical procedure code is listed on this claim. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. The Operating Physician is the individual with primary responsibility for performing the surgical procedure(s). |
| | 2. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. |
| TR3 Example: | NM1*72*1*MEYERS*JANE****XX*1234567891~ |
| DIAGRAM | |
| NM101 Entity ID Code M 1 ID | 98 NM102 1065 NM103 1035 NM104 1036 2/3 NM102 1065 NM103 1035 NM104 1036 2/3 NM10 1/1 NM103 1035 NM104 1036 Name Name Name Name Name Name N1 ID 1/1 N1/60 N1/60 01 AN 1/25 |
| NM107 10 * Name Suffix O 1 AN 1/ | * ID Code Qualifier * ID Code * Entity * Entity ID Code * Code * * * * * * * * * * * * * * * * * * * |

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | TES |
|-------------|-------------------|-----------------|---|---|------------------|----------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identif Code identifyin individual | f ier Code g an organizational entity, a physical locat | M 1 ion, prop | ID perty or | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 72 | Operating Physician | | | |
| REQUIRED | NM102 | 1065 | Entity Type (Code qualifying | Qualifier 9 the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM1 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| REQUIRED | NM103 | 1035 | | r Organization Name name or organizational name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | | |
| | | | IMPLEMENTATION | NAME: Operating Physician Last Nar | ne | | |
| SITUATIONAL | FIONAL NM104 1036 | 1036 | Name First Individual first r | name | 01 | AN | 1/35 |
| | | | ε: Required when the person has a this implementation guide, do not s | | ame. If | not | |
| | | | | NAME: Operating Physician First Nat | ne | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual midd | e name or initial | 01 | AN | 1/25 |
| | | | person is ne | E: Required when the middle name eded to identify the individual. If no ion guide, do not send. | | | |
| | | | IMPLEMENTATION | NAME: Operating Physician Middle N | lame o | r Initia | l |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individ | | 01 | AN | 1/10 |
| | | | | E: Required when the name suffix is al. If not required by this implement | | | - |
| | | | IMPLEMENTATION | NAME: Operating Physician Name Su | uffix | | |

IMPLEMENTATION NAME: Operating Physician Name Suffix

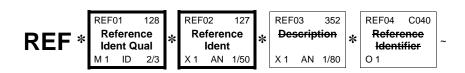
| SITUATIONAL | NM108 | 66 | Identification Code Qualifier X 1 Code designating the system/method of code structure used for Ide Code (67) | ID 1/2 entification | | | | |
|-------------|----------------|------------|--|---|--|--|--|--|
| | | | syntax: P0809 | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | | |
| | | | CODE DEFINITION | | | | | |
| | | | XX Centers for Medicare and Medicaid Serv National Provider Identifier | ices | | | | |
| | | | code source 537: Centers for Medicare and Med National Provider Identifier | licaid Services | | | | |
| SITUATIONAL | NM109 | 67 | Identification Code X 1 Code identifying a party or other code X 1 | AN 2/80 | | | | |
| | | | SYNTAX: P0809 | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United State territories on or after the mandated HIPAA National Pro- Identifier (NPI) implementation date when the provider receive an NPI. OR Required for providers not in the United States or its te or after the mandated HIPAA National Provider Identifie implementation date when the provider has received an OR Beguired for providers prior to the mandated NPI imple | ovider is eligible to erritories on er (NPI) n NPI. | | | | |
| | | | Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. | | | | | |
| | | | If not required by this implementation guide, do not ser IMPLEMENTATION NAME: Operating Physician Primary Identifie | | | | | |
| NOT USED | NM110 | 706 | Entity Relationship Code X 1 | ID 2/2 | | | | |
| NOT USED | NM110 NM111 | 706 98 | Entity Identifier Code 01 | ID 2/2 ID 2/3 | | | | |
| NOT USED | NM112 | 90 1035 | • | AN 1/60 | | | | |
| | | | | , | | | | |

REF - OPERATING PHYSICIAN SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2310B — OPERATING PHYSICIAN NAME |
| Segment Repeat: | 4 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |

TR3 Example: REF*1G*A12345~

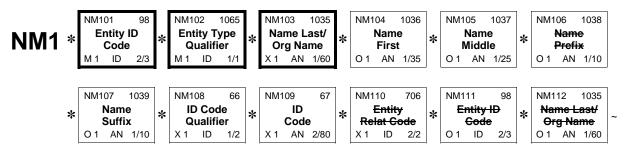
DIAGRAM



| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | |
|----------|--------------|-----------------|------|--|----|
| REQUIRED | REF01 | 128 | | entification Qualifier M 1 ID 2/3 the Reference Identification | \$ |
| | | | CODE | DEFINITION | |
| | | | 0B | State License Number | |
| | | | 1G | Provider UPIN Number | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | |
| | | | G2 | Provider Commercial Number | |
| | | | | This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. | er |
| | | | LU | Location Number | |

| 005010X223 • 837 • 2310B • REF OPERATING PHYSICIAN SECONDARY IDENTIFICATION | | | ASC X12N • IN ITIFICATION TE | ISURANCE CHNICAL R | | |
|--|-------|------|---|-----------------------|---------------|------------------|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Tra by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as s | 1/50 Decified |
| | | | IMPLEMENTATION NAME: Operating Physician Seco | ondary Ider | ntifier | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

| | NM1 - OTHER OPERATING PHYSICIAN NAME |
|-------------------|--|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2310 contains information about the rendering, referring, or attending provider. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2310C — OTHER OPERATING PHYSICIAN NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when another Operating Physician is involved. If not required by the implementation guide, do not send. |
| TR3 Notes: | 1. The Other Operating Physician is the individual performing a secondary surgical procedure or assisting the Operating Physician. |
| | 2. This Other Operating Physician segment can only be used when Operating Physician information (Loop ID-2310B) is also sent on this claim. |
| | 3. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. |
| TR3 Example: | NM1*ZZ*1*DOE*JOHN*A***XX*1234567891~ |
| DIAGRAM | |

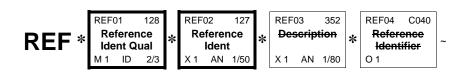


| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUT | ES | | |
|-------------|--------------|-----------------|--|--|-----------------------|-------------------------|-----------------|--|--|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical location, individual | | M 1 n, prop | ID berty or a | 2/3 n | | |
| | | | CODE | DEFINITION | | | | | |
| | | | ZZ | Mutually Defined | | | | | |
| | | | | ZZ is used to indicate Other Opera | ting | Physici | an. | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 | | |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 1 | Person | | | | | |
| REQUIRED | NM103 | 1035 | | r Organization Name name or organizational name | X 1 | AN | 1/60 | | |
| | | | syntax: C1203 | | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician Last | Nam | ne | | | |
| SITUATIONAL | NM104 | 1036 | Name First Individual first n | ame | 01 | AN | 1/35 | | |
| | | | SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician First | t Nan | ne | | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual middl | e name or initial | 01 | AN | 1/25 | | |
| | | | SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician Mide | dle Na | ame or | Initial | | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 | | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individ | ual name | 01 | AN | 1/10 | | |
| | | | | E: Required when the name suffix is r II. If not required by this implementat | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician Nam | ne Su | ffix | | | |
| | | | | | | | | | |

| SITUATIONAL | NM108 | 66 | Identification Code Qualifier X 1 ID 1/2 Code designating the system/method of code structure used for Identification Code (67) Code (67) |
|-------------|-------|------|--|
| | | | syntax: P0809 |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. |
| | | | CODE DEFINITION |
| | | | XX Centers for Medicare and Medicaid Services National Provider Identifier |
| | | | code source 537: Centers for Medicare and Medicaid Services National Provider Identifier |
| SITUATIONAL | NM109 | 67 | Identification CodeX 1AN2/80Code identifying a party or other code |
| | | | syntax: P0809 |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR |
| | | | Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR |
| | | | Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. |
| | | | If not required by this implementation guide, do not send. |
| NOT USED | NM110 | 706 | Entity Relationship Code X 1 ID 2/2 |
| NOT USED | NM111 | 98 | Entity Identifier Code O 1 ID 2/3 |
| NOT USED | NM112 | 1035 | Name Last or Organization NameO 1AN1/60 |

SEGMENT DETAIL **REF - OTHER OPERATING PHYSICIAN** SECONDARY IDENTIFICATION X12 Segment Name: Reference Information X12 Purpose: To specify identifying information 1. R0203 X12 Syntax: At least one of REF02 or REF03 is required. Loop: 2310C — OTHER OPERATING PHYSICIAN NAME Segment Repeat: 4 Usage: SITUATIONAL Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. TR3 Example: REF*1G*A12345~

DIAGRAM



| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUT | ES |
|----------|--------------|-----------------|------|---|------------------------|------------------|------------|
| REQUIRED | REF01 | 128 | | entification Qualifier M the Reference Identification | /1 | ID | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | 0B | State License Number | | | |
| | | | 1G | Provider UPIN Number | | | |
| | | | | UPINs must be formatted as either X XXX999. | (9999 | 99 or | |
| | | | G2 | Provider Commercial Number | | | |
| | | | | This code designates a proprietary p for the destination payer identified in Name loop, Loop ID-2010BB, associa claim. This is to be used by all payer Medicare, Medicaid, Blue Cross, etc. | n the ated rs in | e Paye with t | er this |
| | | | LU | Location Number | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2310C • REF OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION | | | | |
|--|-------|------|---|----------|----|------|--|
| REQUIRED | REF02 | 127 | Reference IdentificationX 1AIReference information as defined for a particular Transaction Set or a by the Reference Identification QualifierSYNTAX: R0203 | | | | |
| | | | IMPLEMENTATION NAME: Other Provider Secondary Ide | entifier | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | |

| OEGINERT DETAIL | |
|-------------------|---|
| | NM1 - RENDERING PROVIDER NAME |
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2310 contains information about the rendering, referring, or attending provider. |
| X12 Syntax: | P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2310D — RENDERING PROVIDER NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the Rendering Provider is different than the Attending Provider reported in Loop ID-2310A of this claim. AND When state or federal regulatory requirements call for a "combined claim", that is, a claim that includes both facility and professional components (for example, a Medicaid clinic bill or Critical Access Hospital Claim.) |
| | If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. The Rendering Provider is the health care professional who delivers or completes a particular medical service or non-surgical procedure. |
| | 2. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. |
| TR3 Example: | NM1*82*1*DOE*JANE*C***XX*1234567804~ |
| DIAGRAM | |
| | |

NM101 98 NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 Entity ID Entity Type Name Last/ Name Name Name **NM1** * * * * * * Qualifier Prefix Code Org Name First Middle M1 ID M1 ID X 1 AN 1/60 O 1 AN 1/35 O 1 AN 1/25 O 1 AN 1/10 2/3 1/1 NM107 1039 NM108 NM109 NM110 NM111 NM112 1035 66 67 706 98 ID Code ID Entity Entity ID Name Name Last/ * * * * * * ~ Suffix Qualifier Code Relat Code Code Org Name O 1 AN 1/10 X 1 AN 2/80 ID 01 ID O 1 AN 1/60 ID 1/2 X 1 X 1 2/2 2/3

MAY 2006

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | | | |
|---------------------|------------------|----------------------------------|---|---|-------------------------|------------------|------------------|--|
| REQUIRED | EQUIRED NM101 98 | | Entity Identif Code identifyin individual | f ier Code g an organizational entity, a physical locat | M 1 ion, prop | ID perty or a | 2/3 an | |
| | | | CODE | DEFINITION | | | | |
| | | | 82 | Rendering Provider | | | | |
| REQUIRED | NM102 | 1065 | Entity Type (Code qualifying | Qualifier g the type of entity | M 1 | ID | 1/1 | |
| | | | semantic: NM1 | 02 qualifies NM103. | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 1 | Person | | | | |
| REQUIRED NM103 1035 | | 1035 | | or Organization Name name or organizational name | X 1 | AN | 1/60 | |
| | | | syntax: C1203 | | | | | |
| | | | IMPLEMENTATION NAME: Rendering Provider Last Name | | | | | |
| SITUATIONAL NM104 1 | 1036 | Name First Individual first r | name | 01 | AN | 1/35 | | |
| | | | LE: Required when the person has a this implementation guide, do not s | | ame. If | not | | |
| | | | | NAME: Rendering Provider First Nan | ne | | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual midd | e lle name or initial | 01 | AN | 1/25 | |
| | | | SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | |
| | | | | NAME: Rendering Provider Middle N | ame or | Initial | | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individ | | 01 | AN | 1/10 | |
| | | | LE: Required when the name suffix i al. If not required by this implement | | | - | | |
| | | | IMPLEMENTATION | INAME: Rendering Provider Name Su | ffix | | | |

IMPLEMENTATION NAME: Rendering Provider Name Suffix

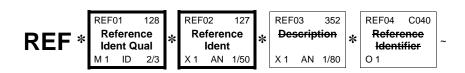
| SITUATIONAL | NM108 | 66 | Identification Code Qualifier X 1 ID 1/2 Code designating the system/method of code structure used for Identification Code (67) Code (67) | | | | | | | | |
|-------------|-------|---|---|---|--|--|-------------------|--|--|--|--|
| | | | syntax: P0809 | | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | | | | | |
| | | | CODE DEFINITION | | | | | | | | |
| | | | XX Centers | for Medicare and Medica I Provider Identifier | aid Ser | vices | | | | | |
| | | | | RCE 537: Centers for Medicare Provider Identifier | and Me | edicaid S | Services | | | | |
| SITUATIONAL | NM109 | 67 | Identification Code Code identifying a party or o | other code | X 1 | AN | 2/80 | | | | |
| | | | syntax: P0809 | | | | | | | | |
| | | | territories on or after t Identifier (NPI) implem receive an NPI. OR Required for providers or after the mandated I | d for providers in the Unit he mandated HIPAA Nati entation date when the p not in the United States HIPAA National Provider h hen the provider has reco | onal Pi rovide or its to Identifi | rovider r is elig erritori ier (NPi | gible to es on | | | | |
| | | | OR | - | | | ation | | | | |
| | | Required for providers prior to the mandated NPI implement date when the provider has received an NPI and the submit the capability to send it. | | | | | | | | | |
| | | | If not required by this i | mplementation guide, do | not se | end. | | | | | |
| | | | IMPLEMENTATION NAME: Renc | lering Provider Identifier | | | | | | | |
| NOT USED | NM110 | 706 | Entity Relationship Co | de | X 1 | ID | 2/2 | | | | |
| NOT USED | NM111 | 98 | Entity Identifier Code | | 01 | ID | 2/3 | | | | |
| NOT USED | NM112 | 1035 | Name Last or Organiza | tion Name | 01 | AN | 1/60 | | | | |

REF - RENDERING PROVIDER SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2310D — RENDERING PROVIDER NAME |
| Segment Repeat: | 4 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |

TR3 Example: REF*1G*A12345~

DIAGRAM



| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | |
|----------|--------------|-----------------|------|--|----|
| REQUIRED | REF01 | 128 | | entification Qualifier M 1 ID 2/3 the Reference Identification | \$ |
| | | | CODE | DEFINITION | |
| | | | 0B | State License Number | |
| | | | 1G | Provider UPIN Number | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | |
| | | | G2 | Provider Commercial Number | |
| | | | | This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. | er |
| | | | LU | Location Number | |

| 005010X223 • 837 • RENDERING PROVI | | | ASC X12N • INSUR TIFICATION TECHN | | | MMITTEE • TYPE 3 | | |
|---------------------------------------|-------|------|--|--------|--------|---------------------|--|--|
| REQUIRED | REF02 | 127 | Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification QualifierSYNTAX: R0203 | | | | | |
| | | | IMPLEMENTATION NAME: Rendering Provider Secondar | y Iden | tifier | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | |

| | NM1 - SERVICE FACILITY LOCATION NAME |
|---|--|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2310 contains information about the rendering, referring, or attending provider. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2310E — SERVICE FACILITY LOCATION NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider). If not required by this implementation guide, do not send. |
| TR3 Notes: | When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider. |
| TR3 Example: | NM1*77*2*ABC CLINIC*****XX*1234567891~ |
| DIAGRAM | |
| NM101 Entity ID Code M 1 ID | 98 * NM102 1065 * NM103 1035 * NM104 1036 * NM105 1037 * NM106 1038 2/3 M 1 ID 1/1 * NM106 1036 * * NM105 1037 * NM106 1038 2/3 M 1 ID 1/1 * X 1 AN 1/60 O 1 AN 1/35 O 1 AN 1/25 NM106 1038 |

M1 ID
 1/1
 X 1
 AN
 1/60
 O 1
 AN
 1/35
 O 1
 AN
 1/25
 O 1
 AN
 1/10
 2/3 M 1 ID NM107 1039 NM108 66 NM109 67 NM110 706 NM111 98 NM112 1035 Name ID Code ID Entity Entity ID Name Last/ * * * * * * Org Name Suffix Qualifier Code Relat Code Code O 1 AN 1/10 X 1 ID 1/2 X 1 AN 2/80 X 1 ID 2/2 01 ID 2/3 O 1 AN 1/60

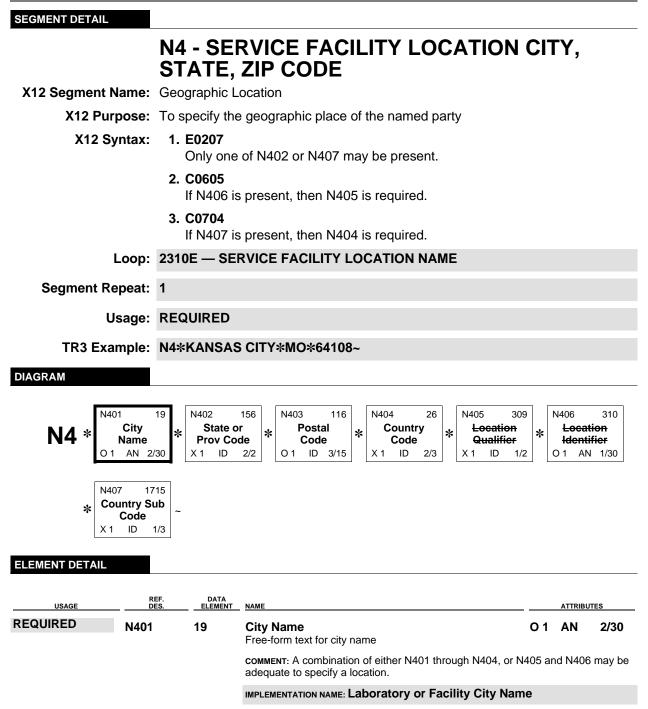
005010X223 • 837 • 2310E • NM1 SERVICE FACILITY LOCATION NAME

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | ITES |
|-------------|--------------|-----------------|---|---|-----------------------|------------------------|---------------------|
| REQUIRED | NM101 | 98 | Entity Identifie Code identifying individual | er Code an organizational entity, a physical location | M 1 n, prop | ID perty or a | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 77 | Service Location | | | |
| REQUIRED | NM102 | 1065 | Entity Type Q Code qualifying t | | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM102 | 2 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 2 | Non-Person Entity | | | |
| REQUIRED | NM103 | 1035 | | Organization Name me or organizational name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | | |
| | | | IMPLEMENTATION N | IAME: Laboratory or Facility Name | | | |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| SITUATIONAL | NM108 | 66 | | Code Qualifier g the system/method of code structure use | X1 d for lo | ID dentifica | 1/2 ation |
| | | | SYNTAX: P0809 | | | | |
| | | | SITUAL F 0009 SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send. | | | | tified |
| | | | CODE | DEFINITION | | | |
| | | | XX | Centers for Medicare and Medicaio | d Ser | vices | |
| | | | | code source 537: Centers for Medicare a | nd Me | edicaid \$ | Services |
| SITUATIONAL | NM109 | 67 | Identification Code identifying | National Provider Identifier Code a party or other code | X 1 | AN | 2/80 |
| | | | SYNTAX: P0809 | | | | |
| | | | has an NPI an Provider entit | Required when the service location In is not a component or subpart of y. I by this implementation guide, do r | the B | Billing | tified |
| | | | | IAME: Laboratory or Facility Primary I | denti | fier | |
| NOT USED | NM110 | 706 | Entity Relation | nship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identifie | - | 01 | ID | 2/3 |
| | | | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE |
|-----------------------------------|
| TECHNICAL REPORT • TYPE 3 |

| NOT USED | NM112 | 1035 | Name Last or Organization Name | O1 AN | 1/60 |
|----------|-------|------|--------------------------------|-------|------|
|----------|-------|------|--------------------------------|-------|------|

| SEGMENT DETAIL | | | | | | | | | |
|----------------|-------------------------------------|--|---|-------|----------|--------|--|--|--|
| | | | RVICE FACILITY LOCATION | AD | DR | ESS | | | |
| X12 Segment Na | | | | | | | | | |
| X12 Purp | ose: To sp | To specify the location of the named party | | | | | | | |
| L | oop: 2310 | 2310E — SERVICE FACILITY LOCATION NAME | | | | | | | |
| Segment Rep | peat: 1 | | | | | | | | |
| Us | age: REQ | UIRED | | | | | | | |
| TR3 No | á (| address example | e facility location is in an area where there are es, enter a description of where the service w , "crossroad of State Road 34 and 45" or "Exi 265 on Interstate 80".) | as re | ndere | • | | | |
| TR3 Exam | nple: N3* | 123 MAII | N STREET~ | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 166 ddress rmation AN 1/55 | N302 Addres Informati O 1 AN | on ~ | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | | |
| REQUIRED | N301 | 166 | Address Information Address information | M 1 | AN | 1/55 | | | |
| | | | IMPLEMENTATION NAME: Laboratory or Facility Address | Line | | | | | |
| SITUATIONAL | N302 | 166 | Address Information Address information | 01 | AN | 1/55 | | | |
| | | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not se | | ss line. | If not | | | |
| | | | IMPLEMENTATION NAME: Laboratory or Facility Address | Line | | | | | |



| 005010X223 • 837 • 2310E • N4 | |
|---|--|
| SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE | |

| SITUATIONAL | N402 | 156 | State or Province Code Code (Standard State/Province) as defined by appropriate | X1 govern | ID Iment ag | 2/2 jency | | |
|-------------|------|------|--|-----------------|-----------------------|----------------------|--|--|
| | | | syntax: E0207 | | | | | |
| | | | COMMENT: N402 is required only if city name (N401) is in the | ə U.S. (| or Canad | da. | | |
| | | | SITUATIONAL RULE: Required when the address is in the Unite America, including its territories, or Canada. If not requir implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Laboratory or Facility State or | Provir | nce Co | de | | |
| | | | CODE SOURCE 22: States and Provinces | | | | | |
| SITUATIONAL | N403 | 116 | Postal Code Code defining international postal zone code excluding pur (zip code for United States) | O 1 nctuatio | ID on and b | 3/15 lanks | | |
| | | | SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Laboratory or Facility Postal Z | one o | r ZIP Co | ode | | |
| | | | code source 51: ZIP Code code source 932: Universal Postal Codes | | | | | |
| | | | When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided. | | | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | |
| | | | syntax: C0704 | | | | | |
| | | | SITUATIONAL RULE: Required when the address is out States of America. If not required by this implem not send. | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the alpha-2 country codes from Part 1 of ISC |) 3166 | • | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | |
| | | | syntax: E0207, C0704 | | | | | |
| | | | SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send. | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the country subdivision codes from Part 2 o | f ISO (| 3166. | | | |

Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including:

Medicare, Medicaid, Blue Cross, etc.

Location Number

SEGMENT DETAIL

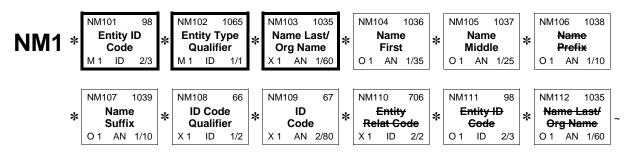
REF - SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION

| | SECON | | ENTIFICATION | | | | |
|------------------------------|--|--|---|---|-------------------------|------------------|--|
| X12 Segment Name: | Reference Information | | | | | | |
| X12 Purpose: | To specify identifying information | | | | | | |
| X12 Syntax: | 1. R0203 At least o | one of REF02 of | or REF03 is required. | | | | |
| Loop: | 2310E — SEI | RVICE FACILI | ITY LOCATION NAME | | | | |
| Segment Repeat: | 3 | | | | | | |
| Usage: | SITUATIONA | L | | | | | |
| Situational Rule: | implementation necessary for OR Required on entity is not identifier is r | ion date wher or the receiver or after the m a Health Care necessary for | dated HIPAA National Provider n an identification number other to identify the provider. nandated NPI implementation of provider (a.k.a. an atypical pro the claims processor to identi lementation guide, do not sen | er than late wh ovider) fy the e | the N en th , and | PI is e an | |
| TR3 Example: | REF*G2*123 | 345~ | | | | | |
| DIAGRAM | | | | | | | |
| REF * Reference Ident Qua | | * | 352 tion 1/80 REF04 C040 Reference Identifier ○ 1 ~ | | | | |
| ELEMENT DETAIL | | | | | | | |
| USAGE R | EF. DATA ES. ELEMENT | | | | ATTRIBU | TES | |
| REQUIRED REFO | 1 128 | | entification Qualifier the Reference Identification | M 1 | ID | 2/3 | |
| | | CODE | DEFINITION | | | | |
| | | 0B | State License Number | | | | |
| | | G2 | Provider Commercial Number | | | | |
| | | | This code designates a proprieta for the destination payer identifi | | | | |

LU

| 005010X223 • 837 • 2310E • REF SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | | | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | | | |
|--|-------|------|---|----------------------|-----|---------------|------------------|--|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a p by the Reference Identification Qualifier SYNTAX: R0203 | articular Transactio | | AN or as s | 1/50 Decified | |
| | | | IMPLEMENTATION NAME: Laboratory or Facility Secondary Identifier | | | | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | | 01 | | | |

| | NM1 - REFERRING PROVIDER NAME | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|
| X12 Segment Name: | Individual or Organizational Name | | | | | | | |
| X12 Purpose: | To supply the full name of an individual or organizational entity | | | | | | | |
| X12 Set Notes: | Loop 2310 contains information about the rendering, referring, or attending provider. | | | | | | | |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. | | | | | | | |
| | 2. C1110 If NM111 is present, then NM110 is required. | | | | | | | |
| | 3. C1203 If NM112 is present, then NM103 is required. | | | | | | | |
| Loop: | 2310F — REFERRING PROVIDER NAME Loop Repeat: 1 | | | | | | | |
| Segment Repeat: | 2 | | | | | | | |
| Usage: | SITUATIONAL | | | | | | | |
| Situational Rule: | Required on an outpatient claim when the Referring Provider is different than the Attending Provider. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Notes: | 1. The Referring Provider is provider who sends the patient to another provider for services. | | | | | | | |
| | 2. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101. | | | | | | | |
| TR3 Example: | NM1*DN*1*WELBY*MARCUS*W**JR*XX*1234567891~ | | | | | | | |
| DIAGRAM | | | | | | | | |



| USAGE | REF. DES. | DATA ELEMENT | NAME ATTRIBUTES | | | | TES | |
|------------------------|------------------------|-----------------|---|--|-----|----------------|------------------|--|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical locati individual | | | ID perty or | 2/3 an | |
| | | | CODE | DEFINITION | | | | |
| | | | DN | Referring Provider | | | | |
| REQUIRED NM102 | | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 | |
| | | | SEMANTIC: NM102 qualifies NM103. | | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 1 | Person | | | | |
| REQUIRED | NM103 | 1035 | Name Last or Organization Name Individual last name or organizational name | | X 1 | AN | 1/60 | |
| | | | syntax: C1203 | | | | | |
| | | | IMPLEMENTATION NAME: Referring Provider Last Name | | | | | |
| SITUATIONAL NM104 1036 | | 1036 | Name First Individual first name | | 01 | AN | 1/35 | |
| | | | SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION | NAME: Referring Provider First Name | | | | |
| SITUATIONAL | SITUATIONAL NM105 1037 | | Name Middle Individual middle | | 01 | AN | 1/25 | |
| | | | SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Referring Provider Middle Name or Initial | | | | | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 | |
| SITUATIONAL NM107 1039 | | 1039 | Name Suffix Suffix to individu | ual name | 01 | AN | 1/10 | |
| | | | SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION | NAME: Referring Provider Name Suffix | x | | | |

IMPLEMENTATION NAME: Referring Provider Name Suffix

| SITUATIONAL | NM108 | 66 | | Code Qualifier g the system/method of code structure use | X1 ed for le | ID dentificat | 1/2 tion |
|-------------|-------|------|---|---|---------------------------------------|---|--------------------|
| | | | syntax: P0809 | | | | |
| | | | HIPAA Nation the provider h submitter. OR Required for p implementation submitter has | Required for providers on or after al Provider Identifier (NPI) implement has received an NPI and the NPI is a providers prior to the mandated HII on date when the provider has rece the capability to send it. I by this implementation guide, do | entatio availal PAA N ived a | on date ble to ti IPI In NPI a | when he |
| | | | CODE | DEFINITION | | | |
| | | | ХХ | Centers for Medicare and Medica National Provider Identifier | id Ser | vices | |
| SITUATIONAL | NM109 | 67 | Identification | code source 537: Centers for Medicare National Provider Identifier | | edicaid S | ervices 2/80 |
| | | 07 | | a party or other code | ~ 1 | | 2/00 |
| | | | SYNTAX: P0809 | | | | |
| | | | HIPAA Nation the provider h submitter. OR Required for p implementation submitter has | Required for providers on or after al Provider Identifier (NPI) implement has received an NPI and the NPI is a providers prior to the mandated HII on date when the provider has rece the capability to send it. I by this implementation guide, do | entatio availal PAA N ived a | on date ble to ti IPI In NPI a | when he |
| | | | | NAME: Referring Provider Identifier | | | |
| NOT USED | NM110 | 706 | Entity Relation | nship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identifie | er Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | Organization Name | 01 | AN | 1/60 |

REF - REFERRING PROVIDER SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2310F — REFERRING PROVIDER NAME |
| Segment Repeat: | 3 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01. |

TR3 Example: REF*1G*A12345~

DIAGRAM

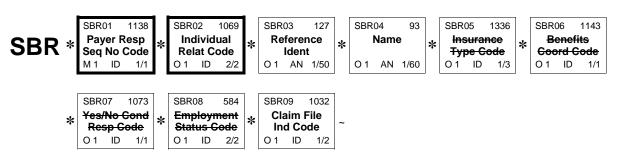
| i | | | | | | | | | | | | | | - |
|--------------|------|-------------------|---|-----|----------------|------|---|-----|-------|------|---|--------|------|---|
| | REF0 | 1 128 | | REF | 02 | 127 | | REF | 03 | 352 | | REF04 | C040 | |
| REF * | | erence nt Qual | * | Re | eferer Iden | | * | Des | scrip | tion | * | Refer- | | ~ |
| | M 1 | ID 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | 01 | | |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA | NAME | ATTRIBUTES | 6 |
|----------|--------------|------|------|---|-----|
| REQUIRED | REF01 | 128 | | Identification Qualifier M 1 ID g the Reference Identification ID | 2/3 |
| | | | CODE | DEFINITION | |
| | | | 0B | State License Number | |
| | | | 1G | Provider UPIN Number | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | |

| ASC X12N • INSURA TECHNICAL REPOR | | MMITTEE | | 005010X REFERRING PROVIDER SECO | 223 • 837 • 2310F • REF NDARY IDENTIFICATION |
|--------------------------------------|-------|---------|---------------|--|---|
| | | | G2 | Provider Commercial Number | |
| | | | | This code designates a proprieta for the destination payer identifi Name loop, Loop ID-2010BB, as claim. This is to be used by all p Medicare, Medicaid, Blue Cross, | ed in the Payer sociated with this ayers including: |
| REQUIRED | REF02 | 127 | | entification nation as defined for a particular Transac e Identification Qualifier | X 1 AN 1/50 ction Set or as specified |
| | | | syntax: R0203 | | |
| | | | | NAME: Referring Provider Secondary | / Identifier |
| NOT USED | REF03 | 352 | Description | | X 1 AN 1/80 |
| NOT USED | REF04 | C040 | REFERENCE | IDENTIFIER | 01 |

| | SBR - OTHER SUBSCRIBER INFORMATION |
|-------------------|--|
| X12 Segment Name: | Subscriber Information |
| X12 Purpose: | To record information specific to the primary insured and the insurance carrier for that insured |
| X12 Set Notes: | Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber. |
| Loop: | 2320 — OTHER SUBSCRIBER INFORMATION Loop Repeat: 10 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when other payers are known to potentially be involved in paying on this claim. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. All information contained in Loop ID-2320 applies only to the payer identified in Loop ID-2330B of this iteration of Loop ID-2320. It is specific only to that payer. If information for an additional payer is necessary, repeat Loop ID-2320 with its respective 2330 Loops. |
| | 2. See Crosswalking COB Data Elements section for more information on handling COB in the 837. |
| TR3 Example: | SBR*S*01*GR00786*****13~ |
| DIAGRAM | |



| ELEMENT DETAIL | | | | | |
|----------------|--------------|-----------------|----------------|--|--|
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES |
| REQUIRED | SBR01 | 1138 | | nsibility Sequence Number Code g the insurance carrier's level of responsibili | M 1 ID 1/1 ity for a payment of a |
| | | | | n claim, the various values for the P by Sequence Number Code (other th re than once. | |
| | | | CODE | DEFINITION | |
| | | | Α | Payer Responsibility Four | |
| | | | В | Payer Responsibility Five | |
| | | | С | Payer Responsibility Six | |
| | | | D | Payer Responsibility Seven | |
| | | | E | Payer Responsibility Eight | |
| | | | F | Payer Responsibility Nine | |
| | | | G | Payer Responsibility Ten | |
| | | | н | Payer Responsibility Eleven | |
| | | | Р | Primary | |
| | | S | Secondary | | |
| | | т | Tertiary | | |
| | | U | Unknown | | |
| | | | | This code may only be used in pa claims when the original payer de presence of this coverage from el received from this payer or when did not provide the responsibility payer. | termined the ligibility files the original claim |
| REQUIRED | SBR02 | 1069 | | lationship Code the relationship between two individuals or | O 1 ID 2/2 entities |
| | | | SEMANTIC: SBR0 | 02 specifies the relationship to the person in | isured. |
| | | | CODE | DEFINITION | |
| | | | 01 | Spouse | |
| | | | 18 | Self | |
| | | | 19 | Child | |
| | | | 20 | Employee | |
| | | | 21 | Unknown | |
| | | | 39 | Organ Donor | |
| | | | 40 | Cadaver Donor | |
| | | | 53 | Life Partner | |
| | | | G8 | Other Relationship | |

| OTHER SUBSCRIBE | | | | | | | • • • • • | | |
|-----------------|----------------|------|--|--|---------------|---------------|-------------------------|--|--|
| SITUATIONAL | UATIONAL SBR03 | 127 | | dentification rmation as defined for a particular | | AN or as s | 1/50 pecified | | |
| | | | semantic: SBR | 03 is policy or group number. | | | | | |
| | | | for the non- iteration of l | LE: Required when the subscr destination payer identified in Loop ID-2320 shows a group etation guide, do not send. | n Loop ID-233 | 0B of | this | | |
| | | | IMPLEMENTATION | N NAME: Insured Group or Polic | y Number | | | | |
| | | | unique subs | he number uniquely identifyin scriber number is submitted i n of Loop ID-2320. | | | | | |
| SITUATIONAL | ONAL SBR04 | 93 | Name Free-form nam | ne | O 1 | AN | 1/60 | | |
| | | | | 04 is plan name. | | | | | |
| | | | | LE: Required when SBR03 is r ilable. If not required by this i | | | | | |
| | | | IMPLEMENTATION | N NAME: Other Insured Group N | ame | | | | |
| NOT USED | SBR05 | 1336 | Insurance T | ype Code | O 1 | ID | 1/3 | | |
| NOT USED | SBR06 | 1143 | Coordinatio | n of Benefits Code | 01 | ID | 1/1 | | |
| NOT USED | SBR07 | 1073 | Yes/No Con | dition or Response Code | 01 | ID | 1/1 | | |
| NOT USED | SBR08 | 584 | Employmen | t Status Code | 01 | ID | 2/2 | | |
| SITUATIONAL | SBR09 | 1032 | Claim Filing Code identifyir | O 1 ID 1/2 | | | | | |
| | | | SITUATIONAL RULE: Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send. | | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 11 | Other Non-Federal Progra | ms | | | | |
| | | | 12 | Preferred Provider Organi | zation (PPO) | | | | |
| | | | 13 | Point of Service (POS) | | | | | |
| | | | 14 | Exclusive Provider Organ | ization (EPO) | | | | |
| | | | 15 | Indemnity Insurance | | | | | |
| | | | 16 | Health Maintenance Orga Risk | nization (HMC |) Med | icare | | |
| | | | 17 | Dental Maintenance Orga | nization | | | | |
| | | | AM | Automobile Medical | | | | | |
| | | | BL | Blue Cross/Blue Shield | | | | | |
| | | | СН | Champus | | | | | |
| | | | CI | Commercial Insurance Co |). | | | | |
| | | | DS | Disability | | | | | |
| | | | FI | Federal Employees Progra | | | | | |
| | | | НМ | Health Maintenance Organ | nization | | | | |

| LM | Liability Medical |
|----|---|
| MA | Medicare Part A |
| | Medicale Fait A |
| MB | Medicare Part B |
| MC | Medicaid |
| OF | Other Federal Program |
| | Use code OF when submitting Medicare Part D claims. |
| Т٧ | Title V |
| VA | Veterans Affairs Plan |
| WC | Workers' Compensation Health Claim |
| ZZ | Mutually Defined |
| | Use Code ZZ when Type of Insurance is not known. |

CAS - CLAIM LEVEL ADJUSTMENTS

X12 Segment Name: Claims Adjustment

X12 Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

X12 Syntax: 1. L050607

If CAS05 is present, then at least one of CAS06 or CAS07 are required.

2. C0605

If CAS06 is present, then CAS05 is required.

3. C0705

If CAS07 is present, then CAS05 is required.

4. L080910

If CAS08 is present, then at least one of CAS09 or CAS10 are required.

5. C0908

If CAS09 is present, then CAS08 is required.

6. C1008

If CAS10 is present, then CAS08 is required.

7. L111213

If CAS11 is present, then at least one of CAS12 or CAS13 are required.

8. C1211

If CAS12 is present, then CAS11 is required.

9. C1311

If CAS13 is present, then CAS11 is required.

10. L141516

If CAS14 is present, then at least one of CAS15 or CAS16 are required.

11. C1514

If CAS15 is present, then CAS14 is required.

12. C1614

If CAS16 is present, then CAS14 is required.

13. L171819

If CAS17 is present, then at least one of CAS18 or CAS19 are required.

14. C1817

If CAS18 is present, then CAS17 is required.

15. C1917

If CAS19 is present, then CAS17 is required.

X12 Comments: 1. Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

Segment Repeat: 5

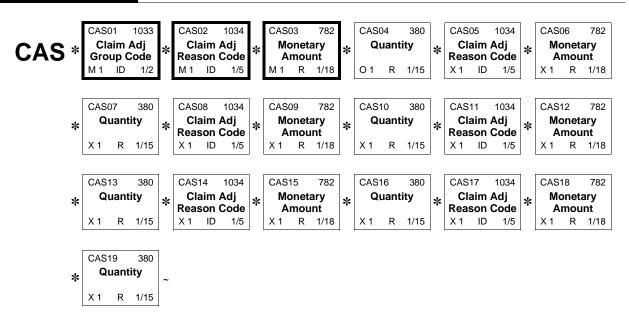
Usage: SITUATIONAL

| Situational Rule: | Required when the claim has been adjudicated by the payer identified in this loop, and the claim has claim level adjustment information. If not required by this implementation guide, do not send. |
|-------------------|---|
| TR3 Notes: | 1. Submitters must use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged. |
| | 2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment. |
| | 3. Codes and associated amounts must come from either paper remittance advice or 835s (Electronic Remittance Advice) received on the claim. When the information originates from a paper remittance advice that does not use the standard Claim Adjustment Reason Codes, the paper values must be converted to standard Claim Adjustment Reason Codes. |
| | 4. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19). |

TR3 Example: CAS*PR*1*7.93~

TR3 Example: CAS*OA*93*15.06~

DIAGRAM



005010X223 • 837 • 2320 • CAS CLAIM LEVEL ADJUSTMENTS

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIB | JTES |
|-------------|--------------|---|--|-------------------|------------------|--------|
| REQUIRED | CAS01 | CAS01 1033 | Claim Adjustment Group Code Code identifying the general category of payment adjustment CODE DEFINITION | M 1 nt | ID | 1/2 |
| | | | CO Contractual Obligations | | | |
| | | | CR Correction and Reversals | | | |
| | | | OA Other adjustments | | | |
| | | | PI Payor Initiated Reductions | | | |
| | | | PR Patient Responsibility | | | |
| REQUIRED | CAS02 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was ma | M 1 .de | ID | 1/5 |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| | | | See CODE SOURCE 139: Claim Adjustment Reason | on Co | de | |
| REQUIRED | QUIRED CAS03 | S03 782 | Monetary Amount Monetary amount | M 1 | R | 1/18 |
| | | | SEMANTIC: CAS03 is the amount of adjustment. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | TIONAL CAS04 | CAS04 380 | Quantity Numeric value of quantity | 01 | R | 1/15 |
| | | SEMANTIC: CAS04 is the units of service being adjusted. | | | | |
| | | | SITUATIONAL RULE: Required when the number of serv adjusted. If not required by this implementation g | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL | CAS05 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was ma | X 1 de | ID | 1/5 |
| | | | syntax: L050607, C0605, C0705 | | | |
| | | | SITUATIONAL RULE: Required when it is necessary to re non-zero adjustment, beyond what has already be this claim for the Claim Adjustment Group Code r If not required by this implementation guide, do n | en s eport | upplie ted in | d, to |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| SITUATIONAL | L CAS06 78 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L050607, C0605 | | | |
| | | | SEMANTIC: CAS06 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: <i>Required when CAS05 is present. In this implementation guide, do not send.</i> | f not | requii | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| | | | • | | | |

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|--------------------------------------|-----------------|--|---|-----------------------|------------------|----------------------|
| SITUATIONAL | CAS07 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L050607, C0705 | | | |
| | | SEMANTIC: CAS07 is the units of service being adjusted. | | | | |
| | | | SITUATIONAL RULE: Required when CAS05 is prese units of service adjustment. If not required by guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL CAS08 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment wa | X1 s made | ID | 1/5 | |
| | | | syntax: L080910, C0908, C1008 | | | |
| | | | SITUATIONAL RULE: Required when it is necessary non-zero adjustment, beyond what has alread this claim for the Claim Adjustment Group Co If not required by this implementation guide, | ly been s de repor | upplie ted in | ed, to |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| SITUATIONAL | TUATIONAL CAS09 | 09 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L080910, C0908 | | | |
| | | | SEMANTIC: CAS09 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS08 is prese this implementation guide, do not send. | nt. If not | requii | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS10 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L080910, C1008 | | | |
| | | | SEMANTIC: CAS10 is the units of service being adjusted | | | |
| | | | SITUATIONAL RULE: Required when CAS08 is prese units of service adjustment. If not required by guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL | CAS11 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment wa | X1 s made | ID | 1/5 |
| | | | syntax: L111213, C1211, C1311 | | | |
| | | | SITUATIONAL RULE: Required when it is necessary non-zero adjustment, beyond what has alread this claim for the Claim Adjustment Group Co If not required by this implementation guide, | ly been s de repor | upplie ted in | ed, to |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | | | | |

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|--|-------|--|---|-----------------|--------|--------|
| SITUATIONAL | CAS12 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L111213, C1211 | | | |
| | | | SEMANTIC: CAS12 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS11 is present this implementation guide, do not send. | nt. If not | requi | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS13 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L111213, C1311 | | | |
| | | SEMANTIC: CAS13 is the units of service being adjusted. | | | | |
| | | | SITUATIONAL RULE: <i>Required when CAS11 is presenunits of service adjustment. If not required by guide, do not send.</i> | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL CAS14 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was | X1 s made | ID | 1/5 | |
| | | syntax: L141516, C1514, C1614 | | | | |
| | | SITUATIONAL RULE: Required when it is necessary to non-zero adjustment, beyond what has alread this claim for the Claim Adjustment Group Co If not required by this implementation guide, o | y been s de repor | uppli ted in | ed, to | |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| SITUATIONAL | CAS15 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L141516, C1514 | | | |
| | | | SEMANTIC: CAS15 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS14 is present this implementation guide, do not send. | nt. If not | requi | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS16 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L141516, C1614 | | | |
| | | | SEMANTIC: CAS16 is the units of service being adjusted. | | | |
| | | | SITUATIONAL RULE: Required when CAS14 is presen units of service adjustment. If not required by guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |

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|--------------------------------------|-------------------|------------------------------------|--|---------------------------------|-----------------|---------|
| SITUATIONAL | CAS17 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustm | X 1 ent was made | ID | 1/5 |
| | | | syntax: L171819, C1817, C1917 | | | |
| | | | SITUATIONAL RULE: Required when it is necess non-zero adjustment, beyond what has a this claim for the Claim Adjustment Grou If not required by this implementation ge | already been s up Code repor | uppli ted in | ed, to |
| | | | IMPLEMENTATION NAME: Adjustment Reason C | ode | | |
| | | | code source 139: Claim Adjustment Reason Cod | de | | |
| SITUATIONAL | ATIONAL CAS18 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 | |
| | | | syntax: L171819, C1817 | | | |
| | | | SEMANTIC: CAS18 is the amount of the adjustmer | nt. | | |
| | | | SITUATIONAL RULE: <i>Required when CAS17 is this implementation guide, do not send.</i> | present. If not | requ | ired by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS19 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L171819, C1917 | | | |
| | | | SEMANTIC: CAS19 is the units of service being ad | justed. | | |
| | | | SITUATIONAL RULE: <i>Required when CAS17 is units of service adjustment. If not requir guide, do not send.</i> | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| | | | | | | |

| SEGMENT DETAIL | | | | | | | | | |
|----------------|-------------------------------------|---|--|--|-----------|---------|--------|--|--|
| | | | OORDIN PAID AN | IATION OF BENEF 10UNT | TTS (| CO | B) | | |
| X12 Segment Na | me: Mon | etary Am | ount Informati | on | | | | | |
| X12 Purpe | ose: To in | ndicate th | e total moneta | ry amount | | | | | |
| Lo | oop: 232 | 0 — ОТН | ER SUBSCRI | BER INFORMATION | | | | | |
| Segment Rep | eat: 1 | | | | | | | | |
| Usa | age: SITU | JATIONA | L | | | | | | |
| Situational R | Loo OR Req pay | Required when the claim has been adjudicated by the payer identified in Loop ID-2330B of this loop. DR Required when Loop ID-2010AC is present. In this case, the claim is a post payment recovery claim submitted by a subrogated Medicaid agency. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Exam | ple: AMT | F*D*411 | ~ | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 1 522 unt Qual code ID 1/3 | | t [*] Flag C | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | ITES | | |
| REQUIRED | AMT01 | 522 | Amount Qual Code to qualify a CODE | | M 1 | ID | 1/3 | | |
| | | | D | Payor Amount Paid | | | | | |
| REQUIRED | AMT02 | 782 | Monetary Am Monetary amou | | M 1 | R | 1/18 | | |
| | | | IMPLEMENTATION I | NAME: Payer Paid Amount | | | | | |
| | | | It is acceptab | le to show "0" as the amount pa | id. | | | | |
| | | | When Loop II agency actua | D-2010AC is present, this is the a lly paid. | amount th | ne Med | licaid | | |
| NOT USED | AMT03 | 478 | Credit/Debit F | ilag Code | 01 | ID | 1/1 | | |

| SEGMENT DETAIL | | | | | | | | |
|--|---|---|---------------------------------------|-------------------------|------|--|--|--|
| | AMT - R | EMAINING PATIENT LIABIL | ITY | | | | | |
| X12 Segment Name: | Monetary Am | ount Information | | | | | | |
| X12 Purpose: | To indicate th | o indicate the total monetary amount | | | | | | |
| Loop: | 2320 — OTH | 320 — OTHER SUBSCRIBER INFORMATION | | | | | | |
| Segment Repeat: | 1 | | | | | | | |
| Usage: | SITUATIONA | L | | | | | | |
| Situational Rule: | iteration of L level informa OR Required wh iteration of L received a pa ability to rep | en the Other Payer identified in Loop ID-2330 oop ID-2320) has adjudicated this claim and ation only. en the Other Payer identified in Loop ID-2330 oop ID-2320) has adjudicated this claim and aper remittance advice and the provider does ort line item information. ed by this implementation guide, do not send | provie DB (of the pr s not l | ded c this rovide | er | | | |
| TR3 Notes: 1. In the judgment of the provider, this is the remaining amount to I paid after adjudication by the Other Payer identified in Loop ID-2 of this iteration of Loop ID-2320. | | | | | | | | |
| | in Payer 3. This seg | ment is only used in provider submitted clain -to-Payer Coordination of Benefits (COB). ment is not used if the line level (Loop ID-24 Liability AMT segment is used for this Other I | 30) Re | emain | | | | |
| TR3 Example: | AMT*EAF*7 | /5~ | | | | | | |
| DIAGRAM | | | | | | | | |
| AMT * Amount Qu Code | AMT02 Monetal Amoun 1/3 M 1 R | t Tlag Code | | | | | | |
| USAGE R | EF. DATA ES. <u>ELEMENT</u> | NAME | | ATTRIB | JTES | | | |
| REQUIRED AMTO | 01 522 | Amount Qualifier Code Code to qualify amount | M 1 | ID | 1/3 | | | |
| REQUIRED AMTO | 02 782 | CODE DEFINITION EAF Amount Owed Monetary Amount Monetary amount | M 1 | R | 1/18 | | | |
| NOT USED AMTO | 03 478 | Credit/Debit Flag Code | 01 | ID | 1/1 | | | |

| SEGMENT DETAIL | | | | | | | |
|-------------------|-------------------------|---|------------------|---------|------|--|--|
| | | OORDINATION OF BENEFIT | ⁻ S (| CO | B) | | |
| X12 Segment Name: | Monetary Am | ount Information | | | | | |
| X12 Purpose: | To indicate the | e total monetary amount | | | | | |
| Loop: | 2320 — OTH | ER SUBSCRIBER INFORMATION | | | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | SITUATIONA | L | | | | | |
| Situational Rule: | providers to | en the destination payer's cost avoidance po bypass claim submission to the otherwise p Loop ID-2330B. If not required by this implem | rior pa | ayer | | | |
| TR3 Notes: | the total payer pa | 1. When this segment is used, the amount reported in AMT02 must equal the total claim charge amount reported in CLM02. Neither the prior payer paid AMT, nor any CAS segments are used as this claim has not been adjudicated by this payer. | | | | | |
| TR3 Example: | AMT*A8*27 | 3~ | | | | | |
| DIAGRAM | | | | | | | |
| AMT * Amount Q | | t [*] Flag Code ~ | | | | | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBU | | | |
| REQUIRED AMT | | Amount Qualifier Code | M 1 | ID | 1/3 | | |
| | | Code to qualify amount | | | | | |
| | | | | | | | |
| REQUIRED AMT | 02 782 | A8 Noncovered Charges - Actual Monetary Amount Monetary amount | M 1 | R | 1/18 | | |
| | | IMPLEMENTATION NAME: Non-Covered Charge Amount | | | | | |
| NOT USED AMT | 03 478 | Credit/Debit Flag Code | 01 | ID | 1/1 | | |

| SEGMENT DETAIL | | | | | | | |
|----------------|--------------|--------------|--|--|--|-------------------------------------|------------|
| | | | HER INSU | JRANCE COVERA | GE | | |
| X12 Segment | Name: Oth | er Health | Insurance Info | rmation | | | |
| X12 Pu | rpose: To a | specify inf | ormation assoc | ciated with other health insuran | ice cove | rage | |
| | Loop: 232 | 0 — ОТН | | BER INFORMATION | | | |
| Segment R | epeat: 1 | | | | | | |
| ι | Jsage: REG | QUIRED | | | | | |
| TR3 | Notes: 1. | | | ned in the OI segment applie 330B in this iteration of Loop | - | - | ayer |
| TR3 Exa | ample: OI* | **Y*B* | *Y~ | | | | |
| DIAGRAM | | | | | | | |
| | Claim File | Claim Cu | bmt _* Yes/No C | 1073 Cond ode 1/1 * Ol04 1351 Patient Sig Source Code 0 1 ID 1/1 Ol05 Provid Agree C 0 1 ID 1/1 | ler Fode * | Ol06 Releas Info Co O 1 ID | ~ |
| | REF. | DATA | | | | | |
| | DES. | | | diastar Cada | | | |
| NOT USED | Ol01 Ol02 | 1032 1383 | Claim Filing Ir | sion Reason Code | 01 | ID ID | 1/2 2/2 |
| REQUIRED | 0103 | 1073 | Yes/No Condi | tion or Response Code | 01 | ID | 1/1 |
| | | | SEMANTIC: OI03 is insured or author an "N" value india IMPLEMENTATION N | a Yes or No condition or response is the assignment of benefits indicator. rized person authorizes benefits to be cates benefits have not been assigned IMME: Benefits Assignment Certifi swalk from CLM08 when doing (| assigned t I to the pro ication In | o the pro vider. | ovider; |
| | | | This element a | answers the question whether o e plan to remit payment directly | r not the | | |
| | | | CODE | DEFINITION | • | | |
| | | | N | No | | | |
| | | | W | Not Applicable | | | |
| | | | | Use code 'W' when the patient benefits. | refuses | to assi | gn |
| | | | Y | Yes | | | |
| NOT USED | OI04 | 1351 | | ure Source Code | 01 | ID | 1/1 |
| NOT USED | OI05 | 1360 | Provider Agre | ement Code | 01 | ID | 1/1 |
| | | | | | | | |

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|--------------------------------------|
| OTHER INSURANCE COVERAGE INFORMATION |

| REQUIRED | OI06 | 1363 | Code indicating | Formation CodeO 1ID1/1whether the provider has on file a signed statement by the patient elease of medical data to other organizations1/1 |
|----------|------|------|--|--|
| | | | This is a cros | swalk from CLM09 when doing COB. |
| | | | The Release c carried in this | of Information response is limited to the information sclaim. |
| | | | CODE | DEFINITION |
| | | | I | Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes |
| | | | | Required when the provider has not collected a signature AND state or federal laws do not require a signature be collected. |
| | | | Y | Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim |
| | | | Required when the provider has collected a signature. OR Required when state or federal laws require a signature be collected. | |

| SEGMENT DETAIL | | |
|--|---|---------------------------------|
| | MIA - INPATIENT ADJUDICATION INFORMATION | |
| X12 Segment Name: | Medicare Inpatient Adjudication | |
| X12 Purpose: | To provide claim-level data related to the adjudication of Medic claims | are inpatient |
| Loop: | 2320 — OTHER SUBSCRIBER INFORMATION | |
| Segment Repeat: | 1 | |
| Usage: | SITUATIONAL | |
| Situational Rule: | Required when inpatient adjudication information is report remittance advice. OR Required when it is necessary to report remark codes. If not required by this implementation guide, do not send. | ted in the |
| TR3 Example: | MIA*1***3568.98*MA01********************** | 5~ |
| DIAGRAM | | |
| | | |
| MIA01 3 Quantity | 80 * MIA02 782 MIA03 380 MIA04 782 MIA05 127 * Monetary Amount * Quantity * Monetary Amount * Reference Ident | MIA06 782 MOnetary Amount |
| M 1 R 1/ | 15 O1 R 1/18 O1 R 1/15 O1 R 1/18 O1 AN 1/50 | O 1 R 1/18 |
| MIA07 7 ★ Monetary Amount O 1 R 1/ | Amount Amount Amount Amount Amount | * Monetary Amount |
| * Monetary Amount | 82 MIA14 782 MIA15 380 MIA16 782 MIA17 782 Monetary Amount Quantity * Monetary Mon | * Monetary Amount |
| MIA19 7 Monetary Amount O 1 R 1/ | ↑ Ident ↑ Ident ↑ | * Monetary Amount ~ |
| ELEMENT DETAIL | | |
| USAGE D | EF. DATA S. ELEMENT NAME | ATTRIBUTES |
| REQUIRED MIA0 | · | M 1 R 1/15 |
| | Numeric value of quantity | |
| | SEMANTIC: MIA01 is the covered days. | |
| NOT USED MIA0 | IMPLEMENTATION NAME: Covered Days or Visits Count 2 782 Monetary Amount | O 1 R 1/18 |

| SITUATIONAL | MIA03 | 380 | Quantity | 0.4 | _ | | | |
|-------------|--------------|---|--|-----------|---------------|------------------|--|--|
| | | 380 | Numeric value of quantity | 01 | R | 1/15 | | |
| | | | SEMANTIC: MIA03 is the lifetime psychiatric days. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the r not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Lifetime Psychiatric Days Co | ount | | | | |
| SITUATIONAL | MIA04 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA04 is the Diagnosis Related Group (DRG) | amount. | | | | |
| | | | SITUATIONAL RULE: <i>Required when returned in the r</i> not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim DRG Amount | | | | | |
| SITUATIONAL | TIONAL MIA05 | 127 | Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier | | AN or as s | 1/50 becified | | |
| | | | SEMANTIC: MIA05 is the Claim Payment Remark Code. See Code Source 411. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the r not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim Payment Remark Code | e | | | | |
| SITUATIONAL | MIA06 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA06 is the disproportionate share amount. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the r not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim Disproportionate Shar | e Amou | nt | | | |
| SITUATIONAL | MIA07 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA07 is the Medicare Secondary Payer (MSF |) pass-th | rough a | amount. | | |
| | | | SITUATIONAL RULE: Required when returned in the r not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim MSP Pass-through Am | nount | | | | |
| SITUATIONAL | MIA08 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA08 is the total Prospective Payment System | m (PPS) c | apital a | amount. | | |
| | | SITUATIONAL RULE: Required when returned in the range of | | | rice. If | | | |
| | | | not required by the implementation galac, ac | | | | | |

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|--|-------------|--------|---|--------------------------------|--|----------|--|
| SITUATIONAL | MIA09 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | |
| | | | SEMANTIC: MIA09 is the Prospective Payment Syst specific portion, Diagnosis Related Group (DRG) | | al, feder | ral | |
| | | | SITUATIONAL RULE: Required when returned in not required by this implementation guid | | | vice. If | |
| | | | IMPLEMENTATION NAME: PPS-Capital FSP DRG | Amount | | | |
| SITUATIONAL | MIA10 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | |
| | | | SEMANTIC: MIA10 is the Prospective Payment Syst specific portion, Diagnosis Related Group (DRG), | | al, hosp | ital | |
| | | | SITUATIONAL RULE: Required when returned in not required by this implementation guid | | | rice. If | |
| | | | IMPLEMENTATION NAME: PPS-Capital HSP DRG | Amount | | | |
| SITUATIONAL | IONAL MIA11 | 11 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | |
| | | | SEMANTIC: MIA11 is the Prospective Payment Syst disproportionate share, hospital Diagnosis Relate | | | t. | |
| | | | | | SITUATIONAL RULE: Required when returned in not required by this implementation guid | | |
| | | | IMPLEMENTATION NAME: PPS-Capital DSH DRG | Amount | | | |
| SITUATIONAL | MIA12 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | |
| | | | SEMANTIC: MIA12 is the old capital amount. | | | | |
| | | | SITUATIONAL RULE: Required when returned in not required by this implementation guid | | | rice. If | |
| | | | IMPLEMENTATION NAME: Old Capital Amount | | | | |
| SITUATIONAL | MIA13 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | |
| | | | SEMANTIC: MIA13 is the Prospective Payment Syst medical education claim amount. | em (PPS) capita | al indire | ct | |
| | | | SITUATIONAL RULE: Required when returned in not required by this implementation guid | | | vice. If | |
| | | | IMPLEMENTATION NAME: PPS-Capital IME amoun | nt | | | |
| SITUATIONAL | MIA14 7 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | |
| | | | SEMANTIC: MIA14 is hospital specific Diagnosis Re | lated Group (DR | (G) Am | ount. | |
| | | | SITUATIONAL RULE: Required when returned in not required by this implementation guid | | | rice. If | |
| | | | IMPLEMENTATION NAME: PPS-Operating Hospita | | • • | | |

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|---|-----------|---|---|-------------------|----------|------------------|--|--|
| SITUATIONAL | MIA15 | 380 | Quantity Numeric value of quantity | 01 | R | 1/15 | | |
| | | | SEMANTIC: MIA15 is the cost report days. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Cost Report Day Count | | | | | |
| SITUATIONAL | MIA16 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA16 is the federal specific Diagnosis Relat | ed Group (| DRG) a | amount. | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: PPS-Operating Federal Spe | cific DRG | 6 Amo | unt | | |
| SITUATIONAL | MIA17 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA17 is the Prospective Payment System (F amount. | PPS) Capita | al Outli | er | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim PPS Capital Outlier A | mount | | | | |
| SITUATIONAL | MIA18 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA18 is the indirect teaching amount. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim Indirect Teaching Am | ount | | | | |
| SITUATIONAL | MIA19 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA19 is the professional component amoun | t billed but | not pay | /able. | | |
| | | SITUATIONAL RULE: Required when returned in the remittance advice. In not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION NAME: Non-Payable Professional C Amount | Compone | nt Bill | ed | | |
| SITUATIONAL | MIA20 127 | 127 | Reference Identification Reference information as defined for a particular Trans by the Reference Identification Qualifier | O 1 action Set | | 1/50 pecified | | |
| | | | SEMANTIC: MIA20 is the Claim Payment Remark Code. | See Code S | Source | 411. | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim Payment Remark Cod | le | | | | |
| | | | | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 0050 [.] INPATIENT ADJU | | | 320 • MIA RMATION | | |
|--|-------|--|--|-------------------|------------------|----------------------|--|--|
| SITUATIONAL MIA21 127 | 127 | Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier | | AN or as s | 1/50 Decified | | | |
| | | | SEMANTIC: MIA21 is the Claim Payment Remark Code. | See Code | Source | 411. | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | IMPLEMENTATION NAME: Claim Payment Remark Cod | le | | | | | |
| SITUATIONAL MIA22 | 127 | Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier | O 1 action Set | AN or as s | 1/50 Decified | | | |
| | | | SEMANTIC: MIA22 is the Claim Payment Remark Code. | See Code | Source | 411. | | |
| | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | | |
| | | | IMPLEMENTATION NAME: Claim Payment Remark Cod | le | | | | |
| SITUATIONAL | MIA23 | 127 | Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier | O 1 action Set | AN or as s | 1/50 Decified | | |
| | | | SEMANTIC: MIA23 is the Claim Payment Remark Code. See Code Source 411. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: Claim Payment Remark Cod | le | | | | |
| SITUATIONAL | MIA24 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MIA24 is the capital exception amount. | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the not required by this implementation guide, do | | | rice. If | | |
| | | | IMPLEMENTATION NAME: PPS-Capital Exception Amo | unt | | | | |
| | | | | | | | | |

| SEGMENT DETAIL | | | | | | | |
|-------------------|---|--|--|--|--|--|--|
| | MOA - OUTPATIENT ADJUDICATION INFORMATION | | | | | | |
| X12 Segment Name: | Medicare Outpatient Adjudication | | | | | | |
| X12 Purpose: | To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting | | | | | | |
| Loop: | 2320 — OTHER SUBSCRIBER INFORMATION | | | | | | |
| Segment Repeat: | 1 | | | | | | |
| Usage: | SITUATIONAL | | | | | | |
| Situational Rule: | Situational Rule: Required when outpatient adjudication information is reported in the remittance advice OR Required when it is necessary to report remark codes. If not required by this implementation guide, do not send. | | | | | | |
| TR3 Example: | MOA***A4~ | | | | | | |
| DIAGRAM | | | | | | | |
| MOA * Percent | 27 e * MOA08 782 Monetary Amount * MOA09 782 Monetary Amount ~ | | | | | | |
| R | EF. DATA ES. <u>element</u> <u>Name</u> <u>Attributes</u> | | | | | | |
| SITUATIONAL MOA | Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents 0% through 100%) SEMANTIC: MOA01 is the reimbursement rate. SITUATIONAL RULE: <i>Required when returned in the remittance advice. If</i> | | | | | | |
| | not required by this implementation guide, do not send. | | | | | | |

| | T • TYPE 3 | | Con An | ENT ADJUDICATION | | | | | | |
|----------------------|-------------|--|---|--|----------------|------------------|--|--|--|--|
| SITUATIONAL | MOA02 | 782 | Monetary Amount Monetary amount | 0 1 | R | 1/18 | | | | |
| | | | SEMANTIC: MOA02 is the claim Health Care Fi Procedural Coding System (HCPCS) payable | | on Com | nmon | | | | |
| | | | SITUATIONAL RULE: Required when returned not required by this implementation g | | | rice. If | | | | |
| | | | IMPLEMENTATION NAME: HCPCS Payable An | nount | | | | | | |
| SITUATIONAL | NAL MOA03 | 127 | Reference Identification Reference information as defined for a partic by the Reference Identification Qualifier | 01 ular Transaction Set | | 1/50 becified | | | | |
| | | | SEMANTIC: MOA03 is the Claim Payment Rem | ark Code. See Code | Source | e 411. | | | | |
| | | | SITUATIONAL RULE: Required when returne not required by this implementation g | | | rice. If | | | | |
| | | | IMPLEMENTATION NAME: Claim Payment Ren | nark Code | | | | | | |
| SITUATIONAL MOA04 12 | | 127 | Reference IdentificationO 1 AN 1/Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | | | | | | | |
| | | | SEMANTIC: MOA04 is the Claim Payment Remark Code. See Code Source 411. | | | | | | | |
| | | SITUATIONAL RULE: Required when returned not required by this implementation g | | | rice. If | | | | | |
| | | | IMPLEMENTATION NAME: Claim Payment Rer | IMPLEMENTATION NAME: Claim Payment Remark Code | | | | | | |
| SITUATIONAL | - MOA05 127 | MOA05 127 | Reference Identification Reference information as defined for a partic by the Reference Identification Qualifier | 01 ular Transaction Set | | 1/50 becified | | | | |
| | | | SEMANTIC: MOA05 is the Claim Payment Remark Code. See Code Source 411. | | | | | | | |
| | | | SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. | | | | | | | |
| | | | IMPLEMENTATION NAME: Claim Payment Remark Code | | | | | | | |
| SITUATIONAL | MOA06 | 127 | Reference Identification O 1 AN 1 Reference information as defined for a particular Transaction Set or as species by the Reference Identification Qualifier | | | | | | | |
| | | | SEMANTIC: MOA06 is the Claim Payment Rem | ark Code. See Code | Source | e 411. | | | | |
| | | | SITUATIONAL RULE: Required when returne not required by this implementation g | | | rice. If | | | | |
| | | | IMPLEMENTATION NAME: Claim Payment Rer | mark Code | | | | | | |
| SITUATIONAL | MOA07 | 127 | Reference Identification Reference information as defined for a partic by the Reference Identification Qualifier | | AN or as sp | 1/50 becified | | | | |
| | | | SEMANTIC: MOA07 is the Claim Payment Rem | nark Code. See Code | Source | e 411. | | | | |
| | | | SITUATIONAL RULE: Required when returne not required by this implementation g | | | rice. If | | | | |
| | | | IMPLEMENTATION NAME: Claim Payment Rer | | | | | | | |

| SITUATIONAL MOA08 | MOA08 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
|-------------------|-------|---|---|------------|----------|---------|--|--|
| | | | SEMANTIC: MOA08 is the End Stage Renal Disease (ESRD |) payme | nt amo | unt. | | |
| | | | SITUATIONAL RULE: Required when returned in the rel not required by this implementation guide, do no | | | ice. If | | |
| | | IMPLEMENTATION NAME: End Stage Renal Disease Payment Amount | | | | | | |
| SITUATIONAL MOA0 | MOA09 | 09 782 | Monetary Amount Monetary amount | 01 | R | 1/18 | | |
| | | | SEMANTIC: MOA09 is the professional component amount b | oilled but | i not pa | yable. | | |
| | | | SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Non-Payable Professional Con Amount | nponei | nt Bille | ed | | |

| OEGMENT DETAIE | | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|
| | NM1 - OTHER SUBSCRIBER NAME | | | | | | | |
| X12 Segment Name: | Individual or Organizational Name | | | | | | | |
| X12 Purpose: | o supply the full name of an individual or organizational entity | | | | | | | |
| X12 Set Notes: | Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. | | | | | | | |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. | | | | | | | |
| | 2. C1110 If NM111 is present, then NM110 is required. | | | | | | | |
| | 3. C1203 If NM112 is present, then NM103 is required. | | | | | | | |
| Loop: | 2330A — OTHER SUBSCRIBER NAME Loop Repeat: 1 | | | | | | | |
| Segment Repeat: | 1 | | | | | | | |
| Usage: | REQUIRED | | | | | | | |
| TR3 Notes: | 1. If the patient can be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified in this Other Subscriber's Name Loop ID- 2330A. | | | | | | | |
| | 2. If the patient is a dependent of the subscriber for this other coverage and cannot be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the subscriber for this other coverage is identified in this Other Subscriber's Name Loop ID-2330A. | | | | | | | |
| | 3. See Crosswalking COB Data Elements section for more information on handling COB in the 837. | | | | | | | |
| TR3 Example: | NM1*IL*1*DOE*JOHN*T**JR*MI*123456~ | | | | | | | |
| | | | | | | | | |
| DIAGRAM | | | | | | | | |
| NM1 * Entity ID | 98 NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 * Entity Type * Name Last/ * Name * Name * Name | | | | | | | |

NM1 * * * * * Code Qualifier Org Name First Prefix Middle ID 2/3 M1 ID 1/1 X 1 AN 1/60 O 1 AN 1/35 O 1 AN 1/25 O 1 AN 1/10 M 1 NM107 1039 NM108 66 NM109 67 NM110 706 NM111 98 NM112 1035 Name ID Code ID Entity Entity ID Name Last/ * * * * * * ~ Qualifier Code Relat Code Org Name Suffix Code O 1 AN 1/10 X1 ID 1/2 X 1 AN 2/80 X 1 ID 2/2 01 ID 2/3 O 1 AN 1/60

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUTE | S | | |
|-------------|--------------|-----------------|---|--|-------|-------------------|------------|--|--|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical location individual | | | ID perty or an | 2/3 | | |
| | | | CODE | DEFINITION | | | | | |
| | | | IL | Insured or Subscriber | | | | | |
| REQUIRED | NM102 | 1065 | Entity Type Qu Code qualifying t | | M 1 | ID | 1/1 | | |
| | | | SEMANTIC: NM102 | 2 qualifies NM103. | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 1 | Person | | | | | |
| | | | 2 | Non-Person Entity | | | | | |
| REQUIRED | NM103 | 1035 | | Organization Name me or organizational name | X 1 | AN | 1/60 | | |
| | | | syntax: C1203 | | | | | | |
| | | | IMPLEMENTATION N | AME: Other Insured Last Name | | | | | |
| SITUATIONAL | - NM104 1036 | | Name First Individual first na | me | 01 | AN | 1/35 | | |
| | | | | Required when NM102 = 1 (person) ne. If not required by this implemen | | - | | | |
| | | | IMPLEMENTATION N | AME: Other Insured First Name | | | | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual middle | name or initial | 01 | AN | 1/25 | | |
| | | | SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION N | AME: Other Insured Middle Name | | | | | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 | | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individua | al name | 01 | AN | 1/10 | | |
| | | | suffix of the p | Required when NM102 = 1 (person) erson is needed to identify the indiv is implementation guide, do not ser | vidua | | ne | | |
| | | | IMPLEMENTATION N | AME: Other Insured Name Suffix | | | | | |

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| REQUIRED | NM108 | 66 | | Code Qualifier ng the system/method of code structure u | X 1 used for lo | ID dentifica | 1/2 ation |
|----------|-------|------|------------------------------------|--|--|-----------------------------|-----------------------------------|
| | | | CODE | DEFINITION | | | |
| | | | II | Standard Unique Health Identifi in the United States | er for ea | ach Ind | lividual |
| | | | | Required if the HIPAA Individua mandated use. If not required, instead. | | | ifier is |
| | | | МІ | Member Identification Number | | | |
| | | | | The code MI is intended to be the identification number as assign example, Insured's ID, Subscrib Insurance Claim Number (HIC), MI is also intended to be used in the Indian Health Service/Contra (IHS/CHS) Fiscal Intermediary for | ed by th ber's ID, etc.) n claims act Heal | he paye Health s subm | er. (For initiated to vices |
| | | | | reporting the Tribe Residency C State). In the event that a Social (SSN) is also available on an IH SSN in REF02. | ode (Tr Securi | ibe Co ty Num | unty Iber |
| | | | | When sending the Social Secur Member ID, it must be a string of numbers with no separators. For "111002222" would be valid, wh 2222" would be invalid. | of exactl | y nine ple, se | nding |
| REQUIRED | NM109 | 67 | Identification Code identifying | Code a party or other code | X 1 | AN | 2/80 |
| | | | SYNTAX: P0809 | | | | |
| | | | IMPLEMENTATION I | NAME: Other Insured Identifier | | | |
| NOT USED | NM110 | 706 | Entity Relatio | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identifi | er Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | Organization Name | 01 | AN | 1/60 |

| SEGMENT DETAIL | | | | | | | | | | |
|----------------|------------------------------|--|---|------|----------|--------|--|--|--|--|
| | - | _ | HER SUBSCRIBER ADD | RESS | | | | | | |
| X12 Segment Na | ame: Party | / Locatio | n | | | | | | | |
| X12 Purp | ose: To s | o specify the location of the named party | | | | | | | | |
| L | oop: 2330 | 30A — OTHER SUBSCRIBER NAME | | | | | | | | |
| Segment Rep | peat: 1 | | | | | | | | | |
| Us | age: SITU | JATIONA | ۱L | | | | | | | |
| Situational F | - | equired when the information is available. If not required by this aplementation guide, do not send. | | | | | | | | |
| TR3 Exan | nple: N3* | N3*123 MAIN STREET~ | | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| | ddress rmation AN 1/55 | Addres Informat O 1 AN | ion ~ | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | | | |
| REQUIRED | N301 | 166 | Address Information Address information | M 1 | AN | 1/55 | | | | |
| | | | IMPLEMENTATION NAME: Other Insured Address | Line | | | | | | |
| SITUATIONAL | N302 | 166 | Address Information Address information | 01 | AN | 1/55 | | | | |
| | | | SITUATIONAL RULE: Required when there is a se required by this implementation guide, do | | ss line. | lf not | | | | |
| | | | IMPLEMENTATION NAME: Other Insured Address | Line | | | | | | |
| | | | | | | | | | | |



X12 Segment Name: Geographic Location **X12 Purpose:** To specify the geographic place of the named party 1. E0207 X12 Syntax: Only one of N402 or N407 may be present. 2. C0605 If N406 is present, then N405 is required. 3. C0704 If N407 is present, then N404 is required. Loop: 2330A - OTHER SUBSCRIBER NAME Segment Repeat: 1 **Usage: REQUIRED** TR3 Example: N4*KANSAS CITY*MO*64108~ DIAGRAM N401 N402 156 N403 116 N404 N405 309 N406 310 19 26 City State or Postal Country Location **Location** N4 * * * * * * **Prov Code** Name **Qualifier Identifier** Code Code AN 2/30 Χ1 ID 2/2 01 ID 3/15 X 1 ID 2/3 X 1 ID 1/2 01 AN 1/30 O 1 N407 1715 **Country Sub** * Code Χ1 ID 1/3 ELEMENT DETAIL DATA ELEMENT REF. DES. USAGE NAME ATTRIBUTES REQUIRED N401 19 O1 AN 2/30 City Name Free-form text for city name COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

IMPLEMENTATION NAME: Other Insured City Name

| 005010X223 • 837 • 2330A • | N4 |
|---------------------------------|-----------------|
| OTHER SUBSCRIBER CITY, S | STATE, ZIP CODE |

| SITUATIONAL | N402 | 156 | State or Province CodeX 1ID2/2Code (Standard State/Province) as defined by appropriate government agency | | | | | |
|-------------|---------------------|---|--|-----------------|-----------------------|----------------------|--|--|
| | | | syntax: E0207 | | | | | |
| | | | COMMENT: N402 is required only if city name (N401) is in th | e U.S. (| or Canad | da. | | |
| | | | SITUATIONAL RULE: Required when the address is in t America, including its territories, or Canada. If n implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Other Insured State Code | | | | | |
| | | | CODE SOURCE 22: States and Provinces | | | | | |
| SITUATIONAL | TIONAL N403 1 | 116 | Postal Code Code defining international postal zone code excluding pu (zip code for United States) | O 1 nctuatio | ID on and b | 3/15 lanks | | |
| | | | SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. | | | | | |
| | | | IMPLEMENTATION NAME: Other Insured Postal Zone or ZIP Code | | | | | |
| | | code source 51: ZIP Code code source 932: Universal Postal Codes | | | | | | |
| SITUATIONAL | SITUATIONAL N404 26 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | |
| | | | syntax: C0704 | | | | | |
| | | | SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the alpha-2 country codes from Part 1 of ISC |) 3166 | | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | |
| | | | syntax: E0207, C0704 | | | | | |
| | | | SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send. | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the country subdivision codes from Part 2 of | of ISO | 3166 | | | |

Use the country subdivision codes from Part 2 of ISO 3166.

SEGMENT DETAIL **REF - OTHER SUBSCRIBER SECONDARY IDENTIFICATION** X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2330A — OTHER SUBSCRIBER NAME Segment Repeat: 2 **Usage: SITUATIONAL** Situational Rule: Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send. TR3 Example: REF*SY*123456789~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference **REF*** * * **Ident Qual** Ident **Identifier** ID 2/3 AN 1/50 AN 1/80 M 1 X 1 01 ELEMENT DETAIL REF. DATA ELEMENT USAGI NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification CODE DEFINITION SY **Social Security Number** The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid. REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Other Insured Additional Identifier NOT USED REF03 352 1/80 Description X1 AN NOT USED **REFERENCE IDENTIFIER** REF04 C040 01

SEGMENT DETAIL **NM1 - OTHER PAYER NAME** X12 Segment Name: Individual or Organizational Name **X12 Purpose:** To supply the full name of an individual or organizational entity X12 Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2330B — OTHER PAYER NAME Loop Repeat: 1 Segment Repeat: 1 Usage: REQUIRED TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. TR3 Example: NM1*PR*2*ABC INSURANCE CO*****PI*11122333~ DIAGRAM NM101 NM102 NM103 1035 NM104 1036 NM105 1037 NM106 1038 98 1065 Entity Type Entity ID Name Last/ Name Name Name NM1 * * * * Code Qualifier Org Name First Middle Prefix ID 2/3 M 1 ID 1/1 X 1 AN 1/60 01 AN 1/35 01 AN 1/25 01 AN 1/10 M 1 NM107 1039 NM108 NM109 NM110 NM111 98 NM112 1035 66 67 706 ID Code ID Entity Entity ID Name Last/ Name * * * * * Org Name **Suffix** Qualifier Code Relat Code Code O 1 AN 1/10 ID 1/2X 1 AN 2/80 X 1 ID 2/2 O 1 ID 2/3 01 AN 1/60 ELEMENT DETAIL DATA LEMENT REF. USAGE NAME ATTRIBUTES REQUIRED NM101 98 ID **Entity Identifier Code** M 1 2/3 Code identifying an organizational entity, a physical location, property or an individual CODE DEFINITION PR Payer REQUIRED NM102 ID 1/1 1065 **Entity Type Qualifier** M 1 Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE DEFINITION 2 **Non-Person Entity**

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2330B • NM1 OTHER PAYER NAME | | | | |
|--|-------|------|---|---|--------------------------|-----------------|---------------------|
| REQUIRED | NM103 | 1035 | | r Organization Name ame or organizational name | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | | |
| | | | IMPLEMENTATION | NAME: Other Payer Last or O | ganization Na | ime | |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| REQUIRED | NM108 | 66 | Code designatin Code (67) | Code Qualifier ng the system/method of code str | X 1 ucture used for I | ID dentifica | 1/2 ation |
| | | | syntax: P0809 | | | | |
| | | | | e mandated implementatio Identifier (National Plan ID | | | |
| | | | | nandated implementation dan the second se | - | | phase- |
| | | | If a phase-in period is designated, PI must be sent unless: 1. Both the sender and receiver agree to use the National Plan ID, 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the National Plan ID. If all of the above conditions are true, XV must be sent. In this case the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U. | | | | |
| | | | CODE | DEFINITION | | | |
| | | | PI | Payor Identification | | | |
| | | | XV | Centers for Medicare and | Medicaid Ser | vices | PlanID |
| | | | | code source 540: Centers for PlanID | Medicare and Me | edicaid | Services |
| REQUIRED | NM109 | 67 | Identification Code identifying | | X 1 | AN | 2/80 |
| | | | SYNTAX: P0809 | | | | |
| | | | IMPLEMENTATION | NAME: Other Payer Primary Id | dentifier | | |
| | | | identifier sen | g Line Adjudication Informa t in SVD01 (Payer Identifier Information) must match th |) of Loop ID-24 | | |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | ^r Organization Name | O 1 | AN | 1/60 |

| | N3 - OTH | HER PAYER ADDRESS | | | | | | | |
|--|-------------------------|---|------------|----------|--------|--|--|--|--|
| X12 Segment Name: | Party Location | 1 | | | | | | | |
| X12 Purpose: | To specify the | o specify the location of the named party | | | | | | | |
| Loop: | 2330B — OTI | HER PAYER NAME | | | | | | | |
| Segment Repeat: | 1 | | | | | | | | |
| Usage: | SITUATIONA | L | | | | | | | |
| Situational Rule: | for the claim | equired when the payer address is available and the submitter intends or the claim to be printed on paper at the next EDI location (for example, a earinghouse). If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Example: | N3*123 MAIN | STREET~ | | | | | | | |
| DIAGRAM | | | | | | | | | |
| N301 166 Address Information M 1 AN 1/55 N302 166 Address Information O 1 AN 1/55 | | | | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBUT | TES | | | | |
| REQUIRED N301 | 166 | Address Information Address information | M 1 | AN | 1/55 | | | | |
| | | IMPLEMENTATION NAME: Other Payer Address Line | | | | | | | |
| SITUATIONAL N302 | 166 | Address Information Address information | 01 | AN | 1/55 | | | | |
| | | SITUATIONAL RULE: Required when there is a second a required by this implementation guide, do not set | | s line. | lf not | | | | |
| | | IMPLEMENTATION NAME: Other Payer Address Line | | | | | | | |

| SEGMENT DETAIL | | | | | | | | |
|---|-------------------------------|---|--------------------------|--|--|--|--|--|
| | N4 - OTH | HER PAYER CITY, STATE, Z | | | | | | |
| X12 Segment Name: | | | | | | | | |
| X12 Purpose: | To specify the | geographic place of the named party | | | | | | |
| X12 Syntax: | 1. E0207 Only one | of N402 or N407 may be present. | | | | | | |
| | 2. C0605 If N406 is | 2. C0605 If N406 is present, then N405 is required. | | | | | | |
| | 3. C0704 | | | | | | | |
| Loop: | | HER PAYER NAME | | | | | | |
| Segment Repeat: | 1 | | | | | | | |
| | REQUIRED | | | | | | | |
| • | | | | | | | | |
| - | N4*KANSAS | CITY*MO*64108~ | | | | | | |
| DIAGRAM | | | | | | | | |
| N401 City Name O 1 AN 2 | * State or Prov Cod | | * Location Identifier | | | | | |
| * Country St Code | (15) ub 1/3 | | | | | | | |
| ELEMENT DETAIL | | | | | | | | |
| USAGE R | EF. DATA ES. ELEMENT | NAME | ATTRIBUTES | | | | | |
| REQUIRED N401 | 19 | City Name | O 1 AN 2/30 | | | | | |
| | | Free-form text for city name | 405 101400 1 | | | | | |
| | | COMMENT : A combination of either N401 through N404, or N- adequate to specify a location. | 405 and N406 may be | | | | | |
| | | IMPLEMENTATION NAME: Other Payer City Name | | | | | | |
| SITUATIONAL N402 | 156 | State or Province Code Code (Standard State/Province) as defined by appropriate g | X 1 ID 2/2 | | | | | |
| | | SYNTAX: E0207 | , , , | | | | | |
| | | COMMENT: N402 is required only if city name (N401) is in the | U.S. or Canada. | | | | | |
| | | SITUATIONAL RULE: Required when the address is in the America, including its territories, or Canada. If no implementation guide, do not send. | | | | | | |
| | | IMPLEMENTATION NAME: Other Payer State Code | | | | | | |
| | | CODE SOURCE 22: States and Provinces | | | | | | |

| SITUATIONAL | ATIONAL N403 116 | | Postal CodeO 1ID3/15Code defining international postal zone code excluding punctuation and blanks (zip code for United States) | | | | | |
|-------------|------------------|--|--|--------|----|------|--|--|
| | | SITUATIONAL RULE: Required when the address is in America, including its territories, or Canada, or exists for the country in N404. If not required by implementation guide, do not send. | when a | | | | | |
| | | | IMPLEMENTATION NAME: Other Payer Postal Zone or Z | P Cod | e | | | |
| | | | CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes | | | | | |
| SITUATIONAL | N404 | 26 | Country Code Code identifying the country | X 1 | ID | 2/3 | | |
| | | | syntax: C0704 | | | | | |
| | | SITUATIONAL RULE: Required when the address is ou States of America. If not required by this impler not send. | | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | Use the alpha-2 country codes from Part 1 of IS | O 3166 | j. | | | |
| NOT USED | N405 | 309 | Location Qualifier | X 1 | ID | 1/2 | | |
| NOT USED | N406 | 310 | Location Identifier | 01 | AN | 1/30 | | |
| SITUATIONAL | N407 | 1715 | Country Subdivision Code Code identifying the country subdivision | X 1 | ID | 1/3 | | |
| | | | syntax: E0207, C0704 | | | | | |
| | | | SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send. | | | | | |
| | | | CODE SOURCE 5: Countries, Currencies and Funds | | | | | |
| | | | | | | | | |

Use the country subdivision codes from Part 2 of ISO 3166.

| SEGMENT DETAIL | | | | | | | | | |
|--------------------------------------|--|---|--|----------------|------------------|------|--|--|--|
| X12 Segment Name | | DTP - CLAIM CHECK OR REMITTANCE DATE | | | | | | | |
| X12 Purpose | : To specify a | To specify any or all of a date, a time, or a time period | | | | | | | |
| Loop | : 2330B — O | 2330B — OTHER PAYER NAME | | | | | | | |
| Segment Repeat | : 1 | 1 | | | | | | | |
| . . | | | | | | | | | |
| Usage | : SITUATION | AL | | | | | | | |
| Situational Rule | adjudicated | Required when the payer identified in this loop has previously adjudicated the claim and Loop ID-2430, Line Check or Remittance Date, is not used. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Example | : DTP*573*[| 08*20040203~ | | | | | | | |
| DIAGRAM | | | | | | | | | |
| DTP * Date/Tin Qualifit M 1 ID | ne er 3/3 * Date T Format M 1 ID | Qual [*] Perio 2/3 M 1 AN | d ~ | | ATTRIBUT | FS | | | |
| REQUIRED DTF | | Date/Time Qua | alifior | М 1 | ID | 3/3 | | | |
| DI | -01 - 574 | | type of date or time, or both date and time | | U | 3/3 | | | |
| | | IMPLEMENTATION N | IAME: Date Time Qualifier | | | | | | |
| | | CODE | DEFINITION | | | | | | |
| | | 573 | Date Claim Paid | | | | | | |
| REQUIRED DTF | 902 1250 | | iod Format Qualifier the date format, time format, or date and tir | M 1 ne forr | ID nat | 2/3 | | | |
| | | | 2 is the date or time or period format that wi | II appe | ear in DT | P03. | | | |
| | | | Definition | MDD | | | | | |
| REQUIRED DTF | 203 1251 | D8 Date Time Per | Date Expressed in Format CCYYM iod | MDD M1 | AN | 1/35 | | | |
| | | | date, a time, or range of dates, times or dat | | | | | | |
| | | IMPLEMENTATION N | IAME: Adjudication or Payment Date | | | | | | |

| SEGMENT DETAIL | | | | | | | | | | |
|------------------------------|---|------------------------------------|---|-----------------------------|------------------|----------------|--|--|--|--|
| | REF - O | | YER SECONDARY | | | | | | | |
| X12 Segment Name: | Reference Infe | Reference Information | | | | | | | | |
| X12 Purpose: | To specify ide | To specify identifying information | | | | | | | | |
| X12 Syntax: | 1. R0203 At least o | | | | | | | | | |
| Loop: | 2330B — OTI | | IAME | | | | | | | |
| Segment Repeat: | 2 | | | | | | | | | |
| | SITUATIONA | L | | | | | | | | |
| Situational Rule: | Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send. | | | | | | | | | |
| TR3 Example: | REF*2U*987 | 765~ | | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| REF * Reference Ident Qua | e _* Reference | * . | ↑ Identifier | | | | | | | |
| | EF. DATA ES. ELEMENT | NAME | | | ATTRIBL | UTES | | | | |
| REQUIRED REFO | 01 128 | | ntification Qualifier he Reference Identification DEFINITION Payer Identification Number Employer's Identification Number The Employer's Identification Number string of exactly nine numbers with For example, "001122333" would sending "001-12-2333" or "00-112 invalid. | nber n th no s be val | separa id, wh | ators. nile | | | | |
| | | FY | Claim Office Number | | | | | | | |
| | | NF | National Association of Insurance (NAIC) Code | e Com | missio | oners | | | | |
| | | | CODE SOURCE 245: National Association o Commissioners (NAIC) Code | f Insura | ince | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2330B • REF OTHER PAYER SECONDARY IDENTIFIER | | | | |
|--|-------|------|--|-----|----|------|--|
| REQUIRED | REF02 | 127 | Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification QualifierSYNTAX: R0203 | | | | |
| | | | IMPLEMENTATION NAME: Other Payer Secondary Identif | ier | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | |

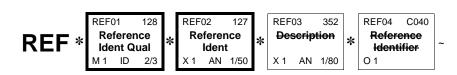
SEGMENT DETAIL **REF - OTHER PAYER PRIOR** AUTHORIZATION NUMBER X12 Segment Name: Reference Information X12 Purpose: To specify identifying information 1. R0203 X12 Syntax: At least one of REF02 or REF03 is required. Loop: 2330B - OTHER PAYER NAME Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required when the payer identified in this loop has assigned a prior authorization number to this claim. If not required by this implementation guide, do not send. TR3 Example: REF*G1*AB333-Y5~ DIAGRAM REF01 128 REF02 127 REF03 352 REF04 C040 Reference Reference **Description** Reference **REF*** * * **Ident Qual** Ident **Identifier** ID 2/3 AN 1/50 AN 1/80 VI 1 1 X 1 01 ELEMENT DETAIL REF. DATA USAGI NAME ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification CODE DEFINITION G1 **Prior Authorization Number** REQUIRED REF02 127 **Reference Identification** 1/50 X1 AN Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SYNTAX: R0203 IMPLEMENTATION NAME: Other Payer Prior Authorization Number NOT USED REF03 352 Description 1/80 X 1 AN NOT USED **REFERENCE IDENTIFIER** REF04 C040 01

| SEGMENT DETAIL | | | | | | | | | |
|----------------|--------------------------------------|---|----------------------------|---|---------|----------------|------------------|--|--|
| | RE | F - 0 | THER PA | YER REFERRAL N | IUM | BEF | र | | |
| X12 Segment Na | me: Refe | Reference Information | | | | | | | |
| X12 Purpo | ose: To s | : To specify identifying information | | | | | | | |
| X12 Syn | | 1. R0203 | | | | | | | |
| | | At least one of REF02 or REF03 is required. | | | | | | | |
| | | 2330B — OTHER PAYER NAME | | | | | | | |
| Segment Rep | eat: 1 | | | | | | | | |
| Usa | age: SITU | JATIONA | \L | | | | | | |
| Situational R | num | Required when the payer identified in this loop has assigned a referral number to this claim. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Exam | ple: REF | *9F*123 | 345~ | | | | | | |
| DIAGRAM | | | | | | | | | |
| | 1 128 erence nt Qual ID 2/3 | REF02 Reference Ident X 1 AN | * . | 352 tion * REF04 C040 Reference Identifier 0 1 | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | ITES | | |
| REQUIRED | REF01 | 128 | Reference Ide | ntification Qualifier he Reference Identification | M 1 | ID | 2/3 | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 9F | Referral Number | | | | | |
| REQUIRED | REF02 | 127 | | ntification nation as defined for a particular Transac e Identification Qualifier | | AN or as sp | 1/50 becified | | |
| | | | syntax: R0203 | | | | | | |
| | | | IMPLEMENTATION N Number | AME: Other Payer Prior Authorization | on or R | eferra | | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 | | |
| NOT USED | REF04 | C040 | REFERENCE I | DENTIFIER | 01 | | | | |

REF - OTHER PAYER CLAIM ADJUSTMENT INDICATOR

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2330B — OTHER PAYER NAME |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when the claim is being sent in the payer-to-payer COB model, AND the destination payer is secondary to the payer identified in this Loop ID- 2330B, AND the payer identified in this Loop ID-2330B has re-adjudicated the claim. If not required by this implementation guide, do not send. |
| TR3 Example: | REF*T4*Y~ |

DIAGRAM



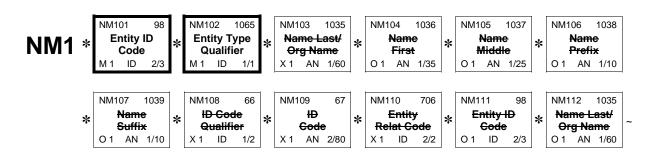
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES |
|----------|--------------|-----------------|--|---|---------------|---------|------------------|
| REQUIRED | REF01 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | | M 1 | ID | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | Т4 | Signal Code | | | |
| REQUIRED | REF02 | 127 | | entification nation as defined for a particular Transact e Identification Qualifier | X 1 on Set | | 1/50 becified |
| | | | IMPLEMENTATION NAME: Other Payer Claim Adjustment Indicator | | | | |
| | | | Only allowed | value is "Y". | | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE | IDENTIFIER | 01 | | |

REF - OTHER PAYER CLAIM CONTROL NUMBER

| X12 Segment N | ame: Refe | erence Inf | formation | | | | | |
|---------------|--|--|--|---|---|--------------------------------------|--|--|
| X12 Purj | oose: To s | pecify ide | entifying information | | | | | |
| X12 Sy | | R0203 At least c | one of REF02 or REF03 is required. | | | | | |
| L | _oop: 233 | 0В — ОТ | HER PAYER NAME | | | | | |
| Segment Re | peat: 1 | | | | | | | |
| U | sage: SITU | JATIONA | AL | | | | | |
| Situational | Nun OR Req | Required when it is necessary to identify the Other Payer's Claim Control Number in a payer-to-payer COB situation. OR Required when the Other Payer's Claim Control Number is available. If not required by this implementation guide, do not send. | | | | | | |
| TR3 Exar | mple: REF | *F8*R5 | 55588~ | | | | | |
| DIAGRAM | | | | | | | | |
| | o1 128 eference ent Qual ID 2/3 | REF02 Referen Ident X 1 AN | * * Identifier ~ | | | | | |
| | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | |
| USAGE | | | Reference Identification Qualifier Code qualifying the Reference Identification | M 1 | ATTRIBU ID | <u>тез</u> 2/3 | | |
| | DES. | ELEMENT | Reference Identification Qualifier Code qualifying the Reference Identification CODE DEFINITION | M 1 | | | | |
| | DES. | ELEMENT | Reference Identification Qualifier Code qualifying the Reference Identification | Contr ified in pically | ID ol Nun this it | 2/3 hber eration | | |
| | DES. | ELEMENT | Reference Identification Qualifier Code qualifying the Reference Identification CODE DEFINITION F8 Original Reference Number This is the payer's internal Claim for this claim for the payer ident of Loop ID-2330. This value is ty | i Contr ified in pically nly. X 1 | ID ol Nun this it used | 2/3 hber eration in 1/50 | | |
| REQUIRED | REF01 | <u>ELEMENT</u> 128 | Reference Identification Qualifier Code qualifying the Reference Identification CODE DEFINITION F8 Original Reference Number This is the payer's internal Claim for this claim for the payer ident of Loop ID-2330. This value is ty payer-to-payer COB situations o Reference Identification Reference for a particular Transact | i Contr ified in pically nly. X 1 | ID ol Nun this it used | 2/3 hber eration in 1/50 | | |
| REQUIRED | REF01 | <u>ELEMENT</u> 128 | Reference Identification Qualifier Code qualifying the Reference Identification CODE DEFINITION F8 Original Reference Number This is the payer's internal Claim for this claim for the payer ident of Loop ID-2330. This value is ty payer-to-payer COB situations o Reference Identification Reference Identification Reference Identification Reference Identification Qualifier | i Contr ified in pically nly. X 1 tion Set | ID ol Nun this it used AN or as sp | 2/3 hber eration in 1/50 | | |
| REQUIRED | REF01 | <u>ELEMENT</u> 128 | Reference Identification Qualifier Code qualifying the Reference Identification CODE DEFINITION F8 Original Reference Number This is the payer's internal Claim for this claim for the payer ident of Loop ID-2330. This value is ty payer-to-payer COB situations o Reference Identification Reference Identification Reference Identification Reference Identification Qualifier SYNTAX: R0203 | i Contr ified in pically nly. X 1 tion Set | ID ol Nun this it used i AN or as sp | 2/3 hber eration in 1/50 | | |

| | NM1 - OTHER PAYER ATTENDING PROVIDER |
|-------------------|--|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2330C — OTHER PAYER ATTENDING PROVIDER Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific |
| | provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. |
| TR3 Example: | NM1*71*1~ |

DIAGRAM



SEGMENT DETAIL

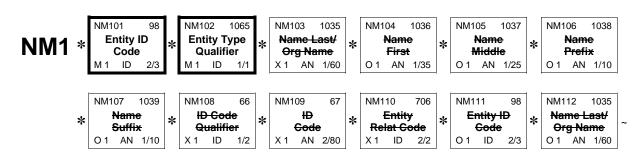
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | JTES |
|----------|--------------|-----------------|--|---------------------------------|-----------------------|---------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical loca individual | | M 1 location, prop | ID erty or | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 71 | Attending Physician | | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| NOT USED | NM103 | 1035 | Name Last of | r Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | r Organization Name | 01 | AN | 1/60 |

| SEGMENT DETAIL | | | | | | | | |
|------------------------------|--|------------------------------------|---|---|--|--|--|--|
| | | | YER ATTENDING F | PROVIDER | | | | |
| X12 Segment Name: | Reference Info | Reference Information | | | | | | |
| X12 Purpose: | To specify ide | To specify identifying information | | | | | | |
| X12 Syntax: | 1. R0203 | | | | | | | |
| | | | r REF03 is required. | | | | | |
| Loop: | 2330C — OTI | HER PAYER A | ATTENDING PROVIDER | | | | | |
| Segment Repeat: | 4 | | | | | | | |
| Usage: | REQUIRED | | | | | | | |
| TR3 Notes: | 1. Non-dest | tination (COB) |) payer's provider identification | number(s). | | | | |
| | 2. See Crosswalking COB Data Elements section for more information on handling COB in the 837. | | | | | | | |
| TR3 Example: | REF*G2*123 | 345~ | | | | | | |
| DIAGRAM | | | | | | | | |
| REF * Reference Ident Qua | e _* Referenc | * | 352 tion ★ ReF04 C040 Reference Identifier ~ 0 1 ~ | | | | | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBUTES | | | | |
| REQUIRED REFO | 128 | Reference Ide | ntification Qualifier he Reference Identification | M 1 ID 2/3 | | | | |
| | | CODE | DEFINITION | | | | | |
| | | 0B | State License Number | | | | | |
| | | 1G | Provider UPIN Number UPINs must be formatted as eithe | xr X00000 or | | | | |
| | | | XXX999. | A 299999 01 | | | | |
| | | G2 | Provider Commercial Number | | | | | |
| | | | This code designates a proprietat for the non-destination payer iden Payer Name Loop ID-2330B for th ID-2320. This is true regardless of payer is Medicare, Medicaid, a Blu Shield plan, a commercial plan, o plan. | ntified in the Other is iteration of Loop f whether that ue Cross Blue | | | | |
| | | LU | Location Number | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2330C • REF OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION | | | | |
|--|-------|------|--|--------|---------------|-------------------------|--|
| REQUIRED REF02 127 | | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as s | 1/50 pecified | |
| | | | IMPLEMENTATION NAME: Other Payer Attending Provide | er Sec | ondar | y | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | |

| | NM1 - OTHER PAYER OPERATING PHYSICIAN |
|-------------------|---|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2330D — OTHER PAYER OPERATING PHYSICIAN Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR |
| | Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. |
| TR3 Example: | NM1*72*1~ |
| | |

DIAGRAM

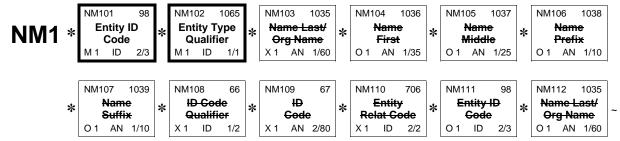


| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | ITES |
|----------|--------------|-----------------|--|---|-----------------------|---------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identif Code identifying individual | ier Code g an organizational entity, a physical | M 1 location, prop | ID erty or | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 72 | Operating Physician | | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| NOT USED | NM103 | 1035 | Name Last or | r Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | 1 | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | r Organization Name | 01 | AN | 1/60 |

| SEGMENT DETAIL | | | | |
|------------------------------|-------------------------|------------------------------|---|--|
| | | | YER OPERATING ONDARY IDENTIF | |
| X12 Segment Name: | Reference Infe | ormation | | |
| X12 Purpose: | To specify ide | ntifying inform | ation | |
| X12 Syntax: | 1. R0203 | | | |
| | | | or REF03 is required. | |
| Loop: | 2330D — OTI | HER PAYER (| OPERATING PHYSICIAN | |
| Segment Repeat: | 4 | | | |
| Usage: | REQUIRED | | | |
| TR3 Notes: | 1. Non-dest | tination (COB |) payer's provider identification | on number(s). |
| | | swalking CO ing COB in th | B Data Elements section for r e 837. | nore information |
| TR3 Example: | REF*G2*123 | 345~ | | |
| DIAGRAM | | | | |
| REF * Reference Ident Qua | e 🐰 Referenc | * | 352 tion 1/80 REF04 C040 Reference Identifier ○ 1 ○ | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBUTES |
| REQUIRED REFO | | | ntification Qualifier | M 1 ID 2/3 |
| | | Code qualifying t | he Reference Identification | |
| | | CODE | DEFINITION | |
| | | 0B | State License Number | |
| | | 1G | Provider UPIN Number UPINs must be formatted as eit | bor X00000 or |
| | | | XXX999. | 11el 799999 01 |
| | | G2 | Provider Commercial Number | |
| | | | This code designates a proprie for the non-destination payer ic Payer Name Loop ID-2330B for ID-2320. This is true regardless payer is Medicare, Medicaid, a Shield plan, a commercial plan plan. | dentified in the Other this iteration of Loop of whether that Blue Cross Blue |
| | | LU | Location Number | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X2 OTHER PAYER OPERATING PHYSICIAN SECON | | | 30D • REF FICATION |
|--|-------|------|--|--------|---------------|-------------------------|
| REQUIRED REF02 127 | | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as s | 1/50 pecified |
| | | | IMPLEMENTATION NAME: Other Payer Operating Provide | er Sec | ondar | y |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

SEGMENT DETAIL **NM1 - OTHER PAYER OTHER OPERATING** PHYSICIAN X12 Segment Name: Individual or Organizational Name X12 Purpose: To supply the full name of an individual or organizational entity X12 Set Notes: Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2330E — OTHER PAYER OTHER OPERATING PHYSICIAN Loop Repeat: 1 Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. TR3 Example: NM1*ZZ*1~ DIAGRAM



| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | ITES |
|----------|--------------|-----------------|--|---|-----------------------|------------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identif Code identifying individual | ier Code g an organizational entity, a physical locatio | M 1 n, prop | ID berty or a | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | ZZ | Mutually Defined | | | |
| | | | | ZZ is used to indicate Other Operation | ating | Physic | ian. |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| NOT USED | NM103 | 1035 | Name Last of | r Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | • | r Organization Name | 01 | AN | 1/60 |

| SEGMENT DETAIL | | | | |
|------------------------------|-------------------------------|------------------------------|--|---|
| | | | AYER OTHER OPER ONDARY IDENTIFIC | |
| X12 Segment Name: | Reference Inf | ormation | | |
| X12 Purpose: | To specify ide | entifying inform | ation | |
| X12 Syntax: | 1. R0203 At least o | ne of REF02 o | or REF03 is required. | |
| Loop: | 2330E — OTI | HER PAYER O | OTHER OPERATING PHYSICIA | N |
| Segment Repeat: | 4 | | | |
| Usage: | REQUIRED | | | |
| TR3 Notes: | 1. Non-dest | tination (COB |) payer's provider identification | n number(s). |
| | | swalking CO ing COB in th | B Data Elements section for mo ne 837. | ore information |
| TR3 Example: | REF*G2*123 | 345~ | | |
| DIAGRAM | | | | |
| REF * Reference Ident Qua | e _* Reference | * . | 352 tion 1/80 REF04 C040 Reference Identifier O 1 | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBUTES |
| REQUIRED REFO | | | ntification Qualifier | M 1 ID 2/3 |
| | | Code qualifying | the Reference Identification | |
| | | CODE | DEFINITION | |
| | | 0B | State License Number | |
| | | 1G | Provider UPIN Number UPINs must be formatted as eith | |
| | | | XXX999. | ei 799999 Ol |
| | | G2 | Provider Commercial Number | |
| | | | This code designates a proprieta for the non-destination payer ide Payer Name Loop ID-2330B for th ID-2320. This is true regardless of payer is Medicare, Medicaid, a B Shield plan, a commercial plan, of plan. | entified in the Other his iteration of Loop of whether that lue Cross Blue |
| | | LU | Location Number | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 0050102 OTHER PAYER OTHER OPERATING PHYSICIAN SECO | | | 30E • REF FICATION |
|--|-------|------|--|------------------|---------------|-------------------------|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transa by the Reference Identification Qualifier SYNTAX: R0203 | X 1 ction Set | AN or as s | 1/50 pecified |
| | | | IMPLEMENTATION NAME: Other Payer Other Operating Secondary Identifier | Physic | ian | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

SEGMENT DETAIL **NM1 - OTHER PAYER SERVICE FACILITY** LOCATION X12 Segment Name: Individual or Organizational Name X12 Purpose: To supply the full name of an individual or organizational entity X12 Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. X12 Syntax: 1. P0809 If either NM108 or NM109 is present, then the other is required. 2. C1110 If NM111 is present, then NM110 is required. 3. C1203 If NM112 is present, then NM103 is required. Loop: 2330F — OTHER PAYER SERVICE FACILITY LOCATION Loop Repeat: Segment Repeat: 1 **Usage: SITUATIONAL** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. TR3 Example: NM1*77*2~ DIAGRAM

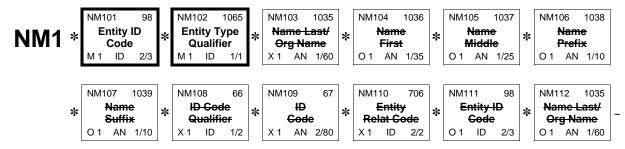
NM101 NM102 NM103 1035 NM104 1036 NM105 1037 NM106 1038 98 1065 Entity ID Entity Type Name Last/ Name Name Name NM1 * * * * Qualifier Middle **Prefix** Code Org Name First ID 2/3 ID 1/1 AN 1/60 01 AN 1/35 01 AN 1/25 01 AN 1/10 M 1 M 1 X 1 NM110 NM107 1039 NM108 66 NM109 67 706 98 NM112 1035 NM111 Name ID Code **ID** Entity Entity ID Name Last/ * * * * * * **Qualifier** Code Relat Code Suffix Code Org Name X 1 AN 2/80 O 1 AN 1/10 Χ1 ID 1/2 Χ1 ID 2/2 O 1 ID 2/3 O 1 AN 1/60

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | TES |
|----------|--------------|-----------------|--|--|--------------------------------|---------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identi Code identifyin individual | fier Code g an organizational entity, a physica | M 1 I location, prop | ID erty or | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 77 | Service Location | | | |
| REQUIRED | NM102 | 1065 | Entity Type Code qualifying | Qualifier g the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM1 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 2 | Non-Person Entity | | | |
| NOT USED | NM103 | 1035 | Name Last o | or Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | 9 | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identificatio | n Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | n Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relati | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identi | fier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | - | or Organization Name | 01 | AN | 1/60 |

| SEGMENT DETAIL | | |
|------------------------------|-------------------------|--|
| | | THER PAYER SERVICE FACILITY |
| X12 Segment Name: | Reference Inf | formation |
| X12 Purpose: | To specify ide | entifying information |
| X12 Syntax: | 1. R0203 | |
| | | one of REF02 or REF03 is required. |
| Loop: | 2330F — OTI | HER PAYER SERVICE FACILITY LOCATION |
| Segment Repeat: | 3 | |
| Usage: | REQUIRED | |
| TR3 Notes: | 1. Non-des | stination (COB) payer's provider identification number(s). |
| | | sswalking COB Data Elements section for more information lling COB in the 837. |
| TR3 Example: | REF*G2*12 | 345~ |
| DIAGRAM | | |
| REF * Reference Ident Qua | A | t 🔭 Identifier |
| | EF. DATA ES. ELEMENT | NAME ATTRIBUTES |
| REQUIRED REFO | | Reference Identification Qualifier M 1 ID 2/3 |
| | | Code qualifying the Reference Identification |
| | | CODE DEFINITION |
| | | 0B State License Number |
| | | G2 Provider Commercial Number This code designates a proprietary provider number |
| | | for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan. |
| REQUIRED | | LU Location Number |
| REQUIRED REFO | 2 127 | Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier |
| | | syntax: R0203 |
| | | IMPLEMENTATION NAME: Other Payer Service Facility Location Identifier |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2330F • REF OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | | | | |
|--|-------|------|--|-----|----|------|--|
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | |

| SEGMENT DETAIL | |
|-------------------|---|
| | NM1 - OTHER PAYER RENDERING PROVIDER NAME |
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2330G — OTHER PAYER RENDERING PROVIDER NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837. |
| TR3 Example: | NM1*82*1~ |
| DIAGRAM | |



| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | ITES |
|----------|--------------|-----------------|--|--|----------------------|-----------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical loca individual | | M 1 ocation, prop | ID erty or a | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 82 | Rendering Provider | | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM10 | 2 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| NOT USED | NM103 | 1035 | Name Last or | Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identifi | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last or | Organization Name | 01 | AN | 1/60 |

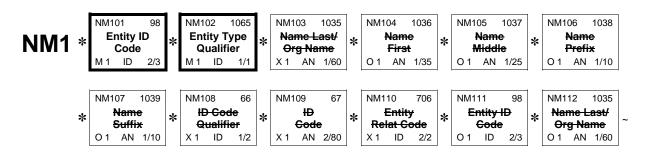
| SEGMENT DETAIL | | | | |
|------------------------------|-------------------------|------------------------------|--|--|
| | | | AYER RENDERING F | PROVIDER |
| X12 Segment Name: | Reference Inf | ormation | | |
| X12 Purpose: | To specify ide | ntifying inform | ation | |
| X12 Syntax: | 1. R0203 | | | |
| | | | or REF03 is required. | |
| Loop: | 2330G — OT | HER PAYER F | RENDERING PROVIDER NAME | |
| Segment Repeat: | 4 | | | |
| Usage: | REQUIRED | | | |
| TR3 Notes: | 1. Non-dest | tination (COB |) payer's provider identification | number(s). |
| | | swalking CO ing COB in th | B Data Elements section for mo e 837. | re information |
| TR3 Example: | REF*G2*123 | 345~ | | |
| DIAGRAM | | | | |
| REF * Reference Ident Qua | e _* Referenc | * . | 352 tion 1/80 REF04 C040 Reference Identifier 0 1 ~ | |
| | EF. DATA ES. ELEMENT | NAME | | ATTRIBUTES |
| REQUIRED REFO | 1 128 | | ntification Qualifier the Reference Identification | M 1 ID 2/3 |
| | | CODE | DEFINITION | |
| | | 0B | State License Number | |
| | | 1G | Provider UPIN Number | |
| | | | UPINs must be formatted as eithe XXX999. | r X99999 or |
| | | G2 | Provider Commercial Number | |
| | | | This code designates a proprietar for the non-destination payer ider Payer Name Loop ID-2330B for th ID-2320. This is true regardless of payer is Medicare, Medicaid, a Blu Shield plan, a commercial plan, or plan. | tified in the Other is iteration of Loop whether that ue Cross Blue |
| | | LU | Location Number | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X2 OTHER PAYER RENDERING PROVIDER SECON | | | BOG • REF |
|--|-------|------|--|---------|---------------|-------------------------|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as s | 1/50 pecified |
| | | | IMPLEMENTATION NAME: Other Payer Rendering Provid | ler Sec | ondar | У |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

| | NM1 - OTHER PAYER REFERRING PROVIDER |
|-------------------|---|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2330H — OTHER PAYER REFERRING PROVIDER Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. See Crosswalking COB Data Elements section for more information |
| | on handling COB in the 837. |
| TR3 Example: | NM1*DN*1~ |

IR3 Example: NINITADINAL

DIAGRAM



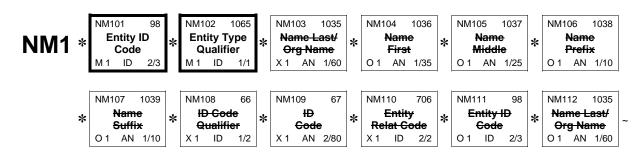
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | ITES |
|----------|--------------|-----------------|--|---------------------------------|---------------------------------|---------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical loca individual | | M 1 al location, prop | ID erty or | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | DN | Referring Provider | | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| NOT USED | NM103 | 1035 | Name Last of | r Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | 1 | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last o | r Organization Name | O 1 | AN | 1/60 |

| SEGMENT DETAIL | | | | | | |
|-------------------|-------------------------------|-------------------------------|---|---|--|------------|
| | | | AYER REFERRING F | PRO | VIDE | R |
| X12 Segment Name: | Reference Infe | ormation | | | | |
| X12 Purpose: | To specify ide | entifying inform | ation | | | |
| X12 Syntax: | 1. R0203 At least o | ne of REF02 c | or REF03 is required. | | | |
| Loop: | 2330H — OTI | HER PAYER F | REFERRING PROVIDER | | | |
| Segment Repeat: | 3 | | | | | |
| Usage: | REQUIRED | | | | | |
| TR3 Notes: | 1. Non-dest | tination (COB |) payer's provider identification | numb | er(s). | |
| | | sswalking CO ing COB in th | B Data Elements section for mo e 837. | ore info | ormation | n |
| TR3 Example: | REF*G2*123 | 345~ | | | | |
| DIAGRAM | | | | | | |
| ELEMENT DETAIL | | * . | tion * Reference Identifier ~ 1/80 O 1 | | ATTRIBUTES | |
| REQUIRED REFO | | | ntification Qualifier | M 1 | | 2/3 |
| | - | Code qualifying t | the Reference Identification | | | |
| | | CODE | DEFINITION | | | |
| | | 0B | State License Number | | | |
| | | 1G | Provider UPIN Number | 1/222 | •• | |
| | | | UPINs must be formatted as eithe XXX999. | er X999 | 99 or | |
| | | G2 | Provider Commercial Number | | | |
| | | | This code designates a proprietar for the non-destination payer ider Payer Name Loop ID-2330B for th ID-2320. This is true regardless of payer is Medicare, Medicaid, a Blu Shield plan, a commercial plan, o plan. | ntified i is itera wheth ue Cros | in the Oth tion of Lo er that ss Blue | her oop |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X2 OTHER PAYER REFERRING PROVIDER SECON | | | |
|--|-------|------|---|--------|----------------|------------------|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transacti by the Reference Identification Qualifier SYNTAX: R0203 | | AN or as sp | 1/50 Decified |
| | | | IMPLEMENTATION NAME: Other Payer Referring Provide | r Iden | tifier | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | |

| SEGMENT DETAIL | |
|-------------------|---|
| | NM1 - OTHER PAYER BILLING PROVIDER |
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2330I — OTHER PAYER BILLING PROVIDER Loop Repeat: 1 |
| Segment Repeat: | 1 |
| | |
| Usage: | SITUATIONAL |
| - | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the |
| - | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers |
| - | Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider. OR Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. |

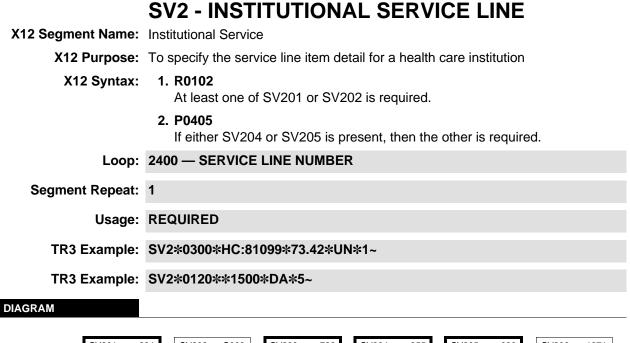
DIAGRAM

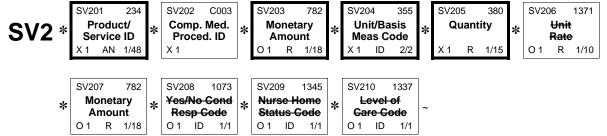


| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | ITES |
|----------|--------------|-----------------|---|---------------------------------|---------------------------------|---------------|------------------|
| REQUIRED | NM101 | 98 | Entity Identifier Code Code identifying an organizational entity, a physical locat individual | | M 1 al location, prop | ID erty or | 2/3 an |
| | | | CODE | DEFINITION | | | |
| | | | 85 | Billing Provider | | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 2 | Non-Person Entity | | | |
| NOT USED | NM103 | 1035 | Name Last o | r Organization Name | X 1 | AN | 1/60 |
| NOT USED | NM104 | 1036 | Name First | | 01 | AN | 1/35 |
| NOT USED | NM105 | 1037 | Name Middle | • | 01 | AN | 1/25 |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| NOT USED | NM107 | 1039 | Name Suffix | | 01 | AN | 1/10 |
| NOT USED | NM108 | 66 | Identification | Code Qualifier | X 1 | ID | 1/2 |
| NOT USED | NM109 | 67 | Identification | Code | X 1 | AN | 2/80 |
| NOT USED | NM110 | 706 | Entity Relation | onship Code | X 1 | ID | 2/2 |
| NOT USED | NM111 | 98 | Entity Identif | ier Code | 01 | ID | 2/3 |
| NOT USED | NM112 | 1035 | Name Last o | r Organization Name | O 1 | AN | 1/60 |

REF - OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION X12 Segment Name: Reference Information X12 Purpose: To specify identifying information X12 Syntax: 1. R0203 At least one of REF02 or REF03 is required. Loop: 2330I - OTHER PAYER BILLING PROVIDER Segment Repeat: 2 Usage: REQUIRED 1. See Crosswalking COB Data Elements section for more information TR3 Notes: on handling COB in the 837. TR3 Example: REF*G2*12345~ DIAGRAM REF04 RFF03 RFF01 REF02 352 128 127 C040 Reference Reference **Description** Reference * * REF * **Ident Qual** Ident **Identifier** 01 M 1 ID 2/3 AN 1/50 X 1 AN 1/80 ELEMENT DETAIL DATA ELEMENT NAME REF. USAGE ATTRIBUTES REQUIRED REF01 128 **Reference Identification Qualifier** ID 2/3 M 1 Code qualifying the Reference Identification DEFINITION CODE G2 **Provider Commercial Number** This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan. LU Location Number REQUIRED REF02 127 **Reference Identification** X1 AN 1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **SYNTAX:** R0203 IMPLEMENTATION NAME: Other Payer Billing Provider Identifier NOT USED REF03 352 Description X 1 AN 1/80 NOT USED **REFERENCE IDENTIFIER** REF04 C040 01

| SEGMENT DETAIL | | | | | | | | | |
|-------------------------|---|--|---------------------------------|--|--|--|--|--|--|
| | LX - SERVICE LI | NE NUMBER | | | | | | | |
| X12 Segment Name: | Transaction Set Line Numbe | r | | | | | | | |
| X12 Purpose: | To reference a line number i | o reference a line number in a transaction set | | | | | | | |
| X12 Set Notes: | 1. Loop 2400 contains Ser | vice Line information. | | | | | | | |
| Loop: | 2400 — SERVICE LINE NU | MBER Loop Repeat: | 999 | | | | | | |
| Segment Repeat: | 1 | | | | | | | | |
| Usage: | REQUIRED | | | | | | | | |
| TR3 Notes: | 1. The LX functions as a | line counter. | | | | | | | |
| | 2. The Service Line LX set by one for each addition | - | th one and is incremented laim. | | | | | | |
| | 3. LX01 is used to indica Adjudication loop. See bundling and unbundl | Section 1.4.1.2 for mo | | | | | | | |
| TR3 Example: | _X*1~ | | | | | | | | |
| DIAGRAM | | | | | | | | | |
| LX * Assigned Number | 4 5 | | | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| USAGE R | . DATA . <u>ELEMENT NAME</u> | | ATTRIBUTES | | | | | | |
| REQUIRED LX01 | 554 Assigned Num Number assigned | ber I for differentiation within a tra | M 1 NO 1/6 Insaction set | | | | | | |





ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | ITES |
|----------|--------------|-----------------|---|-------|---------|-------|
| REQUIRED | SV201 | 234 | Product/Service ID Identifying number for a product or service | X 1 | AN | 1/48 |
| | | | syntax: R0102 | | | |
| | | | SEMANTIC: SV201 is the revenue code. | | | |
| | | | IMPLEMENTATION NAME: Service Line Revenue Code | | | |
| | | | See Code Source 132: National Uniform Billing C Codes. | commi | ttee (N | IUBC) |

| SITUATIONAL | SV202 | C003 | COMPOSITE MEDICAL PROCEDURE X 1 IDENTIFIER X 1 To identify a medical procedure by its standardized codes and applicable modifiers X 1 | | | | | | | |
|-------------|-----------|------|---|---|---|------------------------------|--|--|--|---|
| | | | | SITUATIONAL RULE: Required for outpatient claims when an appropried of the service line item. HCPCS or HIPPS code exists for this service line item. OR Required for inpatient claims when an appropriate HCPCS (dru and/or biologics only) or HIPPS code exists for this service line item. If not required by this implementation guide, do not send. | | | | | | |
| REQUIRED | SV202 - 1 | l | 235 | Code id | ct/Service ID Qualifier lentifying the type/source of the descriptive t/Service ID (234) | M ID 2/2 e number used in | | | | |
| | | | | SEMANTI | | | | | | |
| | | | | IMPLEME | INTATION NAME: Product or Service ID G | Qualifier | | | | |
| | | | C | ODE | DEFINITION | | | | | |
| | | | ER | | Jurisdiction Specific Procedure a | nd Supply Codes | | | | |
| | | | | | | | This code set is not allowed for us the time of this writing. The qualif used: | | | |
| | | | | | | | | | If a new rule names the Jurisdictic Procedure and Supply Codes as a set under HIPAA, | • |
| | | | | | | | OR The Secretary grants an exception set as a pilot project as allowed u OR | | | |
| | | | | | For claims which are not covered | under HIPAA. | | | | |
| | | | нс | | code source 576: Workers Compensation and Supply Codes Health Care Financing Administra Procedural Coding System (HCPC | tion Common | | | | |
| | | | | | Because the AMA's CPT codes ar HCPCS codes, they are reported | | | | | |
| | | | HP | | code source 130: Healthcare Common F System Health Insurance Prospective Pay (HIPPS) Skilled Nursing Facility R | vment System | | | | |
| | | | | | CODE SOURCE 716: Health Insurance Pros System (HIPPS) Rate Code for Skilled N | | | | | |

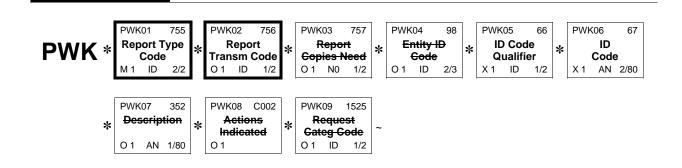
| | IV | Home Infusion EDI Coalition (HIEC) Product/Service Code |
|-----------------------|------|---|
| | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. |
| | WK | code source 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List Advanced Billing Concepts (ABC) Codes |
| | | At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners, OR If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR For claims which are not covered under HIPAA. |
| REQUIRED SV202 - 2 | 234 | CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes Product/Service ID M AN 1/48 Identifying number for a product or service SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs. |
| | | IMPLEMENTATION NAME: Procedure Code |
| SITUATIONAL SV202 - 3 | 1339 | Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners |
| | | SEMANTIC: C003-03 modifies the value in C003-02 and C003-08. |
| | | SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send. |
| SITUATIONAL SV202 - 4 | 1339 | Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners |
| | | SEMANTIC: C003-04 modifies the value in C003-02 and C003-08. |
| | | SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send. |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| SITUATIONAL | SV202 - 5 | 1339 | Procedure Modifier C This identifies special circumstances related to the perservice, as defined by trading partners | | - | 2/2 of the | | |
|-------------|-----------|--|--|---|--|----------------------|--|--|
| | | | SEMANTIC: C003-05 modifies the value in C003-02 and C003-08 | | | | | |
| | | | SITUATIONAL RULE: Required when a third modified improves the reporting accuracy of the assoc procedure code. If not required by this imple guide, do not send. | ciated | 1 | | | |
| SITUATIONAL | SV202 - 6 | 1339 | Procedure Modifier C This identifies special circumstances related to the perservice, as defined by trading partners | | - | 2/2 of the | | |
| | | | SEMANTIC: C003-06 modifies the value in C003-02 and C003-08 | | | | | |
| | | | SITUATIONAL RULE: Required when a fourth modia improves the reporting accuracy of the asso procedure code. If not required by this imple guide, do not send. | ciated | 1 | | | |
| SITUATIONAL | SV202 - 7 | 352 | Description C A free-form description to clarify the related data elem content | | | 1/80 eir | | |
| | | | SEMANTIC: C003-07 is the description of the procedure identified | in C00 | 3-02 | | | |
| | | | SITUATIONAL RULE: Required when, in the judgme submitter, the Procedure Code does not def describe the service/product/supply and Loo not used. OR Required when SV202-2 is a non-specific Pr Non-specific codes may include in their des such as: Not Otherwise Classified (NOC); Un Unspecified; Unclassified; Other; Miscelland Prescription Drug, Generic; or Prescription I Name. If not required by this implementation guide | nitive op ID-2 ocedu cripto listea ous; Drug, l | ly 2410 re C rs te ; Brai | code. erms nd | | |
| NOT USED | SV202 - 8 | 234 | Product/Service ID C | A (| 1 | 1/48 | | |
| REQUIRED | SV203 782 | | ary Amount O | 1 R | | 1/18 | | |
| | | SEMANTIC: SV203 is the submitted service line item amount. | | | | | | |
| | | | IMPLEMENTATION NAME: Line Item Charge Amount | | | | | |
| | | inclus | s the total charge amount for this service line. ive of the provider's base charge and any app nts reported within this line's AMT segments. | | | | | |
| | | Zero " | 0" is an acceptable value for this element. | | | | | |

| 005010X223 • 837 • 2400 • SV2 INSTITUTIONAL SERVICE LINE | | | | | | | | |
|---|---|--|---|--|---|--|--|--|
| JIRED SV204 355 | | Code specifyin | g the units in which a value is being | X 1 expressed, or | ID manne | 2/2 r in which | | |
| | | SYNTAX : P0405 | | | | | | |
| | | CODE | DEFINITION | | | | | |
| | | DA | Days | | | | | |
| | | UN | Unit | | | | | |
| SV205 | 380 | Quantity Numeric value | of quantity | X 1 | R | 1/15 | | |
| | | syntax: P0405 | | | | | | |
| | | IMPLEMENTATION NAME: Service Unit Count | | | | | | |
| | | When a deci | mal is used, the maximum nu | - | | | | |
| SV206 | 1371 | Unit Rate | | 01 | R | 1/10 | | |
| SV207 | 782 | | | 01 | R | 1/18 | | |
| | | semantic: SV2 | 07 is a non-covered service amount | | | | | |
| | | covered cha | rge amount. If not required th | - | | | | |
| | | IMPLEMENTATION Amount | I NAME: Line Item Denied Charg | e or Non-Cov | vered | Charge | | |
| SV208 | 1073 | Yes/No Con | dition or Response Code | 01 | ID | 1/1 | | |
| SV209 | 1345 | Nursing Hor | ne Residential Status Code | 01 | ID | 1/1 | | |
| SV210 | 1337 | Level of Car | e Code | 01 | ID | 1/1 | | |
| | SV204 SV204 SV205 SV205 SV206 SV207 SV208 SV208 SV209 | SV204 355 SV205 380 SV206 1371 SV207 782 SV208 1073 SV209 1345 | SV204 355 Unit or Basis Code specifyin a measurement SYNTAX: P0405 SV205 380 CODE DA UN SV205 380 Quantity Numeric value SYNTAX: P0405 SV206 1371 Unit Rate SV206 1371 Unit Rate SV207 782 Monetary Ar Monetary amon SEMANTIC: SV20 SITUATIONAL RUL covered cha do not send. IMPLEMENTATION Amount SV208 1073 Yes/No Cond Nursing Hon | SV204 355 Unit or Basis for Measurement Code Code specifying the units in which a value is being a measurement has been taken SV204 355 Unit of Days SV104 DA Days DA Days DA DA Days UN UN Unit Unit SV205 380 Quantity Numeric value of quantity syntax: P0405 IMPLEMENTATION NAME: Service Unit Count The maximum length for this field is 8 dig When a decimal is used, the maximum nu the right of the decimal is three. SV206 1371 Unit Rate SV207 782 Monetary Amount Monetary amount SEMANTIC: SV207 is a non-covered service amount STUATIONAL RULE: Required if needed to repoin covered charge amount. If not required the do not send. IMPLEMENTATION NAME: Line Item Denied Charg Amount SV208 1073 Yes/No Condition or Response Code SV209 1345 Nursing Home Residential Status Code | SV204 355 Unit or Basis for Measurement Code X 1 SV204 355 Unit or Basis for Measurement Code X 1 Code specifying the units in which a value is being expressed, or a measurement has been taken SYNTAX: P0405 DA Days UN UN Unit SV205 380 Quantity SV1 Vuneric value of quantity X 1 Numeric value of quantity SYNTAX: P0405 IMPLEMENTATION NAME: Service Unit Count The maximum length for this field is 8 digits excluding When a decimal is used, the maximum number of digit the right of the decimal is three. 0 1 SV206 1371 Unit Rate 0 1 SV207 782 Monetary Amount Monetary amount 0 1 SEMANTIC: SV207 SITUATION LRULE: Required if needed to report line specific covered charge amount. If not required this implement do not send. IMPLEMENTATION NAME: Line Item Denied Charge or Non-Cov Amount SV208 1073 Yes/No Condition or Response Code 0 1 SV209 1345 Nursing Home Residential Status Code 0 1 | SV204 355 Unit or Basis for Measurement Code X 1 ID Code specifying the units in which a value is being expressed, or manne a measurement has been taken SYNTAX: P0405 CODE DEFINITION DA Days UN Unit SV205 380 Quantity X 1 R Numeric value of quantity SYNTAX: P0405 X 1 R SV205 380 Quantity X 1 R Numeric value of quantity SYNTAX: P0405 IMPLEMENTATION NAME: Service Unit Count The maximum length for this field is 8 digits excluding the d When a decimal is used, the maximum number of digits allor the right of the decimal is three. SV206 1371 Unit Rate 0 1 R SV207 782 Monetary Amount Monetary amount semantic: SV/207 is a non-covered service amount. SITUATIONAL RULE: Required if needed to report line specific non-covered charge amount. If not required this implementation do not send. IMPLEMENTATION NAME: Line Item Denied Charge or Non-Covered Amount SV208 1073 Yes/No Condition or Response Code 0 1 ID SV209 1345 Nursing Home Residential Status Code 0 1 ID | | |

| SEGMENT DETAIL | |
|-------------------|--|
| | PWK - LINE SUPPLEMENTAL INFORMATION |
| X12 Segment Name: | Paperwork |
| X12 Purpose: | To identify the type or transmission or both of paperwork or supporting information |
| X12 Syntax: | P0506 If either PWK05 or PWK06 is present, then the other is required. |
| Loop: | 2400 — SERVICE LINE NUMBER |
| Segment Repeat: | 10 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when there is a paper attachment following this claim. OR Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment. OR Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send. |
| TR3 Example: | PWK*OZ*BM***AC*DMN0012~ |



DIAGRAM

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| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | |
|----------|--------------|-----------------|-------------------------|--|--|
| REQUIRED | PWK01 | 755 | Report Type Code M 1 ID | | |
| | | | | ing the title or contents of a document, report or supporting item | |
| | | | | N NAME: Attachment Report Type Code | |
| | | | CODE | DEFINITION | |
| | | | 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 | |
| | | | ВТ | Blanket Test Results | |
| | | | СВ | Chiropractic Justification | |
| | | | СК | Consent Form(s) | |
| | | | СТ | 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 on Medicare Secondary Payor) | |
| | | | НС | Health Certificate | |
| | | | HR | Health Clinic Records | |
| | | | 15 | Immunization Record | |

| IR | State School Immunization Records |
|---------------|---|
| LA | Laboratory Results |
| M1 | Medical Record Attachment |
| МТ | Models |
| NN | Nursing Notes |
| ОВ | Operative Note |
| oc | Oxygen Content Averaging Report |
| OD | Orders and Treatments Document |
| OE | Objective Physical Examination (including vital signs) Document |
| ОХ | 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 |
| РО | 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 |
| ХР | Photographs |
| Report Transr | mission Code 0 1 ID 1/2 |

REQUIRED

PWK02 756

Report Transmission CodeO 1ID1/2Code defining timing, transmission method or format by which reports are to be
sent

IMPLEMENTATION NAME: Attachment Transmission Code

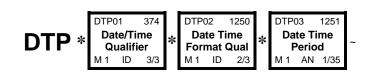
| CODE | DEFINITION |
|------|--|
| AA | Available on Request at Provider Site |
| | This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request. |
| вм | By Mail |
| EL | Electronically Only |
| | Indicates that the attachment is being transmitted in a separate X12 functional group. |
| EM | E-Mail |
| FT | File Transfer |
| | Required when the actual attachment is maintained by an attachment warehouse or similar vendor. |

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| | | | FX | By Fax | | | | |
|-------------|-------|------|---|--|-----------------|------------------------|--------------------|--|
| NOT USED | PWK03 | 757 | Report Copies | s Needed | 01 | N0 | 1/2 | |
| NOT USED | PWK04 | 98 | Entity Identifi | er Code | 01 | ID | 2/3 | |
| SITUATIONAL | PWK05 | 66 | | Code Qualifier g the system/method of code structure us | X1 ed for le | ID dentifica | 1/2 tion | |
| | | | syntax: P0506 | | | | | |
| | | | соммент: PWK0 number. | 5 and PWK06 may be used to identify the | addres | see by a | code | |
| | | | SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" of "FT". If not required by this implementation guide, do not send. | | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | AC | Attachment Control Number | | | | |
| SITUATIONAL | PWK06 | 67 | Identification Code identifying | Code a party or other code | X 1 | AN | 2/80 | |
| | | | syntax: P0506 | | | | | |
| | | | SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send. | | | | | |
| | | | | NAME: Attachment Control Number | | | | |
| | | | | ed to identify the attached electroni n PWK06 is carried in the TRN of th | | | ition. | |
| | | | For the purpo is 50. | ese of this implementation, the max | imum | field le | ength | |
| NOT USED | PWK07 | 352 | Description | | 01 | AN | 1/80 | |
| NOT USED | PWK08 | C002 | ACTIONS IND | ICATED | 01 | | | |
| NOT USED | PWK09 | 1525 | Request Cate | gory Code | 01 | ID | 1/2 | |

| SEGMENT DETAIL | |
|-------------------|---|
| | DTP - DATE - SERVICE DATE |
| X12 Segment Name: | Date or Time or Period |
| X12 Purpose: | To specify any or all of a date, a time, or a time period |
| Loop: | 2400 — SERVICE LINE NUMBER |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required on outpatient service lines where a drug is not being billed and the Statement Covers Period is greater than one day. OR Required on service lines where a drug is being billed and the payer's adjudication is known to be impacted by the drug duration or the date the prescription was written. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. In cases where a drug is being billed on a service line, date range may be used to indicate drug duration for which the drug supply will be used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (for example, every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00. |
| | 2. In cases where a drug is being billed on a service line, a single date may be used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written). |
| TR3 Example: | DTP*472*D8*20060108~ |

DIAGRAM



ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES | |
|----------|--------------|-----------------|--|---|----------------|------------------|-------|--|
| REQUIRED | DTP01 | 374 | Date/Time Qua Code specifying | alifier type of date or time, or both date and time | M 1 | ID | 3/3 | |
| | | | | IAME: Date Time Qualifier | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 472 | Service | | | | |
| REQUIRED | DTP02 | 1250 | | riod Format Qualifier the date format, time format, or date and time | M1 me forr | ID mat | 2/3 | |
| | | | SEMANTIC: DTP02 | 2 is the date or time or period format that w | ill appe | ear in D | TP03. | |
| | | | RD8 is required only when the "To and From" dates are different However, at the discretion of the submitter, RD8 can also be us when the "To and From" dates are the same. | | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | D8 | Date Expressed in Format CCYYN | IMDD | | | |
| | | | RD8 | Range of Dates Expressed in Forr CCYYMMDD | nat C | CYYMI | MDD- | |
| REQUIRED | DTP03 | 1251 | Date Time Per Expression of a c | iod date, a time, or range of dates, times or da | M 1 tes and | AN d times | 1/35 | |
| | | | | IAME: Service Date | | | | |

| | REF - LINE ITEM CONTROL NUMBER | | | | | | | | | |
|------------------------------|---|--|--|--|--|--|--|--|--|--|
| X12 Segment Name: | Reference Information | | | | | | | | | |
| X12 Purpose: | o specify identifying information | | | | | | | | | |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. | | | | | | | | | |
| Loop: | 2400 — SERVICE LINE NUMBER | | | | | | | | | |
| Segment Repeat: | 1 | | | | | | | | | |
| Usage: | SITUATIONAL | | | | | | | | | |
| Situational Rule: | Required when the submitter needs a line item control number for subsequent communications to or from the payer. If not required by this implementation guide, do not send. | | | | | | | | | |
| TR3 Notes: | 1. The line item control number must be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837 and adjudication is based upon line item detail regardless of whether bundling or unbundling has occurred. | | | | | | | | | |
| | 2. Submitters are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the submitter automatically posts their remittance advice. Submitting a unique line item control number allows the capability to automatically post by service line. | | | | | | | | | |
| TR3 Example: | REF*6R*54321~ | | | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| REF * Reference Ident Qua | | | | | | | | | | |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | JTES |
|----------|--------------|-----------------|---------------------------------|-------------------------|----|---------|------|
| REQUIRED | REF01 | 128 | Reference lo Code qualifying | M 1 | ID | 2/3 | |
| | | | CODE | DEFINITION | | | |
| | | | 6R | Provider Control Number | | | |

| 005010X223 • 837 • 2400 • REF LINE ITEM CONTROL NUMBER | | | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | | | |
|---|-------|------|---|-----------------------------|-----------------------------|-------------------------|--|--|
| REQUIRED | REF02 | 127 | Reference Identification Reference information as defined for a particular Transac by the Reference Identification Qualifier | X 1 ction Set | | 1/50 pecified | | |
| | | | syntax: R0203 | | | | | |
| | | | IMPLEMENTATION NAME: Line Item Control Number | | | | | |
| | | | The maximum number of characters to be supp '30'. A submitter may submit fewer characters of their needs. However, the HIPAA maximum req supported by any receiving system is '30'. Cha are not required to be stored nor returned by an system. | depend uireme racters | ling up nt to b beyor | oon e nd 30 | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | |

| REF - REPRICED LINE ITEM REFERENCE |
|---|
| NUMBER |

| X12 Segment Na | me: Refe | rence Inf | ormation | | | | | | | |
|----------------|------------------|---|-------------------------------|--|---------------|---------|-----------------|--|--|--|
| X12 Purpo | se: To sp | ecify ide | ntifying inform | ation | | | | | | |
| X12 Synt | | 1. R0203 At least one of REF02 or REF03 is required. | | | | | | | | |
| Lo | op: 2400 | — SERV | VICE LINE NU | MBER | | | | | | |
| Segment Repo | eat: 1 | | | | | | | | | |
| Usa | ige: SITU | ATIONA | L | | | | | | | |
| Situational R | ident orga | ifying no | umber on the . This segmen | (pricing) organization needs to service line in their submissior it is not completed by providers ide, do not send. | n to th | neir pa | - | | | |
| TR3 Exam | ple: REF* | k9B*444 | 444~ | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| KEF * Iden | erence * | REF02 Reference Ident X 1 AN | * | 352 tion 1/80 REF04 C040 Reference Identifier O 1 ∼ | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES | | | |
| REQUIRED | REF01 | 128 | | ntification Qualifier he Reference Identification | M 1 | ID | 2/3 | | | |
| | | | CODE | DEFINITION | | | | | | |
| | | | 9B | Repriced Line Item Reference Nu | mber | | | | | |
| REQUIRED | REF02 | 127 | | ntification nation as defined for a particular Transacti e Identification Qualifier | X 1 on Set | | 1/50 ecified | | | |
| | | | syntax: R0203 | | | | | | | |
| | | | IMPLEMENTATION N | AME: Repriced Line Item Reference | Numb | er | | | | |
| NOT USED | REF03 | 352 | Description | | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE I | DENTIFIER | 01 | | | | | |

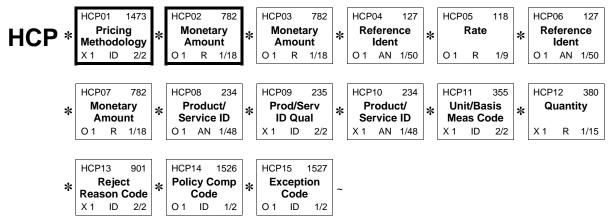
| SEGMENT DETAIL | | | | | | | | |
|--|--------------|-------------------------|--|--------|------------|------------|--|--|
| | | | DJUSTED REPRICED LINE I ENCE NUMBER | TEI | Ν | | | |
| X12 Segment N | ame: Ref | erence Inf | formation | | | | | |
| X12 Purp | bose: To s | specify ide | entifying information | | | | | |
| X12 Sy | ntax: 1. | R0203 At least c | one of REF02 or REF03 is required. | | | | | |
| L | .oop: 240 | 0 — SER | VICE LINE NUMBER | | | | | |
| Segment Re | peat: 1 | | | | | | | |
| U | sage: SIT | UATIONA | AL | | | | | |
| Situational | ider pay | ntifying n er organi | en a repricing (pricing) organization needs to number on an adjusted service line in their su ization. This segment is not completed by pro this implementation guide, do not send. | bmis | sion to | | | |
| TR3 Exar | nple: REF | -*9D*44 | 4444~ | | | | | |
| DIAGRAM | | | | | | | | |
| REF01 128 Reference Reference Ident Reference M1 ID 2/3 X1 AN 1/50 | | | | | | | | |
| ELEMENT DETAIL | | | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | |
| REQUIRED | REF01 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | M 1 | ID | 2/3 | | |
| | | | CODE DEFINITION | | | | | |
| REQUIRED | REF02 | 127 | 9D Adjusted Repriced Line Item Reference Identification | | Numb AN | er 1/50 | | |
| | KEI UZ | 121 | Reference information as defined for a particular Transact by the Reference Identification Qualifier | | | | | |
| | | | syntax: R0203 | | | | | |
| | | | IMPLEMENTATION NAME: Adjusted Repriced Line Item R | Refere | nce Nu | mber | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | |

SEGMENT DETAIL **AMT - SERVICE TAX AMOUNT** X12 Segment Name: Monetary Amount Information X12 Purpose: To indicate the total monetary amount Loop: 2400 — SERVICE LINE NUMBER Segment Repeat: 1 Usage: SITUATIONAL Situational Rule: Required when a service tax or surcharge applies to the service being reported in SV201 and the submitter is required to report that information to the receiver. If not required by this implementation guide, do not send. 1. When reporting the Service Tax Amount (AMT02), the amount TR3 Notes: reported in the Line Item Charge Amount (SV203) for this service line must include the amount reported in the Service Tax Amount. TR3 Example: AMT*GT*15~ DIAGRAM AMT03 AMT01 522 AMT02 782 478 Amount Qual **Gred/Debit** Monetary AMT * * Code Amount Flag Code ID 1/3R 1/18 01 ID 1/1 M 1 М 1 ELEMENT DETAIL REF. DATA ELEMENT USAGE NAME ATTRIBUTES REQUIRED **AMT01** 522 Amount Qualifier Code M 1 ID 1/3 Code to qualify amount DEFINITION CODE GT Goods and Services Tax REQUIRED AMT02 782 **Monetary Amount** M 1 R 1/18 Monetary amount IMPLEMENTATION NAME: Service Tax Amount NOT USED **AMT03** 478 01 ID **Credit/Debit Flag Code** 1/1

| | AMT - F | ACILITY TAX AMOUNT | | | | |
|-------------------------|-------------------------|---|---------|----------------------|-------|--|
| X12 Segment Name: | Monetary Amo | ount Information | | | | |
| X12 Purpose: | To indicate the | indicate the total monetary amount | | | | |
| Loop: | 2400 — SER | VICE LINE NUMBER | | | | |
| Segment Repeat: | 1 | | | | | |
| Usage: | SITUATIONA | L | | | | |
| Situational Rule: | reported in S | en a facility tax or surcharge applies to the s V201 and the submitter is required to report er. If not required by this implementation gui | that i | nf <mark>or</mark> m | ation | |
| TR3 Notes: | in the Lir | porting the Facility Tax Amount (AMT02), the ne Item Charge Amount (SV203) for this serv he amount reported in the Facility Tax Amou | ice lin | | - | |
| TR3 Example: | AMT*N8*22 | ~ | | | | |
| DIAGRAM | | | | | | |
| AMT * Amount Qu Code | | t [*] Flag Code [~] | | | | |
| USAGE R | EF. DATA ES. ELEMENT | NAME | | ATTRIB | JTES | |
| REQUIRED AMT | 01 522 | Amount Qualifier Code Code to qualify amount | M 1 | ID | 1/3 | |
| REQUIRED AMT | 02 782 | CODE DEFINITION N8 Miscellaneous Taxes Monetary Amount Monetary amount | M 1 | R | 1/18 | |
| | | IMPLEMENTATION NAME: Facility Tax Amount | | | | |
| NOT USED AMT | 03 478 | Credit/Debit Flag Code | 01 | ID | 1/1 | |

| SEGMENT DETAIL | | | | | | | | | |
|-------------------|-------------------------|--|----------------------------------|--|--|--|--|--|--|
| | | HIRD PARTY ORGANIZATIO | N NOTES | | | | | | |
| X12 Segment Name: | Note/Special | Instruction | | | | | | | |
| X12 Purpose: | | b transmit information in a free-form format, if necessary, for comment or ecial instruction | | | | | | | |
| X12 Comments: | X12 stan NTE segi | segment permits free-form information/data white dard implementations, is not machine processible ment should therefore be avoided, if at all possible d environment. | e. The use of the | | | | | | |
| Loop: | 2400 — SER | VICE LINE NUMBER | | | | | | | |
| Segment Repeat: | 1 | | | | | | | | |
| Usage: | SITUATIONA | L | | | | | | | |
| Situational Rule: | to the payer. | Required when the TPO/repricer needs to forward additional information o the payer. This segment is not completed by providers. If not required by this implementation guide, do not send. | | | | | | | |
| TR3 Example: | NTE*TPO*s claim~ | tate regulation 123 was applied during the pr | icing of this | | | | | | |
| DIAGRAM | | | | | | | | | |
| NTE * Note Ref | | ~ | | | | | | | |
| ELEMENT DETAIL | | | | | | | | | |
| | EF. DATA ES. ELEMENT | NAME | ATTRIBUTES | | | | | | |
| REQUIRED NTEO | 91 363 | Note Reference Code Code identifying the functional area or purpose for which the code CODE DEFINITION | O 1 ID 3/3 ne note applies | | | | | | |
| REQUIRED NTEC | 2 352 | TPO Third Party Organization Notes Description A free-form description to clarify the related data elements | M 1 AN 1/80 and their content | | | | | | |
| | | IMPLEMENTATION NAME: Line Note Text | | | | | | | |

| SEGMENT DETAIL | |
|-------------------|---|
| | HCP - LINE PRICING/REPRICING INFORMATION |
| X12 Segment Name: | Health Care Pricing |
| X12 Purpose: | To specify pricing or repricing information about a health care claim or line item |
| X12 Syntax: | 1. R0113 At least one of HCP01 or HCP13 is required. |
| | 2. P0910 If either HCP09 or HCP10 is present, then the other is required. |
| | 3. P1112 If either HCP11 or HCP12 is present, then the other is required. |
| Loop: | 2400 — SERVICE LINE NUMBER |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. This information is specific to the destination payer reported in Loop ID-2010BB. |
| | 2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim. |
| TR3 Example: | HCP*03*100*10*RPO12345~ |
| DIAGRAM | |
| HCP01 14 | HCP02 782 HCP03 782 HCP04 127 HCP05 118 HCP06 127 |



| ELEMENT DETAIL | | | | | | | |
|----------------|--------------|-----------------|---|---|------------------|----------------------|--------------------|
| USAGE | REF. DES. | DATA ELEMENT | NAME | | <u> </u> | ATTRIBL | JTES |
| REQUIRED | HCP01 | 1473 | Pricing Meth Code specifyir priced or reprice | ng pricing methodology at which the claim or | X 1 line iter | ID m has t | 2/2 been |
| | | | syntax: R0113 | 3 | | | |
| | | | Specific cod | le use is determined by Trading Partr | ner Ag | reeme | ent due |
| | | | to the variar | nces in contracting policies in the ind | lustry. | | |
| | | | CODE | DEFINITION | | | |
| | | | 00 | Zero Pricing (Not Covered Under | Contra | act) | |
| | | | 01 | Priced as Billed at 100% | | | |
| | | | 02 | Priced at the Standard Fee Sched | ule | | |
| | | | 03 | Priced at a Contractual Percentag | e | | |
| | | | 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 | | | |
| REQUIRED | HCP02 | 782 | Monetary Au Monetary amo | | 01 | R | 1/18 |
| | | | SEMANTIC: HCF | 02 is the allowed amount. | | | |
| SITUATIONAL | HCP03 | 782 | Monetary Au Monetary amo | | 01 | R | 1/18 |
| | | | SEMANTIC: HCF | 203 is the savings amount. | | | |
| | | | by the reprie | LE: Required when this information is cer. The segment is not completed by is completed by repricers only. If not tion guide, do not send. | / prov | iders. | The |
| | | | This informa Loop ID-201 | ation is specific to the destination pages 0BB. | yer re | ported | l in |

| SITUATIONAL | HCP04 | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier | O1 ion Set | | 1/50 becified |
|-------------|------------------|-----|--|-----------------|---------------|------------------|
| | | | SEMANTIC: HCP04 is the repricing organization identification | n numbe | er. | |
| | | | SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed b information is completed by repricers only. If no implementation guide, do not send. | y prov | iders. | The |
| | | | This information is specific to the destination pa Loop ID-2010BB. | ayer re | oorted | l in |
| SITUATIONAL | HCP05 | 118 | Rate Rate expressed in the standard monetary denomination for | O1 or the cu | R rrency : | 1/9 specified |
| | | | SEMANTIC: HCP05 is the pricing rate associated with per die | em or fla | at rate r | epricing. |
| | | | SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed b information is completed by repricers only. If no implementation guide, do not send. | y prov | iders. | The |
| | | | This information is specific to the destination pa Loop ID-2010BB. | ayer re | ported | l in |
| SITUATIONAL | ITUATIONAL HCP06 | 127 | Reference Identification Reference information as defined for a particular Transact by the Reference Identification Qualifier | O1 ion Set | | 1/50 becified |
| | | | SEMANTIC: HCP06 is the approved DRG code. | | | |
| | | | Соммент : HCP06, HCP07, HCP08, HCP10, and HCP12 a different values from the original submitted values. | re fields | that wi | ll contain |
| | | | SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed b information is completed by repricers only. If no implementation guide, do not send. | y prov | iders. | The |
| | | | This information is specific to the destination pa Loop ID-2010BB. | ayer re | ported | lin |
| SITUATIONAL | HCP07 | 782 | Monetary Amount Monetary amount | 01 | R | 1/18 |
| | | | SEMANTIC: HCP07 is the approved DRG amount. | | | |
| | | | SITUATIONAL RULE: Required when this information is by the repricer. The segment is not completed b information is completed by repricers only. If no implementation guide, do not send. | y prov | iders. | The |
| | | | This information is specific to the destination pa Loop ID-2010BB. | ayer re | ported | l in |

| SITUATIONAL | HCP08 | 234 | Product/Servi Identifying numb | ce ID er for a product or service | 01 | AN | 1/48 | | | | |
|-------------|-------|-----|--|--|-------------------------|---------------------------|------|--|--|--|--|
| | | | SEMANTIC: HCP08 | 3 is the approved revenue code. | | | | | | | |
| | | | by the reprice information is | Required when this information is r. The segment is not completed by completed by repricers only. If not on guide, do not send. | y prov | viders. | The | | | | |
| | | | IMPLEMENTATION N | AME: Product or Service ID | | | | | | | |
| | | | This informati Loop ID-2010 | on is specific to the destination pa 3B. | yer re | ported | in | | | | |
| SITUATIONAL | HCP09 | 235 | Product/Servi Code identifying Product/Service | the type/source of the descriptive number | X1 used i | ID n | 2/2 | | | | |
| | | | SYNTAX: P0910 | | | | | | | | |
| | | | SITUATIONAL RULE: Required when HCP10 exists. If not required by this implementation guide, do not send. | | | | | | | | |
| | | | IMPLEMENTATION NAME: Product or Service ID Qualifier | | | | | | | | |
| | | | CODE | DEFINITION | | | | | | | |
| | | | ER | Jurisdiction Specific Procedure a | nd Su | ipply C | odes | | | | |
| | | | | This code set is not allowed for us the time of this writing. The qualif used: | | | | | | | |
| | | | | If a new rule names the Jurisdiction Procedure and Supply Codes as a set under HIPAA, OR | - | | code | | | | |
| | | | | The Secretary grants an exception set as a pilot project as allowed u OR | nder | the law | ', | | | | |
| | | | | For claims which are not covered code source 576: Workers Compensation | | | | | | | |
| | | | нс | and Supply Codes Health Care Financing Administra Procedural Coding System (HCPC | ation (| Commo | | | | | |
| | | | | Because the AMA's CPT codes ar HCPCS codes, they are reported | | | 1 | | | | |
| | | | HP | CODE SOURCE 130: Healthcare Common F System Health Insurance Prospective Pay (HIPPS) Skilled Nursing Facility R | Proced ment ate C | ural Coc Systei ode | m | | | | |
| | | | | CODE SOURCE 716: Health Insurance Pros System (HIPPS) Rate Code for Skilled N | | | | | | | |

| | | IV | Home Infusion EDI Coalition (HIEC) Product/Service Code | | | |
|-------------------|--------|--|---|--|--|--|
| | | | This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA. | | | |
| | | WK | CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List Advanced Billing Concepts (ABC) Codes | | | |
| | | | At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners, OR If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR For claims which are not covered under HIPAA. | | | |
| SITUATIONAL HCP10 | 10 234 | | code source 843: Advanced Billing Concepts (ABC) Codes ce ID X 1 AN 1/48 er for a product or service | | | |
| | | SYNTAX: P0910 |) is the energy of precedure code | | | |
| | | |) is the approved procedure code. | | | |
| | | SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. | | | | |
| | | IMPLEMENTATION N | IAME: Repriced Approved HCPCS Code | | | |
| | | This informati Loop ID-2010 | on is specific to the destination payer reported in BB. | | | |

| SITUATIONAL | HCP11 | 355 | Unit or Basis for Measurement Code X 1 ID 2/2 Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken | | | | | | |
|-------------|-------|-----|---|---|--------------------|----|--|--|--|
| | | | syntax: P1112 | | | | | | |
| | | | by the reprice information is | Required when this information is r. The segment is not completed by completed by repricers only. If no on guide, do not send. | y providers. The | ry | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | DA | Days | | | | | |
| | | | UN | Unit | | | | | |
| SITUATIONAL | HCP12 | 380 | Quantity Numeric value of | f quantity | X 1 R 1/15 | ; | | | |
| | | | syntax: P1112 | | | | | | |
| | | | SEMANTIC: HCP12 | 2 is the approved service units or inpatient | days. | | | | |
| | | | by the reprice information is | Required when this information is r. The segment is not completed by completed by repricers only. If no on guide, do not send. | y providers. The | ry | | | |
| | | | This informati Loop ID-2010 | on is specific to the destination pa 3B. | yer reported in | | | | |
| | | | When a decim | a length for this field is 8 digits excl al is used, the maximum number o e decimal is three. | | | | | |
| SITUATIONAL | HCP13 | 901 | Reject Reasor Code assigned b | 1 Code by issuer to identify reason for rejection | X 1 ID 2/2 | | | | |
| | | | syntax: R0113 | | | | | | |
| | | | SEMANTIC: HCP13 | 3 is the rejection message returned from th | ne third party | | | | |
| | | | by the reprice information is | Required when this information is r. The segment is not completed by completed by repricers only. If no on guide, do not send. | y providers. The | ry | | | |
| | | | This informati Loop ID-2010 | on is specific to the destination pa 3B. | yer reported in | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | T1 | Cannot Identify Provider as TPO (Organization) Participant | (Third Party | | | | |
| | | | T2 | Cannot Identify Payer as TPO (Th Organization) Participant | ird Party | | | | |
| | | | ТЗ | Cannot Identify Insured as TPO (1 Organization) Participant | Third Party | | | | |
| | | | Т4 | Payer Name or Identifier Missing | | | | | |
| | | | Т5 | Certification Information Missing | | | | | |
| | | | Т6 | Claim does not contain enough ir pricing | nformation for re- | | | | |

| SITUATIONAL | HCP14 | 1526 | Policy Comp Code specifying | liance Code O 1 ID 1/2 g policy compliance |
|-------------------|-------|------------|--|---|
| | | | by the repric information i | E: Required when this information is deemed necessary er. The segment is not completed by providers. The is completed by repricers only. If not required by this ion guide, do not send. |
| | | | This information Loop ID-2010 | tion is specific to the destination payer reported in BB. |
| | | | CODE | DEFINITION |
| | | | 1 | Procedure Followed (Compliance) |
| | | | 2 | Not Followed - Call Not Made (Non-Compliance Call Not Made) |
| | | | 3 | Not Medically Necessary (Non-Compliance Non- Medically Necessary) |
| SITUATIONAL HCP15 | | | 4 | Not Followed Other (Non-Compliance Other) |
| | | 5 | Emergency Admit to Non-Network Hospital | |
| | HCP15 | HCP15 1527 | Exception Co Code specifying care services | ode O 1 ID 1/2 g the exception reason for consideration of out-of-network health |
| | | | SEMANTIC: HCP1 | 15 is the exception reason generated by a third party organization. |
| | | | by the repric information i | E: Required when this information is deemed necessary er. The segment is not completed by providers. The is completed by repricers only. If not required by this ion guide, do not send. |
| | | | This information Loop ID-2010 | tion is specific to the destination payer reported in)BB. |
| | | | | |
| | | | CODE | DEFINITION |
| | | | CODE 1 | DEFINITION Non-Network Professional Provider in Network Hospital |
| | | | | Non-Network Professional Provider in Network |

- Services or Specialist not in Network
- **Out-of-Service Area**
- **State Mandates**
- Other

5

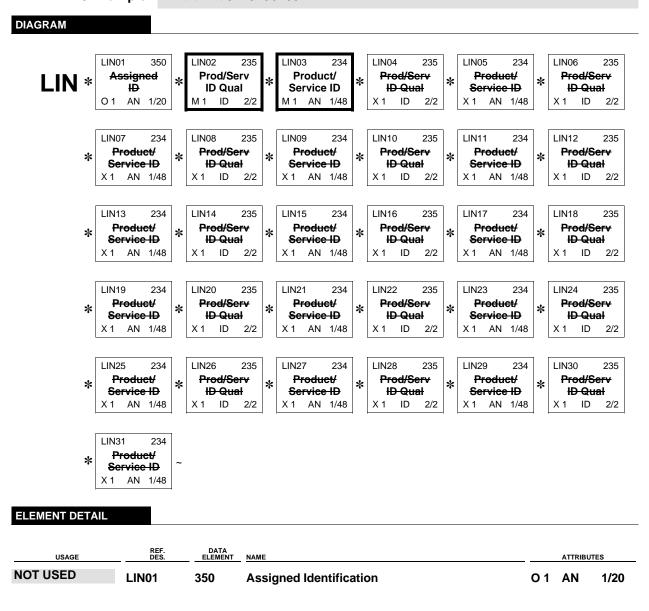
| SEGMENT DETAIL | |
|-------------------|--|
| | LIN - DRUG IDENTIFICATION |
| X12 Segment Name: | Item Identification |
| X12 Purpose: | To specify basic item identification data |
| X12 Set Notes: | 1. Loop 2410 contains compound drug components, quantities and prices. |
| X12 Syntax: | 1. P0405 If either LIN04 or LIN05 is present, then the other is required. |
| | 2. P0607 If either LIN06 or LIN07 is present, then the other is required. |
| | 3. P0809 If either LIN08 or LIN09 is present, then the other is required. |
| | 4. P1011 If either LIN10 or LIN11 is present, then the other is required. |
| | 5. P1213 If either LIN12 or LIN13 is present, then the other is required. |
| | 6. P1415 If either LIN14 or LIN15 is present, then the other is required. |
| | 7. P1617 If either LIN16 or LIN17 is present, then the other is required. |
| | 8. P1819 If either LIN18 or LIN19 is present, then the other is required. |
| | 9. P2021 If either LIN20 or LIN21 is present, then the other is required. |
| | 10. P2223 If either LIN22 or LIN23 is present, then the other is required. |
| | 11. P2425 If either LIN24 or LIN25 is present, then the other is required. |
| | 12. P2627 If either LIN26 or LIN27 is present, then the other is required. |
| | 13. P2829 If either LIN28 or LIN29 is present, then the other is required. |
| | 14. P3031 If either LIN30 or LIN31 is present, then the other is required. |
| X12 Comments: | 1. See the Data Dictionary for a complete list of IDs. |
| Loop: | 2410 — DRUG IDENTIFICATION Loop Repeat: 1 |
| Segment Repeat: | 1 |

Usage: SITUATIONAL

| | Required when government regulation mandates that prescribed drugs and biologics are reported with NDC numbers. OR Required when the provider or submitter chooses to report NDC numbers to enhance the claim reporting or adjudication processes. If not required by this implementation guide, do not send. |
|------------|--|
| TR3 Notes: | Drugs and biologics reported in this segment are a further specification of service(s) described in the SV2 segment of this |

Service Line Loop ID-2400.

TR3 Example: LIN**N4*01234567891~



ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

| REQUIRED | LIN02 | 235 | | ce ID Qualifier the type/source of the descriptive number ID (234) | M 1 used ir | וD | 2/2 |
|----------|-------|-----|---------------|--|-----------------------|-----------|------|
| | | | | through LIN31 provide for fifteen different xample: Case, Color, Drawing No., U.P.C | | | |
| | | | | NAME: Product or Service ID Qualifier | • | | |
| | | | CODE | DEFINITION | | | |
| | | | N4 | National Drug Code in 5-4-2 Form | at | | |
| REQUIRED | LIN03 | 234 | Product/Servi | CODE SOURCE 240: National Drug Code b Ce ID her for a product or service | y Forma M 1 | | 1/48 |
| | | | | NAME: National Drug Code | | | |
| NOT USED | LIN04 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN05 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN06 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN07 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN08 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN09 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN10 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN11 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN12 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN13 | 234 | Product/Servi | ce ID | X 1 | AN | 1/48 |
| NOT USED | LIN14 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN15 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN16 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN17 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN18 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN19 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN20 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN21 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN22 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN23 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN24 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN25 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN26 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN27 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN28 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN29 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| NOT USED | LIN30 | 235 | Product/Servi | ce ID Qualifier | X 1 | ID | 2/2 |
| NOT USED | LIN31 | 234 | Product/Servi | ice ID | X 1 | AN | 1/48 |
| | | | | | | | |

SEGMENT DETAIL **CTP - DRUG QUANTITY** X12 Segment Name: Pricing Information X12 Purpose: To specify pricing information X12 Syntax: 1. P0405 If either CTP04 or CTP05 is present, then the other is required. 2. C0607 If CTP06 is present, then CTP07 is required. 3. C0902 If CTP09 is present, then CTP02 is required. 4. C1002 If CTP10 is present, then CTP02 is required. 5. C1103 If CTP11 is present, then CTP03 is required. Loop: 2410 - DRUG IDENTIFICATION Segment Repeat: 1 Usage: REQUIRED TR3 Example: CTP****2*UN~ DIAGRAM CTP01 CTP02 236 CTP03 212 CTP04 CTP05 CTP06 687 380 C001 648 Composite Class of Price ID Quantity Price Mult CTP * Unit * * * * * Trade Code Code Price Unit of Mea **Qualifier** 01 ID X1 ID 3/3 Χ1 R 1/17 R 1/15 01 ID 3/3 2/2 X 1 X 1

| | | | | _ | | | _ | | | | _ | | | | _ | | | |
|---|------|-------|------|---|-------|-----------------|---|-----|-------------------------------------|-----|---|------|----------------|------|---|------|-----------------------------|-----|
| | CTPO |)7 | 649 | | CTP08 | 3 782 | | CTP |)9 | 639 | | CTP1 | 10 | 499 | | CTP | 11 | 289 |
| * | Mu | ıltip | lier | * | ۸ | netary nount | * | Dri | sis l ce C | odo | * | | nditi /alue | | * | with | i lt Pr uanti | |
| | X 1 | R | 1/10 | | 01 | R 1/18 | | 01 | ID | 2/2 | | 01 | AN | 1/10 | | 01 | N0 | 1/2 |

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIB | UTES |
|----------|--------------|-----------------|--|-----|--------|------|
| NOT USED | CTP01 | 687 | Class of Trade Code | 01 | ID | 2/2 |
| NOT USED | CTP02 | 236 | Price Identifier Code | X 1 | ID | 3/3 |
| NOT USED | CTP03 | 212 | Unit Price | X 1 | R | 1/17 |
| REQUIRED | CTP04 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: P0405 | | | |
| | | | | | | |

IMPLEMENTATION NAME: National Drug Unit Count

| REQUIRED | CTP05 | C001 | | | JNIT OF MEASURE | X 1 | | |
|----------|------------|------|---------|----------------------|--|------------------------|----------------|------|
| REQUIRED | СТР05 - 1 | I | 355 | Code sp | Basis for Measurement Code becifying the units in which a value is bei in which a measurement has been take | | ID ssed, or | 2/2 |
| | | | | If C001- If C001- | TS: 11 is not used, its value is to be interpre 12 is not used, its value is to be interpre 14 is not used, its value is to be interpre 15 is not used, its value is to be interpre | ted as 1. ted as 1. | | |
| | | | | IMPLEME | NTATION NAME: Code Qualifier | | | |
| | | | С | ODE | DEFINITION | | | |
| | | | F2 | | International Unit | | | |
| | | | GR | | Gram | | | |
| | | | ME | | Milligram | | | |
| | | | ML | | Milliliter | | | |
| | | | UN | | Unit | | | |
| NOT USED | СТР05 - 2 | 2 | 1018 | Expon | ent | 0 | R | 1/15 |
| NOT USED | СТР05 - 3 | 3 | 649 | Multip | lier | 0 | R | 1/10 |
| NOT USED | CTP05 - 4 | 1 | 355 | Unit or | Basis for Measurement Code | 0 | ID | 2/2 |
| NOT USED | CTP05 - \$ | 5 | 1018 | Expon | ent | 0 | R | 1/15 |
| NOT USED | CTP05 - 6 | 6 | 649 | Multip | lier | 0 | R | 1/10 |
| NOT USED | CTP05 - 7 | 7 | 355 | Unit or | Basis for Measurement Code | 0 | ID | 2/2 |
| NOT USED | CTP05 - 8 | 3 | 1018 | Expon | ent | 0 | R | 1/15 |
| NOT USED | CTP05 - 9 | Ð | 649 | Multip | lier | Ο | R | 1/10 |
| NOT USED | CTP05 - 7 | 10 | 355 | Unit or | Basis for Measurement Code | 0 | ID | 2/2 |
| NOT USED | CTP05 - 2 | 11 | 1018 | Expon | ent | 0 | R | 1/15 |
| NOT USED | CTP05 - 7 | 12 | 649 | Multip | lier | ο | R | 1/10 |
| NOT USED | CTP05 - 1 | 13 | 355 | Unit or | Basis for Measurement Code | ο | ID | 2/2 |
| NOT USED | CTP05 - 7 | 14 | 1018 | Expon | ent | ο | R | 1/15 |
| NOT USED | CTP05 - 7 | 15 | 649 | Multip | lier | ο | R | 1/10 |
| NOT USED | CTP06 | 648 | Price I | Multiplie | r Qualifier | 01 | ID | 3/3 |
| NOT USED | CTP07 | 649 | Multip | lier | | X 1 | R | 1/10 |
| NOT USED | CTP08 | 782 | Monet | ary Amo | bunt | 01 | R | 1/18 |
| NOT USED | CTP09 | 639 | | - | Price Code | 01 | ID | 2/2 |

NOT USED

NOT USED

CTP10

CTP11

499

289

Condition Value

Multiple Price Quantity

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

1/10

1/2

O1 AN

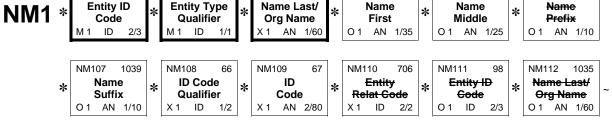
O1 N0

REF - PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER

| | AC | 300 | | | | | |
|----------------|--------------------------------------|-------------------------------------|---|--|-----------------------------|-----------------------|---------|
| X12 Segment Na | me: Refe | erence Inf | formation | | | | |
| X12 Purpo | ose: To s | pecify ide | entifying inform | ation | | | |
| X12 Synt | | R0203 At least c | one of REF02 of | or REF03 is required. | | | |
| Lo | oop: 2410 |) — DRU | G IDENTIFICA | ATION | | | |
| Segment Repo | eat: 1 | | | | | | |
| Usa | age: SITU | JATIONA | NL | | | | |
| Situational R | pres OR Req or m | scription uired wh nore drug | number. Ien the provid gs being repo | g of the drug has been done wi ed medication involves the con rted and there is no prescriptio lementation guide, do not send | npour n num | ding | |
| TR3 Not | | the com receiving | pound will all | pound drug is being billed, the have the same prescription nu n relate all the components by | mber. | Paye | rs |
| | | example segment provider | e, from a physi t is a "link sec assigned nur e the receiver | Irug is provided without a prese ician's office), the value provide juence number". The link seque nber that is unique to this clain to piece together the compone | ed in t ence i n. Its | his numbe ourpo | er is a |
| TR3 Exam | ple: REF | *XZ*12 | 3456~ | | | | |
| DIAGRAM | | | | | | | |
| KEF * Iden | I 128 Prence It Qual ID 2/3 | REF02 Referen Ident X 1 AN | * | 352 tion 1/80 ★ REF04 C040 Reference Identifier O 1 C 1 | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBL | ITES |
| | | 128 | Reference Ide | ntification Qualifier | M 1 | ID | 2/3 |
| REQUIRED | REF01 | | Code qualifying | the Reference Identification | | | |
| REQUIRED | REFU1 | | Code qualifying | the Reference Identification | | | |
| REQUIRED | REFU1 | | | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2410 • REF PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER | | | | | | |
|--|-------|------|--|-----|----|------|--|--|--|
| REQUIRED | REF02 | 127 | Reference IdentificationX 1AN1/50Reference information as defined for a particular Transaction Set or as specified by the Reference Identification QualifierSYNTAX: R0203 | | | | | | |
| | | | IMPLEMENTATION NAME: Prescription Number | | | | | | |
| NOT USED | REF03 | 352 | Description | X 1 | AN | 1/80 | | | |
| NOT USED | REF04 | C040 | REFERENCE IDENTIFIER | 01 | | | | | |

| | NM1 - OPERATING PHYSICIAN NAME | | | | | |
|-------------------|--|--|--|--|--|--|
| X12 Segment Name: | Individual or Organizational Name | | | | | |
| X12 Purpose: | To supply the full name of an individual or organizational entity | | | | | |
| X12 Set Notes: | Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same. | | | | | |
| X12 Syntax: | P0809 If either NM108 or NM109 is present, then the other is required. | | | | | |
| | 2. C1110 If NM111 is present, then NM110 is required. | | | | | |
| | 3. C1203 If NM112 is present, then NM103 is required. | | | | | |
| Loop: | 2420A — OPERATING PHYSICIAN NAME Loop Repeat: 1 | | | | | |
| Segment Repeat: | 1 | | | | | |
| Usage: | SITUATIONAL | | | | | |
| Situational Rule: | Required when a surgical procedure code is listed on this claim. AND The Operating Physician for this line is different than the Operating Physician reported in Loop ID-2310B (claim level). If not required by this implementation guide, do not send. | | | | | |
| TR3 Notes: | 1. The Operating Physician is the individual with primary responsibility for performing the surgical procedure(s). | | | | | |
| TR3 Example: | NM1*72*1*MEYERS*JANE****XX*1234567891~ | | | | | |
| DIAGRAM | | | | | | |
| NM101 | 98 NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 Entity Type - Name Last/ - Name - Name - Name | | | | | |



ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUTES | | |
|----------------|---------------------|---|--|---|-------|------------|------|--|
| REQUIRED | NM101 98 | | Entity Identifier Code M 1 ID 2/3 Code identifying an organizational entity, a physical location, property or an individual | | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 72 | Operating Physician | | | | |
| REQUIRED | NM102 10 | 1065 | Entity Type (Code qualifying | Qualifier g the type of entity | M 1 | ID | 1/1 | |
| | | | SEMANTIC: NM1 | 02 qualifies NM103. | | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 1 | Person | | | | |
| REQUIRED | NM103 | 1035 | | or Organization Name name or organizational name | X 1 | AN | 1/60 | |
| | | | syntax: C1203 | | | | | |
| | | | IMPLEMENTATION NAME: Operating Physician Last Name | | | | | |
| SITUATIONAL NM | NM104 | NM104 1036 | Name First Individual first r | name | 01 | AN | 1/35 | |
| | | | SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. | | | | | |
| | | | INAME: Operating Physician First Na | me | | | | |
| SITUATIONAL | JATIONAL NM105 1037 | 1037 | Name Middle Individual midd | e lle name or initial | 01 | AN | 1/25 | |
| | | | SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | |
| | | IMPLEMENTATION NAME: Operating Physician Middle Name or Initial | | | | | | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 | |
| SITUATIONAL | NM107 1039 | 1039 | Name Suffix Suffix to individ | | 01 | AN | 1/10 | |
| | | | | LE: Required when the name suffix I al. If not required by this implemen | | | - | |
| | | | IMPLEMENTATION | INAME: Operating Physician Name S | uffix | | | |

IMPLEMENTATION NAME: Operating Physician Name Suffix

| SITUATIONAL | NM108 | 66 | Identification Code QualifierX 1ID1/2Code designating the system/method of code structure used for IdentificationCode (67) | | | | |
|-------------|-------|------|--|--|--|--|--|
| | | | syntax: P0809 | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | |
| | | | CODE DEFINITION | | | | |
| | | | XX Centers for Medicare and Medicaid Services National Provider Identifier | | | | |
| | | | CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier | | | | |
| SITUATIONAL | NM109 | 67 | Identification CodeX 1AN2/80Code identifying a party or other codeX 1AN2/80 | | | | |
| | | | syntax: P0809 | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR | | | | |
| | | | Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | |
| | | | IMPLEMENTATION NAME: Operating Physician Primary Identifier | | | | |
| NOT USED | NM110 | 706 | Entity Relationship Code X 1 ID 2/2 | | | | |
| NOT USED | NM111 | 98 | Entity Identifier Code O 1 ID 2/3 | | | | |
| NOT USED | NM112 | 1035 | Name Last or Organization Name O 1 AN 1/60 | | | | |

REF - OPERATING PHYSICIAN SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2420A — OPERATING PHYSICIAN NAME |
| Segment Repeat: | 20 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier. |
| TR3 Example: | REF*G2*12345~ |
| DIAGRAM | |
| _ | |

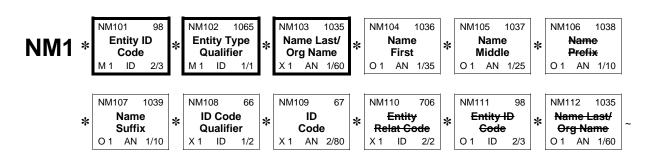
D

| | REF0 | 1 12 | 3 | REF | 02 | 127 | l | REF03 | 352 |] | REF04 | C040 |] |
|--------------|------|-------------------|---|-----|----------------|------|---|-------|---------|---|----------------|------|---|
| REF * | | erence nt Qual | * | Re | ferer Ident | | * | Desci | ription | * | Refer Ident | | ~ |
| | M 1 | ID 2/ | 3 | X 1 | AN | 1/50 | | X 1 A | N 1/80 | | O 1 | | |

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | 6 |
|----------|--------------|-----------------|------|---|-----|
| REQUIRED | REF01 | 128 | | Identification Qualifier M 1 ID g the Reference Identification ID | 2/3 |
| | | | CODE | DEFINITION | |
| | | | 0B | State License Number | |
| | | | 1G | Provider UPIN Number | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | |

| | | | G2 | | Provider Commercial Number | | | |
|-------------|------------------------|------|-------------------------|---|---|--|---|---------------------------------------|
| | | | | | This code designates a proprietar for the destination payer identified Name loop, Loop ID-2010BB, asso claim. This is to be used by all pay Medicare, Medicaid, Blue Cross, e | d in tl ociate /ers i | ne Paye d with | er this |
| | | | LU | | Location Number | | | |
| REQUIRED | REF02 | 127 | Referen | nce inform | ntification hation as defined for a particular Transaction Identification Qualifier | X1 on Set | AN or as sp | 1/50 ecified |
| | | | SYNTAX: | R0203 | | | | |
| | | | IMPLEME | NTATION N | AME: Operating Physician Secondary | y Ider | ntifier | |
| NOT USED | REF03 | 352 | Descri | iption | | X 1 | AN | 1/80 |
| SITUATIONAL | REF04 | C040 | To ident | - | DENTIFIER r more reference numbers or identification Qualifier | O1 numb | ers as sp | pecified |
| | | | P0506 | C04003 (| or C04004 is present, then the other is req or C04006 is present, then the other is req | | | |
| | | | | | Required when the identifier repor is for a non-destination payer. | ted ir | n REFO | 2 of |
| | | | Do not | - | s composite when the value report | ed in | REF01 | is |
| | | | either | | | | | |
| REQUIRED | REF04 - 1 | l | either | Refere | nce Identification Qualifier Julifying the Reference Identification | м | ID | 2/3 |
| REQUIRED | REF04 - 1 | l | 128 | Refere Code qu | nce Identification Qualifier Julifying the Reference Identification | М | ID | 2/3 |
| REQUIRED | REF04 - 1 | l | 128 co | Refere | nce Identification Qualifier Jalifying the Reference Identification | М | ID | 2/3 |
| REQUIRED | REF04 - 1 REF04 - 2 | | 128 | Refere Code qu ode Refere Refere | nce Identification Qualifier Julifying the Reference Identification | м | AN | 1/50 |
| | | | 128 | Refere Code qu ODE Refere Referen specified | nce Identification Qualifier Jalifying the Reference Identification DEFINITION Payer Identification Number nce Identification Ice information as defined for a particular 1 | M | AN ction Se | 1/50 |
| | | | 128 | Refere Code qu ODE Refere Referen specified IMPLEMEN | nce Identification Qualifier Jalifying the Reference Identification DEFINITION Payer Identification Number nce Identification ice information as defined for a particular T d by the Reference Identification Qualifier NTATION NAME: Other Payer Primary Identifier iver identifier reported in this field is sponding payer identifier reported is | M Transa entific | AN ction Se er match | 1/50 t or as the |
| | | 2 | 128 | Refere Code qu ODE Refere Referen specified IMPLEME The pa coores NM109 | nce Identification Qualifier Jalifying the Reference Identification DEFINITION Payer Identification Number nce Identification ice information as defined for a particular T d by the Reference Identification Qualifier NTATION NAME: Other Payer Primary Identifier iver identifier reported in this field is sponding payer identifier reported is | M Transa entific | AN ction Se er match | 1/50 t or as the |
| REQUIRED | REF04 - 2 | 2 | 128 2U 127 | Refere Code qu ode Refere Referen specified IMPLEMEN The pa coores NM109 Refere | nce Identification Qualifier Jalifying the Reference Identification DEFINITION Payer Identification Number nce Identification ice information as defined for a particular T d by the Reference Identification Qualifier NTATION NAME: Other Payer Primary Identifier reported in this field is sponding payer identifier reported is | M Transa entifie must n Loc | AN ction Se er match op ID-23 | 1/50 t or as the 330B |
| REQUIRED | REF04 - 2 | 2 | 128 2U 127 128 | Refere Code qu ODE Referen specified IMPLEMEN The pa coores NM109 Refere Refere | nce Identification Qualifier Jalifying the Reference Identification DEFINITION Payer Identification Number nce Identification loce information as defined for a particular T d by the Reference Identification Qualifier NTATION NAME: Other Payer Primary Identifier reported in this field is apponding payer identifier reported in this field is nce Identification Qualifier | M Fransa entific must n Loc X | AN ction Se er match op ID-23 | 1/50 t or as the 330B 2/3 |

| | NM1 - OTHER OPERATING PHYSICIAN NAME |
|-------------------|--|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2420B — OTHER OPERATING PHYSICIAN NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when another Operating Physician is involved, AND The Other Operating Physician for this line is different than the Other Operating Physician reported in Loop ID-2310C (claim level). If not required by this implementation guide, do not send. |
| TR3 Example: | NM1*ZZ*1*JONES*JOHN***SR*XX*1234567891~ |
| DIAGRAM | |



| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUT | ES | | |
|-------------|--------------|-----------------|--|---|-----------------------|-------------------------|-----------------|--|--|
| REQUIRED | NM101 | 98 | Entity Identif Code identifying individual | ier Code g an organizational entity, a physical locatior | M 1 n, prop | ID berty or a | 2/3 n | | |
| | | | CODE | DEFINITION | | | | | |
| | | | ZZ | Mutually Defined | | | | | |
| | | | | ZZ is used to indicate Other Opera | ting | Physici | an. | | |
| REQUIRED | NM102 | 1065 | Entity Type C Code qualifying | Qualifier the type of entity | M 1 | ID | 1/1 | | |
| | | | SEMANTIC: NM10 | 02 qualifies NM103. | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 1 | Person | | | | | |
| REQUIRED | NM103 | 1035 | | r Organization Name name or organizational name | X 1 | AN | 1/60 | | |
| | | | syntax: C1203 | | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician Last | Nam | ne | | | |
| SITUATIONAL | NM104 | 1036 | Name First Individual first n | ame | 01 | AN | 1/35 | | |
| | | | | E: Required when the person has a fin his implementation guide, do not sen | | nme. If i | not | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician First | t Nan | ne | | | |
| SITUATIONAL | NM105 | 1037 | Name Middle Individual middl | e name or initial | 01 | AN | 1/25 | | |
| | | | person is ne | E: Required when the middle name or eded to identify the individual. If not i ion guide, do not send. | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician Mide | dle Na | ame or | Initial | | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 | | |
| SITUATIONAL | NM107 | 1039 | Name Suffix Suffix to individ | ual name | 01 | AN | 1/10 | | |
| | | | SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. | | | | | | |
| | | | IMPLEMENTATION | NAME: Other Operating Physician Nam | ne Su | ffix | | | |
| | | | | | | | | | |

| SITUATIONAL | NM108 | 66 | Identification Code Qualifier X 1 ID 1/2 Code designating the system/method of code structure used for Identification Code (67) |
|-------------|--------|------|--|
| | | | SYNTAX: P0809 SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. |
| | | | CODE DEFINITION |
| | | | XX Centers for Medicare and Medicaid Services National Provider Identifier |
| SITUATIONAL | NIM400 | 67 | CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier |
| ONOANONAL | NM109 | 67 | Identification CodeX 1AN2/80Code identifying a party or other code |
| | | | SYNTAX: P0809 SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Operating Physician Identifier |
| NOT USED | NM110 | 706 | Entity Relationship Code X 1 ID 2/2 |
| NOT USED | NM111 | 98 | Entity Identifier Code O 1 ID 2/3 |
| NOT USED | NM112 | 1035 | Name Last or Organization Name O 1 AN 1/60 |

REF - OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2420B — OTHER OPERATING PHYSICIAN NAME |
| Segment Repeat: | 20 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier. |
| TR3 Example: | RFF±1G±Δ12345- |

TR3 Example: REF*1G*A12345~

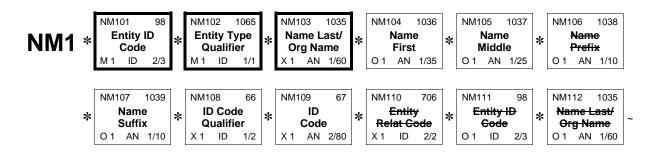
DIAGRAM

| | - | | | - | | | | | | | | | | |
|--------------|------|-------------------|---|-----|----------------|------|---|------|-------|------|---|----------------|------|---|
| | REF0 | 1 128 | | REF | 02 | 127 | | REF0 | 3 | 352 | | REF04 | C040 | |
| REF * | | erence nt Qual | * | Re | eferer Iden | | * | Dese | cript | lion | * | Refer Ident | | ~ |
| | M 1 | ID 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | O 1 | | |

| USAGE | REF. DES. | DATA | NAME | ATTRIBUTES | 6 |
|----------|--------------|------|------|---|-----|
| REQUIRED | REF01 | 128 | | Identification Qualifier M 1 ID g the Reference Identification ID | 2/3 |
| | | | CODE | DEFINITION | |
| | | | 0B | State License Number | |
| | | | 1G | Provider UPIN Number | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | |

| ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 | | | 005010X223 • 837 • 2420B • REF OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION | | | | | | | |
|--|-----------|------|--|--|-------------------------------------|------------------|-------------------------|--|--|--|
| | | | | Provider Commercial Number | | | | | | |
| | | | | This code designates a proprie for the destination payer ident Name loop, Loop ID-2010BB, a claim. This is to be used by all Medicare, Medicaid, Blue Cros | ified in th ssociate payers i | ne Pay d with | er this | | | |
| | | | LU | Location Number | | | | | | |
| REQUIRED | REF02 | 127 | Referer | nce Identification ce information as defined for a particular Trans reference Identification Qualifier | X 1 action Set | AN or as s | 1/50 Decified | | | |
| | | | SYNTAX: | R0203 | | | | | | |
| | | | IMPLEME | NTATION NAME: Other Provider Secondary I | dentifier | | | | | |
| NOT USED | REF03 | 352 | Descri | ption | X 1 | AN | 1/80 | | | |
| SITUATIONAL | REF04 | C040 | To iden | ENCE IDENTIFIER ify one or more reference numbers or identificate reference Qualifier | O 1 ation numb | ers as s | pecified | | | |
| | | | P0506 | C04003 or C04004 is present, then the other is | • | | | | | |
| | | | | NAL RULE: Required when the identifier re gment is for a non-destination payer. | ported in | n REFO | 12 of | | | |
| | | | | use this composite when the value rep DB or 1G. | ported in | REF01 | is | | | |
| REQUIRED | REF04 - | 1 | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | М | ID | 2/3 | | | |
| | | | C | DE DEFINITION | | | | | | |
| | | | 2U | Payer Identification Number | | | | | | |
| REQUIRED | REF04 - 2 | 2 | 127 | Reference Identification Reference information as defined for a particul specified by the Reference Identification Qual | | AN ction Se | 1/50 et or as | | | |
| | | | | IMPLEMENTATION NAME: Other Payer Primary | / Identifie | ər | | | | |
| | | | | The payer identifier reported in this fie cooresponding payer identifier report NM109. | | | | | | |
| NOT USED | REF04 - | 3 | 128 | Reference Identification Qualifier | Х | ID | 2/3 | | | |
| NOT USED | REF04 - | 4 | 127 | Reference Identification | Х | AN | 1/50 | | | |
| NOT USED | REF04 - | 5 | 128 | Reference Identification Qualifier | Х | ID | 2/3 | | | |
| NOT USED | REF04 - | 6 | 127 | Reference Identification | х | AN | 1/50 | | | |

| | NM1 - RENDERING PROVIDER NAME |
|-------------------|--|
| X12 Segment Name: | Individual or Organizational Name |
| X12 Purpose: | To supply the full name of an individual or organizational entity |
| X12 Set Notes: | Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same. |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. |
| | 2. C1110 If NM111 is present, then NM110 is required. |
| | 3. C1203 If NM112 is present, then NM103 is required. |
| Loop: | 2420C — RENDERING PROVIDER NAME Loop Repeat: 1 |
| Segment Repeat: | 1 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required when Rendering Provider is different than the Attending Provider reported in the 2310A loop of this claim. AND State or federal regulatory requirements call for a "combined claim", that is, a claim that includes both facility and professional components (for example, a Medicaid clinic bill or Critical Access Hospital Claim.) AND The Rendering Provider for this line is different than the Rendering Provider reported in Loop ID 2310D (claim level). If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. The Rendering Provider is the health care professional who delivers or completes a particular medical service or non-surgical procedure. |
| TR3 Example: | NM1*82*1*DOE*JANE*C***XX*1234567804~ |
| DIAGRAM | |



ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | | ATTRIBUT | ES |
|-------------|---------------------|-----------------|-----------------|--|-----------------------|-------------------------|------------|
| REQUIRED | NM101 | 98 | | | M 1 n, prop | ID berty or a | 2/3 |
| | | | CODE | DEFINITION | | | |
| | | | 82 | Rendering Provider | | | |
| REQUIRED | NM102 | 1065 | | | M 1 | ID | 1/1 |
| | | | CODE DEFINITION | 02 qualifies NM103. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 1 | Person | | | |
| REQUIRED | NM103 | 1035 | | - | X 1 | AN | 1/60 |
| | | | syntax: C1203 | | | | |
| | | | IMPLEMENTATION | NAME: Rendering Provider Last Name | l | | |
| SITUATIONAL | NM104 | 1036 | | ame | 01 | AN | 1/35 |
| | | | | DEFINITION DEFINITION Rendering Provider Rualifier M 1 the type of entity 2 qualifies NM103. DEFINITION Person Corganization Name ame or organizational name NAME: Rendering Provider Last Name ame Context and the person has a first name his implementation guide, do not send. NAME: Rendering Provider First Name Context and the middle name or initial added to identify the individual. If not required on guide, do not send. NAME: Rendering Provider Middle Name or In Context and the name suffix is needed added to identify the name suffix is needed | ame. If r | ot | |
| | | | IMPLEMENTATION | NAME: Rendering Provider First Name |) | | |
| SITUATIONAL | NM105 | 1037 | | | 01 | AN | 1/25 |
| | | | person is nee | eded to identify the individual. If not | | | |
| | | | IMPLEMENTATION | NAME: Rendering Provider Middle Nai | ne or | Initial | |
| NOT USED | NM106 | 1038 | Name Prefix | | 01 | AN | 1/10 |
| SITUATIONAL | NM107 | 1039 | | ual name | 01 | AN | 1/10 |
| | JATIONAL NM104 1036 | | | | | | |
| | | | IMPLEMENTATION | NAME: Rendering Provider Name Suff | ix | | |

IMPLEMENTATION NAME: Rendering Provider Name Suffix

| SITUATIONAL | NM108 | 66 | Code designating the system/method of code structure used for Identification Code (67) | | | | | | | | | |
|-------------|-------|------|--|---|----------|----------|----------|--|--|--|--|--|
| | | | SYNTAX: P0809 | | | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | | | | | | |
| | | | CODE DEFINITION | | | | | | | | | |
| | | | XX Centers for Medicare and Medicaid Services National Provider Identifier | | | | | | | | | |
| | | | | CODE SOURCE 537: Centers for Medicare National Provider Identifier | and Me | dicaid S | Services | | | | | |
| SITUATIONAL | NM109 | 67 | Identification C Code identifying a | ode party or other code | X 1 | AN | 2/80 | | | | | |
| | | | syntax: P0809 | | | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) | | | | | | | | | |
| | | | Implementation OR | n date when the provider has rece | eived al | n NPI. | | | | | | |
| | | | Required for providers prior to the mandated NPI implementatio date when the provider has received an NPI and the submitter has the capability to send it. | | | | | | | | | |
| | | | If not required | by this implementation guide, do | not sei | nd. | | | | | | |
| | | | IMPLEMENTATION NA | ME: Rendering Provider Identifier | | | | | | | | |
| NOT USED | NM110 | 706 | Entity Relations | ship Code | X 1 | ID | 2/2 | | | | | |
| NOT USED | NM111 | 98 | Entity Identifier | r Code | 01 | ID | 2/3 | | | | | |
| NOT USED | NM112 | 1035 | Name Last or C | Organization Name | 01 | AN | 1/60 | | | | | |

REF - RENDERING PROVIDER SECONDARY IDENTIFICATION

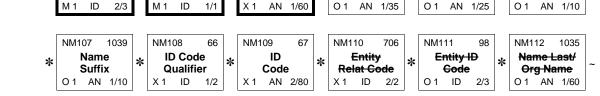
| X12 Segment Name: | Reference Information |
|-------------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2420C — RENDERING PROVIDER NAME |
| Segment Repeat: | 20 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier. |
| TR3 Example: DIAGRAM | REF*G2*12345~ |
| | |

| REF * | REF01 128 | | | | REF |)2 | 127 | | REF | 03 | 352 | | REF04 | C040 |
|-------|-----------|---------------|-----|---|--------------------|----|------|--------------------|-----|----|-------------------------|--|-------|------|
| | | eren nt Qu | | * | Reference Ident | | * | Description | | * | Reference Identifier | | | |
| | M 1 | ID | 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | O 1 | |

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | | | |
|----------|--------------|-----------------|------|--|---|--|--|--|
| REQUIRED | REF01 | 128 | | Itentification Qualifier M 1 ID 2/3 g the Reference Identification | 3 | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 0B | State License Number | | | | |
| | | | 1G | Provider UPIN Number | | | | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | | | | |

| | | | G2 | | Provider Commercial Number | | | | | | |
|-------------|-----------|------|--------------------|----------------------------------|--|--|----------------|------------------------|--|--|--|
| | | | | | tary provider number fied in the Payer ssociated with this payers including: s, etc. | | | | | | |
| | | | LU | | Location Number | | | | | | |
| REQUIRED | REF02 | 127 | Referer | nce inform | ntification nation as defined for a particular Transaction Identification Qualifier | X 1 AN 1/50 ction Set or as specified | | | | | |
| | | | SYNTAX: | R0203 | | | | | | | |
| | | | IMPLEME | INTATION N | AME: Rendering Provider Secondary | ry Identifier | | | | | |
| NOT USED | REF03 | 352 | Descri | iption | | X 1 | AN | 1/80 | | | |
| SITUATIONAL | REF04 | C040 | To iden | RENCE tify one o Reference | O 1 on numbers as specified | | | | | | |
| | | | P0506 If either | C04003 C04005 | uired. | | 2 of | | | | |
| | | | | - | is for a non-destination payer. | | | | | | |
| | | | | t use thi 0B or 10 | s composite when the value report G. | ed in | REF01 | is | | | |
| REQUIRED | REF04 - 1 | l | 128 | | nce Identification Qualifier ualifying the Reference Identification | М | ID | 2/3 | | | |
| | | | С | ODE | DEFINITION | | | | | | |
| | | | 2U | | Payer Identification Number | | | | | | |
| REQUIRED | REF04 - 2 | 2 | 127 | Referen | nce Identification ace information as defined for a particular d by the Reference Identification Qualifier | M Fransa | AN ction Se | 1/50 t or as | | | |
| | | | | IMPLEME | NTATION NAME: Other Payer Primary Ide | entifie | ər | | | | |
| | | | | | yer identifier reported in this field i sponding payer identifier reported i). | | | | | | |
| NOT USED | REF04 - 3 | 3 | 128 | Refere | nce Identification Qualifier | Х | ID | 2/3 | | | |
| NOT USED | REF04 - 4 | Ļ | 127 | Refere | nce Identification | Х | AN | 1/50 | | | |
| NOT USED | REF04 - 5 | 5 | 128 | Refere | nce Identification Qualifier | Х | ID | 2/3 | | | |
| NOT USED | REF04 - 6 | 5 | 127 | Refere | nce Identification | x | AN | 1/50 | | | |

| SEGMENT DETAIL | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|
| | NM1 - REFERRING PROVIDER NAME | | | | | | | | | | | |
| X12 Segment Name: | Individual or Organizational Name | | | | | | | | | | | |
| X12 Purpose: | To supply the full name of an individual or organizational entity | | | | | | | | | | | |
| X12 Set Notes: | Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same. | | | | | | | | | | | |
| X12 Syntax: | 1. P0809 If either NM108 or NM109 is present, then the other is required. | | | | | | | | | | | |
| | 2. C1110 If NM111 is present, then NM110 is required. | | | | | | | | | | | |
| | 3. C1203 If NM112 is present, then NM103 is required. | | | | | | | | | | | |
| Loop: | 2420D — REFERRING PROVIDER NAME Loop Repeat: 1 | | | | | | | | | | | |
| Segment Repeat: | 1 | | | | | | | | | | | |
| Usage: | SITUATIONAL | | | | | | | | | | | |
| Situational Rule: | Required on an outpatient claim when the Referring Provider is different than the Attending Provider. AND The Referring Provider for this line is different than the Referring Provider reported in Loop ID 2310F (claim level). If not required by this implementation guide, do not send. | | | | | | | | | | | |
| TR3 Notes: | 1. The Referring Provider is provider who sends the patient to another provider for services. | | | | | | | | | | | |
| TR3 Example: | NM1*DN*1*SMITH*JANE***XX*1234567890~ | | | | | | | | | | | |
| DIAGRAM | | | | | | | | | | | | |
| NM101 Entity ID Code M 1 ID | 98 NM102 1065 NM103 1035 NM104 1036 NM105 1037 NM106 1038 98 * Name Last/ Qualifier * NM107 1037 NM106 1038 2/3 M1 ID 1/1 X1 AN 1/60 O1 AN 1/25 NM105 1037 NM106 1038 | | | | | | | | | | | |



ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBUTES | | | | |
|-------------|--------------|-----------------|---|--|-----------------------|---|------------------|--|--|
| REQUIRED | NM101 | 98 | | | M 1 n, prop | ID perty or a | 2/3 an | | |
| | | | CODE | DEFINITION | | | | | |
| | | | DN | Referring Provider | | | | | |
| REQUIRED | NM102 | 1065 | | | M 1 | ID | 1/1 | | |
| | | | CODE DEFINITION DN Referring Provider Entity Type Qualifier Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. | | | | | | |
| | | | CODE | DEFINITION | | | | | |
| | | | 1 | Person | | | | | |
| REQUIRED | NM103 | 1035 | | - | X 1 | AN | 1/60 | | |
| | | | syntax: C1203 | | | | | | |
| | | | IMPLEMENTATION | NAME: Referring Provider Last Name | | | | | |
| SITUATIONAL | NM104 | 1036 | | ame | 01 | AN | 1/35 | | |
| | | | | | | 1 ID 1/ 1 ID 1/ 1 AN 1/ | not | | |
| | | | IMPLEMENTATION | NAME: Referring Provider First Name | | | | | |
| SITUATIONAL | NM105 | 1037 | | | 01 | AN | 1/25 | | |
| | | | person is nee | eded to identify the individual. If not | | | | | |
| | | | IMPLEMENTATION | NAME: Referring Provider Middle Nam | e or l | nitial | | | |
| NOT USED | NM106 | 1038 | | | 01 | | 1/10 | | |
| SITUATIONAL | NM107 | 1039 | | ual name | 01 | AN | 1/10 | | |
| | | | | E: Required when the name suffix is I. If not required by this implementa | | | - | | |
| | | | IMPLEMENTATION | | x | | | | |

IMPLEMENTATION NAME: Referring Provider Name Suffix

| SITUATIONAL | NM108 | 66 | Identification Code Qualifier X 1 ID 1/2 Code designating the system/method of code structure used for Identification Code (67) | | | | | | | | | |
|-------------|----------------------|------|---|--|--------|-----------------|-----------------|--|--|--|--|--|
| | | | SYNTAX: P0809 | | | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | | | | | | |
| | | | CODE | DEFINITION | | | | | | | | |
| | | | XX | Centers for Medicare and Medica National Provider Identifier | id Ser | vices | | | | | | |
| SITUATIONAL | SITUATIONAL NM109 67 | | | CODE SOURCE 537: Centers for Medicare National Provider Identifier Code a party or other code | | edicaid S AN | ervices 2/80 | | | | | |
| | | | SYNTAX: P0809 | | | | | | | | | |
| | | | SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. | | | | | | | | | |
| | | | IMPLEMENTATION I | NAME: Referring Provider Identifier | | | | | | | | |
| NOT USED | NM110 | 706 | Entity Relatio | nship Code | X 1 | ID | 2/2 | | | | | |
| NOT USED | NM111 | 98 | Entity Identifi | er Code | 01 | ID | 2/3 | | | | | |
| NOT USED | NM112 | 1035 | Name Last or | Organization Name | 01 | AN | 1/60 | | | | | |

REF - REFERRING PROVIDER SECONDARY IDENTIFICATION

| X12 Segment Name: | Reference Information |
|-------------------|---|
| X12 Purpose: | To specify identifying information |
| X12 Syntax: | 1. R0203 At least one of REF02 or REF03 is required. |
| Loop: | 2420D — REFERRING PROVIDER NAME |
| Segment Repeat: | 20 |
| Usage: | SITUATIONAL |
| Situational Rule: | Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider. OR Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send. |
| TR3 Notes: | 1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier. |
| TR3 Example: | REF*G2*12345~ |
| DIAGRAM | |

| REF * | REF01 128 | | 1 | REF | 02 | 127 | l | REF0 | 3 | 352 |] | REF04 | C040 |] |
|-------|-----------|-------------------|---|--------------------|----|------|--------------------|------|----|-------------------------|---|-------|------|---|
| | | erence nt Qual | | Reference Ident | | * | Description | | * | Reference Identifier | | ~ | | |
| | M 1 | ID 2/3 | | X 1 | AN | 1/50 | | X 1 | AN | 1/80 | | O 1 | | |

| | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES | | | | | |
|----------|--------------|-----------------|-----------------|---|----|--|--|--|--|
| REQUIRED | REF01 | 128 | | Identification Qualifier M 1 ID 2/ g the Reference Identification | /3 | | | | |
| | | | CODE DEFINITION | | | | | | |
| | | | 0B | State License Number | | | | | |
| | | | 1G | Provider UPIN Number | | | | | |
| | | | | UPINs must be formatted as either X99999 or XXX999. | | | | | |

| | | | G2 | Provider Commercial Number | | | |
|-------------|-----------|------|---------|--|------------------------|-------------------|------------------------|
| | | | | This code designates a proprietary for the destination payer identified Name loop, Loop ID-2010BB, assoc claim. This is to be used by all paye Medicare, Medicaid, Blue Cross, etc | in th iate ers i | ne Paye d with | er this |
| REQUIRED | REF02 | 127 | Referen | nce Identification nce information as defined for a particular Transaction Reference Identification Qualifier | X 1 i Set | AN or as sp | 1/50 becified |
| | | | SYNTAX: | R0203 | | | |
| | | | IMPLEME | INTATION NAME: Referring Provider Secondary Id | lenti | fier | |
| NOT USED | REF03 | 352 | Descri | ption | X 1 | AN | 1/80 |
| SITUATIONAL | REF04 | C040 | To iden | RENCE IDENTIFIER tify one or more reference numbers or identification n Reference Qualifier | O 1 umb | ers as s | pecified |
| | | | P0506 | C04003 or C04004 is present, then the other is requi | | | |
| | | | | NAL RULE: Required when the identifier reporte | ed in | REFO | 2 of |
| | | | | t use this composite when the value reported 0B or 1G. | d in | REF01 | is |
| REQUIRED | REF04 - 1 | | 128 | Reference Identification Qualifier Code qualifying the Reference Identification | М | ID | 2/3 |
| | | | C | ODE DEFINITION | | | |
| | | | 2U | Payer Identification Number | | | |
| REQUIRED | REF04 - 2 | ! | 127 | Reference Identification Reference information as defined for a particular Tra specified by the Reference Identification Qualifier | M ansa | AN ction Se | 1/50 t or as |
| | | | | IMPLEMENTATION NAME: Other Payer Primary Iden | ntifie | er | |
| | | | | The payer identifier reported in this field m cooresponding payer identifier reported in NM109. | | | |
| NOT USED | REF04 - 3 | 5 | 128 | Reference Identification Qualifier | Х | ID | 2/3 |
| NOT USED | REF04 - 4 | Ļ | 127 | Reference Identification | Х | AN | 1/50 |
| NOT USED | REF04 - 5 | 5 | 128 | Reference Identification Qualifier | X | ID | 2/3 |
| NOT USED | REF04 - 6 | i | 127 | Reference Identification | X | AN | 1/50 |

| SEGMENT DETAIL | | | |
|----------------------------------|-------------------------|---|--|
| | SVD - LI | NE ADJUDICATION I | NFORMATION |
| X12 Segment Name: | Service Line / | Adjudication | |
| X12 Purpose: | | rvice line adjudication information for nitial payers of a health care claim a | |
| X12 Set Notes: | | lentifies the payer which adjudicated nust match DE 67 in the NM109 pos | |
| Loop: | 2430 — LINE | ADJUDICATION INFORMATION | Loop Repeat: 15 |
| Segment Repeat: | 1 | | |
| Usage: | SITUATIONA | L | |
| Situational Rule: | identified in | en the claim has been previously Loop ID-2330B and this service lin applied to it. If not required by thi | e has payments and/or |
| TR3 Notes: | into (for times: or | unbundled lines: If, in the origina example) 2 additional lines, then t nce for the original adjustment to the additional unbundled lines. | he SVD for line 3 is used 3 |
| TR3 Example: | SVD*43*55* | *HC:84550**3~ | |
| DIAGRAM | | | |
| SVD01 ID Code M 1 AN 2/ | * Monetar Amoun | t * Proced. ID * Service ID * | SVD05 380 SVD06 554 Quantity * Assigned Number O 1 R 1/15 O 1 N0 1/6 |
| ELEMENT DETAIL | | | |
| | EF. DATA ES. ELEMENT | NAME | ATTRIBUTES |
| REQUIRED SVD0 | 67 | Identification Code Code identifying a party or other code SEMANTIC: SVD01 is the payer identification of | M 1 AN 2/80 |
| | | IMPLEMENTATION NAME: Other Payer Prima | ry Identifier |
| | | This identifier indicates the payer re- reimbursement described in this iter identifier indicates the Other Payer b Other Payer Primary Identifier (Loop | ation of the 2430 loop. The y matching the appropriate |

| TECHNICAL REPO | | | | | LINE ADJU | DICATIO | N INFO | кматіс |
|----------------|---------|------|--------------------|----------------------------|--|-----------------------|-----------------|--------------------|
| REQUIRED | SVD02 | 782 | | ary Amo ry amoun | | M 1 | R | 1/18 |
| | | | SEMANTI | c : SVD02 | 2 is the amount paid for this service line. | | | |
| | | | IMPLEME | NTATION N | AME: Service Line Paid Amount | | | |
| | | | Zero " | 0" is an | acceptable value for this elemen | ıt. | | |
| REQUIRED | SVD03 | C003 | IDENT | IFIER tify a med | MEDICAL PROCEDURE | O 1 | plicable | 9 |
| | | | This el service | | contains the procedure code that | was us | ed to | pay this |
| REQUIRED | SVD03 - | 1 | 235 | Code id | ct/Service ID Qualifier lentifying the type/source of the descript /Service ID (234) | M tive numb | ID er used | 2/2 1 in |
| | | | | SEMANTI C003-0 | c: 1 qualifies C003-02 and C003-08. | | | |
| | | | | IMPLEME | NTATION NAME: Product or Service ID | Qualifi | er | |
| | | | CC | DDE | DEFINITION | | | |
| | | | ER | | Jurisdiction Specific Procedure | and Su | pply C | odes |
| | | | | | code source 576: Workers Compensa | tion Spec | ific Pro | cedure |
| | | | нс | | and Supply Codes Health Care Financing Adminis | | | on |
| | | | | | Procedural Coding System (HC Because the AMA's CPT codes | • | | 1 |
| | | | | | HCPCS codes, they are reporte | | | • |
| | | | HP | | code source 130: Healthcare Commo System Health Insurance Prospective P (HIPPS) Skilled Nursing Facility | ayment | Syste | U |
| | | | IV | | code source 716: Health Insurance P System (HIPPS) Rate Code for Skilled Home Infusion EDI Coalition (H Code | d Nursing | Facilitie | es |
| | | | | | This code set is not allowed for the time of this writing. The qua used: If a new rule names the Home I (HIEC) Product/Service Codes a | llifier ca nfusion | n only EDI C | be oalitior |
| | | | | | set under HIPAA, OR The Secretary grants an excep set as a pilot project as allowed OR For claims which are not cover | tion to u under t | se the | e code v, |
| | | | | | CODE SOURCE 513: Home Infusion EDI | | | |

| | | wк | Advanced Billing Concepts (ABC) Codes |
|-------------|-----------|----|---|
| | | | At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners, OR If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA, OR For claims which are not covered under HIPAA. |
| REQUIRED | SVD03 - 2 | | CODE SOURCE 843: Advanced Billing Concepts (ABC) CodesProduct/Service IDMAN1/48Identifying number for a product or service |
| | | | SEMANTIC: If C003-08 is used, then C003-02 represents the beginning value in the range in which the code occurs. |
| | | | IMPLEMENTATION NAME: Procedure Code |
| SITUATIONAL | SVD03 - 3 | | Procedure ModifierOAN2/2This identifies special circumstances related to the performance of the service, as defined by trading partnersSEMANTIC: C003-03 modifies the value in C003-02 and C003-08. |
| | | | SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send. |
| SITUATIONAL | SVD03 - 4 | | Procedure Modifier O AN 2/2 This identifies special circumstances related to the performance of the service, as defined by trading partners SEMANTIC: C003-04 modifies the value in C003-02 and C003-08. |
| | | | SITUATIONAL RULE: Required when a second modifier clarifies or <i>improves the reporting accuracy of the associated</i> <i>procedure code. If not required by this implementation</i> <i>guide, do not send.</i> |
| SITUATIONAL | SVD03 - 5 | | Procedure ModifierOAN2/2This identifies special circumstances related to the performance of the service, as defined by trading partnersSEMANTIC: C003-05 modifies the value in C003-02 and C003-08. |
| | | | SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send. |

| ASC X12N • INSURA TECHNICAL REPORT | | MITTEE | | 00501 LINE ADJU | | | 430 • SVD RMATION |
|---------------------------------------|-----------|--------|------------------------|--|-----------------------|---------------|------------------------|
| SITUATIONAL | SVD03 - 6 | 5 | 1339 | Procedure Modifier This identifies special circumstances related to service, as defined by trading partners SEMANTIC: | · | AN ormance | 2/2 e of the |
| | | | | C003-06 modifies the value in C003-02 and C0 SITUATIONAL RULE: <i>Required when a fourth</i> <i>improves the reporting accuracy of the</i> <i>procedure code. If not required by this</i> <i>guide, do not send.</i> | modifie e associ | ated | |
| SITUATIONAL | SVD03 - 7 | 7 | 352 | Description A free-form description to clarify the related da content | O ta elemer | AN hts and | 1/80 their |
| | | | | SEMANTIC: C003-07 is the description of the procedure ide | entified in | C003-0 |)2. |
| | | | | SITUATIONAL RULE: <i>Required when SVC01-7</i> 835 transaction. If not required by this guide, do not send. | | | |
| | | | | IMPLEMENTATION NAME: Procedure Code Des | cription | | |
| NOT USED | SVD03 - 8 | 3 | 234 | Product/Service ID | ο | AN | 1/48 |
| NOT USED | SVD04 | 234 | Produ | ct/Service ID | 01 | AN | 1/48 |
| REQUIRED | SVD05 | 380 | Quant Numeri | ity c value of quantity | 01 | R | 1/15 |
| | | | SEMANT | c: SVD05 is the paid units of service. | | | |
| | | | IMPLEME | ENTATION NAME: Paid Service Unit Count | | | |
| | | | | s the number of paid units from the remining are not present on the remittance and units. | | | |
| | | | When | aximum length for this field is 8 digits ex a decimal is used, the maximum numbe ht of the decimal is three. | | | |
| SITUATIONAL | SVD06 | 554 | | ned Number r assigned for differentiation within a transaction | | N0 | 1/6 |
| | | | | ιτ: SVD06 is only used for bundling of service line ad Number of the service line into which this serv | | | |
| | | | | DNAL RULE: Required when payer bundled t ed by this implementation guide, do not | | ice lin | e. If not |
| | | | IMPLEME | ENTATION NAME: Bundled Line Number | | | |

| | CAS - LINE ADJUSTMENT |
|-------------------|---|
| X12 Segment Name: | Claims Adjustment |
| X12 Purpose: | To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid |
| X12 Syntax: | L050607 If CAS05 is present, then at least one of CAS06 or CAS07 are required. |
| | 2. C0605 If CAS06 is present, then CAS05 is required. |
| | 3. C0705 If CAS07 is present, then CAS05 is required. |
| | 4. L080910 If CAS08 is present, then at least one of CAS09 or CAS10 are required. |
| | 5. C0908 If CAS09 is present, then CAS08 is required. |
| | 6. C1008 If CAS10 is present, then CAS08 is required. |
| | 7. L111213 If CAS11 is present, then at least one of CAS12 or CAS13 are required. |
| | 8. C1211 If CAS12 is present, then CAS11 is required. |
| | 9. C1311 If CAS13 is present, then CAS11 is required. |
| | 10. L141516 If CAS14 is present, then at least one of CAS15 or CAS16 are required. |
| | 11. C1514 If CAS15 is present, then CAS14 is required. |
| | 12. C1614 If CAS16 is present, then CAS14 is required. |
| | 13. L171819 If CAS17 is present, then at least one of CAS18 or CAS19 are required. |
| | 14. C1817 If CAS18 is present, then CAS17 is required. |
| | 15. C1917 If CAS19 is present, then CAS17 is required. |
| X12 Comments: | Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid. |
| Loop: | 2430 — LINE ADJUDICATION INFORMATION |
| Segment Repeat: | 5 |
| Usage: | SITUATIONAL |
| | |

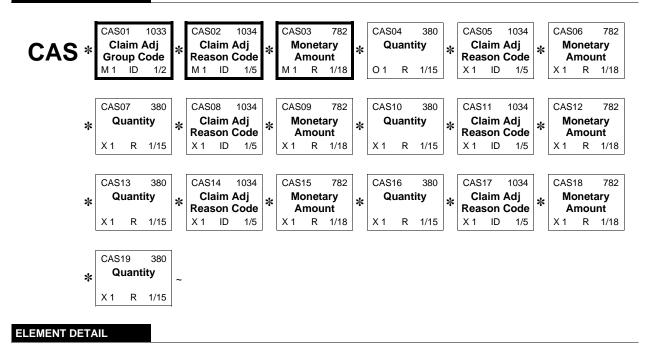
Situational Rule: Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged. If not required by this implementation guide, do not send.

TR3 Notes: 1. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05-CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

TR3 Example: CAS*PR*1*7.93~

TR3 Example: CAS*OA*93*15.06~

DIAGRAM



| REF. DES. | DATA ELEMENT | NAME | | | ATTRIBU | TES |
|--------------|-----------------|------------|--|---|---|---|
| CAS01 | 1033 | • | • | M 1 ent | ID | 1/2 |
| | | CODE | DEFINITION | | | |
| | | СО | Contractual Obligations | | | |
| | | CR | Correction and Reversals | | | |
| | | OA | Other adjustments | | | |
| | | PI | Payor Initiated Reductions | | | |
| | | PR | Patient Responsibility | | | |
| | CAS01 | CAS01 1033 | Code identifyir <u>code</u> CO CR OA PI | Code identifying the general category of payment adjustment CODE DEFINITION CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions | Code identifying the general category of payment adjustment CODE DEFINITION CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions | Code identifying the general category of payment adjustment CODE DEFINITION CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions |

| 005010X223 • 837 • 2 LINE ADJUSTMENT | 2430 • CAS | | ASC X12N • INSURA TECHNIC | | | MMITTEE • TYPE 3 |
|---|------------|------|--|---------------|-----------------|---------------------|
| REQUIRED | CAS02 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was m | M1 ade | ID | 1/5 |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| REQUIRED | CAS03 | 782 | Monetary Amount Monetary amount | M 1 | R | 1/18 |
| | | | SEMANTIC: CAS03 is the amount of adjustment. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS04 | 380 | Quantity Numeric value of quantity | 01 | R | 1/15 |
| | | | SEMANTIC: CAS04 is the units of service being adjusted. | | | |
| | | | SITUATIONAL RULE: Required when the number of served adjusted. If not required by this implementation g | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL | CAS05 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment was m | X1 ade | ID | 1/5 |
| | | | syntax: L050607, C0605, C0705 | | | |
| | | | SITUATIONAL RULE: Required when it is necessary to r non-zero adjustment, beyond what has already b this service line for the Claim Adjustment Group CAS01. If not required by this implementation gu | een s Code | upplie repor | ed, to ted in |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| | | | See CODE SOURCE 139: Claim Adjustment Reas | on Co | ode | |
| SITUATIONAL | CAS06 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L050607, C0605 | | | |
| | | | SEMANTIC: CAS06 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS05 is present. this implementation guide, do not send. | lf not | requi | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS07 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L050607, C0705 | | | |
| | | | SEMANTIC: CAS07 is the units of service being adjusted. | | | |
| | | | SITUATIONAL RULE: Required when CAS05 is present a units of service adjustment. If not required by thi guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |

| IECHNICAL REFOR | ITIFES | | | LIN | | USINEN |
|-----------------|--------|------|--|-------------------------|----------------|-------------------|
| SITUATIONAL | CAS08 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment v | X1 was made | ID | 1/5 |
| | | | syntax: L080910, C0908, C1008 | | | |
| | | | SITUATIONAL RULE: Required when it is necessary non-zero adjustment, beyond what has alrea this service line for the Claim Adjustment G CAS01. If not required by this implementation | ady been s roup Code | upplie repo | ed, to rted in |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| | | | See CODE SOURCE 139: Claim Adjustment | Reason Co | ode | |
| SITUATIONAL | CAS09 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L080910, C0908 | | | |
| | | | SEMANTIC: CAS09 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS08 is pres this implementation guide, do not send. | ent. If not | requi | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS10 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L080910, C1008 | | | |
| | | | SEMANTIC: CAS10 is the units of service being adjuste | d. | | |
| | | | SITUATIONAL RULE: Required when CAS08 is pres units of service adjustment. If not required b guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL | CAS11 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment v | X1 was made | ID | 1/5 |
| | | | syntax: L111213, C1211, C1311 | | | |
| | | | SITUATIONAL RULE: Required when it is necessary non-zero adjustment, beyond what has alrea this service line for the Claim Adjustment G CAS01. If not required by this implementation | ady been s roup Code | upplie repo | ed, to rted in |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| | | | See CODE SOURCE 139: Claim Adjustment | Reason Co | ode | |
| SITUATIONAL | CAS12 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L111213, C1211 | | | |
| | | | SEMANTIC: CAS12 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS11 is pres this implementation guide, do not send. | ent. If not | requi | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| | | | | | | |

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| | | | 16 | | | • • • • • |
|---------------|--------|------|--|-------------------------|-----------------|------------------|
| SITUATIONAL C | AS13 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L111213, C1311 | | | |
| | | | SEMANTIC: CAS13 is the units of service being adjuste | d. | | |
| | | | SITUATIONAL RULE: Required when CAS11 is pres units of service adjustment. If not required b guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL C | AS14 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment v | X1 was made | ID | 1/5 |
| | | | syntax: L141516, C1514, C1614 | | | |
| | | | SITUATIONAL RULE: Required when it is necessar, non-zero adjustment, beyond what has alrea this service line for the Claim Adjustment G CAS01. If not required by this implementation | ady been s roup Code | upplie repor | ed, to ted in |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| | | | See CODE SOURCE 139: Claim Adjustment | Reason Co | ode | |
| SITUATIONAL C | AS15 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L141516, C1514 | | | |
| | | | SEMANTIC: CAS15 is the amount of the adjustment. | | | |
| | | | SITUATIONAL RULE: Required when CAS14 is pres this implementation guide, do not send. | sent. If not | requii | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL C | AS16 3 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L141516, C1614 | | | |
| | | | SEMANTIC: CAS16 is the units of service being adjuste | d. | | |
| | | | SITUATIONAL RULE: Required when CAS14 is pres units of service adjustment. If not required b guide, do not send. | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |
| SITUATIONAL C | AS17 | 1034 | Claim Adjustment Reason Code Code identifying the detailed reason the adjustment v SYNTAX: L171819, C1817, C1917 | X 1 was made | ID | 1/5 |
| | | | | v to roport | on od | ditional |
| | | | SITUATIONAL RULE: Required when it is necessar non-zero adjustment, beyond what has alrea this service line for the Claim Adjustment G CAS01. If not required by this implementation | ady been s roup Code | upplie repor | ed, to ted in |
| | | | IMPLEMENTATION NAME: Adjustment Reason Code | | | |
| | | | CODE SOURCE 139: Claim Adjustment Reason Code | | | |
| | | | See CODE SOURCE 139: Claim Adjustment | Reason Co | ode | |
| | | | | | | |

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|--------------------------------------|-------|---------|--|-----------------------|-------|----------------------|
| SITUATIONAL | CAS18 | 782 | Monetary Amount Monetary amount | X 1 | R | 1/18 |
| | | | syntax: L171819, C1817 | | | |
| | | | SEMANTIC: CAS18 is the amount of the adjustmen | ıt. | | |
| | | | SITUATIONAL RULE: <i>Required when CAS17 is this implementation guide, do not send.</i> | present. If not | requi | red by |
| | | | IMPLEMENTATION NAME: Adjustment Amount | | | |
| SITUATIONAL | CAS19 | 380 | Quantity Numeric value of quantity | X 1 | R | 1/15 |
| | | | syntax: L171819, C1917 | | | |
| | | | SEMANTIC: CAS19 is the units of service being adj | usted. | | |
| | | | SITUATIONAL RULE: <i>Required when CAS17 is a units of service adjustment. If not requir guide, do not send.</i> | | | |
| | | | IMPLEMENTATION NAME: Adjustment Quantity | | | |

| SEGMENT DETAIL | | | | | |
|--|---|--|---|------------------------------|------------|
| | DTP - LI | INE CHECK OR REMITTANC | E D | ATE | Ξ |
| X12 Segment Name: | Date or Time | or Period | | | |
| X12 Purpose: | To specify an | y or all of a date, a time, or a time period | | | |
| Loop: | 2430 — LINE | ADJUDICATION INFORMATION | | | |
| Segment Repeat: | 1 | | | | |
| Usage: | REQUIRED | | | | |
| TR3 Example: | DTP*573*D8 | 8*20040203~ | | | |
| DIAGRAM | | | | | |
| DTP * Date/Tim Qualifier | * | * | | | |
| M 1 ID | REF. DATA ELEMENT | NAME | | ATTRIBUT | |
| M 1 ID | r Format Q 3/3 M 1 ID KEF. DATA ELEMENT | 2/3 M 1 AN 1/35 | M 1 | ATTRIBUT | <u>TES</u> |
| M 1 ID ELEMENT DETAIL USAGE | r Format Q 3/3 M 1 ID KEF. DATA ELEMENT | 2/3 M 1 AN 1/35 NAME Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION | - <u>M</u> 1 | | |
| ELEMENT DETAIL USAGE BEQUIRED DTPO | REF. D1 373 Format Q M 1 ID DATA ELEMENT | 2/3 M 1 AN 1/35 NAME Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 573 Date Claim Paid | | ID | 3/3 |
| M 1 ID ELEMENT DETAIL USAGE | REF. D1 373 Format Q M 1 ID DATA ELEMENT | 2/3 M 1 AN 1/35 NAME Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION | M 1 | ID | |
| ELEMENT DETAIL USAGE BEQUIRED DTPO | REF. D1 373 Format Q M 1 ID DATA ELEMENT | 2/3 M 1 AN 1/35 NAME Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 573 Date Claim Paid Date Time Period Format Qualifier | M 1 me forr | ID ID nat | 3/3 2/3 |
| ELEMENT DETAIL USAGE E REQUIRED DTP(| REF. D1 373 Format Q M 1 ID DATA ELEMENT | 2/3 M 1 AN 1/35 NAME Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 573 Date Claim Paid Date Time Period Format Qualifier Code indicating the date format, time format, or date and time SEMANTIC: DTP02 is the date or time or period format that w | M 1 me forr ill appe | ID ID nat | 3/3 2/3 |
| ELEMENT DETAIL USAGE BEQUIRED DTPO | Format Q M 1 ID M 1 | 2/3 M 1 AN 1/35 NAME Date/Time Qualifier Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier CODE DEFINITION 573 Date Claim Paid Date Time Period Format Qualifier Code indicating the date format, time format, or date and time SEMANTIC: DTP02 is the date or time or period format that w CODE DEFINITION | M 1 me forr ill appe IMDD M 1 | ID ID nat Par in DT | 3/3 2/3 |

| SEGMENT DETAIL | | | | | |
|-------------------------|---|---|-----|---------|------|
| | AMT - R | EMAINING PATIENT LIABIL | ITY | | |
| X12 Segment Name: | e: Monetary Amount Information | | | | |
| X12 Purpose: | To indicate the | e total monetary amount | | | |
| Loop: | 2430 — LINE | ADJUDICATION INFORMATION | | | |
| Segment Repeat: | 1 | | | | |
| Usage: | SITUATIONA | L | | | |
| Situational Rule: | Required when the Other Payer referenced in SVD01 of this iteration of Loop ID-2430 has adjudicated this claim, provided line level information and the provider has the ability to report line item information. If not required by this implementation guide, do not send. | | | tion, | |
| TR3 Notes: | 1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer referenced in SVD01 of this iteration of Loop ID-2430. | | | | |
| | 2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB). | | | used | |
| | 3. This segment is not used if the claim level (Loop ID-2320) Remaining Patient Liability AMT segment is used for this Other Payer. | | | | |
| TR3 Example: | AMT*EAF*7 | 5~ | | | |
| DIAGRAM | | | | | |
| AMT * Amount Qu Code | | t [*] Flag Code [~] | | | |
| ELEMENT DETAIL | | | | | |
| | EF. DATA ES. <u>ELEMENT</u> | NAME | | ATTRIBU | TES |
| REQUIRED AMTO | | Amount Qualifier Code Code to qualify amount | M 1 | ID | 1/3 |
| REQUIRED AMTO | 02 782 | CODE DEFINITION EAF Amount Owed Monetary Amount Monetary amount | M 1 | R | 1/18 |
| | | IMPLEMENTATION NAME: Remaining Patient Liability | | | |
| NOT USED AMTO | 03 478 | Credit/Debit Flag Code | 01 | ID | 1/1 |

| SEGMENT DETAIL | | | | |
|----------------|--------------------------------|-----------------------------|---|---------------------------------|
| | SE | E - TR | ANSACTION SET TRAILER | |
| X12 Segment N | lame: Trar | saction S | Set Trailer | |
| X12 Pur | • | | e end of the transaction set and provide the cour egments (including the beginning (ST) and endin | |
| X12 Comm | nents: 1. | SE is the | last segment of each transaction set. | |
| Segment Re | epeat: 1 | | | |
| U | sage: REC | UIRED | | |
| TR3 Exa | mple: SE* | ×1230*98 | 7654~ | |
| DIAGRAM | | | | |
| | umber of nc Segs N0 1/10 | TS Conti Numbe M 1 AN | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | ATTRIBUTES |
| REQUIRED | SE01 | 96 | Number of Included Segments Total number of segments included in a transaction set inclusegments | M 1 N0 1/10 Juding ST and SE |
| | | | IMPLEMENTATION NAME: Transaction Segment Count | |
| REQUIRED | SE02 | 329 | Transaction Set Control Number Identifying control number that must be unique within the tr functional group assigned by the originator for a transaction | |
| | | | The Transaction Set Control Number in ST02 and identical. The number must be unique within a sp (ISA-IEA), but can repeat in other interchanges. | |

3 Examples

• Please visit http://www.wpc-edi.com/837 for additional or corrected examples.

3.1 Institutional

3.1.1 Business Scenario 1 - 837 Institutional Claim

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

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

PATIENT: Same as Primary Subscriber

DESTINATION PAYER: Medicare B

SUBMITTER: Jones Hospital EDI#: 12345

RECEIVER: Medicare EDI #: 00120

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

ATTENDING PHYSICIAN: John J Jones UPIN #: B99937

PATIENT ACCOUNT NUMBER: 756048Q

DATE OF ADMISSION: 09/11/96 STATEMENT PERIOD DATE: 09/11/96 - 09/11/96 PLACE OF SERVICE: Inpatient Hospital Occurrence Codes and Dates: A1 11/11/26 A2 11/01/91 B1 11/11/26 B2 01/01/87 Condition Codes: 09 Value Codes: A2 \$15.31 PRINCIPAL DIAGNOSIS CODE: 366.9 SECONDARY DIAGNOSIS CODES: 401.9 794.31 NUMBER OF COVERED DAYS: 1 SERVICES: INSTITUTIONAL SERVICES RENDERED: REVENUE CODE: 0305 HCPCS Procedure Code: 85025 Unit: 1 Price \$13.39 REVENUE CODE: 0730 HCPCS Procedure Code: 93005 Unit: 1 Price: \$76.54 TOTAL CHARGES: \$89.93

SECONDARY PAYER SUBSCRIBER: Jane S Doe (wife)

SUBSCRIBER ADDRESS: 125 City Avenue, Centerville, PA 17111 SEX: F DOB: 12/11/1927 STATE TEACHERS ID#: 222004433 PAYER ID #: 1135

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 1 | TRANSACTION SET HEADER ST*837*987654*005010X223~ |
| 2 | BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*19960918*0932*CH~ |
| 3 | 1000A SUBMITTER NAME NM1 SUBMITTER NAME NM1*41*2*JONES HOSPITAL****46*12345~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 4 | PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JANE DOE*TE*90055555557~ |
| 5 | 1000B RECEIVER NAME NM1 RECEIVER NAME NM1*40*2*MEDICARE****46*00120~ |
| 6 | 2000A BILLING PROVIDER HL BILLING PROVIDER HIERARCHICAL LEVEL HL*1**20*1~ |
| 7 | PRV BILLING PROVIDER SPECIALTY PRV*BI*PXC*203BA0200N~ |
| 8 | 2010AA BILLING PROVIDER NAME NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID NM1*85*2*JONES HOSPITAL****XX*9876540809~ |
| 9 | N3 BILLING PROVIDER ADDRESS N3*225 MAIN STREET BARKLEY BUILDING~ |
| 10 | N4 BILLING PROVIDER LOCATION N4*CENTERVILLE*PA*17111~ |
| 11 | REF BILLING PROVIDER TAX IDENTIFICATION NUMBER REF*EI*567891234~ |
| 12 | 2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HIERARCHICAL LEVEL HL*2*1*22*0~ |
| 13 | SBR SUBSCRIBER INFORMATION SBR*P*18******MB~ |
| 14 | 2010BA SUBSCRIBER NAME LOOP NM1 SUBSCRIBER NAME NM1*IL*1*DOE*JOHN*T***MI*030005074A~ |
| 15 | N3 SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 16 | N4 SUBSCRIBER LOCATION N4*CENTERVILLE*PA*17111~ |
| 17 | DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19261111*M~ |
| 18 | 2010BB PAYER NAME LOOP NM1 PAYER NAME NM1*PR*2*MEDICARE B*****PI*00435~ |
| 19 | REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*G2*330127~ |
| 20 | 2300 CLAIM INFORMATION CLM CLAIM LEVEL INFORMATION CLM*756048Q*89.93***14:A:1*Y*A*Y*Y~ |
| 21 | DTP STATEMENT DATES DTP*434*D8*19960911~ |
| 22 | CL1 INSTITUTIONAL CLAIM CODE CL1*3**01~ |
| 23 | HI PRINCIPAL DIAGNOSIS CODES HI*BK: 3669~ |
| 24 | HI OTHER DIAGNOSIS INFORMATION HI*BF:4019*BF:79431~ |
| 25 | HI OCCURRENCE INFORMATION HI*BH:A1:D8:19261111*BH:A2:D8:19911101*BH:B1:D8:19261111*BH:B2:D8:19870101~ |
| 26 | HI VALUE INFORMATION HI*BE:A2:::15.31~ |
| 27 | HI CONDITION INFORMATION HI*BG:09~ |
| 28 | 2310A ATTENDING PROVIDER NAME NM1 ATTENDING PROVIDER NM1*71*1*JONES*JOHN*J~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 29 | REF ATTENDING PROVIDER SECONDARY IDENTIFICATION REF*1G*B99937~ |
| 30 | 2320 OTHER SUBSCRIBER INFORMATION SBR OTHER SUBSCRIBER INFORMATION SBR*S*01*351630*STATE TEACHERS****CI~ |
| 31 | DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19271211*F~ |
| 32 | OI OTHER INSURANCE COVERAGE INFORMATION OI***Y***Y~ |
| 33 | 2330A OTHER SUBSCRIBER NAME NM1 OTHER SUBSCRIBER NAME NM1*IL*1*DOE*JANE*S***MI*222004433~ |
| 34 | N3 - OTHER SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ |
| 35 | N4 - OTHER SUBSCRIBER CITY, STATE, ZIP CODE N4*CENTERVILLE*PA*17111~ |
| 36 | 2330B OTHER PAYER NAME NM1 OTHER PAYER NAME NM1*PR*2*STATE TEACHERS****PI*1135~ |
| 37 | 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ |
| 38 | SV2 INSTITUTIONAL SERVICE SV2*0305*HC:85025*13.39*UN*1~ |
| 39 | DTP DATE - SERVICE DATES DTP*472*D8*19960911~ |
| 40 | 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 41 | SV2 INSTITUTIONAL SERVICE SV2*0730*HC:93005*76.54*UN*3~ |
| 42 | DTP DATE - SERVICE DATES DTP*472*D8*19960911~ |
| 43 | TRAILER SE TRANSACTION SET TRAILER SE*43*987654~ |

Complete Data String:

ST*837*987654*005010X223~BHT*0019*00*0123*19960918*0932*CH~N M1*41*2*JONES HOSPITAL****46*12345~PER*IC*JANE DOE*TE*90055 55555~NM1*40*2*MEDICARE****46*00120~HL*1**20*1~PRV*BI*PXC*2 03BA0200N~NM1*85*2*JONES HOSPITAL*****XX*9876540809~N3*225 M AIN STREET BARKLEY BUILDING~N4*CENTERVILLE*PA*17111~REF*EI*5 67891234~HL*2*1*22*0~SBR*P*18*****MB~NM1*IL*1*DOE*JOHN*T** *MI*030005074A~N3*125 CITY AVENUE~N4*CENTERVILLE*PA*17111~DM G*D8*19261111*M~NM1*PR*2*MEDICARE B*****PI*00435~REF*G2*3301 27~CLM*7560480*89.93***14:A:1*Y*A*Y*Y~DTP*434*D8*19960911~CL 1*3**01~HI*BK:3669~HI*BF:4019*BF:79431~HI*BH:A1:D8:19261111* BH:A2:D8:19911101*BH:B1:D8:19261111*BH:B2:D8:19870101~HI*BE: A2:::15.31~HI*BG:09~NM1*71*1*JONES*JOHN*J~REF*1G*B99937~SBR* S*01*351630*STATE TEACHERS****CI~DMG*D8*19271211*F~OI***Y** *Y~NM1*IL*1*DOE*JANE*S***MI*222004433~N3*125 CITY AVENUE~N4* CENTERVILLE*PA*17111~NM1*PR*2*STATE TEACHERS****PI*1135~LX* 1~SV2*0305*HC:85025*13.39*UN*1~DTP*472*D8*19960911~LX*2~SV2* 0730*HC:93005*76.54*UN*3~DTP*472*D8*19960911~SE*43*987654~

3.1.2 Business Scenario 2 - Two Claims for the Same Provider

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

This example combines two claims for the same provider.

DESTINATION PAYER: TRICARE

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

CLAIM #1:

SUBSCRIBER: John T. Doe MEMBER ID: 030005074 SUBSCRIBER ADDRESS: 125 City Avenue, Anywhere, PA, 17111 DOB: November 11, 1968 SEX: M PATIENT ACCOUNT #: 756048Q CLAIM AMOUNT: 89.95 TYPE OF BILL: 131 CLAIM DATE: March 15, 2005 PRINCIPAL DIAGNOSIS: 366.9 OTHER DIAGNOSIS: 401.9, 794.31 ATTENDING PHYSICIAN: John J. Jones ATTENDING PHYSICIAN NPI: 1122334455 UPIN: U12345 PROCEDURES: Rev code: 0305 HCPCS: 85025 Billed Amt: 13.39 Units: 1. Rev code: 0730 HCPCS: 93010 Billed Amt: 76.56 Units: 3.

CLAIM #2:

SUBSCRIBER: Joe Smith MEMBER ID: 123405074 SUBSCRIBER ADDRESS: 5 Main Street, Anywhere, PA, 17111 DOB: December 12, 1962 SEX: M PATIENT ACCOUNT #: 756049Q CLAIM AMOUNT: 50.00 TYPE OF BILL: 131 CLAIM DATE: April 1, 2005 PRINCIPAL DIAGNOSIS: 300.00 ATTENDING PHYSICIAN: Judy J. Jones NPI: 9999999999 PROVIDER SPECIALTY: 363LP0200N PROCEDURES: Rev code: 0300 HCPCS: 85087 Billed Amt: 50.00 Units: 1.

SEG # LOOP SEGMENT/ELEMENT STRING

| 1 | TRANSACTION SET HEADER ST*837*987654*005010X223~ |
|----|---|
| 2 | BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*0123*20050630*0932*CH~ |
| 3 | 1000A SUBMITTER NAME NM1 SUBMITTER NAME NM1*41*2*JONES HOSPITAL****46*12345~ |
| 4 | PER SUBMITTER EDI CONTACT INFORMATION PER*IC*JANE DOE*TE*1112223333~ |
| 5 | 1000B RECEIVER NAME NM1 RECEIVER NAME NM1*40*2*TRICARE****46*99999~ |
| 6 | 2000A BILLING PROVIDER HL BILLING PROVIDER HIERARCHICAL LEVEL HL*1**20*1~ |
| 7 | PRV BILLING PROVIDER SPECIALTY PRV*BI*PXC*282N00000X~ |
| 8 | 2010AA BILLING PROVIDER NAME NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID NM1*85*2*JONES HOSPITAL****XX*1234567890~ |
| 9 | N3 BILLING PROVIDER ADDRESS N3*225 MAIN STREET~ |
| 10 | N4 BILLING PROVIDER LOCATION N4*ANYWHERE*PA*17111~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 11 | REF BILLING PROVIDER TAX IDENTIFICATION NUMBER REF*EI*123456789~ |
| 12 | 2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HIERARCHICAL LEVEL HL*2*1*22*0~ |
| 13 | SBR SUBSCRIBER INFORMATION SBR*P*18******CH~ |
| 14 | 2010BA SUBSCRIBER NAME LOOP NM1 SUBSCRIBER NAME NM1*IL*1*DOE*JOHN*T***MI*030005074~ |
| 15 | N3 SUBSCRIBER ADDRESS N3*125 CITY AVENUE~ |
| 16 | N4 SUBSCRIBER LOCATION N4*CENTERVILLE*PA*17111~ |
| 17 | DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19681111*M~ |
| 18 | 2010BB PAYER NAME LOOP NM1 PAYER NAME NM1*PR*2*TRICARE****PI*99999~ |
| 19 | 2300 CLAIM INFORMATION CLM CLAIM LEVEL INFORMATION CLM*756048Q*89.95***13:A:1*Y*C*Y*Y~ |
| 20 | DTP STATEMENT DATES DTP*434*RD8*20050315-20050315~ |
| 21 | CL1 INSTITUTIONAL CLAIM CODE CL1***01~ |
| 22 | HI PRINCIPAL DIAGNOSIS CODES HI*BK:3669~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 23 | HI OTHER DIAGNOSIS INFORMATION HI*BF:4019*BF:79431~ |
| 24 | 2310A ATTENDING PROVIDER NAME NM1 ATTENDING PROVIDER NM1*71*1*JONES*JOHN*J***XX*1122334455~ |
| 25 | REF ATTENDING PROVIDER SECONDARY IDENTIFICATION REF*1G*U12345~ |
| 26 | 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ |
| 27 | SV2 INSTITUTIONAL SERVICE SV2*0305*HC:85025*13.39*UN*1~ |
| 28 | DTP DATE - SERVICE DATES DTP*472*D8*20050315~ |
| 29 | 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*2~ |
| 30 | SV2 INSTITUTIONAL SERVICE SV2*0730*HC:93010*76.56*UN*3~ |
| 31 | DTP DATE - SERVICE DATES DTP*472*D8*20050315~ |
| 32 | 2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HIERARCHICAL LEVEL HL*3*1*22*0~ |
| 33 | SBR SUBSCRIBER INFORMATION SBR*P*18******CH~ |
| 34 | 2010BA SUBSCRIBER NAME LOOP NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*JOE****MI*123405074~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 35 | N3 SUBSCRIBER ADDRESS N3*5 MAIN STREET~ |
| 36 | N4 SUBSCRIBER LOCATION N4*ANYWHERE*PA*17111~ |
| 37 | DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19621210*M~ |
| 38 | 2010BB PAYER NAME LOOP NM1 PAYER NAME NM1*PR*2*TRICARE****PI*99999~ |
| 39 | 2300 CLAIM INFORMATION CLM CLAIM LEVEL INFORMATION CLM*756049Q*50***13:A:1*Y*C*Y*Y~ |
| 40 | DTP STATEMENT DATES DTP*434*RD8*20050401-20050401~ |
| 41 | CL1 INSTITUTIONAL CLAIM CODE CL1***01~ |
| 42 | HI PRINCIPAL DIAGNOSIS CODES HI*BK: 30000~ |
| 43 | 2310A ATTENDING PROVIDER NAME NM1 ATTENDING PROVIDER NM1*71*1*JONES*JUDY*J***XX*9999999999~ |
| 44 | PRV - ATTENDING PROVIDER SPECIALTY INFORMATION PRV*AT*PXC*363LP0200N~ |
| 45 | 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ |
| 46 | SV2 INSTITUTIONAL SERVICE SV2*0300*HC:85087*50*UN*1~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---------------------------------------|
| 47 | DTP DATE - SERVICE DATES |
| | DTP*472*D8*20050401~ |
| | |
| 48 | TRAILER |
| 48 | TRAILER SE TRANSACTION SET TRAILER |
| 48 | |

Complete Data String:

ST*837*987654*005010X223~BHT*0019*00*0123*20050630*0932*CH~N M1*41*2*JONES HOSPITAL****46*12345~PER*IC*JANE DOE*TE*11122 23333~NM1*40*2*TRICARE****46*99999~HL*1**20*1~PRV*BI*PXC*28 2N00000X~NM1*85*2*JONES HOSPITAL****XX*1234567890~N3*225 MA IN STREET~N4*ANYWHERE*PA*17111~REF*EI*123456789~HL*2*1*22*0~ SBR*P*18*****CH~NM1*IL*1*DOE*JOHN*T***MI*030005074~N3*125 CITY AVENUE~N4*ANYWHERE*PA*17111~DMG*D8*19681111*M~NM1*PR*2* TRICARE****PI*99999~CLM*7560480*89.95***13:A:1*Y*C*Y*Y~DTP* 434*RD8*20050315-20050315~CL1***01~HI*BK:3669~HI*BF:4019*BF: 79431~NM1*71*1*JONES*JOHN*J***XX*1122334455~REF*1G*U12345~LX *1~SV2*0305*HC:85025*13.39*UN*1~DTP*472*D8*20050315~LX*2~SV2 *0730*HC:93010*76.56*UN*3~DTP*472*D8*20050315~HL*3*1*22*0~SB R*P*18******CH~NM1*IL*1*SMITH*JOE****MI*123405074~N3*5 MAIN STREET~N4*ANYWHERE*PA*17111~DMG*D8*19621210*M~NM1*PR*2*TRIC ARE****PI*99999~CLM*7560490*50***13:A:1*Y*C*Y*Y~DTP*434*RD8 *20050401-20050401~CL1***01~HI*BK:30000~NM1*71*1*JONES*JUDY* J***XX*999999999999~PRV*AT*PXC*363LP0200N~LX*1~SV2*0300*HC:850 87*50*UN*1~DTP*472*D8*20050401~SE*48*987654~

3.1.3 Business Scenario 3 - PPO Repriced Claim

Repriced claim being transmitted from a Regional PPO (Preferred Provider Organization) to a commercial health insurance company. The patient is a child of the subscriber. In this situation, the hospital has sent the claim to a clearinghouse, which then forwarded the claim to the repricer; the claim has been repriced and is now being forwarded to the appropriate payer for payment.

SUBSCRIBER: Jenny Jones

ADDRESS: 4512 West Avenue, Evansville, AZ 863030000 SEX: F DATE OF BIRTH: 07/31/1969 EMPLOYER: DESSERT COMPANY, INC. GROUP NUMBER: 46522567AW MEMBER ID: 345U8423H

PATIENT: Joy Jones ADDRESS: 4512 West Avenue, Evansville, AZ 863030000 SEX: F DATE OF BIRTH: 08/20/1998 PATIENT ACCOUNT NUMBER: 456DFH43

OTHER INSURANCE: Other Coverage Company PAYER ID: 534524 OTHER INSURED NAME: George Jones OTHER GROUP NAME: T&T Plumbing Company OTHER INSURED DATE OF BIRTH: 01/22/1970 OTHER INSURED MEMBER ID: 56454566

SUBMITTER: Regional PPO Network SUBMITTER ID: 123456789 TAX ID: 123456789

RECEIVER: Local Insurance Company RECEIVER ID: 54334452

DESTINATION PAYER: Local Insurance Company PAYER ID NUMBER: 7452723

BILLING PROVIDER: Good Health Hospital ADDRESS: 592 North Elm Street, Edgewood, AZ 86001-5590 NATIONAL PROVIDER ID (NPI): 1257234346 TAX IDENTIFICATION NUMBER (TIN): 344-23-2321

ATTENDING PROVIDER: Simon Johnson NATIONAL PROVIDER ID (NPI): 5544332211

TOTAL CLAIM CHARGES: \$237.5 TOTAL CLAIM REPRICED AMOUNT: \$182.88 TOTAL CLAIM SAVINGS AMOUNT: \$54.62 TIN FOR THE REPRICING ORGANIZATION: 332211445

SERVICE LINE 1 REPRICING INFORMATION:

TOTAL SERVICE LINE CHARGES: \$178.00 TOTAL REPRICED AMOUNT: \$137.06 SAVINGS AMOUNT: \$40.94 TIN FOR THE REPRICING ORGANIZATION: 332211445 DATE OF SERVICE: 07/06/05

SERVICE LINE 2 REPRICING INFORMATION:

TOTAL SERVICE LINE CHARGES: \$59.50 TOTAL REPRICED AMOUNT: \$45.82 SAVINGS AMOUNT: \$13.68 TIN FOR THE REPRICING ORGANIZATION: 332211445 DATE OF SERVICE: 07/06/05

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 1 | TRANSACTION SET HEADER ST*837*1002*005010X223~ |
| 2 | BHT BEGINNING OF HIERARCHICAL TRANSACTION BHT*0019*00*1002*20050721*09460000*CH~ |
| 3 | 1000A SUBMITTER NAME NM1 SUBMITTER NAME NM1*41*2*REGIONAL PPO NETWORK****46*123456789~ |
| 4 | PER SUBMITTER EDI CONTACT INFORMATION PER*IC*SUBMITTER CONTACT INFO*TE*8001231234~ |
| 5 | 1000B RECEIVER NAME NM1 RECEIVER NAME NM1*40*2*LOCAL INSURANCE COMPANY****46*54334452~ |
| 6 | 2000A BILLING PROVIDER HL BILLING PROVIDER HIERARCHICAL LEVEL HL*1**20*1~ |
| 7 | 2010AA BILLING PROVIDER NAME NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID NM1*85*2*GOOD HEALTH HOSPITAL****XX*1257234346~ |
| 8 | N3 BILLING PROVIDER ADDRESS N3*592 NORTH ELM STREET~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 9 | N4 BILLING PROVIDER LOCATION N4*EDGEWOOD*AZ*860015590~ |
| 10 | REF BILLING PROVIDER TAX IDENTIFICATION NUMBER REF*EI*344232321~ |
| 11 | 2000B SUBSCRIBER HL LOOP HL SUBSCRIBER HIERARCHICAL LEVEL HL*2*1*22*1~ |
| 12 | SBR SUBSCRIBER INFORMATION SBR*P**46522567AW*****CI~ |
| 13 | 2010BA SUBSCRIBER NAME LOOP NM1 SUBSCRIBER NAME NM1*IL*1*JONES*JENNY****MI*345U8423H~ |
| 14 | N3 SUBSCRIBER ADDRESS N3*4512 WEST AVENUE~ |
| 15 | N4 SUBSCRIBER LOCATION N4*EVANSVILLE*AZ*863030000~ |
| 16 | DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19690731*F~ |
| 17 | 2010BB PAYER NAME LOOP NM1 PAYER NAME NM1*PR*2*LOCAL INSURANCE COMPANY****PI*7452723~ |
| 18 | 2000C PATIENT HL LOOP HL PATIENT HIERARCHICAL LEVEL HL*3*2*23*0~ |
| 19 | PAT PATIENT INFORMATION PAT*19~ |
| 20 | 2010CA PATIENT NAME NM1 PATIENT NAME NM1*QC*1*JONES*JOY~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 21 | N3 PATIENT STREET ADDRESS N3*4512 WEST AVENUE~ |
| 22 | N4 PATIENT LOCATION N4*EVANSVILLE*AZ*863030000~ |
| 23 | DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19980820*F~ |
| 24 | 2300 CLAIM INFORMATION CLM CLAIM LEVEL INFORMATION CLM*456DFH43*237.5***13>A>1*Y**Y*Y~ |
| 25 | DTP STATEMENT DATES DTP*434*RD8*20050706-20050706~ |
| 26 | DTP ADMISSION DATE/HOUR DTP*435*DT*200507060800~ |
| 27 | CL1 INSTITUTIONAL CLAIM CODE CL1**2*01~ |
| 28 | AMT PATIENT ESTIMATED AMOUNT DUE AMT*F3*237.5~ |
| 29 | REF REPRICED CLAIM NUMBER REF*9A*09459034092~ |
| 30 | REF CLEARING HOUSE CLAIM NUMBER (ASSIGNED BY THE CLEARING HOUSE WHEN TRANSMITTING TO THE REPRICER) REF*D9*04566877634343456~ |
| 31 | HI HEALTH CARE PRINCIPAL DIAGNOSIS CODES HI*BK>38181~ |
| 32 | HI OTHER DIAGNOSIS INFORMATION HI*BF>38900~ |
| 33 | HI OCCURRENCE INFORMATION HI*BH>11>D8>20050706~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 34 | HCP HEALTH CARE PRICING - REPRICING INFORMATION |
| | HCP*03*182.88*54.62*123456789~ |
| 35 | 2310A ATTENDING PROVIDER NAME |
| | NM1 ATTENDING PROVIDER |
| | NM1*71*1*JOHNSON*SIMON****XX*5544332211~ |
| 36 | 2320 OTHER SUBSCRIBER INFORMATION |
| | SBR OTHER SUBSCRIBER INFORMATION |
| | SBR*S*19**T&T PLUMBING COMPANY****CI~ |
| 37 | DMG OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION |
| | DMG*D8*19700122*M~ |
| 38 | OI OTHER INSURANCE COVERAGE INFORMATION |
| | OI***Y***Y~ |
| 39 | 2330A OTHER SUBSCRIBER NAME |
| | NM1 OTHER SUBSCRIBER NAME |
| | NM1*IL*1*JONES*GEORGE****MI*56454566~ |
| 40 | 2330B OTHER PAYER NAME |
| | NM1 OTHER PAYER NAME |
| | NM1*PR*2*OTHER COVERAGE COMPANY****PI*534524~ |
| 41 | 2400 SERVICE LINE |
| | LX SERVICE LINE COUNTER |
| | LX*1~ |
| 42 | SV2 INSTITUTIONAL SERVICE |
| | SV2*0471*HC>92557*178*UN*1~ |
| 43 | DTP DATE - SERVICE DATES |
| | DTP*472*D8*20050706~ |
| 44 | HCP HEALTH CARE PRICING - REPRICING INFORMATION |
| | HCP*03*137.06*40.94~ |
| 45 | 2400 SERVICE LINE |
| | LX SERVICE LINE COUNTER |
| | LX*2~ |

.

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 46 | SV2 INSTITUTIONAL SERVICE SV2*0471*HC>92567*59.5*UN*1~ |
| 47 | DTP DATE - SERVICE DATES DTP*472*D8*20050706~ |
| 48 | HCP HEALTH CARE PRICING - REPRICING INFORMATION HCP*03*45.82*13.68~ |
| 49 | TRAILER SE TRANSACTION SET TRAILER SE*49*1002~ |

Complete Data String:

ST*837*1002*005010X223~BHT*0019*00*1002*20050721*09460000*CH ~NM1*41*2*REGIONAL PPO NETWORK****46*123456789~PER*IC*SUBMI TTER CONTACT INFO*TE*8001231234~NM1*40*2*LOCAL INSURANCE COM PANY****46*54334452~HL*1**20*1~NM1*85*2*GOOD HEALTH HOSPITA L****XX*1257234346~N3*592 NORTH ELM STREET~N4*EDGEWOOD*AZ*8 60015590~REF*EI*344232321~HL*2*1*22*1~SBR*P**46522567AW***** *CI~NM1*IL*1*JONES*JENNY****MI*345U8423H~N3*4512 WEST AVENUE ~N4*EVANSVILLE*AZ*863030000~DMG*D8*19690731*F~NM1*PR*2*LOCAL INSURANCE COMPANY****PI*7452723~HL*3*2*23*0~PAT*19~NM1*OC*1 *JONES*JOY~N3*4512 WEST AVENUE~N4*EVANSVILLE*AZ*863030000~DM G*D8*19980820*F~CLM*456DFH43*237.5***13>A>1*Y**Y*Y~DTP*434*R D8*20050706-20050706~DTP*435*DT*200507060800~CL1**2*01~AMT*F 3*237.5~REF*9A*09459034092~REF*D9*04566877634343456~HI*BK>38 181~HI*BF>38900~HI*BH>11>D8>20050706~HCP*03*182.88*54.62*123 456789~NM1*71*1*JOHNSON*SIMON****XX*5544332211~SBR*S*19**T&T PLUMBING COMPANY****CI~DMG*D8*19700122*M~OI***Y**Y~NM1*IL* 1*JONES*GEORGE****MI*56454566~NM1*PR*2*OTHER COVERAGE COMPAN Y****PI*534524~LX*1~SV2*0471*HC>92557*178*UN*1~DTP*472*D8*2 0050706~HCP*03*137.06*40.94~LX*2~SV2*0471*HC>92567*59.5*UN*1 ~DTP*472*D8*20050706~HCP*03*45.82*13.68~SE*49*1002~

3.1.4 Business Scenario 4 - Out of Network Repriced Claim

An out of network claim is being transmitted from a Regional PPO (Preferred Provider Organization) to a commercial health insurance company. The patient and the subscriber are the same. In this situation, the hospital has sent the claim to a clearinghouse, which then forwarded the claim to the repricer; the claim has been determined to be out of network and is now being forwarded to the appropriate payer for payment.

PATIENT/SUBSCRIBER: JAMES A SMITH ADDRESS: 934 North Street, Columbus, OH 432150000 SEX: M DATE OF BIRTH: 10/15/1962 EMPLOYER: TREE TRIMMING SERVICE GROUP NUMBER: 34561W MEMBER ID: 34902390F PATIENT CONTROL NUMBER: W392-49141

SUBMITTER: Regional PPO Network SUBMITTER ID: 123456789

RECEIVER: Conservative Insurance RECEIVER ID: 000110002

DESTINATION PAYER: Conservative Insurance PAYER ID NUMBER: 00123

BILLING PROVIDER: LOCAL HOSPITAL ADDRESS: 3423 Small Street, Columbus, OH 432150000 NATIONAL PROVIDER ID (NPI): 1122334455 TAX IDENTIFICATION NUMBER (TIN): 111-00-2222

RENDERING PROVIDER: Dawn Rivers NATIONAL PROVIDER ID (NPI): 2244224455

REPRICING INFORMATION:

TOTAL CHARGES: \$14.84 TOTAL REPRICED AMOUNT: \$0 SAVINGS AMOUNT: \$0 TIN FOR THE REPRICING ORGANIZATION: 333001234 DATE OF SERVICE: 06/17/05

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|--|
| 1 | TRANSACTION SET HEADER |
| | ST*837*1024*005010X223~ |
| 2 | BHT BEGINNING OF HIERARCHICAL TRANSACTION |
| | BHT*0019*00*1024*20050711*1335*CH~ |
| 3 | 1000A SUBMITTER NAME |
| | NM1 SUBMITTER NAME |
| | NM1*41*2*REGIONAL PPO NETWORK****46*123456789~ |
| 4 | PER SUBMITTER EDI CONTACT INFORMATION |
| | PER*IC*SUBMITTER CONTACT INFO*TE*8001231234~ |
| 5 | 1000B RECEIVER NAME |
| | NM1 RECEIVER NAME |
| | NM1*40*2*CONSERVATIVE INSURANCE****46*000110002~ |
| 6 | 2000A BILLING PROVIDER |
| | HL BILLING PROVIDER HIERARCHICAL LEVEL |
| | HL*1**20*1~ |
| 7 | 2010AA BILLING PROVIDER NAME |
| | NM1 BILLING PROVIDER NAME INCLUDING NATIONAL PROVIDER ID |
| | NM1*85*2*LOCAL HOSPITAL****XX*1122334455~ |
| 8 | N3 BILLING PROVIDER ADDRESS |
| | N3*3423 SMALL STREET~ |
| 9 | N4 BILLING PROVIDER LOCATION |
| | N4*COLUMBUS*OH*432150000~ |
| 10 | REF BILLING PROVIDER TAX IDENTIFICATION NUMBER |
| | REF*EI*111002222~ |
| 11 | 2000B SUBSCRIBER HL LOOP |
| | HL SUBSCRIBER HIERARCHICAL LEVEL |
| | HL*2*1*22*0~ |
| 12 | SBR SUBSCRIBER INFORMATION |
| | SBR*P*18*34561W*****CI~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 13 | 2010BA SUBSCRIBER NAME LOOP NM1 SUBSCRIBER NAME NM1*IL*1*SMITH*JAMES*A***MI*34902390F~ |
| 14 | N3 SUBSCRIBER ADDRESS N3*934 NORTH STREET~ |
| 15 | N4 SUBSCRIBER LOCATION N4*COLUMBUS*OH*432150000~ |
| 16 | DMG SUBSCRIBER DEMOGRAPHIC INFORMATION DMG*D8*19621015*M~ |
| 17 | 2010BB - PAYER NAME LOOP NM1 PAYER NAME NM1*PR*2*CONSERVATIVE INSURANCE*****PI*0012~ |
| 18 | 2300 CLAIM INFORMATION CLM CLAIM LEVEL INFORMATION CLM*W392-49141*14.84***13>A>1*Y**Y*Y~ |
| 19 | DTP STATEMENT DATES DTP*434*RD8*20050617-20050617~ |
| 20 | DTP ADMISSION DATE/HOUR DTP*435*DT*200506170800~ |
| 21 | CL1 INSTITUTIONAL CLAIM CODE CL1**1*01~ |
| 22 | AMT PATIENT ESTIMATED AMOUNT DUE AMT*F3*14.84~ |
| 23 | REF REPRICED CLAIM NUMBER REF*9A*459804390823~ |
| 24 | REF CLEARING HOUSE CLAIM NUMBER (ASSIGNED BY THE CLEARING HOUSE WHEN TRANSMITTING TO THE REPRICER) REF*D9*32423466233~ |

Т

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 25 | HI HEALTH CARE DIAGNOSIS CODES HI*BK>53081~ |
| 26 | HCP HEALTH CARE PRICING - OUT OF NETWORK INFORMATION HCP*00*0**333001234*******T1~ |
| 27 | 2310A ATTENDING PROVIDER NAME NM1 ATTENDING PROVIDER NM1*71*1*RIVERS*DAWN****XX*2244224455~ |
| 28 | 2400 SERVICE LINE LX SERVICE LINE COUNTER LX*1~ |
| 29 | SV2 INSTITUTIONAL SERVICE SV2*0301*HC>82270*14.84*UN*1~ |
| 30 | DTP DATE - SERVICE DATES DTP*472*D8*20050617~ |
| 31 | TRAILER SE TRANSACTION SET TRAILER SE*31*1024~ |

Complete Data String:

ST*837*1024*005010X223~BHT*0019*00*1024*20050711*1335*CH~NM1 *41*2*REGIONAL PPO NETWORK****46*123456789~PER*IC*SUBMITTER CONTACT INFO*TE*8001231234~NM1*40*2*CONSERVATIVE INSURANCE** ***46*000110002~HL*1**20*1~NM1*85*2*LOCAL HOSPITAL****XX*11 22334455~N3*3423 SMALL STREET~N4*COLUMBUS*OH*432150000~REF*E I*111002222~HL*2*1*22*0~SBR*P*18*34561W*****CI~NM1*IL*1*SMI TH*JAMES*A***MI*34902390F~N3*934 NORTH STREET~N4*COLUMBUS*OH *432150000~DMG*D8*19621015*M~NM1*PR*2*CONSERVATIVE INSURANCE *****PI*00123~CLM*W392-49141*14.84***13>A>1*Y**Y*Y~DTP*434*R D8*20050617-20050617~DTP*435*DT*200506170800~CL1**1*01~AMT*F 3*14.84~REF*9A*459804390823~REF*D9*32423466233~HI*BK>53081~H CP*00*0**333001234******T1~NM1*71*1*RIVERS*DAWN***XX*224 4224455~LX*1~SV2*0301*HC>82270*14.84*UN*1~DTP*472*D8*2005061 7~SE*31*1024~

3.2 Property and Casualty

Healthcare Bill to Property & Casualty Payer

The requirements for submitting of Healthcare bills to Property & Casualty payers are presented here.

837 Transaction Set

Healthcare bills can be submitted to a Property & Casualty (P&C) payer. Because coverage is triggered by a specific event, certain information is critical to the billing process.

P&C bills must include both the bill information as well as the information related to the event that caused the injury or illness. Information concerning the event is necessary to associate a bill with the P&C claim.

P &C insurance is governed by State Insurance Regulations, Departments of Labor, Worker's Compensation Boards, or other jurisdictionally defined entities, which often mandates compliance with Jurisdiction-specific procedures.

The Business Need: Provider to P&C Payer Bill Transmission

 The date of accident/occurrence/onset of symptoms (Date of Loss) is a critical piece of information and must always be transmitted in the "Date - Accident" DTP segment within Loop ID-2300 (Claim loop).

The Date of Loss is used to determine the eligibility of coverage.

 The unique identification number, referred to in P&C as a claim number, must be provided. The claim number is transmitted in the REF segment of Loop ID-2010BA if the patient is the subscriber or in the REF segment of Loop ID-2010CA if the patient is not the subscriber.

Without a date of loss on the bill and claim number, the bill will incomplete and may be rejected.

3.2.1 Business Scenario 1 - Automobile Accident

CLAIM TYPE: AUTOMOBILE ACCIDENT TYPE OF BILL: HOSPITAL PRIMARY PAYER: PROPERTY & CASUALTY INSURER THE PATIENT IS A DIFFERENT PERSON THAN THE SUBSCRIBER. THE PAYER IS A COMMERCIAL PROPERTY & CASUALTY INSURANCE COMPANY.

DATE OF ACCIDENT: 10/31/2005

SUBSCRIBER: HAL HOWLING SUBSCRIBER ADDRESS: 327 BRONCO DRIVE, GETAWAY, CA, 99999 POLICY NUMBER: B999-777-91G INSURANCE COMPANY: HEISMAN INSURANCE COMPANY CLAIM NUMBER: 32-3232-32

PATIENT: RON MEXICO PATIENT ADDRESS: 32 BUFFALO RUN, ROCKING HORSE, CA, 99666 SEX: M DOB: 06/01/48

DESTINATION PAYER/RECEIVER: HEISMAN INSURANCE COMPANY PAYER ADDRESS: 1 TROPHY LANE, NY, NY, 10032 PAYER ID: 999888777

BILLING PROVIDER/SENDER: HALL OF FAME MEMORIAL HOSPITAL TIN: 737373737 NATIONAL PROVIDER IDENTIFIER: 2365259638 ADDRESS: 1 CANTON ROAD, BROKEN FIELD, CA, 99998

PAY-TO-PROVIDER: HALL OF FAME MEMORIAL HOSPITAL

ATTENDING PROVIDER: VINCENT LOMBARDO, MD

PATIENT ACCOUNT NUMBER: 000-00-0032

CASE: THE PATIENT WAS A PASSENGER IN THE SUBSCRIBER'S AUTOMOBILE, AND THE PATIENT REPORTS THAT HIS HAND WAS CUT WHEN THE CAR WAS STRUCK IN THE REAR.

DIAGNOSIS: 884.2, E975.0, E986.0

SERVICES RENDERED: OUTPATIENT E/R VISIT, LACERATION REPAIR, HISTOLOGY TEST

DOS = 10/31/2005, POS = E/R, TOS = OUTPATIENT CHARGES: E/R ROOM = \$150.00, LACERATION REPAIR = \$75.00, DNA TEST = \$100.00, E/R ATTENDING PHYSICIAN = \$220.00. TOTAL CHARGES = \$545.00.

| 1 HEADER ST TRANSACTION SET HEADER | |
|---|-------------|
| ST*837*557766*005010X223~ | |
| 2 BHT BEGINNING OF HIERARCHICAL TRANSACTION | |
| BHT*0019*00*0324*20051111*1800*CH~ | |
| 3 1000A SUBMITTER | |
| NM1 SUBMITTER NAME | |
| NM1*41*2*HALL OF FAME MEMORIAL HOSPITAL****46 | *737373737~ |
| 4 PER SUBMITTER EDI CONTACT INFORMATION | |
| PER*IC*KATE CASEY*TE*7152569877~ | |
| 5 1000B RECEIVER | |
| NM1 RECEIVER NAME | |
| NM1*40*2*HEISMAN INSURANCE COMPANY****46*9998 | 88777~ |
| 6 2000A BILLING PROVIDER HL LOOP | |
| HL*1**20*1~ | |
| 7 PRV BILLING PROVIDER SPECIALTY | |
| PRV*BI*PXC*203BA0200N~ | |
| 8 NM1 BILLING PROVIDER NAME | |
| NM1*85*2*HALL OF FAME MEMORIAL HOSPITAL****XX* | 2365259638~ |
| 9 N3 BILLING PROVIDER ADDRESS | |
| N3*1 CANTON ROAD~ | |
| 10 N4 BILLING PROVIDER LOCATION | |
| N4*BROKEN FIELD*CA*99998~ | |
| | |
| 11 REF BILLING PROVIDER SECONDARY IDENTIFICATION REF*EI*737373737~ | |
| | |
| 12 2000B SUBSCRIBER HL LOOP | |
| HL*2*1*22*1~ | |
| 13 SBR SUBSCRIBER INFORMATION | |
| SBR*P******AM~ | |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 14 | 2010BA SUBSCRIBER NM1*IL*1*HOWLING*HAL****MI*B999777791G~ |
| 15 | 2010BB PAYER NM1*PR*2*HEISMAN INSURANCE COMPANY****PI*999888777~ |
| 16 | 2000C PATIENT HL LOOP HL*3*2*23*0~ |
| 17 | PAT PATIENT INFORMATION PAT*21~ |
| 18 | NM1 PATIENT NAME NM1*QC*1*MEXICO*RON~ |
| 19 | N3 PATIENT ADDRESS N3*32 BUFFALO RUN~ |
| 20 | N4 PATIENT CITY/STATE/ZIP CODE N4*ROCKING HORSE*CA*99666~ |
| 21 | DMG PATIENT DEMOGRAPHIC INFORMATION DMG*D8*19480601*M~ |
| 22 | REF PROPERTY AND CASUALTY CLAIM NUMBER REF*¥4*32323232~ |
| 23 | 2300 CLAIM CLM*67236695521*545***13:A:1*Y*A*Y*Y~ |
| 24 | DTP STATEMENT DATES DTP*434*RD8*20051031-20051101~ |
| 25 | CL1 INSTITUTIONAL CLAIM CODE CL1*3*7*1~ |
| 26 | REF AUTO ACCIDENT STATE REF*LU*CA~ |
| 27 | HI PRINCIPLE DIAGNOIS HI*BK:8842~ |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 28 | HI PATIENT'S REASON FOR VISIT HI*PR:8842~ |
| 29 | HI EXTERNAL CAUSE OF INJURY HI*BN:E9750*BN:E9860~ |
| 30 | 2310A ATTENDING PROVIDER NAME NM1 ATTENDING PROVIDER NAME NM1*71*1*LOMBARDO*VINCENT****XX*2533698543~ |
| 31 | 2400 SERVICE LINE NUMBER LX SERVICE LINE NUMBER LX*1~ |
| 32 | SV2 INSTITUTIONAL SERVICE LINE SV2*0450*HC:98765*150*UN*1~ |
| 33 | DTP DATE - SERVICE DATE DTP*472*D8*20051031~ |
| 34 | LX SERVICE LINE NUMBER |
| 35 | SV2 INSTITUTIONAL SERVICE LINE SV2*0360*HC:26591*75*UN*1~ |
| 36 | DTP DATE - SERVICE DATE DTP*472*D8*20051031~ |
| 37 | LX SERVICE LINE NUMBER LX*3~ |
| 38 | SV2 INSTITUTIONAL SERVICE LINE SV2*0312*HC:86225*100*UN*2~ |
| 39 | DTP DATE - SERVICE DATE DTP*472*D8*20051031~ |
| 40 | LX SERVICE LINE NUMBER |

| SEG # | LOOP SEGMENT/ELEMENT STRING |
|-------|---|
| 41 | SV2 INSTITUTIONAL SERVICE LINE SV2*0360*HC:99283*220*UN*1~ |
| 42 | DTP DATE - SERVICE DATE DTP*472*D8*20051031~ |
| 43 | TRAILER SE - TRANSACTION SET TRAILER SE*43*557766~ |

Complete Data String:

ST*837*557766*005010X223~BHT*0019*00*0324*20051111*1800*CH~N M1*41*2*HALL OF FAME MEMORIAL HOSPITAL****46*737373737~PER* IC*kate casey*TE*7152569877~NM1*40*2*HEISMAN INSURANCE COMPA NY****46*999888777~HL*1**20*1~PRV*BI*pxc*203BA0200N~NM1*85* 2*HALL OF FAME MEMORIAL HOSPITAL****XX*2365259638~N3*1 CANT ON ROAD~N4*BROKEN FIELD*CA*99998~REF*EI*7373737377~HL*2*1*22* 1~SBR*P*******AM~NM1*IL*1*HOWLING*HAL****MI*B999777791G~NM1 *PR*2*HEISMAN INSURANCE COMPANY****PI*999888777~HL*3*2*23*0 ~PAT*21~NM1*OC*1*MEXICO*RON~N3*32 BUFFALO RUN~N4*ROCKING HOR SE*CA*99666~DMG*D8*19480601*M~REF*Y4*32323232~CLM*6723669552 1*545***13:A:1*Y*A*Y*Y~DTP*434*RD8*20051031-20051101~CL1*3*7 *1~REF*LU*CA~HI*BK:8842~HI*PR:8842~HI*BN:E9750*BN:E9860~NM1* 71*1*LOMBARDO*VINCENT****XX*2533698543~LX*1~SV2*0450*HC:9876 5*150*UN*1~DTP*472*D8*20051031~LX*2~SV2*0360*HC:26591*75*UN* 1~DTP*472*D8*20051031~LX*3~SV2*0312*HC:86225*100*UN*2~DTP*47 2*D8*20051031~LX*4~SV2*0360*HC:99283*220*UN*1~DTP*472*D8*200 51031~SE*43*557766~

A External Code Sources

A.1 External Code Sources

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)

Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute 25 West 43rd Street, 4th Floor New York, NY 10036

ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998

is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

22 States and Provinces

SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

SOURCE

U.S. Postal Service or

Canada Post or Bureau of Transportation Statistics

AVAILABLE FROM

The U.S. state codes may be obtained from: U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013 www.usps.gov The Canadian province codes may be obtained from: http://www.canadapost.ca The Mexican state codes may be obtained from: www.bts.gov/ntda/tbscd/mex-states.html

ABSTRACT

Provides names, abbreviations, and two character codes for the states, provinces and sub-country divisions as defined by the appropriate government agency of the United States, Canada, and Mexico.

51 ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service Washington, DC 20260 New Orders Superintendent of Documents P.O. Box 371954 Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

130 Healthcare Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Healthcare Common Procedural Coding System

AVAILABLE FROM

Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

ABSTRACT

HCPCS is Centers for Medicare & Medicaid Service's (CMS) coding scheme to group procedures performed for payment to providers.

131 International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/PR, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II and III

AVAILABLE FROM

Superintendent of Documents U.S. Government Printing Office P.O. Box 371954 Pittsburgh, PA 15250

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes I, II (diagnoses) and III (procedures) describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases and procedures.

132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/NU, 235/RB, 1270/BE, 1270/BG, 1270/BH, 1270/BI, 1270/NUB

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee.

139 Claim Adjustment Reason Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1034

SOURCE

National Health Care Claim Payment/Advice Committee Bulletins

AVAILABLE FROM

Blue Cross/Blue Shield Association Interplan Teleprocessing Services Division 676 N. St. Clair Street Chicago, IL 60611

ABSTRACT

Bulletins describe standard codes and messages that detail the reason why an adjustment was made to a health care claim payment by the payer.

229 Diagnosis Related Group Number (DRG)

SIMPLE DATA ELEMENT/CODE REFERENCES

1354, 1270/DR

SOURCE

Federal Register and Health Insurance Manual 15 (HIM 15)

AVAILABLE FROM

Superintendent of Documents U.S. Government Printing Office Washington, DC 20402

ABSTRACT

A patient classification scheme that clusters patients into categories on the basis of patient's illness, diseases, and medical problems.

230 Admission Source Code

SIMPLE DATA ELEMENT/CODE REFERENCES 1314

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining who recommended admission to a medical facility.

231 Admission Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1315

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining the priority of the admission to a medical facility.

235 Claim Frequency Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES 1325

1325

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining the frequency of the bill submission.

236 Uniform Billing Claim Form Bill Type

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes describing the type of medical facility.

239 Patient Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1352

SOURCE National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes indicating patient status as of the statement covers through date.

240 National Drug Code by Format

SIMPLE DATA ELEMENT/CODE REFERENCES

235/N1, 235/N2, 235/N3, 235/N4, 235/N5, 235/N6, 1270/NDC

SOURCE

Drug Establishment Registration and Listing Instruction Booklet

AVAILABLE FROM

Federal Drug Listing Branch HFN-315 5600 Fishers Lane Rockville, MD 20857

ABSTRACT

Publication includes manufacturing and labeling information as well as drug packaging sizes.

245 National Association of Insurance Commissioners (NAIC) Code

SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM

National Association of Insurance Commission Publications Department 12th Street, Suite 1100 Kansas City, MO 64105-1925

ABSTRACT

Codes that uniquely identify each insurance company.

359 Treatment Codes

SIMPLE DATA ELEMENT/CODE REFERENCES 235/TD, 1270/TC

Health Care Financing Administration Treatment Codes

AVAILABLE FROM

Centers for Medicare and Medicaid Services Office of Financial Management Program Integrity Group C3-02-16 7500 Security Blvd. Baltimore, MD 21244-1850

ABSTRACT

Codes used to describe the treatments provided in a home health setting.

411 Remittance Advice Remark Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/HE

SOURCE Centers for Medicare and Medicaid Services

OIS/BSOG/DDIS, Mail stop N2-13-16 7500 Security Boulevard Baltimore, MD 21244

AVAILABLE FROM

Washington Publishing Company http://www.wpc-edi.com/

ABSTRACT

Remittance Advice Remark Codes (RARC) are used to convey information about claim adjudication. It could provide general information or supplemental explanations to an adjustment already reported by a Claim Adjustment Reason Code.

513 Home Infusion EDI Coalition (HIEC) Product/Service Code List

SIMPLE DATA ELEMENT/CODE REFERENCES 235/IV, 1270/HO

Home Infusion EDI Coalition (HIEC) Coding System

AVAILABLE FROM

HIEC Chairperson HIBCC (Health Industry Business Communications Council) 5110 North 40th Street Suite 250 Phoenix, AZ 85018

ABSTRACT

This list contains codes identifying home infusion therapy products/services.

537 Centers for Medicare and Medicaid Services National Provider Identifier

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XX, 128/HPI

SOURCE

National Provider System

AVAILABLE FROM

Centers for Medicare and Medicaid Services Office of Financial Management Division of Provider/Supplier Enrollment C4-10-07 7500 Security Boulevard Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services is developing the National Provider Identifier (NPI), which has been proposed as the standard unique identifier for each health care provider under the Health Insurance Portability and Accountability Act of 1996.

540 Centers for Medicare and Medicaid Services PlanID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV, 128/ABY

PlanID Database

AVAILABLE FROM

Centers for Medicare and Medicaid Services Center of Beneficiary Services, Membership Operations Group Division of Benefit Coordination S1-05-06 7500 Security Boulevard Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid Services has joined with other payers to develop a unique national payer identification number. The Centers for Medicare and Medicaid Services is the authorizing agent for enumerating payers through the services of a PlanID Registrar. It may also be used by other payers on a voluntary basis.

576 Workers Compensation Specific Procedure and Supply Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/ER

SOURCE

IAIABC Jurisdiction Medical Bill Report Implementation Guide

AVAILABLE FROM

IAIABC EDI Implementation Manager International Association of Industrial Accident Boards and Commissions 8643 Hauses - Suite 200 87th Parkway Shawnee Mission, KS 66215

ABSTRACT

The IAIABC Jurisdiction Medical Bill Report Implementation Guide describes the requirements for submitting and the data contained within a jurisdiction medical report. The Implementation Guide includes: Reporting scenarios, data definitions, trading partner requirements tables, reference to industry codes, and IAIABC maintained code lists.

682 Health Care Provider Taxonomy

SIMPLE DATA ELEMENT/CODE REFERENCES

128/PXC, 1270/68

SOURCE

The National Uniform Claim Committee

AVAILABLE FROM

The National Uniform Claim Committee c/o American Medical Association 515 North State Street Chicago, IL 60610

ABSTRACT

Codes defining the health care service provider type, classification, and area of specialization.

716 Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing Facilities

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HP

SOURCE

Health Insurance Prospective Payment System (HIPPS) Rate Code for Skilled Nursing Facilities

AVAILABLE FROM

Division of Institutional Claims Processing Centers for Medicare and Medicaid Services C4-10-07 7500 Security Boulevard Baltimore, MD 21244-1850

ABSTRACT

The Centers for Medicare and Medicaid services develops and publishes the HIPPS codes to establish a coding system for claims submission and claims payment under prospective payment systems. These codes represent the case mix classification groups that are used to determine payment rates under prospective payment systems. Case

mix classification groups include, but may not be limited to , resource utilization groups (RUGs) for skilled nursing facilities, home health resource groups (HHRGs) for home health agencies, and case mix groups (CMGs) for inpatient rehabilitation facilities.

843 Advanced Billing Concepts (ABC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/WK, 1270/CAH

SOURCE The CAM and Nursing Coding Manual

AVAILABLE FROM

Alternative Link 6121 Indian School Road NE Suite 131 Albuquerque, NM 87110

ABSTRACT

The manual contains the Advanced Billing Concepts (ABC) codes, descriptive terms and identifiers for reporting complementary or alternative medicine, nursing, and other integrative health care procedures.

896 International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

SIMPLE DATA ELEMENT/CODE REFERENCES

235/IP, 1270/BBQ, 1270/BBR

SOURCE

International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS)

AVAILABLE FROM

CMM, HAPG, Division of Acute Care Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

ABSTRACT

The International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS), describes the classification of inpatient procedures for statistical purposes and for the indexing of healthcare records by procedures.

897 International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

SIMPLE DATA ELEMENT/CODE REFERENCES

235/DC, 1270/ABF, 1270/ABJ, 1270/ABK, 1270/ABN, 1270/ABU, 1270/ABV, 1270/ADD, 1270/APR, 1270/ASD, 1270/ATD

SOURCE

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

AVAILABLE FROM

OCD/Classifications and Public Health Data Standards National Center for Health Statistics 3311 Toledo Road Hyattsville, MD 20782

ABSTRACT

The International Classicication of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), describes the classification of morbidity and mortality information for statistical purposes and for the indexing of healthcare records by diseases.

932 Universal Postal Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

SOURCE

Universal Postal Union website

AVAILABLE FROM

International Bureau of the Universal Postal Union POST*CODE Case postale 13 3000 BERNE 15 Switzerland

ABSTRACT

The postcode is the fundamental, essential element of an address. A unique, universal identifier, it unambiguously identifies the addressee's locality and assists in the transmission and sorting of mail items. At present, 105 UPU member countries use postcodes as part of their addressing systems.

B Nomenclature

B.1 ASC X12 Nomenclature

B.1.1 Interchange and Application Control Structures

Appendix B is provided as a reference to the X12 syntax, usage, and related information. It is not a full statement of Interchange and Control Structure rules. The full X12 Interchange and Control Structures and other rules (X12.5, X12.6, X12.59, X12 dictionaries, other X12 standards and official documents) apply unless specifically modified in the detailed instructions of this implementation guide (see Section B.1.1.3.1.2 - *Decimal* for an example of such a modification).

B.1.1.1 Interchange Control Structure

The transmission of data proceeds according to very strict format rules to ensure the integrity and maintain the efficiency of the interchange. Each business grouping of data is called a transaction set. For instance, a group of benefit enrollments sent from a sponsor to a payer is considered a transaction set.

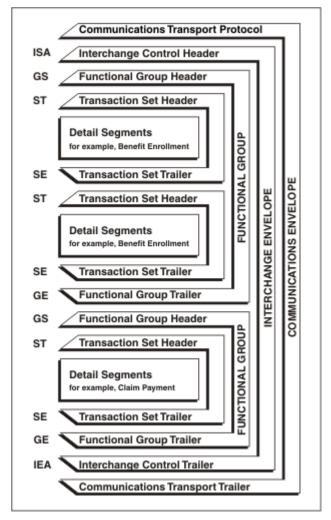
Each transaction set contains groups of logically related data in units called segments. For instance, the N4 segment used in the transaction set conveys the city, state, ZIP Code, and other geographic information. A transaction set contains multiple segments, so the addresses of the different parties, for example, can be conveyed from one computer to the other. An analogy would be that the transaction set is like a freight train; the segments are like the train's cars; and each segment can contain several data elements the same as a train car can hold multiple crates.

The sequence of the elements within one segment is specified by the ASC X12 standard as well as the sequence of segments in the transaction set. In a more conventional computing environment, the segments would be equivalent to records, and the elements equivalent to fields.

Similar transaction sets, called "functional groups," can be sent together within a transmission. Each functional group is prefaced by a group start segment; and a functional group is terminated by a group end segment. One or more functional groups are prefaced by an interchange header and followed by an interchange trailer.

Figure B.1 - *<u>Transmission Control Schematic</u>*, illustrates this interchange control.

Figure B.1 - Transmission Control Schematic



The interchange header and trailer segments envelop one or more functional groups or interchange-related control segments and perform the following functions:

- 1. Define the data element separators and the data segment terminator.
- 2. Identify the sender and receiver.
- 3. Provide control information for the interchange.
- 4. Allow for authorization and security information.

B.1.1.2 Application Control Structure Definitions and Concepts

B.1.1.2.1 Basic Structure

A data element corresponds to a data field in data processing terminology. A data segment corresponds to a record in data processing terminology. The data segment

begins with a segment ID and contains related data elements. A control segment has the same structure as a data segment; the distinction is in the use. The data segment is used primarily to convey user information, but the control segment is used primarily to convey control information and to group data segments.

B.1.1.2.2 Basic Character Set

The section that follows is designed to have representation in the common character code schemes of EBCDIC, ASCII, and CCITT International Alphabet 5. The ASC X12 standards are graphic-character-oriented; therefore, common character encoding schemes other than those specified herein may be used as long as a common mapping is available. Because the graphic characters have an implied mapping across character code schemes, those bit patterns are not provided here.

The basic character set of this standard, shown in Table B.1 - <u>Basic Character Set</u>, includes those selected from the uppercase letters, digits, space, and special characters as specified below.

Table B.1 - Basic Character Set

| AZ | 09 | ! | | & | | (|) | + | * |
|----|----|---|---|---|---|---|---|-------|------|
| , | - | - | / | : | ; | ? | = | □ (sp | ace) |

B.1.1.2.3 Extended Character Set

An extended character set may be used by negotiation between the two parties and includes the lowercase letters and other special characters as specified in Table B.2 - *Extended Character Set*.

| Table B.2 - | Extended | Character Set | |
|-------------|----------|---------------|--|
|-------------|----------|---------------|--|

| az | % | ~ | @ | [|] | _ | { |
|----|---|---|---|---|---|----|---|
| } | ١ | | < | > | # | \$ | |

Note that the extended characters include several character codes that have multiple graphical representations for a specific bit pattern. The complete list appears in other standards such as CCITT S.5. Use of the USA graphics for these codes presents no problem unless data is exchanged with an international partner. Other problems, such as the translation of item descriptions from English to French, arise when exchanging data with an international partner, but minimizing the use of codes with multiple graphics eliminates one of the more obvious problems.

For implementations compliant with this guide, either the entire extended character set must be acceptable, or the entire extended character set must not be used. In the absence of a specific trading partner agreement to the contrary, trading partners will assume that the extended character set is acceptable. Use of the extended character set allows the use of the "@" character in email addresses within the PER segment. Users should note that characters in the extended character set, as well as the basic character set, may be used as delimiters only when they do not occur in the data as stated in Section B.1.1.2.4.1 - <u>Base Control Set</u>.

B.1.1.2.4 Control Characters

Two control character groups are specified; they have restricted usage. The common notation for these groups is also provided, together with the character coding in three common alphabets. In Table B.3 - *Base Control Set*, the column IA5 represents CCITT V.3 International Alphabet 5.

B.1.1.2.4.1 Base Control Set

The base control set includes those characters that will not have a disruptive effect on most communication protocols. These are represented by:

| NOTATION | NAME | EBCDIC | ASCII | IA5 |
|----------|------------------|--------|-------|-----|
| BEL | bell | 2F | 07 | 07 |
| HT | horizontal tab | 05 | 09 | 09 |
| LF | line feed | 25 | 0A | 0A |
| VT | vertical tab | 0B | 0B | 0B |
| FF | form feed | 0C | 0C | 0C |
| CR | carriage return | 0D | 0D | 0D |
| FS | file separator | 1C | 1C | 1C |
| GS | group separator | 1D | 1D | 1D |
| RS | record separator | 1E | 1E | 1E |
| US | unit separator | 1F | 1F | 1F |
| NL | new line | 15 | | |

Table B.3 - Base Control Set

The Group Separator (GS) may be an exception in this set because it is used in the 3780 communications protocol to indicate blank space compression.

B.1.1.2.4.2 Extended Control Set

The extended control set includes those that may have an effect on a transmission system. These are shown in Table B.4 - Extended Control Set.

| NOTATION | NAME | EBCDIC | ASCII | IA5 | | | |
|----------|----------------------|--------|-------|-----|--|--|--|
| SOH | start of header | 01 | 01 | 01 | | | |
| STX | start of text | 02 | 02 | 02 | | | |
| ETX | end of text | 03 | 03 | 03 | | | |
| EOT | end of transmission | 37 | 04 | 04 | | | |
| ENQ | enquiry | 2D | 05 | 05 | | | |
| ACK | acknowledge | 2E | 06 | 06 | | | |
| DC1 | device control 1 | 11 | 11 | 11 | | | |
| DC2 | device control 2 | 12 | 12 | 12 | | | |
| DC3 | device control 3 | 13 | 13 | 13 | | | |
| DC4 | device control 4 | 3C | 14 | 14 | | | |
| NAK | negative acknowledge | 3D | 15 | 15 | | | |
| SYN | synchronous idle | 32 | 16 | 16 | | | |
| ETB | end of block | 26 | 17 | 17 | | | |

Table B.4 - Extended Control Set

B.1.1.2.5 Delimiters

A delimiter is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data.

Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number

83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator.

Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in Table B.5 - *Delimiters*, in all examples of EDI transmissions.

| CHARACTER | NAME | DELIMITER |
|-----------|----------|-----------------------------|
| * | Asterisk | Data Element Separator |
| ^ | Carat | Repetition Separator |
| : | Colon | Component Element Separator |
| ~ | Tilde | Segment Terminator |

Table B.5 - Delimiters

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element will result in errors in translation. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

B.1.1.3 Business Transaction Structure Definitions and Concepts

The ASC X12 standards define commonly used business transactions (such as a health care claim) in a formal structure called "transaction sets." A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of the following:

- A unique segment ID
- One or more logically related data elements each preceded by a data element separator
- A segment terminator

B.1.1.3.1 Data Element

The data element is the smallest named unit of information in the ASC X12 standard. Data elements are identified as either simple or component. A data element that occurs as an ordinally positioned member of a composite data structure is identified as a component data element. A data element that occurs in a segment outside the defined boundaries of a composite data structure is identified as a simple data element. The distinction between simple and component data elements is strictly a matter of context because a data element can be used in either capacity.

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

A simple data element within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated data element occurs.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in Table B.6 - *Data Element Types*, appear in this implementation guide.

| SYMBOL | TYPE |
|--------|------------|
| Nn | Numeric |
| R | Decimal |
| ID | Identifier |
| AN | String |
| DT | Date |
| ТМ | Time |
| В | Binary |

Table B.6 - Data Element Types

The data element minimum and maximum lengths may be restricted in this implementation guide for a compliant implementation. Such restrictions may occur by virtue of the allowed qualifier for the data element or by specific instructions regarding length or format as stated in this implementation guide.

B.1.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is "Nn" where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

EXAMPLE

A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

B.1.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as "R."

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point must be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) must not be transmitted.

Leading zeros must be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point must be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE

A transmitted value of 12.34 represents a decimal value of 12.34.

While the ASC X12 standard supports usage of exponential notation, this guide prohibits that usage.

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

EXAMPLE

For implementations mandated under HIPAA rules:

- The following transmitted value represents the largest positive dollar amount that can be sent: 99999999.99
- The following transmitted value is the longest string of characters that can be sent representing whole dollars: 99999999
- The following transmitted value is the longest string of characters that can be sent representing negative dollars and cents: -99999999.99
- The following transmitted value is the longest string of characters that can be sent representing negative whole dollars: -99999999

B.1.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is "ID."

B.1.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The string data element must contain at least one non-space character. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces must be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is "AN."

B.1.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the

month (01 to 31). The representation for this data element type is "DT." Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment and the TA1 segment where the century is easily determined because of the nature of an interchange header.

B.1.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is "TM." The length of the data element determines the format of the transmitted time.

EXAMPLE

Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

B.1.1.3.1.7 Binary

The binary data element is any sequence of octets ranging in value from binary 00000000 to binary 1111111. This data element type has no defined maximum length. Actual length is specified by the immediately preceding data element. Within the body of a transaction set (from ST to SE) implemented according to this technical report, the binary data element type is only used in the segments Binary Data Segment BIN, and Binary Data Structure BDS. Within those segments, Data Element 785 Binary Data is a string of octets which can assume any binary pattern from hexadecimal 00 to FF, and can be used to send text as well as coded data, including data from another application in its native format. The binary data type is also used in some control and security structures.

Not all transaction sets use the Binary Data Segment BIN or Binary Data Structure BDS.

B.1.1.3.2 Repeating Data Elements

Simple or composite data elements within a segment can be designated as repeating data elements. Repeating data elements are adjacent data elements that occur up to a number of times specified in the standard as number of repeats. The implementation guide may also specify the number of repeats of a repeating data element in a specific location in the transaction that are permitted in a compliant implementation. Adjacent occurrences of the same repeating simple data element or composite data structure in a segment shall be separated by a repetition separator.

B.1.1.3.3 Composite Data Structure

The composite data structure is an intermediate unit of information in a segment. Composite data structures are composed of one or more logically related simple data elements, each, except the last, followed by a sub-element separator. The final data element is followed by the next data element separator or the segment terminator. Each simple data element within a composite is called a component.

Each composite data structure has a unique four-character identifier, a name, and a purpose. The identifier serves as a label for the composite. A composite data structure can be further defined through the use of syntax notes, semantic notes, and comments. Each component within the composite is further characterized by a reference designator and a condition designator. The reference designators and the condition designators are described in Section B.1.1.3.8 - <u>Reference Designator</u> and Section B.1.1.3.9 - <u>Condition Designator</u>.

A composite data structure within a segment may have an attribute indicating that it may occur once or a specific number of times more than once. The number of permitted repeats are defined as an attribute in the individual segment where the repeated composite data structure occurs.

B.1.1.3.4 Data Segment

The data segment is an intermediate unit of information in a transaction set. In the data stream, a data segment consists of a segment identifier, one or more composite data structures or simple data elements each preceded by a data element separator and succeeded by a segment terminator.

Each data segment has a unique two- or three-character identifier, a name, and a purpose. The identifier serves as a label for the data segment. A segment can be further defined through the use of syntax notes, semantic notes, and comments. Each simple data element or composite data structure within the segment is further characterized by a reference designator and a condition designator.

B.1.1.3.5 Syntax Notes

Syntax notes describe relational conditions among two or more data segment units within the same segment, or among two or more component data elements within the same composite data structure. For a complete description of the relational conditions, See Section B.1.1.3.9 - <u>Condition Designator</u>.

B.1.1.3.6 Semantic Notes

Simple data elements or composite data structures may be referenced by a semantic note within a particular segment. A semantic note provides important additional information regarding the intended meaning of a designated data element, particularly a generic type, in the context of its use within a specific data segment. Semantic notes may also define a relational condition among data elements in a segment based on the presence of a specific value (or one of a set of values) in one of the data elements.

B.1.1.3.7 Comments

A segment comment provides additional information regarding the intended use of the segment.

B.1.1.3.8 Reference Designator

Each simple data element or composite data structure in a segment is provided a structured code that indicates the segment in which it is used and the sequential position within the segment. The code is composed of the segment identifier followed by a two-digit number that defines the position of the simple data element or composite data structure in that segment.

For purposes of creating reference designators, the composite data structure is viewed as the hierarchical equal of the simple data element. Each component data element in a composite data structure is identified by a suffix appended to the reference designator for the composite data structure of which it is a member. This suffix is prefixed with a hyphen and defines the position of the component data element in the composite data structure.

EXAMPLE

- The first simple element of the CLP segment would be identified as CLP01.
- The first position in the SVC segment is occupied by a composite data structure that contains seven component data elements, the reference designator for the second component data element would be SVC01-02.

B.1.1.3.9 Condition Designator

This section provides information about X12 standard conditions designators. It is provided so that users will have information about the general standard. Implementation guides may impose other conditions designators. See implementation guide section 2.1 Presentation Examples for detailed information about the implementation guide Industry Usage requirements for compliant implementation.

Data element conditions are of three types: mandatory, optional, and relational. They define the circumstances under which a data element may be required to be present or not present in a particular segment.

Table B.7 - Condition Designator

| DESIGNATOR | DESCRIPTION | | | | |
|---------------|---|--|--|--|--|
| M- Mandatory | The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment. | | | | |
| O- Optional | The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender. | | | | |
| X- Relational | Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). Relational conditions are specified by a condition code (see table below) and the reference designators of the affected data elements. A data element may be subject to more than one relational condition. | | | | |
| | The definitions for ea notes are detailed be | ch of the condition codes used within syntax low: | | | |
| | CONDITION CODE | DEFINITION | | | |
| | P- Paired or Multiple If any element specified in the relational condition is present, then all of the element specified must be present. | | | | |
| | R- Required At least one of the elements specified in the condition must be present. | | | | |
| | E- Exclusion | Not more than one of the elements specified in the condition may be present. | | | |

| C- Conditional | If the first element specified in the condition is present, then all other elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment. | | | |
|---------------------|---|--|--|--|
| L- List Conditional | If the first element specified in the condition is present, then at least one of the remaining elements must be present. However, any or all of the elements not specified as the first element in the condition may appear without requiring that the first element be present. The order of the elements in the condition does not have to be the same as the order of the data elements in the data segment. | | | |

DESIGNATOR DESCRIPTION

B.1.1.3.10 Absence of Data

Any simple data element that is indicated as mandatory must not be empty if the segment is used. At least one component data element of a composite data structure that is indicated as mandatory must not be empty if the segment is used. Optional simple data elements and/or composite data structures and their preceding data element separators that are not needed must be omitted if they occur at the end of a segment. If they do not occur at the end of the segment, the simple data element values and/or composite data structure values may be omitted. Their absence is indicated by the occurrence of their preceding data element separators, in order to maintain the element's or structure's position as defined in the data segment.

Likewise, when additional information is not necessary within a composite, the composite may be terminated by providing the appropriate data element separator or segment terminator.

If a segment has no data in any data element within the segment (an "empty" segment), that segment must not be sent.

B.1.1.3.11 Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

B.1.1.3.11.1 Loop Control Segments

Loop control segments are used only to delineate bounded loops. Delineation of the loop shall consist of the loop header (LS segment) and the loop trailer (LE segment). The loop header defines the start of a structure that must contain one or more iterations of a loop of data segments and provides the loop identifier for this loop. The loop trailer defines the end of the structure. The LS segment appears only before the first occurrence of the loop, and the LE segment appears only after the last occurrence of the loop. Unbounded looping structures do not use loop control segments.

B.1.1.3.11.2 Transaction Set Control Segments

The transaction set is delineated by the transaction set header (ST segment) and the transaction set trailer (SE segment). The transaction set header identifies the start and identifier of the transaction set. The transaction set trailer identifies the end of the transaction set and provides a count of the data segments, which includes the ST and SE segments.

B.1.1.3.11.3 Functional Group Control Segments

The functional group is delineated by the functional group header (GS segment) and the functional group trailer (GE segment). The functional group header starts and identifies one or more related transaction sets and provides a control number and application identification information. The functional group trailer defines the end of the functional group of related transaction sets and provides a count of contained transaction sets.

B.1.1.3.11.4 Relations among Control Segments

The control segment of this standard must have a nested relationship as is shown and annotated in this subsection. The letters preceding the control segment name are the segment identifier for that control segment. The indentation of segment identifiers shown below indicates the subordination among control segments.

GS Functional Group Header, starts a group of related transaction sets.

ST Transaction Set Header, starts a transaction set.

LS Loop Header, starts a bounded loop of data segments but is not part of the loop.

LS Loop Header, starts an inner, nested, bounded loop.

LE Loop Trailer, ends an inner, nested bounded loop.

LE Loop Trailer, ends a bounded loop of data segments but is not part of the loop.

SE Transaction Set Trailer, ends a transaction set.

GE Functional Group Trailer, ends a group of related transaction sets.

More than one ST/SE pair, each representing a transaction set, may be used within one functional group. Also more than one LS/LE pair, each representing a bounded loop, may be used within one transaction set.

B.1.1.3.12 Transaction Set

The transaction set is the smallest meaningful set of information exchanged between trading partners. The transaction set consists of a transaction set header segment, one or more data segments in a specified order, and a transaction set trailer segment. See Figure B.1 - *Transmission Control Schematic*.

B.1.1.3.12.1 Transaction Set Header and Trailer

A transaction set identifier uniquely identifies a transaction set. This identifier is the first data element of the Transaction Set Header Segment (ST). A user assigned transaction set control number in the header must match the control number in the Trailer Segment (SE) for any given transaction set. The value for the number of included segments in the SE segment is the total number of segments in the transaction set, including the ST and SE segments.

B.1.1.3.12.2 Data Segment Groups

The data segments in a transaction set may be repeated as individual data segments or as unbounded or bounded loops.

B.1.1.3.12.3 Repeated Occurrences of Single Data Segments

When a single data segment is allowed to be repeated, it may have a specified maximum number of occurrences defined at each specified position within a given transaction set standard. Alternatively, a segment may be allowed to repeat an unlimited number of times. The notation for an unlimited number of repetitions is ">1."

B.1.1.3.12.4 Loops of Data Segments

Loops are groups of semantically related segments. Data segment loops may be unbounded or bounded.

Unbounded Loops

To establish the iteration of a loop, the first data segment in the loop must appear once and only once in each iteration. Loops may have a specified maximum number of repetitions. Alternatively, the loop may be specified as having an unlimited number of iterations. The notation for an unlimited number of repetitions is ">1."

A specified sequence of segments is in the loop. Loops themselves are optional or mandatory. The requirement designator of the beginning segment of a loop indicates whether at least one occurrence of the loop is required. Each appearance of the beginning segment defines an occurrence of the loop.

The requirement designator of any segment within the loop after the beginning segment applies to that segment for each occurrence of the loop. If there is a mandatory requirement designator for any data segment within the loop after the beginning segment, that data segment is mandatory for each occurrence of the loop. If the loop is optional, the mandatory segment only occurs if the loop occurs.

Bounded Loops

The characteristics of unbounded loops described previously also apply to bounded loops. In addition, bounded loops require a Loop Start Segment (LS) to appear before the first occurrence and a Loop End Segment (LE) to appear after the last consecutive occurrence of the loop. If the loop does not occur, the LS and LE segments are suppressed.

B.1.1.3.12.5 Data Segments in a Transaction Set

When data segments are combined to form a transaction set, three characteristics are applied to each data segment: a requirement designator, a position in the transaction set, and a maximum occurrence.

B.1.1.3.12.6 Data Segment Requirement Designators

A data segment, or loop, has one of the following requirement designators for health care and insurance transaction sets, indicating its appearance in the data stream of a transmission. These requirement designators are represented by a single character code.

| DESIGNATOR | DESCRIPTION |
|--------------|---|
| M- Mandatory | This data segment must be included in the transaction set. (Note that a data segment may be mandatory in a loop of data segments, but the loop itself is optional if the beginning segment of the loop is designated as optional.) |
| O- Optional | The presence of this data segment is the option of the sending party. |

| Tahlo | R 8 - | Data | Soamont | Requirement | Designators |
|-------|-------|------|----------|-------------|-------------|
| labic | 0.0 | Dutu | ocginent | requirement | Designators |

T

B.1.1.3.12.7 Data Segment Position

The ordinal positions of the segments in a transaction set are explicitly specified for that transaction. Subject to the flexibility provided by the optional requirement designators of the segments, this positioning must be maintained.

B.1.1.3.12.8 Data Segment Occurrence

A data segment may have a maximum occurrence of one, a finite number greater than one, or an unlimited number indicated by ">1."

B.1.1.3.13 Functional Group

A functional group is a group of similar transaction sets that is bounded by a functional group header segment and a functional group trailer segment. The functional identifier defines the group of transactions that may be included within the functional group. The value for the functional group control number in the header and trailer control segments must be identical for any given group. The value for the number of included transaction sets is the total number of transaction sets in the group. See Figure B.1 - <u>Transmission</u> <u>Control Schematic</u>.

B.1.1.4 Envelopes and Control Structures

B.1.1.4.1 Interchange Control Structures

Typically, the term "interchange" connotes the ISA/IEA envelope that is transmitted between trading/business partners. Interchange control is achieved through several "control" components. The interchange control number is contained in data element ISA13 of the ISA segment. The identical control number must also occur in data element 02 of the IEA segment. Most commercial translation software products will verify that these two elements are identical. In most translation software products, if these elements are different the interchange will be "suspended" in error.

There are many other features of the ISA segment that are used for control measures. For instance, the ISA segment contains data elements such as authorization information, security information, sender identification, and receiver identification that can be used for control purposes. These data elements are agreed upon by the trading partners prior to transmission. The interchange date and time data elements as well as the interchange control number within the ISA segment are used for debugging purposes when there is a problem with the transmission or the interchange.

Data Element ISA12, Interchange Control Version Number, indicates the version of the ISA/IEA envelope. GS08 indicates the version of the transaction sets contained within the ISA/IEA envelope. The versions are not required to be the same. An Interchange

Acknowledgment can be requested through data element ISA14. The interchange acknowlegement is the TA1 segment. Data element ISA15, Test Indicator, is used between trading partners to indicate that the transmission is in a "test" or "production" mode. Data element ISA16, Subelement Separator, is used by the translator for interpretation of composite data elements.

The ending component of the interchange or ISA/IEA envelope is the IEA segment. Data element IEA01 indicates the number of functional groups that are included within the interchange. In most commercial translation software products, an aggregate count of functional groups is kept while interpreting the interchange. This count is then verified with data element IEA01. If there is a discrepancy, in most commercial products, the interchange is suspended. The other data element in the IEA segment is IEA02 which is referenced above.

See Appendix C, EDI Control Directory, for a complete detailing of the inter-change control header and trailer. The authors recommend that when two transactions with different X12 versions numbers are sent in one interchange control structure (multiple functional groups within one ISA/IEA envelope), the Interchange Control version used should be that of the most recent transaction version included in the envelope. For the transmission of HIPAA transactions with mixed versions, this would be a compliant enveloping structure.

B.1.1.4.2 Functional Groups

Control structures within the functional group envelope include the functional identifier code in GS01. The Functional Identifier Code is used by the commercial translation software during interpretation of the interchange to determine the different transaction sets that may be included within the functional group. If an inappropriate transaction set is contained within the functional group, most commercial translation software will suspend the functional group within the interchange. The Application Sender's Code in GS02 can be used to identify the sending unit of the transmission. The Application Receiver's Code in GS03 can be used to identify the receiving unit of the transmission. The functional group. The Group Control Number is contained in GS06. These data elements (GS04, GS05, and GS06) can be used for debugging purposes. GS08, Version/Release/Industry Identifier Code is the version/release/sub-release of the transaction sets being transmitted in this functional group.

The Functional Group Control Number in GS06 must be identical to data element 02 of the GE segment. Data element GE01 indicates the number of transaction sets within the functional group. In most commercial translation software products, an aggregate

count of the transaction sets is kept while interpreting the functional group. This count is then verified with data element GE01.

See Appendix C, EDI Control Directory, for a complete detailing of the functional group header and trailer.

B.1.1.4.3 HL Structures

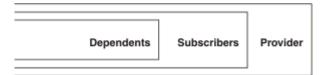
The HL segment is used in several X12 transaction sets to identify levels of detail information using a hierarchical structure, such as relating dependents to a subscriber. Hierarchical levels may differ from guide to guide.

For example, each provider can bill for one or more subscribers, each subscriber can have one or more dependents and the subscriber and the dependents can make one or more claims.

Each guide states what levels are available, the level's usage, number of repeats, and whether that level has subordinate levels within a transaction set.

For implementations compliant with this guide, the repeats of the loops identified by the HL structure shall appear in the hierarchical order specified in BHT01, when those particular hierarchical levels exist. That is, an HL parent loop must be followed by the subordinate child loops, if any, prior to commencing a new HL parent loop at the same hierarchical level.

The following diagram, from transaction set 837, illustrates a typical hierarchy.



The two examples below illustrate this requirement:

Example 1 based on Implementation Guide 811X201: INSURER

First STATE in transaction (child of INSURER) First POLICY in transaction (child of first STATE) First VEHICLE in transaction (child of first POLICY) Second POLICY in transaction (child of first STATE) Second VEHICLE in transaction (child of second POLICY) Third VEHICLE in transaction (child of second POLICY) Second STATE in transaction (child of INSURER) Third POLICY in transaction (child of second STATE) Fourth VEHICLE in transaction (child of third POLICY)

Example 2 based on Implementation Guide 837X141

First PROVIDER in transaction
First SUBSCRIBER in transaction (child of first PROVIDER)
Second PROVIDER in transaction
Second SUBSCRIBER in transaction (child of second PROVIDER)
First DEPENDENT in transaction (child of second SUBSCRIBER)
Second DEPENDENT in transaction (child of second SUBSCRIBER)
Third SUBSCRIBER in transaction (child of second PROVIDER)
Third PROVIDER in transaction
Fourth SUBSCRIBER in transaction (child of third PROVIDER)
Fifth SUBSCRIBER in transaction (child of third PROVIDER)
Third DEPENDENT in transaction (child of third PROVIDER)

B.1.1.5 Acknowledgments

B.1.1.5.1 Interchange Acknowledgment, TA1

The TA1 segment provides the capability for the interchange receiver to notify the sender that a valid envelope was received or that problems were encountered with the interchange control structure. The TA1 verifies the envelopes only. Transaction set-specific verification is accomplished through use of the Functional Acknowledgment Transaction Set, 997. See Section B.1.1.5.2 - *Functional Acknowledgment, 997*, for more details. The TA1 is unique in that it is a single segment transmitted without the GS/GE envelope structure. A TA1 can be included in an interchange with other functional groups and transactions.

Encompassed in the TA1 are the interchange control number, interchange date and time, interchange acknowledgment code, and the interchange note code. The interchange control number, interchange date and time are identical to those that were present in the transmitted interchange from the trading partner. This provides the capability to associate the TA1 with the transmitted interchange. TA104, Interchange Acknowledgment Code, indicates the status of the interchange control structure. This data element stipulates whether the transmitted interchange was accepted with no errors, accepted with errors, or rejected because of errors. TA105, Interchange Note Code, is a numerical code that indicates the error found while processing the interchange control structure. Values for this data element indicate whether the error occurred at the interchange or functional group envelope.

B.1.1.5.2 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. There are many EDI implementations that have incorporated the acknowledgment process in all of their electronic communications. The 997 is used as a functional acknowledgment to a previously transmitted functional group.

The 997 is a transaction set and thus is encapsulated within the interchange control structure (envelopes) for transmission.

B.2 Object Descriptors

Object Descriptors (OD) provide a method to uniquely identify specific locations within an implementation guide. There is an OD assigned at every level of the X12N implementation:

- 1. Transaction Set
- 2. Loop
- 3. Segment
- 4. Composite Data Element
- 5. Component Data Element
- 6. Simple Data Element

ODs at the first four levels are coded using X12 identifiers separated by underbars:

| Entity | Example |
|---|-----------------------|
| 1. Transaction Set Identifier plus a unique 2 character value | 837Q1 |
| 2. Above plus under bar plus Loop Identifier as assigned within an implementation guide | 837Q1_2330C |
| 3. Above plus under bar plus Segment Identifier | 837Q1_2330C_NM1 |
| 4. Above plus Reference Designator plus under bar plus Composite Identifier | 837Q1_2400_SV101_C003 |

The fifth and sixth levels add a name derived from the "Industry Term" defined in the X12N Data Dictionary. The name is derived by removing the spaces.

| Entity | Example |
|--|---|
| 5. Number 4 above plus composite sequence plus under bar plus name | 837Q1_2400_SV101_C00302_ProcedureCode |
| 6. Number 3 above plus Reference Designator plus two under bars plus name | 837Q1_2330C_NM109OtherPayerPatientPrimaryIdentifier |

Said in another way, ODs contain a coded component specifying a location in an implementation guide, a separator, and a name portion. For example:

| 837Q1_2330C_NM1 | 09OtherPayerPatientPrimaryIdentifier |
|-------------------|--------------------------------------|
| 1 | |
| Location in the G | uide Separator Name |

Since ODs are unique across all X12N implementation guides, they can be used for a variety of purposes. For example, as a cross reference to older data transmission systems, like the National Standard Format for health care claims, or to form XML tags for newer data transmission systems.

С

EDI Control Directory

C.1 Control Segments

• ISA

Interchange Control Header Segment

- **GS** Functional Group Header Segment
- GE

Functional Group Trailer Segment

• IEA

Interchange Control Trailer Segment

| SEGMENT DETAIL | | | | | | | | | | | |
|-------------------------------------|---|--|--|--|--|--|--|--|--|--|--|
| X12 Segment Name: | ISA - INTERCHANGE CONTROL HEADER | | | | | | | | | | |
| X12 Purpose: | o start and identify an interchange of zero or more functional groups and terchange-related control segments | | | | | | | | | | |
| Segment Repeat: | 1 | | | | | | | | | | |
| Usage: | REQUIRED | | | | | | | | | | |
| TR3 Notes: | 1. All positions within each of the data elements must be filled. | | | | | | | | | | |
| | 2. For compliant implementations under this implementation guide, ISA13, the interchange Control Number, must be a positive unsigned number. Therefore, the ISA segment can be considered a fixed record length segment. | | | | | | | | | | |
| | 3. The first element separator defines the element separator to be used through the entire interchange. | | | | | | | | | | |
| | 4. The ISA segment terminator defines the segment terminator used throughout the entire interchange. | | | | | | | | | | |
| | 5. Spaces in the example interchanges are represented by "." for clarity. | | | | | | | | | | |
| TR3 Example: | ISA*00**01*SECRET*ZZ*SUBMITTERS.ID*ZZ* RECEIVERS.ID*030101*1253*^*00501*000000905*1*T*:~ | | | | | | | | | | |
| DIAGRAM | | | | | | | | | | | |
| ISA * Author Inf Qualifier | | | | | | | | | | | |
| * Interchang ID Qual M 1 ID 2 | 105 ISA08 107 ISA09 108 ISA10 109 ISA11 I65 ISA12 I11 105 Interchange Interchange Interchange Interchange ISA11 I65 Repetition ISA12 I11 102 11 AN 15/15 M I DT 6/6 M I TM 4/4 M ISA11 I65 ISA12 I11 Inter Ctrl 112 ISA14 I13 ISA15 I14 ISA16 I15 I15 | | | | | | | | | | |

1/1

*

M 1

Usage Indicator

M1 ID

*

1/1

1/1

Component Elem Sepera

9/9

*

Ack

Requested M1 ID

Inter Ctrl

Number

M 1 N0

*

ELEMENT DETAIL

| USAGE | REF. DES. | DATA ELEMENT | NAME | ATT | RIBUTES | | | |
|----------|--------------|-----------------|------------------|---|--------------|--|--|--|
| REQUIRED | ISA01 | 101 | | Information Qualifier M 1 ID the type of information in the Authorization Information DEFINITION | _,_ | | | |
| | | | 00 | No Authorization Information Present (No Meaningful Information in I02) | | | | |
| | | | 03 | Additional Data Identification | | | | |
| REQUIRED | ISA02 | 102 | sender or the da | Information M 1 AN d for additional identification or authorization of the inter- ta in the interchange; the type of information is set by formation Qualifier (I01) | erchange | | | |
| REQUIRED | ISA03 | 103 | | mation Qualifier M 1 ID the type of information in the Security Information | 2/2 | | | |
| | | | CODE | DEFINITION | | | | |
| | | | 00 | No Security Information Present (No Meani Information in I04) | ngful | | | |
| | | | 01 | Password | | | | |
| REQUIRED | ISA04 | 104 | | identifying the security information about the interchar e interchange; the type of information is set by the Sec | ige sender | | | |
| REQUIRED | ISA05 | 105 | sender or receiv | D Qualifier M 1 ID the system/method of code structure used to designat er ID element being qualified ies the Sender in ISA06. | | | | |
| | | | CODE | | | | | |
| | | | 01 | Duns (Dun & Bradstreet) | | | | |
| | | | 14 | Duns Plus Suffix | | | | |
| | | | 20 | Health Industry Number (HIN) | | | | |
| | | | 27 | CODE SOURCE 121: Health Industry Number Carrier Identification Number as assigned by H Care Financing Administration (HCFA) | | | | |
| | | | 28 | Fiscal Intermediary Identification Number a assigned by Health Care Financing Admini (HCFA) | | | | |
| | | | 29 | Medicare Provider and Supplier Identificati Number as assigned by Health Care Financ Administration (HCFA) | | | | |
| | | | 30 | U.S. Federal Tax Identification Number | | | | |
| | | | 33 | National Association of Insurance Commis Company Code (NAIC) | sioners | | | |
| | | | ZZ | Mutually Defined | | | | |
| REQUIRED | ISA06 | 106 | | Sender ID M 1 AN de published by the sender for other parties to use as to them; the sender always codes this value in the ser | the receiver | | | |

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| REQUIRED | ISA07 | 105 | 0 |) Qualifier he system/method of code structure u er ID element being qualified | M 1 sed to des | ID ignate th | 2/2 ne |
|----------|-------|-------------|---|--|---------------------------|------------------------|------------------|
| | | | This ID qualified | es the Receiver in ISA08. | | | |
| | | | CODE | DEFINITION | | | |
| | | | 01 | Duns (Dun & Bradstreet) | | | |
| | | | 14 | Duns Plus Suffix | | | |
| | | | 20 | Health Industry Number (HIN) | | | |
| | | | 27 | CODE SOURCE 121: Health Industry Nu Carrier Identification Number a Care Financing Administration | as assigr | ned by I | Health |
| | | | 28 | Fiscal Intermediary Identificati assigned by Health Care Finan (HCFA) | entification Number as | | |
| | | | 29 | Medicare Provider and Supplie Number as assigned by Health Administration (HCFA) | | | 9 |
| | | | 30 | U.S. Federal Tax Identification | Number | | |
| | | | 33 | National Association of Insura Company Code (NAIC) | nce Com | missio | ners |
| | | | ZZ | Mutually Defined | | | |
| REQUIRED | ISA08 | 107 | by the sender as | eceiver ID e published by the receiver of the data their sending ID, thus other parties se to route data to them | | | |
| REQUIRED | ISA09 | 108 | Interchange D Date of the interc | | M 1 | DT | 6/6 |
| | | | The date form | at is YYMMDD. | | | |
| REQUIRED | ISA10 | 109 | Interchange Ti Time of the interc | | M 1 | тм | 4/4 |
| | | | The time form | at is HHMM. | | | |
| REQUIRED | ISA11 | 165 | element; this field of a simple data e | cable; the repetition separator is a deli d provides the delimiter used to separa element or a composite data structure data element separator, component e | ate repeate this value | ed occuri e must be | ences Ə |
| REQUIRED | ISA12 | I 11 | | ontrol Version Number the version number of the interchange | M 1 control se | ID gments | 5/5 |
| | | | CODE | DEFINITION | | | |
| | | | 00501 | Standards Approved for Public Procedures Review Board thro | - | | |
| REQUIRED | ISA13 | I12 | | ontrol Number r assigned by the interchange sender | • | N0 | 9/9 |
| | | | | ge Control Number, ISA13, mus erchange Trailer IEA02. | t be iden | tical to | the |
| | | | Must be a pos value in IEA02 | itive unsigned number and mus | t be ider | ntical to | the |

| CONTROL SEGMEN | тѕ | | | ASC X12N • IN TE | SURANCE S | | |
|----------------|-------|-----|--|---|--------------|--------|---------|
| REQUIRED | ISA14 | l13 | Acknowledgment Requested M 1 ID Code indicating sender's request for an interchange acknowledgment | | | | 1/1 |
| | | | See Section | B.1.1.5.1 for interchange ackno | wledgment | inform | nation. |
| | | | CODE | DEFINITION | | | |
| | | | 0 | No Interchange Acknowledg | ment Reque | ested | |
| | | | 1 | Interchange Acknowledgmer | nt Requeste | d (TA | 1) |
| REQUIRED | ISA15 | l14 | Interchange Usage Indicator M 1 ID 1/1 Code indicating whether data enclosed by this interchange envelope is test, production or information | | | | |
| | | | CODE | DEFINITION | | | |
| | | | Р | Production Data | | | |
| | | | т | Test Data | | | |
| REQUIRED | ISA16 | 115 | Type is not ap data element; elements withi | Element Separator plicable; the component element separ this field provides the delimiter used to n a composite data structure; this valu- separator and the segment terminator | separate con | nponen | t data |

| SEGMENT DETAIL | | | | | | | | |
|----------------|-------------------------------------|--|--|--------------------------------|--|--|--|--|
| | G | S - FU | NCTIONAL GROUP HEADER | | | | | |
| X12 Segment I | Name: Fui | nctional Gr | roup Header | | | | | |
| X12 Pui | rpose: To | To indicate the beginning of a functional group and to provide control information | | | | | | |
| X12 Comn | nents: 1 | standard | nal group of related transaction sets, within the scope of X ls, consists of a collection of similar transaction sets enclose al group header and a functional group trailer. | | | | | |
| Segment R | epeat: 1 | | | | | | | |
| ι | Jsage: RE | QUIRED | | | | | | |
| TR3 Exa | | | NDER CODE*RECEIVER 1231*0802*1*X*005010X223~ | | | | | |
| DIAGRAM | | | | | | | | |
| GS * 「 | ID Code | GS02 Applicati Send's Co M 1 AN | code 🔨 Rec's Code 🌋 🕺 🔨 Nu | 28 Ip Ctrl mber № 1/9 | | | | |
| | esponsible ency Code 1 ID 1/2 | K Ver/Relea ID Cod M 1 AN | le ~ | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | _ NAME ATTRI | BUTES | | | | |
| REQUIRED | GS01 | 479 | Functional Identifier Code M 1 ID Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related transaction sets Image: Code identifying a group of application related tr | 2/2 | | | | |
| | | | This is the 2-character Functional Identifier Code assigned transaction set by X12. The specific code for a transaction defined by this implementation guide is presented in sectio Version Information. | set | | | | |
| REQUIRED | GS02 | 142 | Application Sender's Code M 1 AN Code identifying party sending transmission; codes agreed to by trading | 2/15 partners | | | | |
| | | | Use this code to identify the unit sending the information. | | | | | |
| REQUIRED | GS03 | 124 | Application Receiver's Code M 1 AN Code identifying party receiving transmission; codes agreed to by tradir | 2/15 ig partners | | | | |
| | | | Use this code to identify the unit receiving the information. | | | | | |
| REQUIRED | GS04 | 373 | Date M 1 DT Date expressed as CCYYMMDD where CC represents the first two digi calendar year | 8/8 ts of the | | | | |
| | | | SEMANTIC: GS04 is the group date. | | | | | |
| | | | Use this date for the functional group creation date. | | | | | |

| CONTROL SEGMEN | TS | | ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3 |
|----------------|------|----------|---|
| REQUIRED | GS05 | 337 | TimeM 1TM4/8Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, orHHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S =integer seconds (00-59) and DD = decimal seconds; decimal seconds areexpressed as follows: D = tenths (0-9) and DD = hundredths (00-99) |
| | | | SEMANTIC: GS05 is the group time. |
| | | | Use this time for the creation time. The recommended format is HHMM. |
| REQUIRED | GS06 | 28 | Group Control Number M 1 N0 1/9 Assigned number originated and maintained by the sender |
| | | | SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02. |
| | | | For implementations compliant with this guide, GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure). The authors recommend that GS06 be unique within all transmissions over a period of time to be determined by the sender. |
| REQUIRED | GS07 | 455 | Responsible Agency CodeM 1ID1/2Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480 |
| | | | CODE DEFINITION |
| | | | X Accredited Standards Committee X12 |
| REQUIRED | GS08 | GS08 480 | Version / Release / Industry Identifier Code M1 AN 1/12 Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed |
| | | | CODE SOURCE 881: Version / Release / Industry Identifier Code |
| | | | This is the unique Version/Release/Industry Identifier Code assigned to an implementation by X12N. The specific code for a transaction set defined by this implementation guide is presented in section 1.2, Version Information. |

| CODE | DEFINITION |
|------------|---|
| 005010X223 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 |

| SEGMENT DETAIL | | | | | | | | |
|----------------|---------------------------------------|---|---|-------|---------|-----|--|--|
| | GE | E - FU | NCTIONAL GROUP TRAILER | ł | | | | |
| X12 Segment Na | ame: Fund | ctional Gr | oup Trailer | | | | | |
| X12 Purp | ose: To ir | o indicate the end of a functional group and to provide control information | | | | | | |
| X12 Comme | | functiona group inte | of identical data interchange control numbers in the group header and trailer is designed to maximiz egrity. The control number is the same as that us he header. | e fun | ctiona | | | |
| Segment Re | peat: 1 | | | | | | | |
| Us | age: REC | UIRED | | | | | | |
| TR3 Exan | nple: GE* | :1*1~ | | | | | | |
| DIAGRAM | | | | | | | | |
| | 1 97 mber of Included N0 1/6 | GE02 Group C Numbe M 1 N0 | | | | | | |
| USAGE | REF. DES. | DATA ELEMENT | NAME | | ATTRIBU | TES | | |
| REQUIRED | GE01 | 97 | Number of Transaction Sets Included Total number of transaction sets included in the functional g (transmission) group terminated by the trailer containing this | | | 0 | | |
| REQUIRED | GE02 | 28 | Group Control Number Assigned number originated and maintained by the sender | M 1 | N0 | 1/9 | | |
| | | | SEMANTIC: The data interchange control number GE02 in this identical to the same data element in the associated functio GS06. | | | | | |

| SEGMENT DETAIL | | | | | | | | | | |
|--|---------------------------|--|----------------|------------|-----|--|--|--|--|--|
| | IEA - IN | TERCHANGE CONTROL TRA | | ER | | | | | | |
| X12 Segment Name | : Interchange | erchange Control Trailer | | | | | | | | |
| X12 Purpose | | define the end of an interchange of zero or more functional groups and erchange-related control segments | | | | | | | | |
| Segment Repea | t: 1 | | | | | | | | | |
| Usage | REQUIRED | | | | | | | | | |
| TR3 Example | : IEA*1*0000 | 00905~ | | | | | | | | |
| DIAGRAM | | | | | | | | | | |
| IEA * IEA01 Num of Funct G M 1 N0 | | | | | | | | | | |
| ELEMENT DETAIL | | | | | | | | | | |
| USAGE | REF. DATA DES. ELEMENT | NAME | | ATTRIBU | TES | | | | | |
| REQUIRED IEA | .01 116 | Number of Included Functional Groups A count of the number of functional groups included in an i | M 1 ntercha | N0 inge | 1/5 | | | | | |
| REQUIRED IEA | .02 I12 | Interchange Control Number A control number assigned by the interchange sender | M 1 | N0 | 9/9 | | | | | |

D

Change Summary

This Implementation Guide defines X12N implementation 005010X223 of the Health Care Claim: Institutional. It is based on version/release/subrelease 005010 of the ASC X12 standards. The previous X12N implementation of the Health Care Claim: Institutional was 004050X141, based on version/release/subrelease 004050 of the ASC X12 standards.

Implementation of 005010X223 contains significant changes and clarifications. It can only be used with other trading partners who have also implemented 005010X223. Below is a high-level description of the substantive changes from the previous version.

D.1 Global Changes

- **1.** All Situational Rules throughout this implementation guide have changed to comply with ASC X12N implementation guide standards.
- **2.** The guide contains many revisions to informational notes within the various loops, segments and data elements. The revisions add explanatory text.
- 3. Billing Provider as well as all 2310x and 2420x provider loops contain instruction on the use of the HIPAA National Provider Identifier (NPI) both prior to, and after, the nationally mandated implementation date for that identifier. In instances where a provider identifier is reported, the National Provider Identifier is reported in NM109 data element with a NM108 qualifier of XX. The EIN and SSN qualifiers have been removed from all provider related NM108 elements. Any secondary or proprietary identifiers are reported in the secondary identifier REF segments. For a more detailed explanation of NPI usage, see Section 1.10 National Provider Identifier Usage within the HIPAA 837 Transaction.
- The G2 qualifier replaces program-specific codes such as 1A, Blue Cross; 1B, Blue Shield; 1C, Medicare, 1D, Medicaid; 1H, Champus; etc. to designate a proprietary identifier in all Secondary Identification provider segments.
- **5.** The following qualifiers have been revised to assign specific values in place of generic values:
 - The Provider Taxonomy Code has replaced the generic value of **ZZ** (Mutually Defined) with the specific value of **PXC** (Health Care Provider Taxonomy Code).
 - The qualifier for the HIPAA Individual Patient Identifier has replaced the generic value of **ZZ** (Mutually Defined) with the specific value of **II** (Standard Unique Health Identifier for each individual in the United States).
- 6. In order to report payer-specific provider identifiers, prior authorization, and referral numbers for non-destination payers at the service line level, data element **REF04** is used to indicate the payer associated with the identifier in **REF01** and **REF02**.

- 7. Requirements for address segments (N3 and N4) have changed. The underlying code sets for country codes and sub-country codes, as well as for postal zones (ZIP Codes in the US) have been enhanced for greater international mailing uniformity.
- 8. References to "Insured" in notes and implementation names have changed to the more descriptive term "Subscriber". See Section 1.5, Business Terminology and Section 1.4.3.2.2.2, Subscriber / Patient Hierarchical Level (HL) Segment for more information.
- **9.** Changes have been made to support the HIPAA National Plan Identifier (National Plan ID). This identifier is accommodated in the following loops:
 - Pay-to Plan Name, Loop ID-2010AC
 - Payer Name, Loop ID-2010BB
 - Other Payer Name, Loop ID-2330B
- **10.** All Aliases have been removed from the guide.

D.2 Detailed Transaction Changes

Front Matter

ASC X12N implementation guide standards for the content and organization of Front Matter sections have changed for this version. The items listed below are those where significant changes have occurred. This list does not include section numbering changes.

- **11.** The explanation of COB reporting (Section 1.4.1) is enhanced and a crosswalk chart and examples are added to show how destination and non-destination payer related information is reported on primary and secondary claims. The COB section includes several new supplemental explanations:
 - COB claims generated from paper or proprietary remittance advices (Section 1.4.1.3).
 - Medicaid subrogation claims (Section 1.4.1.5).
- **12.** A section is added to specify the balancing requirements for the 837 transaction (Section 1.4.4).
- **13.** A section is added to explain allowed and approved amount reporting and calculations (Section 1.4.5).
- **14.** Business Terminology (Section 1.5) is expanded to include new definitions of Bundling, Claim, Encounter, Inpatient, Outpatient, Pay-to-Plan Claims, and Unbundling. Other definitions were updated.
- **15.** A section is added (Section 1.10) to describe the use of the National Provider Identifier (NPI) with the 837 transaction.
- **16.** A section is added (Section 1.11) to explain the reporting of drug claims with the 837 transaction.

- **17.** A section is added (Section 1.12) to address a number of additional 837 reporting instructions, including:
 - Individuals with one legal name,
 - Rejecting claims based on the inclusion of situational data,
 - Multiple REF segments with the same qualifier,
 - Provider Tax ID's,
 - Claim and line redundant information,
 - · Inpatient and outpatient designation, and
 - Trading partner acknowledgments.

Transaction Header

- **18.** The value of the Implementation Reference Number (**ST03**) has changed to 005010X223, which represents the guide ID for this implementation guide.
- **19.** The Beginning of Hierarchical Transaction (**BHT**) segment includes examples for a claim and an encounter.

Loop ID-2000A

- **20.** Beginning with the 5010 version, the Billing Provider must be a health care or atypical service provider (as described in **Section 1.10.1** Providers Who Are Not Eligible for Enumeration).
- **21.** The Pay-to Provider loop has been renamed and is now called the Pay-to Address Name loop (Loop ID-2010AB). Its one and only purpose is to supply an alternate location to send reimbursement.
- 22. Due to the change in function of the Pay-to Address Name loop, the only permitted value for the Provider Code (PRV01) in the Billing Provider Specialty Information (PRV) segment is BI (Billing). The guide no longer supports value PT (Pay-To).
- **23.** The situational Rule for the Billing Provider Taxonomy (**PRV**) segment has been expanded to enable non-individual taxonomies to be used.
- 24. The segment notes for the Foreign Currency Information (CUR) segment now include the instruction that all amounts reported in the transaction be of the currency named in the CUR segment. If there is no CUR segment, then all amounts will be in US dollars.

Loop ID-2010AA

- **25.** The Billing Provider loop contains no payer-specific provider identifiers. When it is necessary to send a payer-specific provider identifier, it must be sent in either the Payer Name loop (Loop ID-2010BB) or the Other Payer Name loop (Loop ID-2330B).
- 26. The only provider identifiers allowed in the Billing Provider loop are:
 - the NPI
 - the provider's taxpayer id

- **27.** The Billing Provider Name segment contains the NPI, which is Situational.
- **28.** The Billing Provider Address must be a street address. Other types of mailing addresses for the Billing Provider (such as a Post Office Box or a Lock Box) must be sent in the Pay-To Address Name loop.
- **29.** The Billing Provider Secondary Identification Number segment has been changed to be the Billing Provider Tax Identification segment.
- **30.** The Billing Provider Tax Identification (**REF**) segment is required and contains the provider's taxpayer identifier to be used for 1099 reporting purposes.
- **31.** The Claim Submitter Credit/Debit Card Information (**REF**) segment has been deleted.
- **32.** The Billing Provider Contact Name (**PER02**) is Required in the first iteration of the Billing Provider Contact Information segment. If a second iteration of the segment is sent, **PER02** is Not Used.

Loop ID-2010AB

- **33.** The Pay-To Address Name loop replaces the Pay-To Provider Name loop. Its sole purpose is to supply an alternate location to send reimbursement. There are no names and no identifiers in the Pay-To Address Name loop.
- **34.** The Pay-To Provider Secondary Identification Number (**REF**) segment has been removed.

Loop ID-2010AC

- **35.** The usage of the Pay-to Plan Name loop has expanded and is no longer limited to Medicaid subrogation.
- **36.** The qualifier in **NM101** has been changed to no longer use the generic value **ZZ** (Mutually Defined) in favor of the more specific value **PE** (Payee).
- **37.** The Pay-to Plan secondary **REF** segments have been "flattened". There are now two distinct segments, each with a repeat count of one. The segments are the Pay-to Plan Secondary Identification segment and the Pay-to Plan Tax Identification Number segment.

Loop ID-2000B

- **38.** The Subscriber / Patient hierarchy has changed to follow the same principles used in other HIPAA transactions, such as Eligibility Request/Response and Claim Status Inquiry/Response. The basic principles are as follows:
 - If the patient has a unique identifier assigned by the destination payer in Loop ID-2010BB, then the patient is considered to be the subscriber and is sent in the Subscriber loop (Loop ID-2000B) and the Patient Hierarchical Level (Loop ID-2000C) is not used.
 - If the patient is different than the subscriber and the patient does not have a unique identifier, then the subscriber information is sent in Loop ID-2000B and the patient information is sent in Loop ID-2000C.

- **39.** There are new values for the Payer Responsibility Sequence Number Code (**SBR01**). The new values support sequencing of up to 11 payers. The new values also include a value of U (Unknown) to be used in certain payer-to-payer COB situations.
- 40. The Situational Rule for the Subscriber Group Name (SBR04) has changed.
- **41.** The list of valid values for the Claim Filing Indicator Code (**SBR09**) has changed.

Loop ID-2010BA

- **42.** The Subscriber Primary Identifier and its qualifier (**NM108** and **NM109**) are now required.
- **43.** The Situational Rule for the Subscriber Address segments (**N3** and **N4**) has changed.
- **44.** The Situational Rule for the Subscriber Demographic Information segment (**DMG**) has changed.
- **45.** The Repeat Count for the Subscriber Secondary Identification (**REF**) segment has decreased to one. The only permitted value for the Subscriber Secondary Identification (**REF**) segment is the subscriber's Social Security Number (qualifier **SY**).

Loop ID-2010BB

- **46.** By adding an informational note to the Payer Name segment, the usage of this segment and loop now explicitly supports designating a repricer as the destination payer.
- 47. The element notes for the qualifier for the Payer Identifier (NM108/NM109) now contain specific instructions on when to use the HIPAA National Plan ID (value XV) vs. when to use the generic Payer Identifier (value PI).
- **48.** Loop ID-2010BB (Payer Name) now contains the Billing Provider Secondary Information (**REF**) segment. This new segment contains provider identifiers that were formerly sent in the Billing Provider loop.

Loop ID-2010BC

49. Loop ID-2010BC (Credit/Debit Card Holder Name) has been deleted.

Loop ID-2000C

50. The Situational Rule for the Patient Hierarchical Level has changed in support of the revised Subscriber / Patient hierarchy. The loop is required only when the patient is not the subscriber and the patient does not have a unique identifier assigned by the destination payer. In this case, the patient can only be identified when associated with the subscriber.

Loop ID-2010CA

51. The Patient Primary Identifier and associated qualifier (**NM108/NM109**) are now Not Used.

52. The Patient Secondary Identification (**REF**) segment has been deleted.

Loop ID-2300

- **53.** The Total Claim Charge Amount (**CLM02**) now explicitly states that it must be the sum of the service line charge amounts (sum of the **SV203**'s.)
- 54. CLM07 has changed from Situational to Required.
- 55. The element note for the Provider Accept Assignment Code (CLM07) has changed to be more specific in its usage for Medicare claims and non-Medicare claims. Value P (Patient Refuses to Assign Benefits) has been removed.
- 56. A new value has been added to CLM08, the Benefits Assignment Certification Indicator. The new value is W (Not Applicable), which means that the patient has refused to assign benefits to the provider. In the previous version, CLM07 = P carried this message.
- **57.** The usage of values in the Release of Information Code (**CLM09**) has been clarified to coincide with Privacy legislation.
- **58.** This version has added a new date segment as the Repricer Received Date.
- **59.** Available values in the Attachment Report Type Code (**PWK01**) have been expanded.
- **60.** The Attachment Transmission Code (**PWK02**) has added new value **FT** (File Transfer) to designate that the attachment is available from an attachment warehouse (vendor).
- **61.** The Situational Rule for both **PWK05** and **PWK06** has changed to support **PWK02 = FT**.
- **62.** The maximum field length for the Attachment Control Number (**PWK06**) is now 50 characters.
- **63.** The Credit / Debit Card Maximum Amount (**AMT**) segment has been removed.
- **64.** The Situational Rule for the Service Authorization Exception Code (**REF**) segment has been clarified.
- **65.** The segment notes for the Payer Claim Control Number (**REF**) segment have been clarified.
- **66.** The Prior Authorization or Referral Number (**REF**) segment is now two distinct segments: the Referral Number segment; and the Prior Authorization segment. The qualifiers did not change.
- **67.** The Repriced Claim Number (**REF**) and the Adjusted Repriced Claim Number (**REF**) segments have been added to the 2300 loop.

- **68.** The Claim Identifier for Transmission Intermediaries is the new name for the Claim Identification Number for Clearinghouses and Other Transmission Intermediaries segment. The qualifier (**REF01 = D9**) did not change.
- 69. The Auto Accident State (REF) segment has been added.
- **70.** The Situational Rule has been clarified for the File Information (**K3**) segment. Segment notes explain the process for applying for an exception to be allowed to use the segment.
- **71.** In all diagnosis code related (**HI**) segments, an additional qualifier has been added to support ICD-10-CM Diagnosis Codes (if allowed under HIPAA).
- **72.** The Principal, Admitting, E-Code and Patient Reason for Visit Diagnosis Information (**HI**) segment has been split into separate HI segments for:
 - Principal Diagnosis;
 - Admitting Diagnosis;
 - Patient's Reason for Visit; and,
 - External Cause of Injury.
- 73. Up to three Patient Reason for Visit values may now be reported per claim.
- **74.** Up to twelve External Cause of Injury values may now be reported per claim.
- **75.** A Present on Admission Indicator has been added to the Other Diagnosis Information (**HI**) segment.
- **76.** The Situational Rule for the Principal Procedure Information (**HI**) segment has been revised so that a claim level procedure is only reported on inpatient claims. Further, the segment is only used when a procedure was performed.
- **77.** The Situational Rule for the Other Procedure Information (**HI**) segment has been revised so that a other procedures are only reported on inpatient claims.
- **78.** The qualifier for HCPCS procedure codes has been removed from allowable values in the Principal Procedure Information and Other Procedure Information (**HI**) segments.
- **79.** The qualifier for Advanced Billing Concepts Codes has been added to the Principal Procedure Information (**HI**) segment.
- **80.** The Situational Rule for the claim-level Claim Pricing / Repricing Information (**HCP**) segment has been clarified. The Situational Rules for the data elements within the segment have also been clarified.

Loop ID-2305

81. The Home Health Care Plan Information loop (**Loop ID-2305**) including the Home Health Care Plan Information (**CR7**) and Health Care Services Delivery (**HSD**) segments have been removed.

Loop ID-2310A

- **82.** The Attending Physician Name (**NM1**) segment has been renamed to Attending Provider Name.
- **83.** The Situational Rule for the claim-level Attending Provider loop has been clarified.
- **84.** A TR3 Note has been added to the Attending Physician Name (**NM1**) segment to define this provider role.
- **85.** The Attending Provider must be a person. (Loop ID-2310A|NM102 must be a '1'.)
- **86.** The only identifier allowed in the Attending Provider Name segment (**NM108** and **NM109**) is the National Provider Identifier (NPI). The identifier has a usage of Situational.
- **87.** The segment repeat for the Attending Provider Secondary Identification (**REF**) segment has been reduced to 4.
- 88. The list of valid qualifiers for the Attending Provider Secondary Identifier (Loop ID-2310A | REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number), and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

Loop ID-2310B

- **89.** The Situational Rule for the claim-level Operating Physician loop has been clarified.
- 90. The only identifier allowed in the Operating Physician Name segment (NM108 and NM109) is the National Provider Identifier (NPI). The identifier has a usage of Situational.
- **91.** The segment repeat for the Operating Physician Secondary Identification (**REF**) segment has been reduced to 4.
- 92. The list of valid qualifiers for the Operating Physician Secondary Identifier (Loop ID-2310A|REF01) now contains only 0B (State License Number), 1G (Provider UPIN Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

Loop ID-2310C through Loop ID-2310F

- **93.** Other Provider Name loop (Loop ID-2310C in 004050X141) has been deleted. This deleted loop, along with the addition of several new provider loops, has resulted in the following 2310 loop changes.
 - Other Provider Name is removed. Loop ID-2310C is redefined to Other Operating Physician Name.
 - New Loop ID-2310D for Rendering Provider Name is added.
 - Service Facility Name Loop ID-2310E has loop name expanded to Service Facility Location Name.
 - New Loop ID-2310F for Referring Provider Name is added.

Loop ID-2310E

- **94.** The Situational Rule for the claim-level Service Facility Location Name loop has been clarified.
- **95.** The only identifier allowed in the Service Facility Location Name segment (**NM108** and **NM109**) is the National Provider Identifier (NPI). The identifier has a usage of Situational.
- **96.** The Entity Identifier Code in the Service Facility Location Name segment must be '**77**'.
- **97.** The Repeat Count for the Service Facility Location Secondary Identification segment is now three.
- 98. The list of valid qualifiers for the Service Facility Location Name Secondary Identifier (Loop ID-2310A | REF01) now contains only 0B (State License Number), G2 (Provider Commercial Number) and LU (Location Number). The specific values such as 1B (Blue Shield Provider Number), 1D (Medicaid Provider Number) etc. have been removed. In their place, use G2.

Loop ID-2320

- **99.** There are new values for the Payer Responsibility Sequence Number Code (**SBR01**). The new values support sequencing of up to 11 payers.
- 100. The Situational Rule for the Subscriber Group Name (SBR04) has changed.
- **101.** The list of valid values for the Claim Filing Indicator Code (**SBR09**) has changed.
- **102.** The segment notes and Situational Rule for the Claim Adjustment (**CAS**) segment have been clarified.
- **103.** The Situational Rules for the various elements in the **CAS** segment have been clarified.
- **104.** The COB Total Allowed Amount (**AMT**) segment in Loop ID-2320 has been removed.

- **105.** The Remaining Patient Liability (**AMT**) segment has been added to Loop ID-2320.
- **106.** The COB Total Non-Covered Amount (**AMT**) segment has been added to Loop ID-2320.
- **107.** The Other Insured Demographic Information (**DMG**) segment has been removed.
- **108.** A new value has been added to **OI03** (Benefits Assignment Certification Indicator). The new value is **W** (Not Applicable), which means that the patient has refused to assign benefits to the provider.
- **109.** The Situational Rule for the Inpatient Adjudication Information (**MIA**) segment has been clarified.
- **110.** The Situational Rule for the Outpatient Adjudication Information (**MOA**) segment has been clarified.

Loop ID-2330A

- 111. The Situational Rule for the Other Subscriber has been clarified.
- **112.** The Repeat Count for the Subscriber Secondary Identification (**REF**) segment has decreased from three to two.
- **113.** The only permitted value for the Subscriber Secondary Identification (**REF**) segment is the subscriber's Social Security Number (qualifier **SY**).

Loop ID-2330B

- 114. The element notes for the Other Payer Primary Identifier (Loop ID-2330B | NM108-NM109) contain instructions for using the HIPAA National Plan ID, when issued.
- **115.** The Claim Adjudication Date (**DTP**) segment has been renamed to Claim Check or Remittance Date segment.
- **116.** The Other Payer Secondary Identification and Reference Number (**REF**) segment and the Other Payer Prior Authorization or Referral Number (**REF**) segment have been split into the following separate segments:
 - Other Payer Secondary Identifier;
 - Other Payer Prior Authorization Number;
 - Other Payer Referral Number; and,
 - Other Payer Claim Control Number.
- **117.** The Other Payer Claim Adjustment Indicator (**REF**) segment have been added.
- **118.** The Other Payer Patient Information loop (formerly Loop ID-2330C) has been removed. If the payer in Loop ID-2330B has assigned a unique identifier to the patient, then the patient must be sent in the Other Subscriber loop.

Loop ID-2330C through Loop ID-2330I

- **119.** The removal of the Other Payer Patient Information loop, and the addition of several new 2330 loops results in the following loop name changes. These changes are listed showing the 004050X141 Loop ID first followed by the Loop ID as named within this implementation.
 - Other Payer Attending Provider Loop ID-2330D moved to Loop ID-2330C.
 - Other Payer Operating Physician Loop ID-2330E moved to Loop ID-2330D.
 - Other Payer Other Provider Loop ID-2330F is removed.
 - Other Payer Service Facility Location Loop ID-2330H is moved to Loop ID-2330F.
 - Other Payer Other Operating Physician New Loop ID-2330E.
 - Other Payer Rendering Provider New Loop ID-2330G.
 - Other Payer Referring Provider New Loop ID-2330H.
 - Other Payer Billing Provider New Loop ID-2330I.
- **120.** The Other Payer Patient Information loop (Loop ID-2330C) has been removed. All remaining 2330x loops have been renumbered.
- 121. Loop ID-2330F (Other Payer Billing Provider) has been added.
- **122.** Loop ID-2330G (Other Payer Service Facility Location) has been added.
- 123. Loop ID-2330H (Other Payer Assistant Surgeon) has been added.

Loop ID-2400

- **124.** The Procedure Code Description (**SV202-7**) has been changed from Not Used to Situational.
- **125.** The usage of the Line Item Charge Amount (**SV203**) has been clarified. The amount is inclusive of the provider's base charge and any applicable tax amounts reported in the line's tax amount (**AMT**) segments.
- 126. The maximum size of the Service Unit Count (SV205) is set at 8 digits.
- **127.** The Unit Rate (**SV206**) is changed to Not Used.
- **128.** Available values in the Attachment Report Type Code (**PWK01**) have been expanded.
- **129.** The Attachment Transmission Code (**PWK02**) has added new value **FT** (File Transfer) to designate that the attachment is available from an attachment warehouse (vendor).
- 130. The Situational Rule for both PWK05 and PWK06 has changed to support PWK02 = FT.

- **131.** The maximum field length for the Attachment Control Number (**PWK06**) is now 50 characters.
- **132.** The name of the Service Line Date (**DTP**) segment has changed to Date Service Date.
- **133.** The usage notes for the Line Item Control Number (**REF**) segment have been clarified.
- **134.** The Situational Rule and usage notes for the Service Tax Amount and Facility Tax Amount (**AMT**) segments have been clarified along with a reminder that the Line Item Charge Amount (**SV203**) must include amounts reported in the Service and Facility Tax Amounts.
- 135. Added Third Party Organization Notes (NTE) segment.
- **136.** The usage of the Line Pricing/Repricing Information (**HCP**) segment has been clarified.
- **137.** The listed values in Product or Service ID Qualifier (**HCP09**) have been modified to be in sync with the qualifiers listed in SV202-1.

Loop ID-2410

- **138.** The usage of the Drug Quantity (**CTP**) segment has been changed from Situational to Required. Notes were deleted.
- **139.** The name of the Prescription Number (**REF**) segment has been changed to Prescription or Compound Drug Association Number.
- **140.** The Situational Rule and TR3 Notes of the Prescription or Compound Drug Association Number (**REF**) segment have been clarified.
- **141.** Added the qualifier **VY** (Link Sequence Number) to the Prescription or Compound Drug Association Number (**REF**) segment.

Loop ID-2420A through Loop ID-2420D

- **142.** Attending Physician Name loop (Loop ID-2420A in the 004050X141) and the Other Provider Name loop (Loop ID-2420C in the 004050X141) have been deleted. The removal of these loops, and the addition of several new 2420 loops results in the following loop name changes. These changes are listed showing the 004050X141 Loop ID first followed by the Loop ID as named within this implementation.
 - Attending Physician Loop ID-2420A is removed.
 - Operating Physician Loop ID-2420B moved to Loop ID-2420A.
 - Other Operating Physician New Loop ID-2420B.
 - Other Provider Loop ID-2420C is removed.
 - Rendering Provider New Loop ID-2420C.
 - Referring Provider New Loop ID-2420D.

143. The Secondary Identifier (REF) segments in the 2420 service line provider loops now allow identification of a specific payer (the destination payer named in Loop ID-2010BB or a specified payer from the Other Payer loop (Loop ID-2330B). If the identifier belongs to the destination payer, then composite REF04 is not used. If the identifier belongs to a specific non-destination payer, then REF04 indicates the specific non-destination payer.

Loop ID-2430

- **144.** The Situational Rule and the usage notes for the Line Adjudication Information loop have been clarified.
- **145.** Crosswalk references to specific elements in the ASC X12 835 Payment / Remittance Advice transaction have been removed.
- **146.** SVD01 element note of the Line Adjudication Information (**SVD**) segment was clarified.
- 147. Since there is now a specific qualifier available, the generic qualifier ZZ for the Product or Service ID Qualifier (SVD03-1) has been replaced by the specific qualifier ER (Jurisdiction Specific Procedure and Supply Codes), as defined by Code Source 576.
- **148.** Added element note to the Paid Service Unit Count SVD05 of the Line Adjudication Information (**SVD**) segment to indicate a maximum length of 8 digits excluding the decimal. When decimal used, maximum digits allowed to the right of decimal is three.
- 149. The usage notes for SVD06 Bundled Line Number have been clarified.
- **150.** The segment name for the **CAS** segment changed from Service Line Adjustment to the more descriptive Line Adjustment.
- **151.** The segment name for the **DTP** segment changed from Service Adjudication Date to the more descriptive Line Check or Remittance Date.
- 152. The Remaining Patient Liability (AMT) segment has been added.

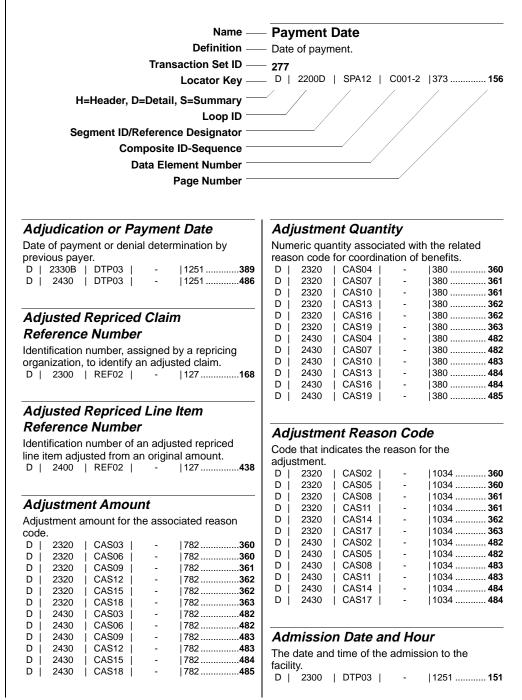
Data Element Glossary

E.1

Ε

Data Element Name Index

This section contains an alphabetic listing of data elements used in this implementation guide. Consult the X12N Data Element Dictionary for a complete list of all X12N Data Elements. Data element names in normal type are generic ASC X12 names. Italic type indicates a health care industry defined name.



| | Attending Provider Last Name |
|--|---|
| Code indicating the source of this admission. | Last Name of the provider responsible for the |
| D 2300 CL102 - 1314 153 | care of the patient. D 2310A NM103 - 1035 |
| | |
| Admission Type Code | |
| Code indicating the priority of this admission. | Attending Provider Middle |
| D 2300 CL101 - 1315 153 | Name or Initial |
| | Middle name or initial of the provider |
| Admitting Diagnosis Code | responsible for care of the patient. D 2310A NM105 - 1037 |
| The diagnosis code describing the patient's | |
| diagnosis at the time of admission. | |
| D 2300 HI01 C022-2 1271 188 | Attending Provider Name Suffix |
| | Suffix to the name of the provider responsible |
| Amount Qualifier Code | for the care of the patient. D 2310A NM107 - 1039 |
| Code to qualify amount. | |
| D 2300 AMT01 - 522 160 | |
| D 2320 AMT01 - 522 364 D 2320 AMT01 - 522 365 | Attending Provider Primary |
| D 2320 AMT01 - 522 366 | Identifier |
| D 2400 AMT01 - 522 439 | Primary identifier for the provider responsible t |
| D 2400 AMT01 - 522440 | the care of the patient. D 2310A NM109 - 67 |
| D 2430 AMT01 - 522 487 | |
| Assistant Number | Attending Previder Cocondens |
| Assigned Number | Attending Provider Secondary Identifier |
| Number assigned for differentiation within a transaction set. | |
| D 2400 LX01 - 554 423 | Additional identifier for the provider responsible for the care of the patient. |
| | D 2310A REF02 - 127 |
| | |
| Assignment or Plan | |
| Participation Code | Auto Accident State or |
| An indication, used by a health plan, that the | Province Code |
| | |
| | State or Province where auto accident occurre |
| | State or Province where auto accident occurre |
| benefits. | State or Province where auto accident occurre D 2300 REF02 - 127 |
| benefits. D 2300 CLM07 - 1359 146 | State or Province where auto accident occurre D 2300 REF02 - 127 |
| benefits. D 2300 CLM07 - 1359 146 Attachment Control Number Identification number of attachment related to | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator |
| benefits. D 2300 CLM07 - 1359 146 Attachment Control Number Identification number of attachment related to the claim. - | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a |
| benefits. D 2300 CLM07 - 1359 146 Attachment Control Number Identification number of attachment related to the claim. D 2300 PWK06 - 167 157 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 |
| benefits. Image: D Image: S Image: S | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text |
| D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information about the bill or claim being submitted. |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information about the bill or claim being submitted. |
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| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information about the bill or claim being submitted. D 2300 NTE02 - 352 Billing Provider Address Line |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. - 1073 D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information about the bill or claim being submitted. D 2300 NTE02 - 352 Billing Provider Address Line Address line of the billing provider or billing - - - |
| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. - 1073 D 2300 CLM08 - 1073 D 2320 Ol03 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information about the bill or claim being submitted. D 2300 NTE02 - 352 Billing Provider Address Line Address line of the billing provider or billing entity address. - - |
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| benefits. D 2300 CLM07 - 1359 | State or Province where auto accident occurre D 2300 REF02 - 127 Benefits Assignment Certification Indicator A code showing whether the provider has a signed form authorizing the third party payer to pay the provider. D 2300 CLM08 - 1073 D 2300 OLM08 - 1073 D 2320 Ol03 - 1073 Billing Note Text Free-form text providing additional information about the bill or claim being submitted. D 2300 NTE02 - 352 Billing Provider Address Line Address line of the billing provider or billing entity address. D 2010AA N301 - 166 D 2010AA N302 - 166 Billing Provider City Name |
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| Billing Provider Contact Name Person at billing organization to contact regarding the billing transaction. D 2010AA PER02 - 93 | Claim Adjustment Group Code Code identifying the general category of payment adjustment. D 2320 CAS01 - 1033 |
|--|---|
| Identification number for the provider or organization in whose name the bill is submitted and to whom payment should be made. D 2010AA NM109 - 67 | Claim DRG AmountTotal of Prospective Payment System operating and capital amounts for this claim.D2320MIA04-1782770 |
| Billing Provider Organizational | Claim Disproportionate Share |
| Name | Amount Sum of operating capital disproportionate share |
| Organization name of the entity billing for services. D 2010AA NM103 - 103585 | amounts for this claim. D 2320 MIA06 - 782 |
| Billing Provider Postal Zone or ZIP Code | Claim Filing Indicator Code Code identifying type of claim or expected |
| Postal zone code or ZIP code for the provider or billing entity billing for services. D 2010AA N403 - 116 | adjudication process. D 2000B SBR09 - 1032 |
| Billing Provider Secondary Identifier Secondary identification number for the provider or organization in whose name the bill is submitted and to whom payment should be | Claim Frequency CodeCode specifying the frequency of the claim. Thisis the third position of the Uniform Billing ClaimForm Bill Type.D 2300 CLM05 C023-3 1325 |
| made. D 2010BB REF02 - 127 | Claim Identifier |
| Billing Provider State or Province Code | Identifies type of claims in this transaction. H BHT06 - 640 640 |
| State or province for provider or billing entity | Claim Indirect Teaching Amount |
| billing for services. D 2010AA N402 - 156 89 | Total of operating and capital indirect teaching amounts for this claim. D 2320 MIA18 - 782 372 |
| Billing Provider Tax Identification Number | Claim MSP Pass-through |
| Tax identification number for the provider or | Amount |
| organization in whose name the bill is submitted and to whom payment should be made. D 2010AA REF02 - 12790 | Interim cost pass-though amount used to determine Medicare Secondary Payer liability. D 2320 MIA07 - 782 |
| Bundled Line Number | Claim Note Text |
| Identification of line item bundled by payer in payment of benefits. D 2430 SVD06 - 554 479 | Narrative text providing additional information related to the claim. D 2300 NTE02 - 352 179 |
| Certification Condition Code | Claim PPS Capital Amount |
| Applies IndicatorCode indicating whether or not the conditioncodes apply to the patient or another entity.D 2300 CRC02 - 1073 | Total Prospective Payment System (PPS)capital amount payable for this claim as outputby PPS PRICER.D 2320 MIA08 - 782 |

| Claim PPS Capital Outlier Amount D 233 Total Prospective Payment System capital day or cost outlier payable for this claim, excluding operating outlier amount. D 230 D 2320 MIA17 - 1782 372 Claim Payment Remark Code D 230 D 230 Code identifying the remark associated with the payment. 127 373 D 230 D 2320 MIA21 - 1127 373 D 230 D 2320 MIA23 - 1127 373 D 230 D 2320 MOA04 - 127 375 D 230 D 2320 MOA06 - 1127 375 D 230 D 2320 MOA06 - 1127 375 D 230 D 2300 HI01 C022-1 1270 194 D 230 D 2300 HI02 C022-1 1270 194 D 230 | | | | | | | |
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| Amount D 230 Total Prospective Payment System capital day or cost outilier payable for this claim, excluding operating outlier amount. D 230 D 2320 MIA17 - 1782 372 Claim Payment Remark Code Code identifying the remark associated with the payment. D 230 D 230 D 2320 MIA25 - 127 373 D 2330 D 2320 MIA25 - 127 373 D 2330 D 2320 MIA23 - 1127 373 D 2330 D 2320 MOA04 - 1127 375 D 2330 D 2320 MOA05 - 1127 375 D 2330 D 2330 MOA06 - 1127 375 D 230 D 2300 H011 C022-1 1270 184 D 230 D 2300 H012 C022-1 1270 | - | | S Capita | al Outlie | er | | |
| or cost outlier payable for this claim, excluding operating outlier amount. D 230 D 2 | An | nount | | | | | |
| operating outlier amount. D 2 330 MIA17 - 1782 372 D 2320 MIA17 - 1782 372 Claim Payment Remark Code D 230 Code identifying the remark associated with the payment. D 2320 D 2320 MIA21 - 127 373 D 2320 MIA21 - 127 373 D 2330 D 2320 MIA22 - 1127 373 D 2330 D 2320 MOA03 - 1127 375 D 2330 D 2320 MOA06 - 1127 375 D 2330 D 2330 MOA06 - 1127 375 D 2330 D 2300 HI01 C022-1 1270 184 D 2300 D 2300 HI02 C022-1 1270 196 D 230 | Tota | al Prospec | tive Paym | nent Syste | m capital day | _ | 230 |
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| Claim Payment Remark Code D 230 Code identifying the remark associated with the payment. D 2320 MIA05 - 127 370 D 2320 MIA05 - 127 373 D 2330 D 2320 MIA22 - 1127 373 D 2330 D 2320 MIA23 - 1127 373 D 2330 D 2320 MOA03 - 1127 375 D 2330 D 2320 MOA041 - 1127 375 D 2330 D 2320 MOA05 - 1127 375 D 2330 D 2330 MOA07 - 1127 184 D 2300 D 2300 Hi01 C022-1 1270 184 D 230 D 2300 Hi02 C022-1 1270 186 D 230 D 2300 H | | | | | | _ | |
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| D 2300 HI11 C022-1 1270 236 D 2300 HI12 C022-1 1270 237 D 2300 HI01 C022-1 1270 240 D 2300 HI01 C022-1 1270 243 D 2300 HI01 C022-1 1270 243 D 2300 HI02 C022-1 1270 243 D 2300 HI03 C022-1 1270 244 D 2300 HI04 C022-1 1270 245 D 2300 HI05 C022-1 1270 246 D 2300 HI05 C022-1 1270 248 D 2300 HI05 C022-1 1270 250 D 2300 HI07 C022-1 1270 251 D 2300 HI08 C022-1 1270 253 D 2300 HI10 C022-1 1270 254 D 2300 HI11 C022-1 1270 <t< td=""><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | - | | | | | | |
| D 2300 HI01 C022-1 1270 240 D 2300 HI01 C022-1 1270 243 D 2300 HI01 C022-1 1270 243 D 2300 HI02 C022-1 1270 244 D 2300 HI03 C022-1 1270 244 D 2300 HI04 C022-1 1270 246 D 230 D 2300 HI05 C022-1 1270 248 D 230 D 2300 HI06 C022-1 1270 248 D 230 D 2300 HI06 C022-1 1270 249 D 241 D 2300 HI07 C022-1 1270 250 D 241 D 2300 HI08 C022-1 1270 251 Complete D 2300 HI11 C022-1 1270 256 H 1000 D 2300 HI11 C022-1 1270 256 H | D | 2300 | HI11 | C022-1 | 1270 236 | | 230 |
| D 2300 HI01 C022-1 1270 243 Code G D 2300 HI02 C022-1 1270 244 Code ider D 2300 HI03 C022-1 1270 244 Code ider D 2300 HI04 C022-1 1270 245 D 230 D 2300 HI04 C022-1 1270 246 D 230 D 2300 HI05 C022-1 1270 248 D 230 D 230 D 2300 HI06 C022-1 1270 248 D 230 D 2300 HI07 C022-1 1270 250 D 2300 HI07 C022-1 1270 253 D 2300 HI09 C022-1 1270 253 D 2300 HI11 C022-1 1270 254 D 2300 HI12 C022-1 1270 256 D 2300 HI12 C022-1 1270 256 | - | | | | | | |
| D 2300 HI02 C022-1 1270 244 D 2300 HI03 C022-1 1270 244 D 2300 HI03 C022-1 1270 245 D 2300 HI04 C022-1 1270 246 D 230 D 2300 HI05 C022-1 1270 248 D 230 D 2300 HI06 C022-1 1270 249 D 241 D 2300 HI07 C022-1 1270 251 D 230 D 2300 HI07 C022-1 1270 253 D 2300 HI08 C022-1 1270 253 D 2300 HI10 C022-1 1270 254 D 2300 HI11 C022-1 1270 256 D 2300 HI12 C022-1 1270 256 D 2300 HI12 C022-1 1270 256 D 2300 HI01 < | - | | | | | Co | de C |
| $ \begin{array}{c c c c c c c c c c c c c c c c c c c $ | - | • | | | · | | |
| D 2300 HI04 C022-1 1270 246 D 230 D 2300 HI05 C022-1 1270 248 D 230 D 2300 HI06 C022-1 1270 249 D 2300 D 241 D 2300 HI06 C022-1 1270 250 D 241 D 2300 HI07 C022-1 1270 250 D 241 D 2300 HI08 C022-1 1270 251 D Complete D 2300 HI10 C022-1 1270 255 Complete D 2300 H111 C022-1 1270 255 H 1000 D 2300 H112 C022-1 1270 258 H 1000 D 2300 H101 C022-1 1270 258 H 1000 D 2300 H102 C022-1 1270 258 H 1000 D 2300 H103 C022-1 <td< td=""><td>-</td><td>•</td><td></td><td></td><td>1</td><td></td><td></td></td<> | - | • | | | 1 | | |
| D 2300 HI05 C022-1 1270 248 D 241 D 2300 HI06 C022-1 1270 249 D 241 D 2300 HI07 C022-1 1270 250 D 250 D 2300 HI08 C022-1 1270 251 D Commu D 2300 HI09 C022-1 1270 253 Complete Country of D 2300 HI10 C022-1 1270 255 Complete Country of D 2300 HI11 C022-1 1270 256 H 1000 D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI12 C022-1 1270 258 H 1000 D 2300 HI01 C022-1 1270 258 H 1000 D 2300 HI02 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 <t< td=""><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td></t<> | - | | | | | | |
| D 2300 HI07 C022-1 1270 250 D 2300 HI08 C022-1 1270 251 D 2300 HI09 C022-1 1270 253 D 2300 HI09 C022-1 1270 253 D 2300 HI10 C022-1 1270 254 D 2300 HI11 C022-1 1270 256 D 2300 HI12 C022-1 1270 256 D 2300 HI12 C022-1 1270 256 D 2300 HI01 C022-1 1270 256 D 2300 HI01 C022-1 1270 256 D 2300 HI01 C022-1 1270 258 D 2300 HI02 C022-1 1270 259 D 2300 HI03 C022-1 1270 260 D D 2300 HI03 C022-1 1270 260 D 2010 | D | 2300 | HI05 | C022-1 | | D | |
| D 2300 HI08 C022-1 1270 251 D 2300 HI09 C022-1 1270 253 D 2300 HI09 C022-1 1270 253 D 2300 HI10 C022-1 1270 254 D 2300 HI11 C022-1 1270 255 D 2300 HI12 C022-1 1270 256 D 2300 HI01 C022-1 1270 256 D 2300 HI01 C022-1 1270 258 D 2300 HI02 C022-1 1270 258 D 2300 HI03 C022-1 1270 259 D 2300 HI03 C022-1 1270 259 D 2300 HI03 C022-1 1270 260 D | - | • | | | | | |
| D 2300 HI09 C022-1 1270 253 D 2300 HI10 C022-1 1270 254 Complete D 2300 HI11 C022-1 1270 255 Complete D 2300 HI11 C022-1 1270 255 H 1000 D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI01 C022-1 1270 258 H 1000 D 2300 HI02 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 1270 260 D 2010 | - | | | | | | |
| D 2300 HI10 C022-1 1270 254 Complete D 2300 HI11 C022-1 1270 255 country of D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI01 C022-1 1270 258 H 1000 D 2300 HI02 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 1270 260 D 2010 | - | | | | | Co | mmı |
| D 2300 HI11 C022-1 1270 255 country of D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI01 C022-1 1270 258 H 1000 D 2300 HI02 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 1270 260 D 2010 | - | | | | | Cor | nplete |
| D 2300 HI12 C022-1 1270 256 H 1000 D 2300 HI01 C022-1 1270 258 H 1000 D 2300 HI01 C022-1 1270 258 H 1000 D 2300 HI02 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 1270 260 D 2010 | | | | | | | ntry o |
| D 2300 HI02 C022-1 1270 259 H 1000 D 2300 HI03 C022-1 1270 260 D 2010 | | | | | | | |
| D 2300 HI03 C022-1 1270 260 D 2010. | - | • | | | | | |
| | | • | | | | | |
| | - | | | | | _ | |
| | - | | | | | | |

| D | 2300 | HI05 | C022-1 | 1270 262 |
|---|----------|------------------|------------|--------------------------------------|
| | • | HI06 | | 1270 263 |
| | • | HI07 | | 1270 264 |
| | | HI08 | | 1270 265 |
| | | HI09 | | 1270 266 |
| | | HI10 | | 1270 267 |
| | | HI11 | | 1270 268 |
| | | HI12 | | 1270 |
| | | HI01 HI02 | | 1270 271 1270 272 |
| | | HI02 HI03 | | 1270 272 1270 273 |
| | | HI04 | | 1270 273 |
| | | HI05 | | 1270 275 |
| | | HI06 | | 1270 276 |
| | | HI07 | | 1270 277 |
| | | HI08 | | 1270 278 |
| | | HI09 | | 1270 279 |
| D | 2300 | HI10 | C022-1 | 1270 280 |
| D | 2300 | HI11 | C022-1 | 1270 281 |
| D | 2300 | HI12 | C022-1 | 1270 282 |
| D | • | HI01 | | 1270 284 |
| D | 2300 | HI02 | | 1270 285 |
| | | HI03 | | 1270 286 |
| | | HI04 | | 1270 287 |
| | | HI05 | | 1270 287 |
| | | HI06 | | 1270 288 |
| | | HI07 | | 1270 289 |
| | | HI08 HI09 | | 1270 290 1270 290 |
| | | HI109 | | 1270 290 1270 291 |
| | | HI11 | | 1270 291 |
| | | HI12 | | 1270 293 |
| | | HI01 | | 1270 294 |
| | | HI02 | | 1270 295 |
| | | HI03 | | 1270 296 |
| D | 2300 | HI04 | C022-1 | 1270 297 |
| D | 2300 | HI05 | C022-1 | 1270 297 |
| D | 2300 | HI06 | C022-1 | 1270 298 |
| | | HI07 | | 1270 299 |
| | | HI08 | | 1270 300 |
| | | HI09 | | 1270 300 |
| | | HI10 | | 1270 301 |
| | • | HI11 | | 1270 302 |
| | | HI12 | | 1270 303 |
| | | HI01 HI02 | | 1270 304 1270 305 |
| | | HI02 HI03 | | 1270 305 |
| | | HI04 | | 1270 307 |
| | | HI05 | | 1270 307 |
| | | HI06 | | 1270 308 |
| D | 2300 | HI07 | C022-1 | 1270 309 |
| - | | HI08 | | 1270 309 |
| _ | 2300 | HI09 | | 1270 310 |
| _ | 2300 | HI10 | . | |
| D | 2300 | HI11 | · | |
| D | 2300 | HI12 | C022-1 | 1270 312 |
| | | | | |
| | de Qua | | _ | |
| | | ing the typ | be of unit | or |
| _ | asuremen | | | 14400 |
| D | | CRC01 | | 1136 181 |
| D | 2410 | CTP05 | C001-1 | 355 453 |
| | | | | |

Communication Number

Complete communications number including country or area code when applicable

| country or area code when | applic | able |
|---------------------------|--------|---------------|
| H 1000A PER04 | - | 364 74 |
| H 1000A PER06 | - | 364 75 |
| H 1000A PER08 | - | 364 75 |
| D 2010AA PER04 | - | 364 92 |
| D 2010AA PER06 | - | 364 93 |

| | 2010AA | PER08 | - | 364 93 |
|--|--|--|--|--|
| | mmunio | cation N | lumber | |
| | | ing the typ | e of com | munication |
| H H D D | 1000A | PER05 PER07 PER03 PER05 | - - - | 365 74 365 74 365 75 365 92 365 92 365 92 365 93 |
| Со | ondition | Code | | |
| | | | | n(s) relating to |
| D D D D D D D D D D D D D D D D | 2300 2300 2300 2300 2300 2300 2300 | HI01 HI02 HI03 HI04 HI05 HI06 HI07 HI08 HI09 HI10 HI11 | C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 C022-2 | 1271 300 |
| Со | ndition | Indicat | or | |
| | de indicatii 2300 2300 | | ition - - | 1321 182 1321 182 1321 183 |
| | ntact F | unction | Code | |
| იე | | | | or responsibility |
| | le identify | | | |
| Coc of th H | de identifyi ne person 1000A 2010AA | or group PER01 | named. | 366 74 366 92 |
| Coc of th H D | ne person 1000A | or group PER01 PER01 | named. | 366 74 |
| Coc of th D D | ne person 1000A 2010AA 2010AA | or group PER01 PER01 | named. | 366 74 366 92 |
| Coc of th D Co Fixe | ne person 1000A 2010AA 2010AA | or group PER01 PER01 Amount | named. - t pertainir | 366 74 366 92 |
| Coc of th D Fixe con D | ne person 1000A 2010AA | or group PER01 PER01 Amount | named. - t pertainir | 366 74 366 92 |
| Coc of th D Fixe con D Coc | ne person 1000A 2010AA 2010AA 2010AA 2000 2300 | Armount CN102 COde ing the sp | t pertainir - ecific cont | 366 74 366 92 ng to the 782 158 |

Percent of charges payable under the contract D | 2300 | CN103 | - |332 159

Contract Type Code

Contract Version Identifier

Identification of additional or supplementalcontract provisions, or identification of aparticular version or modification of contract.D2300CN106-I799T59

Cost Report Day Count

The number of days that may be claimed as Medicare patient days on a cost report. D | 2320 | MIA15 | - |380......372

Country Code

Code indicating the geographic location.

| D | 2010AA | N404 | - 1 | 26 | 89 |
|---|--------|------|-----|----|-----|
| D | 2010AB | N404 | - | 26 | |
| D | 2010AC | N404 | - | 26 | 103 |
| D | 2010BA | N404 | - | 26 | 117 |
| D | 2010BB | N404 | - | 26 | 126 |
| D | 2010CA | N404 | - | 26 | 139 |
| D | 2310E | N404 | - | 26 | 346 |
| D | 2330A | N404 | - | 26 | 382 |
| D | 2330B | N404 | - | 26 | 388 |
| | | | | | |

Country Subdivision Code

Code identifying the country subdivision.

| oodo idonaiyin | 9 110 0 | o unit | | |
|----------------|---------|--------|---|-----------------|
| D 2010AA | N407 | | - | 1715 89 |
| D 2010AB | N407 | | - | 1715 98 |
| D 2010AC | N407 | | - | 1715 103 |
| D 2010BA | N407 | | - | 1715 117 |
| D 2010BB | N407 | | - | 1715 126 |
| D 2010CA | N407 | | - | 1715 139 |
| D 2310E | N407 | | - | 1715 346 |
| D 2330A | N407 | | - | 1715 382 |
| D 2330B | N407 | | - | 1715 388 |
| | | | | |

Covered Days or Visits Count

| Number of days or visits covered by the primary | | | |
|---|---|--|--|
| payer or days/visits that would have been | | | |
| covered had Medicare been primary. | | | |
| D 2320 MIA01 - 380 | 3 | | |

Currency Code

| Code for country in whos | e curr | ency the ch | arges |
|--------------------------|--------|-------------|-------|
| are specified. | | | |
| D 2000A CUR02 | - | 100 | 82 |

Date Time Period Format Qualifier

Code indicating the date format, time format, or date and time format.

| D | 2010BA | DMG01 | - | 1250 118 |
|---|--------|-------|--------|-----------------|
| D | 2010CA | DMG01 | - | 1250 140 |
| D | 2300 | DTP02 | - | 1250 149 |
| D | 2300 | DTP02 | - | 1250 150 |
| D | 2300 | DTP02 | - | 1250 151 |
| D | 2300 | DTP02 | - | 1250 152 |
| D | 2300 | HI01 | C022-3 | 1250 240 |
| D | 2300 | HI01 | C022-3 | 1250 243 |
| D | 2300 | HI02 | C022-3 | 1250 244 |
| D | 2300 | HI03 | C022-3 | 1250 246 |
| D | 2300 | HI04 | C022-3 | 1250 247 |
| D | 2300 | HI05 | C022-3 | 1250 248 |
| D | 2300 | HI06 | C022-3 | 1250 249 |
| | | | | |

| ASC X12N • INSURANCE SUBCOMMITTEE |
|-----------------------------------|
| TECHNICAL REPORT • TYPE 3 |

| D | 2300 | HI07 | C022-3 | 1250 251 |
|---|-------|-------|--------|-----------------|
| D | 2300 | HI08 | C022-3 | 1250 252 |
| D | 2300 | HI09 | C022-3 | 1250 253 |
| D | 2300 | HI10 | C022-3 | 1250 254 |
| D | 2300 | HI11 | C022-3 | 1250 256 |
| D | 2300 | HI12 | C022-3 | 1250 257 |
| D | 2300 | HI01 | C022-3 | 1250 259 |
| D | 2300 | HI02 | C022-3 | 1250 260 |
| D | 2300 | HI03 | C022-3 | 1250 261 |
| D | 2300 | HI04 | C022-3 | 1250 262 |
| D | 2300 | HI05 | C022-3 | 1250 263 |
| D | 2300 | HI06 | C022-3 | 1250 264 |
| D | 2300 | HI07 | C022-3 | 1250 265 |
| D | 2300 | HI08 | C022-3 | 1250 266 |
| D | 2300 | HI09 | C022-3 | 1250 267 |
| D | 2300 | HI10 | C022-3 | 1250 268 |
| D | 2300 | HI11 | C022-3 | 1250 269 |
| D | 2300 | HI12 | C022-3 | 1250 270 |
| D | 2300 | HI01 | C022-3 | 1250 272 |
| D | 2300 | HI02 | C022-3 | 1250 273 |
| D | 2300 | HI03 | C022-3 | 1250 274 |
| D | 2300 | HI04 | C022-3 | 1250 275 |
| D | 2300 | HI05 | C022-3 | 1250 276 |
| D | 2300 | HI06 | C022-3 | 1250 277 |
| D | 2300 | HI07 | C022-3 | 1250 278 |
| D | 2300 | HI08 | C022-3 | 1250 279 |
| D | 2300 | HI09 | C022-3 | 1250 280 |
| D | 2300 | HI10 | C022-3 | 1250 281 |
| D | 2300 | HI11 | C022-3 | 1250 282 |
| D | 2300 | HI12 | C022-3 | 1250 283 |
| D | 2330B | DTP02 | - | 1250 389 |
| D | 2400 | DTP02 | - | 1250 434 |
| D | 2430 | DTP02 | - | 1250 486 |
| | | | | |

Date Time Qualifier

Code specifying the type of date or time or both date and time.

| D 2300 D | TP01 - | - 374 | 149 |
|---------------|----------|---------|-----|
| D 2300 D | TP01 - | - 374 | 150 |
| D 2300 D | TP01 - | - 374 | 151 |
| D 2300 D | TP01 - | - 374 | 152 |
| D 2330B D | TP01 - | - 374 | 389 |
| D 2400 D | TP01 - | - 374 | 434 |
| D 2430 D | TP01 - | - 374 | 486 |
| | | | |

Delay Reason Code

Code indicating the reason why a request was delayed. D | 2300 | CLM20 | - |1514 147

Demonstration Project Identifier

Description

Diagnosis Related Group (DRG) Code

Diagnosis related group for this claim. D | 2300 | HI01 | C022-2 |1271......**219**

Discharge Time

| Time the patient was discharged from the | | | | | | | |
|--|----------|-------|---|---|-----------------|--|--|
| inpati | ient car | re. | | | | | |
| D | 2300 | DTP03 | 1 | - | 1251 149 | | |
| | | | | | | | |
| | | | | | | | |

End Stage Renal Disease Payment Amount

Amount of payment under End Stage Renal Disease benefit.

D | 2320 | MOA08 | - |782 376

Entity Identifier Code

Code identifying an organizational entity, a physical location, property or an individual.

| рпу | Sical local | ion, prope | on an in | laiviauai. |
|-----|-------------|------------|----------|---------------|
| Η | 1000A | NM101 | - | 98 71 |
| H | 1000B | NM101 | - | 98 76 |
| D | 2000A | CUR01 | - | 98 82 |
| D | 2010AA | NM101 | - | 98 85 |
| D | 2010AB | NM101 | - | 98 94 |
| D | 2010AC | NM101 | - | 98 99 |
| D | 2010BA | NM101 | - | 98 112 |
| D | 2010BB | NM101 | - | 98 122 |
| D | 2010CA | NM101 | - | 98 135 |
| D | 2310A | NM101 | - | 98 319 |
| D | 2310B | NM101 | - | 98 327 |
| D | 2310C | NM101 | - | 98 332 |
| D | 2310D | NM101 | - | 98 337 |
| D | 2310E | NM101 | - | 98 342 |
| D | 2310F | NM101 | - | 98 350 |
| D | 2330A | NM101 | - | 98 378 |
| D | 2330B | NM101 | - | 98 384 |
| D | 2330C | NM101 | - | 98 397 |
| D | 2330C | NM101 | - | 98 397 |
| D | 2330D | NM101 | - | 98 401 |
| D | 2330E | NM101 | - | 98 405 |
| D | 2330F | NM101 | - | 98 409 |
| D | 2330G | NM101 | - | 98 413 |
| D | 2330H | NM101 | - | 98 417 |
| D | 23301 | NM101 | - | 98 421 |
| D | 2420A | NM101 | - | 98 457 |
| D | 2420B | NM101 | - | 98 462 |
| D | 2420C | NM101 | - | 98 467 |
| D | 2420D | NM101 | - | 98 472 |
| | | | | |

Entity Type Qualifier

Code qualifying the type of entity.

| 000 | ic quaiityii | ng the typ | C OI CHILLY. | |
|-----|--------------|------------|--------------|-----------------|
| Н | 1000A | NM102 | - | 1065 72 |
| н | 1000B | NM102 | - | 1065 76 |
| D | 2010AA | NM102 | - | 1065 85 |
| D | 2010AB | NM102 | - | 1065 95 |
| D | 2010AC | NM102 | - | 1065 100 |
| D | 2010BA | NM102 | - | 1065 113 |
| D | 2010BB | NM102 | - | 1065 123 |
| D | 2010CA | NM102 | - | 1065 135 |
| D | 2310A | NM102 | - | 1065 320 |
| D | 2310B | NM102 | - | 1065 327 |
| D | 2310C | NM102 | - | 1065 332 |
| D | 2310D | NM102 | - | 1065 337 |
| D | 2310E | NM102 | - | 1065 342 |
| D | 2310F | NM102 | - | 1065 350 |
| D | 2330A | NM102 | - | 1065 378 |
| D | 2330B | NM102 | - | 1065 384 |
| D | 2330C | NM102 | - | 1065 397 |
| D | 2330C | NM102 | - | 1065 397 |
| D | 2330D | NM102 | - | 1065 401 |
| D | 2330E | NM102 | - | 1065 405 |
| D | 2330F | NM102 | - | 1065 409 |
| D | 2330G | NM102 | - | 1065 413 |
| | | | | |

| - | 1065 | 417 |
|---|------|--|
| - | 1065 | 421 |
| - | 1065 | 457 |
| - | 1065 | 462 |
| - | 1065 | 467 |
| - | 1065 | 472 |
| | - | - 1065 - 1065 - 1065 - 1065 - 1065 - 1065 |

Exception Code

Exception code generated by the Third Party

| זר | gai | nizatio | n. | |
|----|-----|---------|----|--|
| | | | | |

| D | 2300 | HCP15 | - | 1527 318 |
|---|------|-------|---|-----------------|
| D | 2400 | HCP15 | - | 1527 448 |

External Cause of Injury Code

| Code | identify | /in | g the c | au | se of the | e injury. |
|------|----------|-----|---------|----|-----------|-----------------|
| D | 2300 | 1 | HI01 | | C022-2 | 1271 194 |
| D | 2300 | 1 | HI02 | | C022-2 | 1271 196 |
| D | 2300 | 1 | HI03 | | C022-2 | 1271 198 |
| D | 2300 | 1 | HI04 | | C022-2 | 1271 200 |
| D | 2300 | 1 | HI05 | | C022-2 | 1271 202 |
| D | 2300 | 1 | HI06 | | C022-2 | 1271 204 |
| D | 2300 | 1 | HI07 | | C022-2 | 1271 206 |
| D | 2300 | L | HI08 | | C022-2 | 1271 208 |
| D | 2300 | İ | HI09 | Ì | C022-2 | 1271 210 |
| D | 2300 | 1 | HI10 | | C022-2 | 1271 212 |
| D | 2300 | L | HI11 | | C022-2 | 1271 214 |
| Dİ | 2300 | 1 | HI12 | Ì | C022-2 | 1271 216 |

Facility Code Qualifier

Code identifying the type of facility referenced. D | 2300 | CLM05 | C023-2 |1332...... 145

Facility Tax Amount

The amount of facility tax or surcharge applicable to the reported service. D | 2400 | AMT02 | |782 **440**

Facility Type Code

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format. D | 2300 | CLM05 | C023-1 |1331...... 145

Fixed Format Information

| Data in fixed format agreed upon by sender and | | | | | | | |
|--|------|---|------|--|---|-----|-----|
| receiv | /er | | | | | | |
| D | 2300 | I | K301 | | - | 449 | 177 |

HCPCS Payable Amount

Amount due under Medicare HCPCS system. -|782 **375** D | 2320 | MOA02 |

Hierarchical Child Code

Code indicating if there are hierarchical child data segments subordinate to the level being described. 20004 1700

| D 2000A | Ι | HL04 | | - | 736 | 79 |
|-----------|---|------|---|---|-----|-----|
| D 2000B | | HL04 | | - | 736 | 108 |
| D 2000C | Ι | HL04 | Ι | - | 736 | 132 |

005010X223 • 837 HEALTH CARE CLAIM: INSTITUTIONAL

Hierarchical ID Number

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. D | 2000A | HL01 | _ | 628 **78**

| - | 2000/1 | | | | 020 |
|---|--------|------|---|---|----------------|
| D | 2000B | HL01 | | - | 628 107 |
| D | 2000C | HL01 | 1 | - | 628 131 |

Hierarchical Level Code

Code defining the characteristic of a level in a hierarchical structure

| | | | •••• | | | | |
|---|---|-------|------|------|---|-----|-----|
| D | L | 2000A | | HL03 | - | 735 | 78 |
| D | | 2000B | | HL03 | - | 735 | 108 |
| D | l | 2000C | I. | HL03 | - | 735 | 132 |

Hierarchical Parent ID Number

Identification number of the next higher hierarchical data segment that the data

| segn | ient be | mg | descri | bea | is sur | pordinate t | 0. |
|------|---------|----|--------|-----|--------|-------------|-----|
| D | 2000B | | HL02 | | - | 734 | 108 |
| D | 2000C | Ι | HL02 | | - | 734 | 132 |

Hierarchical Structure Code

Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set

| Н | BHT01 | - | 1005 68 |
|---|-------|---|----------------|
|---|-------|---|----------------|

Identification Code Qualifier

Code designating the system/method of code structure used for Identification Code (67)

| Suru | cluic used | | | |
|------|------------|-------|---|---------------|
| H | 1000A | NM108 | - | 66 72 |
| H | 1000B | NM108 | - | 66 77 |
| D | 2010AA | NM108 | - | 66 86 |
| D | 2010AC | NM108 | - | 66 100 |
| D | 2010BA | NM108 | - | 66113 |
| D | 2010BB | NM108 | - | 66 123 |
| D | 2300 | PWK05 | - | 66 157 |
| D | 2310A | NM108 | - | 66 321 |
| D | 2310B | NM108 | - | 66 328 |
| D | 2310C | NM108 | - | 66 333 |
| D | 2310D | NM108 | - | 66 338 |
| D | 2310E | NM108 | - | 66 342 |
| D | 2310F | NM108 | - | 66 351 |
| D | 2330A | NM108 | - | 66 379 |
| D | 2330B | NM108 | - | 66 385 |
| D | 2400 | PWK05 | - | 66 432 |
| D | 2420A | NM108 | - | 66 458 |
| D | 2420B | NM108 | - | 66 463 |
| D | 2420C | NM108 | - | 66 468 |
| D | 2420D | NM108 | - | 66 473 |
| | | | | |

Individual Relationship Code

Code indicating the relationship between two individuals or entities.

| D | 2000B | SBR02 | 1 | - | 1069 | 110 |
|---|-------|-------|---|---|------|-------|
| D | 2000C | PAT01 | 1 | - | 1069 | . 133 |
| D | 2320 | SBR02 | | - | 1069 | . 355 |

| Insured Group or Policy | Laboratory or Facility State or |
|---|---|
| NumberThe identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.D 2320 SBR03 - 127 | Province CodeState or province of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered.D 2310E N402 - 156 |
| | Lifetime Psychiatric Days Count |
| Investigational Device Exemption Identifier Number or reference identifying exemption assigned to an ivestigational device referenced in the claim. D 2300 REF02 - 127 | Number of lifetime psychiatric days used for this claim. D 2320 MIA03 - 380 |
| Laboratory or Facility Address Line Address line of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered. D 2310E N301 - D 2310E N302 - 166 | Charges related to this service. D 2400 SV203 - 782 |
| | Line Item Denied Charge or |
| Laboratory or Facility City | Non-Covered Charge Amount |
| Name City of the laboratory or facility performing tests billed on the claim where the health care service was performed/rendered. | Line item charges denied or not covered. D 2400 SV207 - 782 |
| D 2310E N401 - 19 | Line Note Text Narrative text providing additional information related to the service line. D 2400 NTE02 - 352 |
| Laboratory testing on the claim where the health care service was performed/rendered. D 2310E NM103 - 1035 342 | Medical Record Number A unique number assigned to patient by the provider to assist in retrieval of medical records. D 2300 REF02 - 127 |
| Laboratory or Facility Postal Zone or ZIP Code Postal ZIP or zonal code of the laboratory or | Monetary Amount |
| facility performing tests billed on the claim where the health care service was performed/rendered. D 2310E N403 - 116 | Monetary amount. - 782 443 D 2400 HCP02 - 782 443 D 2400 HCP03 - 782 443 D 2400 HCP07 - 782 444 |
| Laboratory or Facility Primary IdentifierIdentifierIdentification number of laboratory or other facility performing laboratory testing on the claim where the health care service was performed/rendered.D 2310E NM109 - 67 | National Drug Code The national drug identification number assigned by the Federal Drug Administration (FDA). D 2410 LIN03 - 234 |
| Laboratory or FacilitySecondary IdentifierAdditional identifier for the laboratory or facilityperforming tests billed on the claim where thehealth care service was performed/rendered.D 2310E REF02 - 127 | measure as defined by the National Drug Code. D 2410 CTP04 - 380 452 |

005010X223 • 837 HEALTH CARE CLAIM: INSTITUTIONAL

Non-Covered Charge Amount

| Charges pertaining to the related revenue | | | | | |
|--|------|-------|---|-----|-----|
| center code that the primary payer will not cover. | | | | | |
| D | 2320 | AMT02 | - | 782 | 366 |

Non-Payable Professional Component Billed Amount

Amount of non-payable charges included in the

| bill related to professional services. |
|--|
|--|

| D 23 | 320 MIA19 | - | 782 | 372 |
|--------|-------------|------|-----|-----|
| D 23 | 320 MOA09 |) - | 782 | 376 |

Note Reference Code

Code identifying the functional area or purpose for which the note applies.

| D 230 | 00 NTE0 | 1 | - | 363 | 178 |
|---------|-----------|---|---|-----|-----|
| D 230 | 00 NTE0 | 1 | - | 363 | 180 |
| D 240 | 00 NTE0 | 1 | - | 363 | 441 |

Occurrence Code

A code defining a significant event relating to

| this b | oll that m | nay affec | ct p | ayer pro | cessing. | |
|--------|------------|-----------|------|----------|----------|-----|
| D | 2300 | HI01 | | C022-2 | 1271 | 271 |
| D | 2300 | HI02 | | C022-2 | 1271 | 272 |
| D | 2300 | HI03 | | C022-2 | 1271 | 273 |
| D | 2300 | HI04 | | C022-2 | 1271 | 274 |
| D | 2300 | HI05 | | C022-2 | 1271 | 275 |
| D | 2300 | HI06 | | C022-2 | 1271 | 276 |
| D | 2300 | HI07 | | C022-2 | 1271 | 277 |
| D | 2300 | HI08 | | C022-2 | 1271 | 278 |
| D | 2300 | HI09 | | C022-2 | 1271 | 279 |
| D | 2300 | HI10 | | C022-2 | 1271 | 280 |
| D | 2300 | HI11 | | C022-2 | 1271 | 281 |
| D | 2300 | HI12 | | C022-2 | 1271 | 282 |
| | | | | | | |

Occurrence Code Date

Date associated with the Occurrence Code

| repor | ted in t | his | comp | osi | te eleme | ent. |
|-------|----------|-----|------|-----|----------|-----------------|
| D | 2300 | | HI01 | | C022-4 | 1251 272 |
| D | 2300 | | HI02 | | C022-4 | 1251 273 |
| D | 2300 | | HI03 | | C022-4 | 1251 274 |
| D | 2300 | | HI04 | | C022-4 | 1251 275 |
| D | 2300 | | HI05 | | C022-4 | 1251 276 |
| D | 2300 | | HI06 | | C022-4 | 1251 277 |
| D | 2300 | | HI07 | | C022-4 | 1251 278 |
| D | 2300 | | HI08 | | C022-4 | 1251 279 |
| D | 2300 | | HI09 | | C022-4 | 1251 280 |
| D | 2300 | | HI10 | | C022-4 | 1251 281 |
| D | 2300 | | HI11 | | C022-4 | 1251 282 |
| D | 2300 | | HI12 | | C022-4 | 1251 283 |
| | | | | | | |

Occurrence Span Code

A code that identifies an event that relates to payment of the claim. This event occurs over a span of days.

| opun | or augo | | | | |
|------|---------|------|--------|---------|----|
| Ď | 2300 | HI01 | C022-2 | 1271 25 | 58 |
| D | 2300 | HI02 | C022-2 | 1271 25 | 59 |
| D | 2300 | HI03 | C022-2 | 1271 26 | 60 |
| D | 2300 | HI04 | C022-2 | 1271 26 | 51 |
| D | 2300 | HI05 | C022-2 | 1271 26 | 62 |
| D | 2300 | HI06 | C022-2 | 1271 26 | 53 |
| D | 2300 | HI07 | C022-2 | 1271 26 | 64 |
| D | 2300 | HI08 | C022-2 | 1271 26 | 65 |
| D | 2300 | HI09 | C022-2 | 1271 26 | 66 |
| D | 2300 | HI10 | C022-2 | 1271 26 | 67 |
| | | | | | |

| D | 2300 | Ι | HI11 | Ι | C022-2 | 1271 268 |
|----|------|---|------|---|--------|-----------------|
| Dİ | 2300 | Ì | HI12 | Ì | C022-2 | 1271 269 |

Occurrence Span Code Date

Date associated with the Occurrence Span

| Code reported in this composite element. | | | | | | | | | |
|--|------|---|------|--|--------|-----------------|--|--|--|
| D | 2300 | | HI01 | | C022-4 | 1251 259 | | | |
| D | 2300 | | HI02 | | C022-4 | 1251 260 | | | |
| D | 2300 | 1 | HI03 | | C022-4 | 1251 261 | | | |
| D | 2300 | 1 | HI04 | | C022-4 | 1251 262 | | | |
| D | 2300 | | HI05 | | C022-4 | 1251 263 | | | |
| D | 2300 | | HI06 | | C022-4 | 1251 264 | | | |
| D | 2300 | | HI07 | | C022-4 | 1251 265 | | | |
| D | 2300 | | HI08 | | C022-4 | 1251 266 | | | |
| D | 2300 | | HI09 | | C022-4 | 1251 267 | | | |
| D | 2300 | | HI10 | | C022-4 | 1251 268 | | | |
| D | 2300 | | HI11 | | C022-4 | 1251 269 | | | |
| D | 2300 | | HI12 | | C022-4 | 1251 270 | | | |

Old Capital Amount

The amount for old capital for this claim. D | 2320 | MIA12 | - |782......371

Operating Physician First Name

First name of the physician performing the principle procedure.

| D 2310B | | - | 1036 | 327 |
|-----------|-------|---|------|-----|
| D 2420A | NM104 | - | 1036 | 457 |

Operating Physician Last Name

Last name of the physician performing the

| prin | principle procedure. | | | | | | | | | |
|------|----------------------|-------|---|------|-----|--|--|--|--|--|
| D | 2310B | NM103 | - | 1035 | 327 | | | | | |
| D | 2420A | NM103 | - | 1035 | 457 | | | | | |

Operating Physician Middle Name or Initial

Middle name or initial of the physician

| perf | orming t | he princi | pal | procedu | ure. | |
|------|----------|-----------|-----|---------|------|-----|
| D | 2310B | NM10 | 5 | - | 1037 | 327 |
| D | 2420A | NM10 | 5 | - | 1037 | 457 |

Operating Physician Name Suffix

Suffix to the name of the physician performing the principal procedure.

| D 2310B | NM107 | - | 1039 327 |
|-----------|-------|---|-----------------|
| D 2420A | NM107 | - | 1039 457 |

Operating Physician Primary Identifier

Primary identifier of the physician performing

| the principle procedure | Э. | |
|-------------------------|----|---------------|
| D 2310B NM109 | - | 67 328 |
| D 2420A NM109 | - | 67 458 |

| | onal id | | or th | | cian performing | |
|---|--|--|--|--|--|--------|
|) 2 | 310B | procedu REF02 REF02 | : | - | 127 33 127 46 | |
| | | | | | | _ |
| | | or Appli ion Ide | | | | |
| | | tion num | | - | ntifies a | |
| ansa vsterr | | within the | or | iginator's | s applications | |
| | | BHT03 | ; | - | 127 6 | 9 |
|)the | r Dia | ignosis | 2 | | | - |
| | | osis for th | | claim. | | |
| | 2300 | HI01 | I | C022-2 | 1271 | |
| | 2300 2300 | HI02 HI03 | | C022-2 C022-2 | | |
|) j | 2300 | HI04 | į | C022-2 | 1271 22 | 25 |
| | 2300 2300 | HI05 HI06 | | | 1271 22 1271 22 | |
| | 2300 | HI07 | i | | 1271 23 | |
| | 2300 | HI08 | 1 | | 1271 23 | |
| | 2300 2300 | HI09 HI10 | | C022-2 C022-2 | 1271 23 1271 23 | |
|) į | 2300 | HI11 | i | C022-2 | 1271 23 | 6 |
| | 2300 | HI12 | | C022-2 | 1271 23 | 87 |
| | | | | | | - |
| Othe | r Ins | ured A | dc | litiona | 1 | |
| | r Ins tifier | ured A | dc | litiona | 1 | |
| dent umbe | t ifier er prov | viding ad | | | <i>I</i> | |
| dent umbe her i | t ifier er prov nsured | viding ad d. | diti | | ntification of the | |
| d ent umbe her i | t ifier er prov nsured | viding ad | diti | | | |
| umbe iher i 0 2 | t ifier er prov nsureo 2330A | viding ad d. | diti ! | onal idei - | ntification of the | |
| dent umbe ther in 0 2 Dthe ddres | tifier er prov nsured 2330A r Ins ss line | viding ad d. REF02 | diti | onal ider - dress l tional ins | ntification of the 127 38 L ine | |
| dent umbe her in) 2 Dthe ddres divid | tifier er prov nsured 2330A er Ins ss line ual's r | viding ad d. REF02 s ured A e of the ad mailing ad | diti | onal ider - dress l tional ins | ntification of the 127 38 Line sured | - |
| denti umbe her in 0 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | tifier er prov 2330A er Ins ss line ual's r 2330A | viding ad d. REF02 s ured A e of the ad mailing ad | diti | onal ider - <i>fress I</i> tional ins ess. | ntification of the 127 38 L ine | 3 |
| dent umbe her in 0 2 Dthe ddres divid 0 2 0 2 | tifier er prov 2330A er Ins ss line ual's r 2330A 2330A | viding ad d. REF02 e of the ac mailing ac N301 N302 | diti | onal iden | ntification of the 127 38 Line sured 166 38 166 38 | 33 |
| dent umbe her in 0 2 0 the ddres divid 0 2 0 2 0 2 0 2 | tifier er provinsured 2330A er Ins ss line ual's r 2330A 2330A 2330A | viding ad d. REF02 sured A e of the ad mailing ad N301 N302 | ditid 2 ddit ddit 1 Xity | onal ider - tional ins ess. - - / Name | ntification of the 127 38 Line sured 166 38 166 38 | 33 |
| denti umbe her ii) 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | tifier er provinsured 2330A er Ins 2330A 2330A 2330A 2330A 2330A 2330A 2330A 2330A 2330A | viding ad d. REF02 e of the ac mailing ac N301 N302 | ditid 2 ddit ddit 1 Xity | onal ider - tional ins ess. - - / Name | ntification of the 127 38 Line sured 166 38 166 38 | 33 |
| Jeni umbe her in 0 2 Othe ddivid 0 2 Othe divid 0 2 Othe divid o 2 | tifier er provinsured 2330A er Ins ss line ual's r 2330A 2330A 2330A 2330A 2330A 2330A 2330A 2330A 2330A | viding ad d. REF02 a of the ac mailing ac N301 N302 cured C me of the | diti diti ddit ddit ddr l city add | onal iden | ntification of the 127 38 Line sured 166 38 166 38 | 33 |
| deni umbe her iii)) 0 0 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 2 | tifier er prov nsurec 2330A er Ins ss line ual's r 2330A 2330A er Ins ty nam ual. 2330A | viding ad d. REF02 a of the ac mailing ac N301 N302 cured C me of the | dition dition didittion didi | onal ider - tional ins ess. - - / Name ditional in | htification of the 127 38 Line sured 166 38 166 38 e nsured 19 38 | 33 |
| deni umbe her ii) 2 Dthe ddres dd | tifier r provinsured r Ins ss line ual's r Ins r Ins r Ins r Ins sst p nam ual. | viding ad d. REF02 a of the ad mailing ad N301 N302 a cured C me of the N401 | dition dition didittion didit | onal ider Iress I ional ins ess. - ditional in - st Nam | ntification of the 127 38 Line sured 166 38 166 38 P nsured 19 38 P | 33 |

Name of the group or plan through which the insurance is provided to the other insured. D | 2320 | SBR04 | - |93......356

her Insured Identifier

dentification number, assigned by the third y payer, to identify the additional insured /idual. 2330A | NM109 | -|67 **379**

her Insured Last Name

last name of the additional insured /idual. 2330A | NM103 | - |1035 378

her Insured Middle Name

| he middle name of th | e ado | ditiona | al insured | |
|----------------------|-------|---------|------------|-----|
| ndividual. | | | | |
| D 2330A NM105 | | - | 1037 | 378 |

her Insured Name Suffix

suffix to the name of the additional insured /idual. 2330A | NM107 | - |1039 378

her Insured Postal Zone or Code

| The I | The Postal ZIP code of the additional insured | | | | | | | | | |
|--------|---|-----|---------|------|----|----------------|--|--|--|--|
| indivi | idual's n | nai | ling ad | dres | s. | | | | | |
| D | 2330A | L | N403 | 1 | - | 116 382 | | | | |

her Insured State Code

state code of the additional insured vidual's mailing address. 2330A | N402 | |156 382

her Operating Physician st Name

| First Name of the individual performing a | | | | | | | | | |
|---|---|---|-----------------|--|--|--|--|--|--|
| secondary surgical procedure or assisting the | | | | | | | | | |
| Operating Physician. | | | | | | | | | |
| D 2310C NM104 | 1 | - | 1036 332 | | | | | | |
| D 2420B NM104 | 1 | - | 1036 462 | | | | | | |

her Operating Physician entifier

| National identifier for the individual performing a | | | | | | | |
|---|---|---|----|-----|--|--|--|
| secondary surgical procedure or assisting the | | | | | | | |
| Operating Physician. | | | - | | | | |
| D 2310C NM109 | 1 | - | 67 | 333 | | | |
| D 2420B NM109 | Ì | - | 67 | 463 | | | |

her Operating Physician Last Name

Last Name of the individual performing a secondary surgical procedure or assisting the Operating Physician. I I

| sperating i njeretarn | | | | | | | | |
|-----------------------|-------|-------|---|---|------|-----|--|--|
| D | 2310C | NM103 | 1 | - | 1035 | 332 | | |
| D | 2420B | NM103 | 1 | - | 1035 | 462 | | |

| Other Operating Physician | Othe |
|---|------------------|
| Middle Name or Initial | Phys |
| Middle name or initial of the individual | The no |
| performing a secondary surgical procedure or | the inc |
| assisting the Operating Physician. | proced |
| D 2310C NM105 - 1037 | D 2 |
| | |
| Other Operating Physician | Othe |
| | Code |
| Name Suffix | The ZI |
| Suffix to the name of the individual performing a secondary surgical procedure or assisting the | addres |
| Operating Physician. | |
| D 2310C NM107 - 1039 | |
| D 2420B NM107 - 1039 462 | Othe |
| | An ide |
| Other Payer Address Line | D 2 D 2 |
| Address line of the other payer's mailing | D 2 |
| address. | D 2 D 2 |
| D 2330B N301 - 166 | D 2 |
| | |
| Other Dever Attending Provider | Othe |
| Other Payer Attending Provider | Num |
| Secondary Identifier | |
| The non-destination (COB) payer's attending provider identification. | The no author |
| D 2330C REF02 - 127 399 | D 2 |
| | |
| Other Payer Billing Provider | Othe |
| Identifier | or Re |
| The non-destination (COB) payer's identifier for | The no |
| the provider or organization in whose name the | author |
| bill is submitted and to whom payment should | D 2 |
| be made. D 2330I REF02 - 127 | |
| | Othe |
| | Ident |
| Other Payer City Name | The no |
| The city name of the other payer's mailing | provid |
| address. D 2330B N401 - 19 | D 2 |
| - | |
| | Othe |
| Other Payer Claim Adjustment | Prov |
| Indicator | The no |
| Indicates the other payer has made a previous claim adjustment to this claim. | provid |
| D 2330B REF02 - 127 394 | D 2 |
| | |
| Other Payer Lest er | Othe |
| Other Payer Last or | Ident |
| Organization Name | Additic |
| The name of the other payer organization. D 2330B NM103 - 1035 | organi D 2 |
| | |

D | 2330B | NM103 | - |1035 385

Other Payer Operating Provider Secondary Identifier

Other Payer Other Operating Physician Secondary Identifier

Other Payer Postal Zone or ZIP Code

Other Payer Primary Identifier

| An identification number for the other payer. | | | | | | | | |
|---|-------|-------|--------|----------------|--|--|--|--|
| D | 2330B | NM109 | - | 67 385 | | | | |
| D | 2420A | REF04 | C040-2 | 127 460 | | | | |
| D | 2420B | REF04 | C040-2 | 127 465 | | | | |
| D | 2420C | REF04 | C040-2 | 127 470 | | | | |
| D | 2420D | REF04 | C040-2 | 127 475 | | | | |
| D | 2430 | SVD01 | - | 67 476 | | | | |
| | | | | | | | | |

Other Payer Prior Authorization Number

| The non-destination (COB) payer's prior | | | | | | | |
|---|-----------|---------|---|---|-----|-----|--|
| auth | orization | n numbe | | | | | |
| D | 2330B | REF02 | 2 | - | 127 | 392 | |

Other Payer Prior Authorization or Referral Number

ther Payer Referring Provider Ientifier

Other Payer Rendering Provider Secondary Identifier

Other Payer Secondary Identifier

Additional identifier for the other payer organization D | 2330B | REF02 | - |127......**391**

Other Payer Service Facility Location Identifier

| Other Payer State Code The state or province code of the other payer's | PPS-Operating Hospital Specific DRG Amount |
|---|--|
| mailing address. D 2330B N402 - 156 387 | Sum of hospital specific operating portion of DRG amount for this claim as output by PPS-PRICER. |
| Other Payer's Claim Control | D 2320 MIA14 - 782 371 |
| Number | |
| A number assigned by the other payer to | Paid Service Unit Count |
| identify a claim. The number is usually referred | Units of service paid by the payer for |
| to as an Internal Control Number (ICN), Claim | coordination of benefits. |
| Control Number (CCN) or a Document Control | D 2430 SVD05 - 380 479 |
| Number (DCN). | |
| D 2330B REF02 - 127 | Patient Address Line |
| | |
| Other Provider Secondary | Address line of the street mailing address of the |
| Identifier | patient. D 2010CA N301 - 166 137 |
| Additional identification number of the other provider as defined by the payer organization. D 2310C REF02 - 127 | D 2010CA N302 - 166 |
| D 2420B REF02 - 127 465 | Patient Birth Date |
| | Date of birth of the patient. |
| | D 2010CA DMG02 - 1251 140 |
| PPS-Capital DSH DRG Amount | |
| PPS-capital disproportionate share amount for | |
| this claim as output by PPS-PRICER. | Patient City Name |
| D 2320 MIA11 - 782 371 | The city name of the patient. |
| | D 2010CA N401 - 19 138 |
| PPS Capital Example Amount | |
| PPS-Capital Exception Amount | Patient Control Number |
| A per discharge payment exception paid to the | |
| hospital. It is a flat-rate add-on to the PPS payment. | Patient's unique alpha-numeric identification |
| D 2320 MIA24 - 782 373 | number for this claim assigned by the provider to facilitate retrieval of individual case records |
| | and posting of payment. |
| | D 2300 CLM01 - 1028 |
| PPS-Capital FSP DRG Amount | |
| PPS-capital federal portion for this claim as | |
| output by PPS-PRICER. | Patient First Name |
| D 2320 MIA09 - 782 371 | The first name of the individual to whom the |
| | services were provided. |
| PPS-Capital HSP DRG Amount | D 2010CA NM104 - 1036 136 |
| | |
| Hospital-Specific portion for PPS-capital for this claim as output by PPS-PRICER. | Patient Gender Code |
| D 2320 MIA10 - 782 | A code indicating the sex of the patient. |
| | D 2010CA DMG03 - 1068 |
| | |
| PPS-Capital IME amount | |
| PPS-capital indirect medical expenses for this | Patient Last Name |
| claim as output by PPS-PRICER. | The last name of the individual to whom the |
| D 2320 MIA13 - 782 371 | services were provided. |
| | D 2010CA NM103 - 1035 136 |
| BBC Operating Federal Specific | |
| PPS-Operating Federal Specific | Patient Middle Name or Initial |
| DRG Amount | |
| Sum of federal operating portion of the DRG | The middle name or initial of the individual to |
| amount this claim as output by PPS-PRICER. | whom the services were provided. |
| D 2320 MIA16 - 782 372 | D 2010CA NM105 - 1037 136 |
| | |
| | Patient Name Suffix |
| | Suffix to the name of the individual to whom the |
| | sums to the name of the individual to whom the services were provided. |
| | D 2010CA NM107 - 1039 |
| | |

| Patient Postal Zone or ZIP Code | Pay-To Plan State or Province |
|--|---|
| The ZIP Code of the patient. | Code |
| D 2010CA N403 - 116 139 | State or province code of the Pay-to Plan. D 2010AC N402 - 156 |
| Patient Reason For Visit | |
| The diagnosis code describing the patient's reason for visit at the time of outpatient registration. | Pay-To Plan Tax Identification Number |
| D 2300 HI01 C022-2 1271 | Tax identification number of the plan to whom payment should be made.D 2010AC REF02 - 127106 |
| Patient Responsibility Amount | Pay-to Address City Name |
| The amount determined to be the patient's responsibility for payment. D 2300 AMT02 - 782 | City name of the entity to receive payment. D 2010AB N401 - 19 |
| Detient State Code | Pay-to Address Postal Zone or |
| Patient State Code | ZIP Code |
| The State Postal Code of the patient. D 2010CA N402 - 156 138 | Postal code of the entity to receive payment (for example, ZIP code). D 2010AB N403 - 116 |
| Patient Status Code | |
| A code indicating the patient's status at the date | Pay-to Address State Code |
| of admission, outpatient service, or start of care. D 2300 CL103 - 1352 153 | State or sub-country code of the entity to receive payment. D 2010AB N402 - 156 |
| Pay-To Address Line | |
| Address line of the provider to receive payment. | Pay-to Plan Secondary |
| D 2010AB N301 - 166 | Identifier |
| D 2010AB N302 - 166 | Additional identifier for the Pay-To Plan. D 2010AC REF02 - 127 104 |
| Pay-To Plan Address Line | |
| Street address of the Pay-To Plan. | Payer Additional Identifier |
| D 2010AC N301 - 166101 D 2010AC N302 - 166101 | Additional identifier for the payer. D 2010BB REF02 - 127128 |
| Pay-To Plan City Name | Payer Address Line |
| City name of the Pay-To Plan. | Address line of the Payer's claim mailing |
| D 2010AC N401 - 19 102 | address for this particular payer organization identification and claim office. |
| Pay-To Plan Organizational | D 2010BB N301 - 166 |
| Name | D 2010BB N302 - 166 124 |
| Organization name of the health plan that is | |
| seeking reimbursement (Pay-To Plan). | Payer City Name |
| D 2010AC NM103 - 1035 100 | The City Name of the Payer's claim mailing address for this particular payer ID and claim office. |
| Pay-To Plan Postal Zone or ZIP Code | D 2010BB N401 - 19 125 |
| Postal zone or ZIP code of the Pay-To Plan. | Payer Claim Control Number |
| D 2010AC N403 - 116 103 | A number assigned by the payer to identify a claim. The number is usually referred to as an |
| Pay-To Plan Primary Identifier | Internal Control Number (ICN), Claim Control |
| Identification number for the Pay-To Plan. D 2010AC NM109 - 67 | Number (CCN) or a Document Control Number (DCN). D 2300 REF02 - 127 |
| | |

| Payer Ide Number ider D 2010BB | tifying the | | | 123 | D D D D D D | 2300 |
|--|---|--|----------------------------------|-------------------|--------------------------------------|---|
| Payer Na | me | | | | DI | |
| Name identif D 2010BB | ying the pa | | | 123 | D D D D | 2300 2300 2300 2300 |
| Payer Pai | d Amou | int | | | D | |
| The amount D 2320 | paid by the | e payer oi | | | D D D D D | 2300 2300 2300 |
| Payer Pos | stal Zon | e or ZIF | P Code | | D | 2300 |
| The ZIP Cod address for t identification D 2010BB | e of the Pa his particu and claim N403 | ayer's clai lar payer office. - | m mailing organizatio 116 | | Prici item D | cing M ing met has be 2300 2400 |
| Payer Res | | inty See | quence | | - 1 | 2.00 |
| Number C Code identify responsibility D 2000B D 2320 | /ing the ins | ment of a | claim | | The esta resp | ncipa diagno blished oonsible patient |
| Payer Sta | te Code |) | | | D | 2300 |
| State Postal address for t identification D 2010BB | Code of th his particu and claim | e Payer's lar payor office. | organizatio | n | Cod proc | ncipa e identi luct or s 2300 |
| Peer Rev | | horizati | on | | | |
| | ew Auu | 10112211 | 011 | | | - |
| Number Authorization organization D 2300 | after revie | w comple | ted. | 175 | Date perf | e on wh ormed. 2300 |
| Policy Co | mnliand | e Code | ` | | Dri | or Au |
| The code tha D 2300 D 2400 | - | s policy co | | | A nu serv auth orga | imber, o rices pro lorized anization |
| Prescript | ion Nun | nber | | | D | 2300 |
| The unique i the pharmac | dentificatio y or suppli | on number er to the p | prescription | | Pro | ocedu |
| D 2410 | REF02 | - 1 | 127 | 455 | | e identi |
| | | | | | serv D | 1Ce. 2300 |
| Present o Code which whether the of adimission | provides a diagnosis | n indicatio | on as to ent at the tir | | D D D D | 2300 2300 2300 2300 |
| D 2300 | | C022-9 | 1073 | | D D | 2300 2300 |
| D 2300 D 2300 D 2300 D 2300 D 2300 D 2300 | HI02 HI03 | C022-9 C022-9 C022-9 C022-9 C022-9 | 1073 1073 1073 1073 | 197 199 201 | D D D D | 2300 2300 2300 2300 2300 |

| | 0000 | | 11107 | | 0000 0 | 4070 007 |
|---|------|---|-------|-----|--------|-----------------|
| D | 2300 | | HI07 | | C022-9 | 1073 207 |
| D | 2300 | | HI08 | | C022-9 | 1073 209 |
| D | 2300 | | HI09 | | C022-9 | 1073 211 |
| D | 2300 | | HI10 | | C022-9 | 1073 213 |
| D | 2300 | | HI11 | | C022-9 | 1073 215 |
| D | 2300 | | HI12 | | C022-9 | 1073 217 |
| D | 2300 | | HI01 | | C022-9 | 1073 221 |
| D | 2300 | | HI02 | | C022-9 | 1073 223 |
| D | 2300 | | HI03 | | C022-9 | 1073 224 |
| D | 2300 | | HI04 | | C022-9 | 1073 226 |
| D | 2300 | | HI05 | | C022-9 | 1073 227 |
| D | 2300 | | HI06 | | C022-9 | 1073 229 |
| D | 2300 | | HI07 | | C022-9 | 1073 230 |
| D | 2300 | | HI08 | | C022-9 | 1073 232 |
| D | 2300 | | HI09 | | C022-9 | 1073 233 |
| D | 2300 | | HI10 | | C022-9 | 1073 235 |
| D | 2300 | İ | HI11 | - İ | C022-9 | 1073 236 |
| D | 2300 | İ | HI12 | - İ | C022-9 | 1073 238 |
| | | | | | | |

Methodology

ethodology at which the claim or line een priced or repriced.

| | nom nao boon prioda or reprioda. | | | | | | | | |
|---|----------------------------------|-------|---|------|-----|--|--|--|--|
| D | 2300 | HCP01 | - | 1473 | 314 | | | | |
| D | 2400 | HCP01 | - | 1473 | 443 | | | | |

al Diagnosis Code

| The diagnosis code describing the condition | | | | | | | |
|--|------|--|------|--|--------|-----------------|--|
| established, after study, to be chiefly | | | | | | | |
| responsible for occasioning the admission of | | | | | | | |
| the patient for care. | | | | | | | |
| D | 2300 | | HI01 | | C022-2 | 1271 185 | |
| | | | | | | | |

al Procedure Code

tifying the principal procedure, service. | HI01 | C022-2 |1271...... 240

al Procedure Date

hich the Principal Procedure was | HI01 | C022-4 |1251...... 240

uthorization Number

code or other value that indicates the rovided on this claim have been by the payee or other service on. | REF02 | -|127 **165**

ure Code

tifying the procedure, product or

| servic | ce. | | | | | |
|--------|------|------|-----|--------|-----------------|--|
| D | 2300 | HI01 | | C022-2 | 1271 243 | |
| D | 2300 | HI02 | | C022-2 | 1271 244 | |
| D | 2300 | HI03 | | C022-2 | 1271 245 | |
| D | 2300 | HI04 | | C022-2 | 1271 247 | |
| D | 2300 | HI05 | | C022-2 | 1271 248 | |
| D | 2300 | HI06 | | C022-2 | 1271 249 | |
| D | 2300 | HI07 | | C022-2 | 1271 250 | |
| D | 2300 | HI08 | | C022-2 | 1271 252 | |
| D | 2300 | HI09 | | C022-2 | 1271 253 | |
| D | 2300 | HI10 | | C022-2 | 1271 254 | |
| Dİ | 2300 | HI11 | - İ | C022-2 | 1271 255 | |
| Dİ | 2300 | HI12 | - İ | C022-2 | 1271 257 | |
| | | | | | | |

D

Dİ

2300

2300

HI05

HI06

C022-9

| 1073 **203**

C022-9 |1073...... 205

| | ire Code | - | |
|---|---|---|--|
| Procedure | Code and re | elated data | |
| Procedu | ire Date | | |
| Date when performed. | the health c | are proce | edure was |
| D 2300 | HI01 | C022-4 | 1251 243 |
| D 2300 D 2300 | | C022-4 | 1251 245 1251 246 |
| D 2300 | HI04 | C022-4 | 1251 247 |
| D 2300 D 2300 | | C022-4 | 1251 248 1251 250 |
| D 2300 | HI07 | C022-4 | 1251 251 |
| D 2300 D 2300 | | C022-4 | 1251 252 1251 253 |
| D 2300 | HI10 | C022-4 | 1251 255 |
| D 2300 D 2300 | | C022-4 C022-4 | 1251 256 1251 257 |
| | | | |
| Procedu | ıre Modifi | er | |
| | ies special c nance of the | | nces related to |
| D 2400 | SV202 | C003-3 | 1339 426 |
| D 2400 D 2400 | | C003-4 C003-5 | 1339 426 1339 427 |
| D 2400 | SV202 | C003-6 | 1339 427 |
| D 2430 D 2430 | | C003-3 C003-4 | 1339 478 1339 478 |
| D 2430 | SVD03 | C003-5 | 1339 478 |
| D 2430 | SVD03 | C003-6 | 1339 479 |
| | or Servic | e ID | |
| Product | | a product | |
| dentifying | number for a | | 123/ //5 |
| dentifying | number for a | | 234 445 |
| dentifying D 2400 | | - | |
| dentifying D 2400 Product Code ident | HCP08 | ce ID Qu | u alifier of the |
| dentifying D 2400 Product Code ident descriptive | HCP08 | ce ID Qu | ualifier |
| dentifying D 2400 Product Code ident descriptive 234). D 2400 | HCP08 | c e ID Qu pe/source ed in Prod | of the uct/Service ID 235 425 |
| dentifying D 2400 Product Code ident descriptive 234). D 2400 D 2400 | HCP08 | c e ID Qu pe/source ed in Prod C003-1 | ualifier of the uct/Service ID 235 |
| dentifying D 2400 Product Code ident lescriptive 234). D 2400 D 2400 D 2410 | HCP08 <i>or Servic</i> ifying the typ number use SV202 HCP09 LIN02 | c e ID Qu pe/source ed in Prod C003-1 | ualifier of the uct/Service ID 235 |
| dentifying D 2400 Product | HCP08 <i>or Servic</i> ifying the typ number use SV202 HCP09 LIN02 | c e ID Qu be/source ed in Prod C003-1 - | ualifier of the uct/Service ID 235 |
| dentifying D 2400 Product 2400 Code ident descriptive 234). D 2400 D 2400 D D 2400 D D 2400 D D 2400 D D 2400 D D 2400 D D 2430 D | HCP08 or Servic ifying the typ number use SV202 HCP09 LIN02 SVD03 V Casualt | c e ID Qu be/source ed in Prod C003-1 C003-1 | ualifier of the uct/Service ID 235 |
| dentifying D 2400 Product Code ident descriptive 234). D 2400 | HCP08 or Servic ifying the typ number use SV202 HCP09 LIN02 SVD03 y Casualt | Ce ID Qu be/source ed in Prod C003-1 - C003-1 y Claim | ualifier of the uct/Service ID 235 235 235 235 235 235 235 235 |
| dentifying D 2400 Product 2400 Code ident descriptive 234). D 2400 D 2400 D D 2400 D D 2400 D D 2400 D D 2400 D D 2430 D Property Number dentification | HCP08 or Servic ifying the typ number use SV202 HCP09 LIN02 SVD03 on number for | ce ID Qu be/source ed in Prod C003-1 - C003-1 y Claim pr property | ualifier of the uct/Service ID 235 235 235 235 235 235 (1) (2) < |
| dentifying D 2400 Product Code ident descriptive 234). D 2400 D 2400 D 2410 D 2430 Property Number dentification associated D 2010B. | HCP08 or Servic ifying the typ number use SV202 HCP09 LIN02 SVD03 on number for | ce ID Qu be/source ed in Prod C003-1 C003-1 C003-1 y Claim pr property vices ider | ualifier of the uct/Service ID 235 235 235 235 235 235 235 235 |

Code identifying the type of provider. D | 2000A | PRV01 | 1221 80 D | 2310A | PRV01 | 1221 322

005010X223 • 837 HEALTH CARE CLAIM: INSTITUTIONAL

| Provider Taxonomy Code | | | | | | |
|-------------------------------------|---------|-------|--------------|--|--|--|
| Code designating the provider type, | | | | | | |
| classification, and spec | cializa | tion. | | | | |
| D 2000A PRV03 | - | · 12 | 7 80 | | | |
| D 2310A PRV03 | - | · 12 | 7 322 | | | |

Quantity

| lumeric value of quantity. | | |
|----------------------------|---|---------|
| D 2400 HCP12 | - | 380 447 |

Rate

| Rate expressed in the standard monetary | | | | | | |
|---|---------|-------------|-------|--------|----------|-----|
| denoi | minatio | n for the c | urrer | ncy sp | ecified. | |
| D | 2400 | HCP05 | | - | 118 | 444 |

Receiver Name

| Na | me | e of org | ar | nization | rece | eiving | the transa | ction. |
|----|----|----------|----|----------|------|--------|------------|--------|
| н | | 1000B | | NM103 | | - | 1035 | |

Receiver Primary Identifier

| Prim | nary ident | ification n | umber for | the receiver of | of |
|-------|------------|-------------|-----------|-----------------|------|
| the t | transactio | on. | | | |
| ΗI | 1000B | NM109 | - 1 | 67 | . 77 |

Reference Identification

| The identification value assigned by the sender | | | | | | |
|---|----------|-------------|-------|----|-----|-------|
| for th | is parti | cular trans | actio | n. | | |
| D | 2400 | HCP04 | | - | 127 | . 444 |
| D | 2400 | HCP06 | | - | 127 | . 444 |

Reference Identification Qualifier

Code qualifying the reference identification.

| COU | ie qualityli | ng the ren | erence lue | nuncation. |
|-----|--------------|------------|------------|----------------|
| D | 2000A | PRV02 | - | 128 80 |
| D | 2010AA | REF01 | - | 128 90 |
| D | 2010AC | REF01 | - | 128 104 |
| D | 2010AC | REF01 | - | 128 106 |
| D | 2010BA | REF01 | - | 128 120 |
| D | 2010BA | REF01 | - | 128 121 |
| D | 2010BB | REF01 | - | 128 127 |
| D | 2010BB | REF01 | - | 128 129 |
| D | 2010CA | REF01 | - | 128 142 |
| D | 2300 | REF01 | - | 128 161 |
| D | 2300 | REF01 | - | 128 163 |
| D | 2300 | REF01 | - | 128 164 |
| D | 2300 | REF01 | - | 128 166 |
| D | 2300 | REF01 | - | 128 167 |
| D | 2300 | REF01 | - | 128 168 |
| D | 2300 | REF01 | - | 128 169 |
| D | 2300 | REF01 | - | 128 170 |
| D | 2300 | REF01 | - | 128 172 |
| D | 2300 | REF01 | - | 128 173 |
| D | 2300 | REF01 | - | 128 174 |
| D | 2300 | REF01 | - | 128 175 |
| D | 2310A | PRV02 | - | 128 322 |
| D | 2310A | REF01 | - | 128 324 |
| D | 2310B | REF01 | - | 128 329 |
| D | 2310C | REF01 | - | 128 334 |
| D | 2310D | REF01 | - | 128 339 |
| D | 2310E | REF01 | - | 128 347 |
| D | 2310F | REF01 | - | 128 352 |
| D | 2330A | REF01 | - | 128 383 |
| D | 2330B | REF01 | - | 128 390 |
| | | | | |

| D D | 00000 | REF01 | - | 128 392 |
|---|---|---|--|---|
| י ט | | REF01 | - | 128 |
| | 2330B | REF01 | - | 128 394 |
| D | 2330B | REF01 | - | 128 |
| D | 2330C | REF01 | - | 128 398 |
| D | 2330C | REF01 | - | 128 398 |
| D | 2330D | REF01 | - | 128 402 |
| D D | 2330E 2330F | REF01 REF01 | - | 128 406 |
| DI | 2330F | REF01 | - | 128 410 128 414 |
| D D | 2330G 2330H | REF01 | - | 128 414 |
| DI | 23301 | REF01 | | 128 418 |
| DI | 23301 | REF01 | | 128 435 |
| | 2400 | REF01 | | 128 437 |
| | 2400 | REF01 | | 128 438 |
| | 2400 | REF01 | | 128 454 |
| DI | 2420A | REF01 | _ | 128 459 |
| DI | 2420A | REF04 | C040-1 | 128 460 |
| DI | | REF01 | - | 128 464 |
| | 2420B | REF04 | C040-1 | 128 465 |
| DI | 2420D | REF01 | | 128 469 |
| DI | | REF04 | C040-1 | 128 470 |
| DI | | REF01 | - | 128 474 |
| DI | | REF04 | C040-1 | 128 475 |
| Refe D | erral auth 2300 | lumber orization r REF02 | - | 127 163 |
| Refe D Re The D | ferring first nam ent to the 2310F | orization r REF02 Provide e of provid | e r First der who re of service | |
| Refe D Re The D D D Re | ferring first nam ent to the 2310F 2420D ferring identifica sician. 2310F | orization r REF02 Provide e of provider provider of NM104 | er First der who re of service | Name eferred the on this claim. 1036 350 1036 472 |

Name or Initial

Referring Provider Name Suffix

Suffix to the name of the provider referring the patient for care.

| D 2310F | NM107 | - | 1039 350 |
|-----------|-------|---|-----------------|
| D 2420D | NM107 | - | 1039 472 |

ASC X12N • INSURANCE SUBCOMMITTEE TECHNICAL REPORT • TYPE 3

Referring Provider Secondary

| | | entification patient fo | | | or the provider |
|------|------------|----------------------------|--------|------|-----------------|
| reie | ning the j | pallent 10 | 1 2614 | ice. | |
| D | 2310F | REF02 | 1 | - | 127 353 |
| D | 2420D | REF02 | 1 | - | 127 475 |
| | | | | | |

Reimbursement Rate

| Rate used when payment is based upon a | | | | | |
|--|-------|---------------|----------|-----|-----|
| perce | ntage | of applicable | e charge | s. | |
| D | 2320 | MOA01 | - | 954 | 374 |

Reject Reason Code

| Code | assigr | ned by issu | ier to | ident | ify reason fo | r |
|--------|--------|-------------|--------|-------|---------------|-----|
| reject | ion. | | | | | |
| D | 2300 | HCP13 | 1 | - | 901 | 317 |
| D | 2400 | HCP13 | 1 | - | 901 | 447 |

Release of Information Code

| Code indicating whether the provider has on file | | | | | | | |
|--|--------------------|--|--|--|--|--|--|
| a signed statement permitting the release of | | | | | | | |
| medical data to other organizations. | | | | | | | |
| D 2300 CLM09 | - 1363 147 | | | | | | |

| | 2300 | | - | 1303 147 |
|---|------|------|---|-----------------|
| D | 2320 | OI06 | - | 1363 368 |

Remaining Patient Liability

| In the judgement of the provider, the amount | | | | | | | |
|--|---------|-------|---|-----|-----|--|--|
| that remained to be paid after adjudication by | | | | | | | |
| this C | ther Pa | ayer. | | - | - | | |
| D | 2320 | AMT02 | - | 782 | 365 | | |
| D | 2430 | AMT02 | - | 782 | 487 | | |

Rendering Provider First Name

| The first name of the p the service. | provid | ler wł | no performed | |
|---|--------|--------|---------------|--|
| D 2310D NM104 D 2420C NM104 | | - | 1036 1036 | |

Rendering Provider Identifier

| The identifier assigned by the Payor to the | | | | | | |
|---|--------|--------|------|-----|--|--|
| provider who performe | ed the | e serv | ice. | | | |
| D 2310D NM109 | 1 | - | 67 | 338 | | |
| D 2420C NM109 | 1 | - | 67 | 468 | | |

Rendering Provider Last Name

| The last name of the provi | ider v | vho perform | ed |
|----------------------------|--------|-------------|-----|
| the service. | | | |
| D 2310D NM103 | - | 1035 | 337 |
| D 2420C NM103 | - | 1035 | 467 |

Rendering Provider Middle Name or Initial

Middle name or initial of the provider who has provided the services to the patient.

| D | 2310D | NM105 | - | 1037 | 337 |
|---|-------|-------|---|------|-----|
| D | 2420C | NM105 | - | 1037 | 467 |

| Rendering Provider Name Suffix | Repriced Line Item Reference |
|---|---|
| Name suffix of the provider who has provided | Number |
| the services to the patient. D 2310D NM107 - 1039 | Identification number of a line item repriced by a |
| D 2420C NM107 - 1039 | third party or prior payer. D 2400 REF02 - 127 |
| | |
| Rendering Provider Secondary | Repriced Saving Amount |
| Identifier | The amount of savings related to Third Party |
| Additional identifier for the provider providing | Organization claims. |
| care to the patient. | D 2300 HCP03 - 782 314 |
| D 2310D REF02 - 127 340 D 2420C REF02 - 127 470 | |
| | Repricer Received Date |
| | Date the claim was received by the repricer |
| Repriced Allowed Amount | organization. |
| The maximum amount determined by the | D 2300 DTP03 - 1251 152 |
| repricer as being allowable under the provisions of the contract prior to the determination of the | |
| actual payment. | Repricing Organization |
| D 2300 HCP02 - 782 314 | Identifier |
| | Reference or identification number of the |
| Repriced Approved Amount | repricing organization. |
| The amount allowed by the repricer for the | D 2300 HCP04 - 127 315 |
| claim or service line net of adjustments. | |
| D 2300 HCP07 - 782315 | Repricing Per Diem or Flat Rate |
| | Amount |
| Repriced Approved DRG Code | Amount used to determine the flat rate or per |
| The Diagnosis Related Group approved by the | diem price by the repricing organization. |
| repricer for payment for this claim | D 2300 HCP05 - 118 315 |
| D 2300 HCP06 - 127 315 | |
| | Service Authorization |
| Repriced Approved HCPCS | Exception Code |
| Code | Code identifying the service authorization |
| The HCPCS code that describes the services | exception. D 2300 REF02 - 127 161 |
| as approved by the repricer. D 2400 HCP10 - 234 446 | |
| | Service Date |
| Repriced Approved Revenue | Date of service, such as the start date of the |
| Code | service, the end date of the service, or the |
| UB92 revenue code approved by the repricer | single day date of the service. |
| for payment on the claim. | D 2400 DTP03 - 1251 434 |
| D 2300 HCP08 - 234 316 | |
| | Service Line Paid Amount |
| Repriced Approved Service | Amount paid by the indicated payer for a |
| Unit Count | service line |
| Number of service units approved by pricing or | D 2430 SVD02 - 782 477 |
| repricing entity. | |
| D 2300 HCP12 - 380 316 | Service Line Revenue Code |
| | UB92 Revenue Code pertaining to the service |
| Repriced Claim Reference | line. D 2400 SV201 - 234 |
| Number | |
| Identification number, assigned by a repricing | Comise Tou Amount |
| organization, to identify the claim. | Service Tax Amount |
| D 2300 REF02 - 127 167 | The amount of service tax or surcharge applicable to the reported service. |
| | D 2400 AMT02 - 782 |
| | |

| | I |
|--|--|
| Service Unit Count | Subscriber First Name |
| The quantity of units, times, days, visits, | The first name of the insured individual or |
| services, or treatments for the service described by the HCPCS codes, revenue code or | subscriber to the coverage. D 2010BA NM104 - 1036113 |
| procedure code. | |
| D 2400 SV205 - 380 428 | Subscriber Gender Code |
| | Code indicating the sex of the subscriber to the |
| Statement From and To Date | indicated coverage or policy. |
| The date of the start or end of the period covered on the claim. | D 2010BA DMG03 - 1068119 |
| D 2300 DTP03 - 1251 150 | Subscriber Group Name |
| | Name of the group through which the coverage |
| Submitter Contact Name Name of the person at the submitter | is provided to the subscriber. D 2000B SBR04 - 93 110 |
| organization to whom inquiries about the transaction should be directed. | |
| H 1000A PER02 - 9374 | Subscriber Group or Policy Number |
| Submitter First Name | The identifier assigned by the health plan or |
| The first name of the person submitting the | administrator to identify the group through |
| transaction or receiving the transaction, as identified by the preceding identification code. H $1000A$ NM104 - 1036 | which the coverage is provided to the subscriber. D 2000B SBR03 - 127110 |
| | Subscriber Last Name |
| Submitter Identifier | The surname of the insured individual or |
| Code or number identifying the entity submitting the claim. H 1000A NM109 - 6772 | subscriber to the coverage. D 2010BA NM103 - 1035113 |
| | Subscriber Middle Name or |
| Cubmitten Leet en Onneninetien | Initial |
| Submitter Last or Organization Name | The middle name or initial of the subscriber to |
| The last name or the organizational name of the | the indicated coverage or policy. |
| entity submitting the transaction H 1000A NM103 - 103572 | D 2010BA NM105 - 1037113 |
| | Subscriber Name Suffix |
| Submitter Middle Name or Initial | Suffix of the insured individual or subscriber to |
| The middle name or initial of the person | the coverage. |
| submitting the transaction. H 1000A NM105 - 103772 | D 2010BA NM107 - 1039113 |
| | Subscriber Postal Zone or ZIP |
| Subcaribar Address Line | Code |
| Subscriber Address Line | The ZIP Code of the insured individual or |
| Address line of the current mailing address of the insured individual or subscriber to the | subscriber to the coverage. D 2010BA N403 - 116 117 |
| coverage. D 2010BA N301 - 166 115 | |
| D 2010BA N302 - 166 115 | Subscriber Primary Identifier |
| | Primary identification number of the subscriber |
| Subscriber Birth Date | to the coverage. |
| The date of birth of the subscriber to the | D 2010BA NM109 - 67114 |
| indicated coverage or policy. D 2010BA DMG02 - 1251 118 | |
| | Subscriber State Code |
| Subaaribar City Nama | The State Postal Code of the insured individual |
| Subscriber City Name | or subscriber to the coverage. D 2010BA N402 - 156 |
| The City Name of the insured individual or subscriber to the coverage. | |
| D 2010BA N401 - 19 116 | |

| Subscriber Supplemental Identifier | |
|--|-----|
| dentifies another or additional distinguishing code number associated with the subscriber. D 2010BA REF02 - 127 | 120 |
| Terms Discount Percentage | |
| Discount percentage available to the payer fo payment within a specific time period. D 2300 CN105 - 338 | |
| Total Claim Charge Amount | |
| The sum of all charges included within this claim. | |
| D 2300 CLM02 - 782 | 145 |
| Transaction Segment Count | |
| A tally of all segments between the ST and th SE segments including the ST and SE | е |
| segments. D SE01 - 96 | 488 |
| Transaction Set Control | |
| Number | |
| The unique identification number within a | |
| transaction set. H ST02 - 329 | |
| D SE02 - 329 | 488 |
| Transaction Set Creation Date | |
| Identifies the date the submitter created the | |
| transaction. | 60 |
| H BHT04 - 373 | 69 |
| Transaction Set Creation Time | |
| Time file is created for transmission. | |
| H BHT05 - 337 | 69 |
| Transaction Set Identifier Code | |
| Code uniquely identifying a Transaction Set. H ST01 - 143 | 67 |
| | |
| Transaction Set Purpose Code | |
| Code identifying purpose of transaction set. H BHT02 - 353 | 68 |
| Treatment Code | |
| Codes describing the treatment ordered by th | e |
| physician. | |
| D 2300 HI01 C022-2 1271 D 2300 HI02 C022-2 1271 | |
| D 2300 HI03 C022-2 1271 | 306 |
| D 2300 HI04 C022-2 1271 D 2300 HI05 C022-2 1271 | |
| D 2300 HI06 C022-2 1271 | 308 |

| D | 2300 | I | HI10 | Ι | C022-2 | 1271 311 |
|----|------|----|------|----|--------|-----------------|
| Dİ | 2300 | Í. | HI11 | Ì. | C022-2 | 1271 |
| D | 2300 | | HI12 | | C022-2 | 1271 312 |

nit or Basis for Measurement ode

de specifying the units in which a value is ing expressed, or manner in which a easurement has been taken.

| D | 2300 | HCP11 | - | 355 3 | 316 |
|----|------|-------|---|-------|-----|
| Dİ | 2400 | SV204 | - | 355 4 | 128 |
| D | 2400 | HCP11 | - | 355 4 | 47 |

alue Added Network Trace umber

ique Identification number for a transaction signed by a Value Added Network, earinghouse, or other transmission entity. | 2300 | REF02 | - |127 171

alue Code

code that identifies data of a monetary nature at is necessary for processing this claim as quired by the payer organization.

| | | | . | |
|---|------|------|----------|-----------------|
| D | 2300 | HI01 | C022-2 | 1271 284 |
| D | 2300 | HI02 | C022-2 | 1271 285 |
| D | 2300 | HI03 | C022-2 | 1271 286 |
| D | 2300 | HI04 | C022-2 | 1271 287 |
| D | 2300 | HI05 | C022-2 | 1271 288 |
| D | 2300 | HI06 | C022-2 | 1271 288 |
| D | 2300 | HI07 | C022-2 | 1271 289 |
| D | 2300 | HI08 | C022-2 | 1271 290 |
| D | 2300 | HI09 | C022-2 | 1271 291 |
| D | 2300 | HI10 | C022-2 | 1271 291 |
| D | 2300 | HI11 | C022-2 | 1271 292 |
| D | 2300 | HI12 | C022-2 | 1271 293 |
| | | | | |

alue Code Amount

nount associated with the value code ported in this composite element

| reported in this composite element. | | | | | | |
|-------------------------------------|------|--|------|--|--------|----------------|
| D | 2300 | | HI01 | | C022-5 | 782 285 |
| D | 2300 | | HI02 | | C022-5 | 782 285 |
| D | 2300 | | HI03 | | C022-5 | 782 286 |
| D | 2300 | | HI04 | | C022-5 | 782 287 |
| D | 2300 | | HI05 | | C022-5 | 782 288 |
| D | 2300 | | HI06 | | C022-5 | 782 288 |
| D | 2300 | | HI07 | | C022-5 | 782 289 |
| D | 2300 | | HI08 | | C022-5 | 782 290 |
| D | 2300 | | HI09 | | C022-5 | 782 291 |
| D | 2300 | | HI10 | | C022-5 | 782 291 |
| D | 2300 | | HI11 | | C022-5 | 782 292 |
| D | 2300 | | HI12 | | C022-5 | 782 293 |
| | | | | | | |

ersion, Release, or Industry lentifier

ode indicating the version, release, b-release and industry identification of the I standard being used. | ST03 | |1705 **67** -

D

D

D |

2300

2300

2300 HI09

Т

HI07

HI08

C022-2 | 1271 309

| C022-2 |1271 309

| C022-2 |1271...... 310

