

Meritain Health®

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837 Dental Health Care Claim Companion Guide

Version 2.0

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Companion Guide: 837 Dental Layout

This document is designed to outline the mandatory data elements required on all incoming dental health care claim files to Meritain Health.

Purpose Of This Document

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12 implementation guides have been established as the standards of compliance for claims transactions. This document has been written to be used in conjunction with the ASC X12N 837 005010X224A2 Dental Health Care Claim Guide. The use of this document is solely for the purpose of clarification. Please note that this guide is intended only as a supplement to, and not as a replacement for, the ASC X12N 837 005010X224A2 implementation guide.

Testing Requirements

In order to ensure a successful implementation, Meritain Health requires all submitters to complete a testing phase before production status is to be granted. This testing phase ensures data integrity, accurate format, and syntax. Test files should consist of a variety of benefit enrollment and maintenance scenarios that represent the type of data transactions to be submitted once production status is achieved.

Acknowledgements & Rejections

For interested trading partners, Meritain will produce a functional acknowledgement (999) upon processing each file. Rejections will be handled at the transaction level. The details of this process will be specified with each implementation. Meritain can also provide a 277CA transaction if requested. Please note that in order to receive the 277CA transaction, a special setup is required to receive batched transactions via a web service.

Secure File Transfer Protocol (SFTP) Specifications

The Secure File Transfer Protocol, or SFTP, process is the preferred mode of submitting data to Meritain Health. Meritain Health will create a unique client account, login name, and password for data submissions. There are many SFTP software products available to support this transfer mode. Should the trading partner prefer a different type of connection, or prefer Meritain connect to their server, we can accommodate as long as the data is properly encrypted. Meritain has a standard FTP survey that will be sent along with this companion guide for trading partners to record their preferences.

837 Conversion Specifications

Overview

The 837 HIPAA compliant datafile is a variable length file with multiple data types. Meritain Health does not use all of the possible data types available. On each record, fields are separated with an asterisk (*).

The tilde (~) is the end of record delimiter. The various data types that should be sent to Meritain Health are as follows.

Segment Identification

Valid values for the “Required” table column are R= Required, S= Situational, N= Not Used

Segment ID: ISA (Interchange Control Header) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
ISA01	R	Authorization Information Qualifier	00	2	2
ISA02	R	Authorization Information	pad with spaces	10	10
ISA03	R	Security Information Qualifier	00	2	2
ISA04	R	Security Information	pad with spaces	10	10
ISA05	R	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	2	2
ISA06	R	Interchange Sender ID	(defined by trading partner; right pad with spaces)	15	15
ISA07	R	Interchange ID Qualifier	ZZ	2	2
ISA08	R	Interchange Receiver ID	411249287 (right pad with spaces)	15	15
ISA09	R	Interchange Date	YYMMDD format	6	6
ISA10	R	Interchange Time	HHMM format	4	4
ISA11	R	Repetition Separator	^	1	1
ISA12	R	Interchange Control Version Number	00501	5	5
ISA13	R	Interchange Control Number	(defined by trading partner)	9	9
ISA14	R	Acknowledgement Requested	0, 1	1	1
ISA15	R	Usage Indicator	P, T	1	1
ISA16	R	Component Element Separator	:	1	1

Segment ID: GS (Functional Group Header) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
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GS01	R	Functional Identifier Code	HC	2	2
GS02	R	Application Sender's Code	(defined by trading partner)	2	15
GS03	R	Application Receiver's Code	411249287	2	15
GS04	R	Date	CCYYMMDD format	8	8
GS05	R	Time	HHMM format	4	8
GS06	R	Group Control Number	(defined by trading partner)	1	9
GS07	R	Responsible Agency Code	X	1	2
GS08	R	Version/Release/Industry Identifier Code	005010X224A2	1	12

Segment ID: ST (Transaction Set Header) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
ST01	R	Transaction Set Identifier Code	837	3	3
ST02	R	Transaction Set Control Number	(defined by trading partner)	4	9
ST03	R	Implementation Guide Version Name	005010X224A2	1	35

Segment ID: BHT (Beginning of Hierarchical Transaction) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
BHT01	R	Hierarchical Structure Code	0019	4	4
BHT02	R	Transaction Set Purpose Code	00, 18	2	2
BHT03	R	Originator Application Transaction Identifier		1	30
BHT04	R	Transaction Set Creation Date	CCYYMMDD format	8	8
BHT05	R	Transaction Set Creation Time	HHMM format	4	8
BHT06	R	Claim or Encounter Identifier	31, CH, RP	2	2

Loop 1000A

Segment ID: NM1 (Submitter Name) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	41	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	R	Submitter Last or Organization Name		1	60
NM104	S	Submitter First Name		1	35
NM105	S	Submitter Middle Name or		1	25

		Initial			
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	R	Identification Code Qualifier	46	1	2
NM109	R	Submitter Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: PER (Submitter EDI Contact Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PER01	R	Contact Function Code	IC	2	2
PER02	S	Submitter Contact Name		1	60
PER03	R	Communication Number Qualifier	EM, FX, TE	2	2
PER04	R	Communication Number		1	256
PER05	S	Communication Number Qualifier	EM, EX, FX, TE	2	2
PER06	S	Communication Number		1	256
PER07	S	Communication Number Qualifier	EM, EX, FX, TE	2	2
PER08	S	Communication Number		1	256
PER09	N	Contact Inquiry Reference		1	20

Loop 1000B

Segment ID: NM1 (Receiver Name) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	40	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	R	Receiver Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	R	Identification Code Qualifier	46	1	2
NM109	R	Receiver Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Loop 2000A

Segment ID: HL (Billing Provider Hierarchical Level) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HL01	R	Hierarchical ID Number		1	12
HL02	N	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	20	1	2
HL04	R	Hierarchical Child Code	1	1	1

Segment ID: PRV (Billing Provider Specialty Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	BI	1	3
PRV02	R	Reference Identification Qualifier	PXC	2	3
PRV03	R	Provider Taxonomy Code		1	50
PRV04	N	State or Province Code		2	2
PRV05	N	PROVIDER SPECIALTY INFORMATION			
PRV06	N	Provider Organization Code		3	3

Segment ID: CUR (Foreign Currency Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CUR01	R	Entity Identifier Code	85	2	3
CUR02	R	Currency Code		3	3
CUR03	N	Exchange Rate		4	10
CUR04	N	Entity Identifier Code		2	3
CUR05	N	Currency Code		3	3
CUR06	N	Currency Market/Exchange Code		3	3
CUR07	N	Date/Time Qualifier		3	3
CUR08	N	Date		8	8
CUR09	N	Time		4	8
CUR10	N	Date/Time Qualifier		3	3
CUR11	N	Date		8	8
CUR12	N	Time		4	8
CUR13	N	Date/Time Qualifier		3	3
CUR14	N	Date		8	8
CUR15	N	Time		4	8
CUR16	N	Date/Time Qualifier		3	3
CUR17	N	Date		8	8
CUR18	N	Time		4	8
CUR19	N	Date/Time Qualifier		3	3
CUR20	N	Date		8	8

CUR21	N	Time		4	8
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Loop 2010AA

Segment ID: NM1 (Billing Provider Name) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	85	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	R	Billing Provider Last or Organizational Name		1	60
NM104	S	Billing Provider First Name		1	35
NM105	S	Billing Provider Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Billing Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Billing Provider Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Billing Provider Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Billing Provider Address Line		1	55
N302	S	Billing Provider Address Line		1	55

Segment ID: N4 (Billing Provider City, State, Zip Code) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Billing Provider City Name		2	30
N402	S	Billing Provider State or Province Code		2	2
N403	S	Billing Provider Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Billing Provider Tax Identification) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification	EI, SY	2	3

		Qualifier			
REF02	R	Billing Provider Tax Identification Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Billing Provider UPIN/License Information) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G	2	3
REF02	R	Billing Provider License and/or UPIN Information		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: PER (Billing Provider Contact Information) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PER01	R	Contact Function Code	IC	2	2
PER02	S	Billing Provider Contact Name		1	60
PER03	R	Communication Number Qualifier	EM, FX, TE	2	2
PER04	R	Communication Number		1	256
PER05	S	Communication Number Qualifier	EM, EX, FX, TE	2	2
PER06	S	Communication Number		1	256
PER07	S	Communication Number Qualifier	EM, EX, FX, TE	2	2
PER08	S	Communication Number		1	256
PER09	N	Contact Inquiry Reference		1	20

Loop 2010AB

Segment ID: NM1 (Pay-To Address Name) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	87	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10

NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Pay-To Address- Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Pay-To Address Line		1	55
N302	S	Pay-To Address Line		1	55

Segment ID: N4 (Pay-To Address City, State, Zip Code) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Pay-To Address City Name		2	30
N402	S	Pay-To Address State or Province Code		2	2
N403	S	Pay-To Address Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Loop 2010AC

Segment ID: NM1 (Pay-To Plan Name) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	PE	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	R	Pay-To Plan Organizational Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	R	Identification Code Qualifier	PI, XV	1	2
NM109	R	Pay-To Plan Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Pay-To Plan Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Pay-To Plan Address Line		1	55
N302	S	Pay-To Plan Address Line		1	55

Segment ID: N4 (Pay-To Plan City, State, Zip Code) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Pay-To Plan City Name		2	30
N402	S	Pay-To Plan State or Province Code		2	2
N403	S	Pay-To Plan Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Pay-To Plan Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	2U, FY, NF	2	3
REF02	R	Pay-To Plan Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Pay-To Plan Tax Identification Number) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	EI	2	3
REF02	R	Pay-To Plan Tax Identification Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2000B**Segment ID: HL (Subscriber Hierarchical Level) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
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HL01	R	Hierarchical ID Number		1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	22	1	2
HL04	R	Hierarchical Child Code	0, 1	1	1

Segment ID: SBR (Subscriber Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SBR01	R	Payer Responsibility Sequence Number Code	A, B, C, D, E, F, G, H, P, S, T, U	1	1
SBR02	S	Individual Relationship Code	18	2	2
SBR03	S	Subscriber Group or Policy Number		1	50
SBR04	S	Subscriber Group Name		1	60
SBR05	S	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47	1	3
SBR06	N	Coordination of Benefits Code		1	1
SBR07	N	Yes/No Condition or Response Code		1	1
SBR08	N	Employment Status Code		2	2
SBR09	S	Claim Filing Indicator Code	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	1	2

Loop 2010BA

Segment ID: NM1 (Subscriber Name) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	IL	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	R	Subscriber Last Name		1	60
NM104	S	Subscriber First Name		1	35
NM105	S	Subscriber Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Subscriber Name Suffix		1	10
NM108	S	Identification Code Qualifier	II, MI	1	2
NM109	S	Subscriber Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Subscriber Address) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Subscriber Address Line		1	55
N302	S	Subscriber Address Line		1	55

Segment ID: N4 (Subscriber City, State, Zip Code) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Subscriber City Name		2	30
N402	S	Subscriber State Code		2	2
N403	S	Subscriber Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: DMG (Subscriber Demographic Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DMG01	R	Date Time Period Format Qualifier	D8	2	3
DMG02	R	Subscriber Birth Date	CCYYMMDD format	1	35
DMG03	R	Subscriber Gender Code	F, M, U	1	1
DMG04	N	Marital Status Code		1	1
DMG05	N	COMPOSITE RACE OR ETHNICITY INFORMATION			
DMG06	N	Citizenship Status Code		1	2
DMG07	N	Country Code		2	3
DMG08	N	Basis of Verification Code		1	2
DMG09	N	Quantity		1	15
DMG10	N	Code List Qualifier Code		1	3
DMG11	N	Industry Code		1	30

Segment ID: REF (Subscriber Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	SY	2	3
REF02	R	Subscriber Supplemental Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Property & Casualty Claim Number) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	Y4	2	3
REF02	R	Property Casualty Claim Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2010BB**Segment ID: NM1 (Payer Name) *Required***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	PR	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	R	Payer Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	R	Identification Code Qualifier	PI, XV	1	2
NM109	R	Payer Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Payer Address) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Payer Address Line		1	55
N302	S	Payer Address Line		1	55

Segment ID: N4 (Payer City, State, Zip Code) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Payer City Name		2	30
N402	S	Payer State Code		2	2
N403	S	Payer Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Payer Secondary Identification) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	2U, EI, FY, NF	2	3
REF02	R	Payer Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Billing Provider Secondary Identification) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G2, LU	2	3
REF02	R	Billing Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2000C**Segment ID: HL (Patient Hierarchical Level) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HL01	R	Hierarchical ID Number		1	12
HL02	R	Hierarchical Parent ID Number		1	12
HL03	R	Hierarchical Level Code	23	1	2
HL04	R	Hierarchical Child Code	0	1	1

Segment ID: PAT (Patient Information) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PAT01	R	Individual Relationship Code	01, 19, 20, 21, 39, 40, 53, G8	2	2
PAT02	N	Patient Location Code		1	1
PAT03	N	Employment Status Code		2	2
PAT04	N	Student Status Code		1	1
PAT05	N	Date Time Period Format Qualifier		2	3
PAT06	N	Date Time Period		1	35
PAT07	N	Unit or Basis For Measurement Code		2	2
PAT08	N	Weight		1	10
PAT09	N	Yes/No Condition or Response Code		1	1

Loop 2010CA**Segment ID: NM1 (Patient Name) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	QC	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Patient Last Name		1	60
NM104	S	Patient First Name		1	35
NM105	S	Patient Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Patient Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Patient Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Patient Address Line		1	55
N302	S	Patient Address Line		1	55

Segment ID: N4 (Patient City, State, Zip Code) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Patient City Name		2	30
N402	S	Patient State Code		2	2
N403	S	Patient Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: DMG (Patient Demographic Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DMG01	R	Date Time Period Format Qualifier	D8	2	3
DMG02	R	Patient Birth Date	CCYYMMDD format	1	35
DMG03	R	Gender Code	F, M, U	1	1

DMG04	N	Marital Status Code		1	1
DMG05	N	COMPOSITE RACE OR ETHNICITY INFORMATION			
DMG06	N	Citizenship Status Code		1	2
DMG07	N	Country Code		2	3
DMG08	N	Basis of Verification Code		1	2
DMG09	N	Quantity		1	15
DMG10	N	Code List Qualifier Code		1	3
DMG11	N	Industry Code		1	30

Segment ID: REF (Property & Casualty Claim Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	Y4	2	3
REF02	R	Property Casualty Claim Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Property & Casualty Patient Identifier) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	1W, SY	2	3
REF02	R	Property & Casualty Patient Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2300

Segment ID: CLM (Claim Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CLM01	R	Patient Control Number		1	20
CLM02	R	Total Claim Charge Amount		1	18
CLM03	N	Claim Filing Indicator Code		1	2
CLM04	N	Non-Institutional Claim Type Code		1	2
CLM05	R	HEALTH CARE SERVICE LOCATION INFORMATION			
CLM05-1	R	Place of Service Code		1	2
CLM05-2	R	Facility Code Qualifier	B	1	2
CLM05-3	R	Claim Frequency Code		1	1
CLM06	R	Provider or Supplier	N, Y	1	1

		Signature Indicator			
CLM07	R	Assignment or Plan Participation Code	A, C	1	1
CLM08	R	Benefits Assignment Certification Indicator	N, W, Y	1	1
CLM09	R	Release of Information Code	I, Y	1	1
CLM10	N	Patient Signature Source Code		1	1
CLM11	S	RELATED CAUSES INFORMATION			
CLM11-1	R	Related Causes Code	AA, EM, OA	2	3
CLM11-2	S	Related Causes Code	AA, EM, OA	2	3
CLM11-3	N	Related Causes Code		2	3
CLM11-4	S	Auto Accident State or Province Code		2	2
CLM11-5	S	Country Code		2	3
CLM12	S	Special Program Indicator	01, 02, 03, 05	2	3
CLM13	N	Yes/No Condition or Response Code		1	1
CLM14	N	Level of Service Code		1	3
CLM15	N	Yes/No Condition or Response Code		1	1
CLM16	N	Provider Agreement Code		1	1
CLM17	N	Claim Status Code		1	2
CLM18	N	Yes/No Condition or Response Code		1	1
CLM19	S	Predetermination of Benefits Code	PB	2	2
CLM20	S	Delay Reason Code	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15	1	2

Segment ID: DTP (Date- Accident) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	439	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Accident Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Appliance Placement) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	452	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Orthodontic Banding Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Service Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	D8, RD8	2	3
DTP03	R	Service Date	CCYYMMDD format, CCYYMMDD-CCYYMMDD format	1	35

Segment ID: DTP (Date- Repricer Received Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	050	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Repricer Received Date	CCYYMMDD format	1	35

Segment ID: DN1 (Orthodontic Total Months of Treatment) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DN101	S	Orthodontic Treatment Months Count		1	15
DN102	S	Orthodontic Treatment Months Remaining Count		1	15
DN103	N	Yes/No Condition or Response Code		1	1
DN104	S	Orthodontic Treatment Indicator	Y	1	80

Segment ID: DN2 (Tooth Status) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DN201	R	Tooth Number		1	50
DN202	R	Tooth Status Code	E, M	1	2
DN203	N	Quantity		1	15
DN204	N	Date Time Period Format Qualifier		2	3
DN205	N	Date Time Period		1	35
DN206	R	Code List Qualifier Code	JP	1	3

Segment ID: PWK (Claim Supplemental Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PWK01	R	Attachment Report Type	B4, DA, DG, EB, OZ, P6, RB, RR	2	2

		Code			
PWK02	R	Attachment Transmission Code	AA, BM, EL, EM, FT, FX	1	2
PWK03	N	Report Copies Needed		1	2
PWK04	N	Entity Identifier Code		2	3
PWK05	S	Identification Code Qualifier	AC	1	2
PWK06	S	Attachment Control Number		2	80
PWK07	N	Description		1	80
PWK08	N	ACTIONS INDICATED			
PWK09	N	Request Category Code		1	2

Segment ID: CN1 (Contract Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CN101	R	Contract Type Code	02, 03, 04, 05, 06, 09	2	2
CN102	S	Contract Amount		1	18
CN103	S	Contract Percentage		1	6
CN104	S	Contract Code		1	50
CN105	S	Terms Discount Percentage		1	6
CN106	S	Contract Version Identifier		1	30

Segment ID: AMT (Patient Amount Paid) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	F5	1	3
AMT02	R	Patient Amount Paid		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: REF (Predetermination Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G3	2	3
REF02	R	Predetermination of Benefits Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Service Authorization Exception Code) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	4N	2	3
REF02	R	Service Authorization Exception Code	1, 2, 3, 4, 5, 6, 7	1	50

REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Payer Claim Control Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	F8	2	3
REF02	R	Payer Claim Control Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Referral Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	9F	2	3
REF02	R	Referral Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Prior Authorization) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G1	2	3
REF02	R	Prior Authorization Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Repriced Claim Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	9A	2	3
REF02	R	Repriced Claim Reference Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Adjusted Repriced Claim Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification	9C	2	3

		Qualifier			
REF02	R	Adjusted Repriced Claim Reference Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Claim Identifier For Transmission Intermediaries) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	D9	2	3
REF02	R	Value Added Network Trace Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: K3 (File Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
K301	R	Fixed Format Information		1	80
K302	N	Record Format Code		1	2
K303	N	COMPOSITE UNIT OF MEASURE			

Segment ID: NTE (Claim Note) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NTE01	R	Note Reference Code	ADD	3	3
NTE02	R	Claim Note Text		1	80

Segment ID: HI (Health Care Diagnosis Code) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Code List Qualifier Code	ABK, BK, TQ	1	3
HI01-2	R	Principal Diagnosis Code		1	30
HI01-3	N	Date Time Period Format Qualifier		2	3
HI01-4	N	Date Time Period		1	35
HI01-5	N	Monetary Amount		1	18
HI01-6	N	Quantity		1	15
HI01-7	N	Version Identifier		1	30
HI01-8	N	Industry Code		1	30

HI01-9	N	Yes/No Condition or Response Code		1	1
HI02	S	HEALTH CARE CODE INFORMATION			
HI02-1	R	Code List Qualifier Code	ABF, BF, TQ	1	3
HI02-2	R	Diagnosis Code		1	30
HI02-3	N	Date Time Period Format Qualifier		2	3
HI02-4	N	Date Time Period		1	35
HI02-5	N	Monetary Amount		1	18
HI02-6	N	Quantity		1	15
HI02-7	N	Version Identifier		1	30
HI02-8	N	Industry Code		1	30
HI02-9	N	Yes/No Condition or Response Code		1	1
HI03	S	HEALTH CARE CODE INFORMATION			
HI03-1	R	Code List Qualifier Code	ABF, BF, TQ	1	3
HI03-2	R	Diagnosis Code		1	30
HI03-3	N	Date Time Period Format Qualifier		2	3
HI03-4	N	Date Time Period		1	35
HI03-5	N	Monetary Amount		1	18
HI03-6	N	Quantity		1	15
HI03-7	N	Version Identifier		1	30
HI03-8	N	Industry Code		1	30
HI03-9	N	Yes/No Condition or Response Code		1	1
HI04	S	HEALTH CARE CODE INFORMATION			
HI04-1	R	Code List Qualifier Code	ABF, BF, TQ	1	3
HI04-2	R	Diagnosis Code		1	30
HI04-3	N	Date Time Period Format Qualifier		2	3
HI04-4	N	Date Time Period		1	35
HI04-5	N	Monetary Amount		1	18
HI04-6	N	Quantity		1	15
HI04-7	N	Version Identifier		1	30
HI04-8	N	Industry Code		1	30
HI04-9	N	Yes/No Condition or Response Code		1	1
HI05	N	HEALTH CARE CODE INFORMATION			
HI06	N	HEALTH CARE CODE INFORMATION			
HI07	N	HEALTH CARE CODE			

		INFORMATION			
HI08	N	HEALTH CARE CODE INFORMATION			
HI09	N	HEALTH CARE CODE INFORMATION			
HI10	N	HEALTH CARE CODE INFORMATION			
HI11	N	HEALTH CARE CODE INFORMATION			
HI12	N	HEALTH CARE CODE INFORMATION			

Segment ID: HCP (Claim Pricing/Repricing Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HCP01	R	Pricing Methodology	00, 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 12, 13, 14	2	2
HCP02	R	Repriced Allowed Amount		1	18
HCP03	S	Repriced Saving Amount		1	18
HCP04	S	Repricing Organization Identifier		1	50
HCP05	S	Repricing Per Diem or Flat Rate Amount		1	9
HCP06	S	Repriced Approved Ambulatory Patient Group Code		1	50
HCP07	N	Monetary Amount		1	18
HCP08	N	Product/Service ID		1	48
HCP09	N	Product/Service ID Qualifier		2	2
HCP10	N	Product/Service ID		1	48
HCP11	N	Unit or Basis For Measurement Code		2	2
HCP12	N	Quantity		1	15
HCP13	S	Reject Reason Code	T1, T2, T3, T4, T5, T6	2	2
HCP14	S	Policy Compliance Code	1, 2, 3, 4, 5	1	2
HCP15	S	Exception Code	1, 2, 3, 4, 5, 6	1	2

Loop 2310A

Segment ID: NM1 (Referring Provider Name) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN, P3	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Referring Provider Last Name		1	60
NM104	S	Referring Provider First		1	35

		Name			
NM105	S	Referring Provider Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Referring Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Referring Provider Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: PRV (Referring Provider Specialty Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	RF	1	3
PRV02	R	Reference Identification Qualifier	PXC	2	3
PRV03	R	Provider Taxonomy Code		1	50
PRV04	N	State or Province Code		2	2
PRV05	N	PROVIDER SPECIALTY INFORMATION			
PRV06	N	Provider Organization Code		3	3

Segment ID: REF (Referring Provider Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2	2	3
REF02	R	Referring Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2310B

Segment ID: NM1 (Rendering Provider Name) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	R	Rendering Provider Last or Organization Name		1	60
NM104	S	Rendering Provider First Name		1	35

NM105	S	Rendering Provider Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Rendering Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Rendering Provider Identifier	(if no NPI is available, Meritain will replace any 9999999999 entries with a space)	2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: PRV (Rendering Provider Specialty Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	PE	1	3
PRV02	R	Reference Identification Qualifier	PXC	2	3
PRV03	R	Provider Taxonomy Code		1	50
PRV04	N	State or Province Code		2	2
PRV05	N	PROVIDER SPECIALTY INFORMATION			
PRV06	N	Provider Organization Code		3	3

Segment ID: REF (Rendering Provider Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Rendering Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2310C

Segment ID: NM1 (Service Facility Location Name) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	77	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	R	Laboratory or Facility Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25

NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Laboratory or Facility Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Service Facility Location Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Laboratory or Facility Address Line		1	55
N302	S	Laboratory or Facility Address Line		1	55

Segment ID: N4 (Service Facility Location City, State, Zip Code) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Laboratory or Facility City Name		2	30
N402	S	Laboratory or Facility State or Province Code		2	2
N403	S	Laboratory or Facility Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Service Facility Location Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, G2, LU	2	3
REF02	R	Laboratory or Facility Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2310D

Segment ID: NM1 (Assistant Surgeon Name) Situational

Reference	Required	Description	Possible Values	Min	Max
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Designator				Length	Length
NM101	R	Entity Identifier Code	DD	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Assistant Surgeon Last Name		1	60
NM104	S	Assistant Surgeon First Name		1	35
NM105	S	Assistant Surgeon Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Assistant Surgeon Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Assistant Surgeon Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: PRV (Assistant Surgeon Specialty Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	AS	1	3
PRV02	R	Reference Identification Qualifier	PXC	2	3
PRV03	R	Provider Taxonomy Code		1	50
PRV04	N	State or Province Code		2	2
PRV05	N	PROVIDER SPECIALTY INFORMATION			
PRV06	N	Provider Organization Code		3	3

Segment ID: REF (Assistant Surgeon Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Assistant Surgeon Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2310E

Segment ID: NM1 (Supervising Provider Name) Situational

Reference	Required	Description	Possible Values	Min	Max
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Designator				Length	Length
NM101	R	Entity Identifier Code	DQ	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Supervising Provider Last Name		1	60
NM104	S	Supervising Provider First Name		1	35
NM105	S	Supervising Provider Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Supervising Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Supervising Provider Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Supervising Provider Secondary Identification) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Supervising Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2320

Segment ID: SBR (Other Subscriber Information) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SBR01	R	Payer Responsibility Sequence Number Code	A, B, C, D, E, F, G, H, P, S, T, U	1	1
SBR02	R	Individual Relationship Code	01, 18, 19, 20, 21, 39, 40, 53, G8	2	2
SBR03	S	Insured Group or Policy Number		1	50
SBR04	S	Other Insured Group Name		1	60
SBR05	S	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47	1	3
SBR06	N	Coordination of Benefits Code		1	1
SBR07	N	Yes/No Condition or		1	1

		Response Code			
SBR08	N	Employment Status Code		2	2
SBR09	S	Claim Filing Indicator Code	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	1	2

Segment ID: CAS (Claim Level Adjustments) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CAS01	R	Claim Adjustment Group Code	CO, CR, OA, PI, PR	1	2
CAS02	R	Adjustment Reason Code		1	5
CAS03	R	Adjustment Amount		1	18
CAS04	S	Adjustment Quantity		1	15
CAS05	S	Adjustment Reason Code		1	5
CAS06	S	Adjustment Amount		1	18
CAS07	S	Adjustment Quantity		1	15
CAS08	S	Adjustment Reason Code		1	5
CAS09	S	Adjustment Amount		1	18
CAS10	S	Adjustment Quantity		1	15
CAS11	S	Adjustment Reason Code		1	5
CAS12	S	Adjustment Amount		1	18
CAS13	S	Adjustment Quantity		1	15
CAS14	S	Adjustment Reason Code		1	5
CAS15	S	Adjustment Amount		1	18
CAS16	S	Adjustment Quantity		1	15
CAS17	S	Adjustment Reason Code		1	5
CAS18	S	Adjustment Amount		1	18
CAS19	S	Adjustment Quantity		1	15

Segment ID: AMT (Coordination of Benefits (COB) Payer Paid Amount) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	D	1	3
AMT02	R	Payer Paid Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: AMT (Remaining Patient Liability) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	EAF	1	3
AMT02	R	Remaining Patient Liability		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: AMT (Coordination of Benefits (COB) Total Non-Covered Amount) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	A8	1	3
AMT02	R	Non-Covered Charge Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: OI (Other Insurance Coverage Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
OI01	N	Claim Filing Indicator Code		1	2
OI02	N	Claim Submission Reason Code		2	2
OI03	R	Benefits Assignment Certification Indicator	N,W, Y	1	1
OI04	N	Patient Signature Source Code		1	1
OI05	N	Provider Agreement Code		1	1
OI06	R	Release of Information Code	I, Y	1	1

Segment ID: MOA (Outpatient Adjudication Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
MOA01	S	Reimbursement Rate		1	10
MOA02	S	HCPCS Payable Amount		1	18
MOA03	S	Claim Payment Remark Code		1	50
MOA04	S	Claim Payment Remark Code		1	50
MOA05	S	Claim Payment Remark Code		1	50
MOA06	S	Claim Payment Remark Code		1	50
MOA07	S	Claim Payment Remark Code		1	50
MOA08	N	Monetary Amount		1	18
MOA09	S	Non-Payable Professional Component Billed Amount		1	18

Loop 2330A

Segment ID: NM1 (Other Subscriber Name) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	IL	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1

NM103	R	Other Insured Last Name		1	60
NM104	S	Other Insured First Name		1	35
NM105	S	Other Insured Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Other Insured Name Suffix		1	10
NM108	R	Identification Code Qualifier	II, MI	1	2
NM109	R	Other Insured Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Other Subscriber Address) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Other Insured Address Line		1	55
N302	S	Other Insured Address Line		1	55

Segment ID: N4 (Other Subscriber City, State, Zip Code) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Other Insured City Name		2	30
N402	S	Other Insured State Code		2	2
N403	S	Other Insured Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Other Subscriber Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	SY	2	3
REF02	R	Other Insured Additional Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330B

Segment ID: NM1 (Other Payer Name) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	PR	2	3

NM102	R	Entity Type Qualifier	2	1	1
NM103	R	Other Payer Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	R	Identification Code Qualifier	PI, XV	1	2
NM109	R	Other Payer Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Other Payer Address) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Other Payer Address Line		1	55
N302	S	Other Payer Address Line		1	55

Segment ID: N4 (Other Payer City, State, Zip Code) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Other Payer City Name		2	30
N402	S	Other Payer State Code		2	2
N403	S	Other Payer Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: DTP (Claim Check or Remittance Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	573	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Adjudication or Payment Date	CCYYMMDD format	1	35

Segment ID: REF (Other Payer Secondary Identifier) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
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REF01	R	Reference Identification Qualifier	2U, EI, FY, NF	2	3
REF02	R	Other Payer Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Other Payer Prior Authorization Number) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G1	2	3
REF02	R	Other Payer Prior Authorization Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Other Payer Referral Number) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	9F	2	3
REF02	R	Other Payer Referral Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Other Payer Claim Adjustment Indicator) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	T4	2	3
REF02	R	Other Payer Claim Adjustment Indicator	Y	1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Other Payer Predetermination Identification) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G3	2	3
REF02	R	Other Payer Predetermination of Benefits Identifier		1	50

REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Other Payer Claim Control Number) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	F8	2	3
REF02	R	Other Payer Claim Control Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330C

Segment ID: NM1 (Other Payer Referring Provider) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN, P3	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Other Payer Referring Provider Secondary Identification) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2	2	3
REF02	R	Other Payer Referring Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330D

Segment ID: NM1 (Other Payer Rendering Provider) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Other Payer Rendering Provider Secondary Identification) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Other Payer Rendering Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330E

Segment ID: NM1 (Other Payer Supervising Provider) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DQ	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization		1	60

		Name			
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Segment ID: REF (Other Payer Supervising Provider Secondary Identification) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Other Payer Supervising Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330F

Segment ID: NM1 (Other Payer Billing Provider) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	85	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Other Payer Billing Provider Secondary Identification) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G2, LU	2	3
REF02	R	Other Payer Billing Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330G

Segment ID: NM1 (Other Payer Service Facility Location) Situational

Reference	Required	Description	Possible Values	Min	Max
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Designator				Length	Length
NM101	R	Entity Identifier Code	77	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Other Payer Service Facility Location Secondary Identification) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, G2, LU	2	3
REF02	R	Other Payer Service Facility Location Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330H

Segment ID: NM1 (Other Payer Assistant Surgeon) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DD	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Other Payer Assistant Surgeon Secondary Identification) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Other Payer Assistant Surgeon Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2400**Segment ID: LX (Service Line Number) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
LX01	R	Assigned Number		1	6

Segment ID: SV3 (Dental Service) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SV301	R	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
SV301-1	R	Product or Service ID Qualifier	AD	2	2
SV301-2	R	Procedure Code	(please note Meritain will modify any procedures codes received starting with a D so they start with a 0)	1	48
SV301-3	S	Procedure Modifier		2	2
SV301-4	S	Procedure Modifier		2	2
SV301-5	S	Procedure Modifier		2	2
SV301-6	S	Procedure Modifier		2	2
SV301-7	S	Procedure Code Description		1	80
SV301-8	N	Product/Service ID		1	48
SV302	R	Line Item Charge Amount		1	18
SV303	S	Place of Service Code		1	2
SV304	S	ORAL CAVITY DESIGNATION			
SV304-1	R	Oral Cavity Designation Code		1	3
SV304-2	S	Oral Cavity Designation Code		1	3
SV304-3	S	Oral Cavity Designation Code		1	3
SV304-4	S	Oral Cavity Designation Code		1	3

SV304-5	S	Oral Cavity Designation Code		1	3
SV305	S	Prosthesis, Crown, or Inlay Code	I, R	1	1
SV306	S	Procedure Count		1	15
SV307	N	Description		1	80
SV308	N	Copay Status Code		1	1
SV309	N	Provider Agreement Code		1	1
SV310	N	Yes/No Condition or Response Code		1	1
SV311	S	COMPOSITE DIAGNOSIS CODE POINTER			
SV311-1	R	Diagnosis Code Pointer		1	2
SV311-2	S	Diagnosis Code Pointer		1	2
SV311-3	S	Diagnosis Code Pointer		1	2
SV311-4	S	Diagnosis Code Pointer		1	2

Segment ID: TOO (Tooth Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
TOO01	R	Code List Qualifier Code	JP	1	3
TOO02	R	Tooth Code		1	30
TOO03	S	TOOTH SURFACE			
TOO03-1	R	Tooth Surface Code	B, D, F, I, L, M, O	1	2
TOO03-2	S	Tooth Surface Code	B, D, F, I, L, M, O	1	2
TOO03-3	S	Tooth Surface Code	B, D, F, I, L, M, O	1	2
TOO03-4	S	Tooth Surface Code	B, D, F, I, L, M, O	1	2
TOO03-5	S	Tooth Surface Code	B, D, F, I, L, M, O	1	2

Segment ID: DTP (Date- Service Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	472	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Service Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Prior Placement) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	139, 441	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Prior Placement Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Appliance Placement) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	452	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Orthodontic Banding Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Replacement) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	446	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Replacement Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Treatment Start) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	196	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Treatment Start Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Treatment Completion) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	198	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Treatment Completion Date	CCYYMMDD format	1	35

Segment ID: CN1 (Contract Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CN101	R	Contract Type Code	02, 03, 04, 05, 06, 09	2	2
CN102	S	Contract Amount		1	18
CN103	S	Contract Percentage		1	6
CN104	S	Contract Code		1	50
CN105	S	Terms Discount Percentage		1	6
CN106	S	Contract Version Identifier		1	30

Segment ID: REF (Service Predetermination Identification) Situational

Reference	Required	Description	Possible Values	Min	Max
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Designator				Length	Length
REF01	R	Reference Identification Qualifier	G3	2	3
REF02	R	Predetermination of Benefits Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Segment ID: REF (Prior Authorization) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G1	2	3
REF02	R	Prior Authorization Number		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Segment ID: REF (Line Item Control Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	6R	2	3
REF02	R	Line Item Control Number		1	30
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Repriced Claim Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	9A	2	3
REF02	R	Repriced Claim Reference Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Adjusted Repriced Claim Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	9C	2	3
REF02	R	Adjusted Repriced Claim Reference Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Referral Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	9F	2	3
REF02	R	Referral Number		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Segment ID: AMT (Sales Tax Amount) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	T	1	3
AMT02	R	Sales Tax Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: K3 (File Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
K301	R	Fixed Format Information		1	80
K302	N	Record Format Code		1	2
K303	N	COMPOSITE UNIT OF MEASURE			

Segment ID: HCP (Line Pricing/Repricing Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HCP01	R	Pricing Methodology	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14	2	2
HCP02	R	Repriced Allowed Amount		1	18
HCP03	S	Repriced Saving Amount		1	18
HCP04	S	Repricing Organization Identifier		1	50
HCP05	S	Repricing Per Diem or Flat Rate Amount		1	9
HCP06	N	Reference Identification		1	50
HCP07	N	Monetary Amount		1	18
HCP08	N	Product/Service ID		1	48
HCP09	S	Product or Service ID Qualifier	AD	2	2
HCP10	S	Repriced Approved HCPCS Code		1	48
HCP11	S	Unit or Basis For Measurement Code	UN	2	2
HCP12	S	Repriced Approved Service Unit Count		1	15
HCP13	S	Reject Reason Code	T1, T2, T3, T4, T5, T6	2	2
HCP14	S	Policy Compliance Code	1, 2, 3, 4, 5	1	2
HCP15	S	Exception Code	1, 2, 3, 4, 5, 6	1	2

Loop 2420A**Segment ID: NM1 (Rendering Provider Name) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	R	Rendering Provider Last or Organization Name		1	60
NM104	S	Rendering Provider First Name		1	35

NM105	S	Rendering Provider Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Rendering Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Rendering Provider Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: PRV (Rendering Provider Specialty Information) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	PE	1	3
PRV02	R	Reference Identification Qualifier	PXC	2	3
PRV03	R	Provider Taxonomy Code		1	50
PRV04	N	State or Province Code		2	2
PRV05	N	PROVIDER SPECIALTY INFORMATION			
PRV06	N	Provider Organization Code		3	3

Segment ID: REF (Rendering Provider Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Rendering Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2420B

Segment ID: NM1 (Assistant Surgeon Name) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DD	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Assistant Surgeon Last or Organization Name		1	60
NM104	S	Assistant Surgeon First Name		1	35
NM105	S	Assistant Surgeon Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Assistant Surgeon Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Assistant Surgeon Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: PRV (Assistant Surgeon Specialty Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	AS	1	3
PRV02	R	Reference Identification Qualifier	PXC	2	3
PRV03	R	Provider Taxonomy Code		1	50
PRV04	N	State or Province Code		2	2
PRV05	N	PROVIDER SPECIALTY INFORMATION			
PRV06	N	Provider Organization Code		3	3

Segment ID: REF (Assistant Surgeon Secondary Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Assistant Surgeon Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary		1	50

		Identifier			
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2420C

Segment ID: NM1 (Supervising Provider Name) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DQ	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Supervising Provider Last Name		1	60
NM104	S	Supervising Provider First Name		1	35
NM105	S	Supervising Provider Middle Name or Initial		1	25
NM106	N	Name Prefix		1	10
NM107	S	Supervising Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Supervising Provider Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: REF (Supervising Provider Secondary Identification) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G, G2, LU	2	3
REF02	R	Supervising Provider Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3

REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2420D

Segment ID: NM1 (Service Facility Location Name) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	77	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	R	Laboratory or Facility Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Laboratory or Facility Primary Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Service Facility Location Address) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Laboratory or Facility Address Line		1	55
N302	S	Laboratory or Facility Address Line		1	55

Segment ID: N4 (Service Facility Location City, State, Zip Code) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Laboratory or Facility City Name		2	30
N402	S	Laboratory or Facility State or Province Code		2	2
N403	S	Laboratory or Facility Postal Zone or Zip Code		3	15
N404	S	Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Service Facility Location Secondary Identification) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	1G, G2, LU	2	3
REF02	R	Service Facility Location Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identification Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2430**Segment ID: SVD (Line Adjudication Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SVD01	R	Other Payer Primary Identifier		2	80
SVD02	R	Service Line Paid Amount		1	18
SVD03	R	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
SVD03-1	R	Product or Service ID Qualifier	AD, ER	2	2
SVD03-2	R	Procedure Code		1	48
SVD03-3	S	Procedure Modifier		2	2
SVD03-4	S	Procedure Modifier		2	2
SVD03-5	S	Procedure Modifier		2	2
SVD03-6	S	Procedure Modifier		2	2
SVD03-7	S	Procedure Code Description		1	80
SVD03-8	N	Product/Service ID		1	48
SVD04	N	Product/Service ID		1	48
SVD05	R	Paid Service Unit Count		1	15
SVD06	S	Bundled or Unbundled Line Number		1	6

Segment ID: CAS (Line Adjustment) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CAS01	R	Claim Adjustment Group Code	CO, CR, OA, PI, PR	1	2
CAS02	R	Adjustment Reason Code		1	5
CAS03	R	Adjustment Amount		1	18
CAS04	S	Adjustment Quantity		1	15
CAS05	S	Adjustment Reason Code		1	5
CAS06	S	Adjustment Amount		1	18
CAS07	S	Adjustment Quantity		1	15
CAS08	S	Adjustment Reason Code		1	5
CAS09	S	Adjustment Amount		1	18
CAS10	S	Adjustment Quantity		1	15
CAS11	S	Adjustment Reason Code		1	5
CAS12	S	Adjustment Amount		1	18
CAS13	S	Adjustment Quantity		1	15
CAS14	S	Adjustment Reason Code		1	5
CAS15	S	Adjustment Amount		1	18
CAS16	S	Adjustment Quantity		1	15
CAS17	S	Adjustment Reason Code		1	5
CAS18	S	Adjustment Amount		1	18
CAS19	S	Adjustment Quantity		1	15

Segment ID: DTP (Line Check or Remittance Date) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	573	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Adjudication or Payment Date	CCYYMMDD format	1	35

Segment ID: AMT (Remaining Patient Liability) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	EAF	1	3
AMT02	R	Remaining Patient Liability		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: SE (Transaction Set Trailer) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SE01	R	Transaction Segment Count		1	10
SE02	R	Transaction Set Control	(defined by trading partner)	4	9

		Number			
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Segment ID: GE (Functional Group Trailer) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
GE01	R	Number of Transaction Sets Included		1	6
GE02	R	Group Control Number	(defined by trading partner)	1	9

Segment ID: IEA (Interchange Control Trailer) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
IEA01	R	Number of Included Functional Groups		1	5
IEA02	R	Interchange Control Number	(defined by trading partner)	9	9