



## **837 Institutional Health Care Claim Companion Guide**

**Version 2.0**

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**Meritain Health, Inc.**

### **Companion Guide: 837 Institutional Layout**

This document is designed to outline the mandatory data elements required on all incoming institutional 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 005010X223A2 Institutional 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 005010X223A2 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 record 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	30	2	2
ISA08	R	Interchange Receiver ID	161216454 (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 Code	(defined by trading partner)	2	15
GS03	R	Application Receiver Code	161216454	2	15
GS04	R	Date	CCYYMMDD format	8	8
GS05	R	Time	HHMMSS 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 Identifier Code	005010X223A2	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 Convention Reference	005010X223A2	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 ID		1	50
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 ID	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		1	25
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
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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

**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	2	1	1
NM103	R	Billing Provider Last or Organizational Name		1	60
NM104	N	Billing Provider First Name		1	35
NM105	N	Billing Provider Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	N	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 Sub-Division 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 Qualifier	EI	2	3
REF02	R	Billing Provider Additional Identifier		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	2	1	1
NM103	N	Last or Organization Name		1	60
NM104	N	First Name		1	35
NM105	N	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Pay-To 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 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	Pay-To Address Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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	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 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		3	15

		Zip Code			
N404	S	Pay-To-Plan Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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	Reference Identification		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	EI	2	3
REF02	R	Reference Identification		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
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	Insured Group or Policy Number		1	50
SBR04	S	Insured Group Name		1	60
SBR05	N	Insurance Type Code		1	3
SBR06	N	Coordination of Benefits		1	1

		Code			
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		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 or Province Code		2	2
N403	S	Subscriber Postal Zone or Zip Code		3	15
N404	S	Subscriber Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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	Race or Ethnicity Code		1	1
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 or Province Code		2	2
N403	S	Payer Postal Zone or Zip Code		3	15
N404	S	Payer Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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 Additional 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	Additional 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	Patient Death Date		1	35
PAT07	N	Unit or Basis For Measurement Code		2	2
PAT08	N	Patient Weight		1	10
PAT09	N	Pregnancy Indicator		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		1	25
NM106	N	Name Prefix		1	10
NM107	S	Patient Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Patient 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 (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 or Province Code		2	2
N403	S	Patient Postal Zone or Zip Code		3	15
N404	S	Patient Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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	Patient Gender Code	F, M, U	1	1
DMG04	N	Marital Status Code		1	1
DMG05	N	Race or Ethnicity Code		1	1
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	Reference Identification		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 Account Number		1	38
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	Facility Type Code		1	2
CLM05-2	R	Facility Code Qualifier	A	1	2
CLM05-3	R	Claim Frequency Code		1	1
CLM06	N	Provider or Supplier Signature Indicator		1	1
CLM07	R	Medicare Assignment Code	A, B, 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	N	RELATED CAUSES INFORMATION			
CLM12	N	Special Program Indicator		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	Participation Agreement		1	1
CLM17	N	Claim Status Code		1	2
CLM18	N	Yes/No Condition or Response Code		1	1
CLM19	N	Claim Submission Reason Code		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- Discharge Hour) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	096	3	3
DTP02	R	Date Time Period Format Qualifier	TM	2	3
DTP03	R	Discharge Time	HHMM format	1	35

**Segment ID: DTP (Date- Statement Dates) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	434	3	3
DTP02	R	Date Time Period Format Qualifier	RD8	2	3
DTP03	R	Statement From & To Date	CCYYMMDD-CCYYMMDD format	1	35

**Segment ID: DTP (Date- Admission Date/Hour) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	435	3	3
DTP02	R	Date Time Period Format Qualifier	D8, DT	2	3
DTP03	R	Admission Date & Hour	CCYYMMDD format, CCYYMMDDHHMM 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	Order Date	CCYYMMDD format	1	35

**Segment ID: CL1 (Institutional Claim Code) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CL101	R	Priority of Admission or Visit		1	1
CL102	S	Point of Origin for Admission or Visit		1	1
CL103	R	Patient Status Code		1	2
CL104	N	Nursing Home Code		1	1

**Segment ID: PWK (Claim Supplemental Information) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PWK01	R	Attachment Report Type Code	03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	2	2
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	01, 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 Percent		1	6
CN106	S	Contract Version Identifier		1	30

**Segment ID: AMT (Patient Estimated Amount Due) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	F3	1	3
AMT02	R	Patient Responsibility Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

**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 (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		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	Claim Original Reference 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 (Investigational Device Exemption Number) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	LX	2	3
REF02	R	Investigational Device Exemption 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	Clearinghouse Trace Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Segment ID: REF (Auto Accident State) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	LU	2	3
REF02	R	Auto Accident State or Province		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Segment ID: REF (Medical Record Number) Situational**

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

**Segment ID: REF (Demonstration Project Identifier) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	P4	2	3
REF02	R	Demonstration Project Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Segment ID: REF (Peer Review Organization (PRO) Approval Number) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	G4	2	3
REF02	R	PRO Approval 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	ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI	3	3
NTE02	R	Claim Note Text		1	80

**Segment ID: NTE (Billing Note) Situational**

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

**Segment ID: CRC (EPSDT Referral) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length

CRC01	R	Code Category	ZZ	2	2
CRC02	R	Certification Condition Indicator	N, Y	1	1
CRC03	R	Condition Code	AV, NU, S2, ST	2	3
CRC04	S	Condition Code	AV, NU, S2, ST	2	3
CRC05	S	Condition Code	AV, NU, S2, ST	2	3
CRC06	N	Condition Indicator		2	3
CRC07	N	Condition Indicator		2	3

**Segment ID: HI (Principal Diagnosis) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Diagnosis Type Code	ABK, BK	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	S	Present On Admission Indicator	N, U, W, Y	1	1
HI02	N	HEALTH CARE CODE INFORMATION			
HI03	N	HEALTH CARE CODE INFORMATION			
HI04	N	HEALTH CARE CODE INFORMATION			
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			

		INFORMATION			
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**Segment ID: HI (Admitting Diagnosis) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Diagnosis Type Code	ABJ, BJ	1	3
HI01-2	R	Admitting 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	N	HEALTH CARE CODE INFORMATION			
HI03	N	HEALTH CARE CODE INFORMATION			
HI04	N	HEALTH CARE CODE INFORMATION			
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: HI (Patient Reason For Visit) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			

HI01-1	R	Diagnosis Type Code	APR, PR	1	3
HI01-2	R	Patient Reason For Visit		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	Diagnosis Type Code	APR, PR	1	3
HI02-2	R	Patient Reason For Visit		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	Diagnosis Type Code	APR, PR	1	3
HI03-2	R	Patient Reason For Visit		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	N	HEALTH CARE CODE INFORMATION			
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: HI (External Cause Of Injury) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Diagnosis Type Code	ABN, BN	1	3
HI01-2	R	External Cause Of Injury 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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI02	S	HEALTH CARE CODE INFORMATION			
HI02-1	R	Diagnosis Type Code	ABN, BN	1	3
HI02-2	R	External Cause of Injury 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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI03	S	HEALTH CARE CODE INFORMATION			
HI03-1	R	Diagnosis Type Code	ABN, BN	1	3
HI03-2	R	External Cause of Injury 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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI04	S	HEALTH CARE CODE INFORMATION			
HI04-1	R	Diagnosis Type Code	ABN, BN	1	3
HI04-2	R	External Cause of Injury 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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI05	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Diagnosis Type Code	ABN, BN	1	3
HI05-2	R	External Cause of Injury Code		1	30
HI05-3	N	Date Time Period Format Qualifier		2	3
HI05-4	N	Date Time Period		1	35
HI05-5	N	Monetary Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI06	S	HEALTH CARE CODE INFORMATION			
HI06-1	R	Diagnosis Type Code	ABN, BN	1	3
HI06-2	R	External Cause of Injury Code		1	30
HI06-3	N	Date Time Period Format Qualifier		2	3
HI06-4	N	Date Time Period		1	35
HI06-5	N	Monetary Amount		1	18

HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Diagnosis Type Code	ABN, BN	1	3
HI07-2	R	External Cause of Injury Code		1	30
HI07-3	N	Date Time Period Format Qualifier		2	3
HI07-4	N	Date Time Period		1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Diagnosis Type Code	ABN, BN	1	3
HI08-2	R	External Cause of Injury Code		1	30
HI08-3	N	Date Time Period Format Qualifier		2	3
HI08-4	N	Date Time Period		1	35
HI08-5	N	Monetary Amount		1	18
HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Diagnosis Type Code	ABN, BN	1	3
HI09-2	R	External Cause of Injury Code		1	30
HI09-3	N	Date Time Period Format Qualifier		2	3
HI09-4	N	Date Time Period		1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	S	Present on Admission	N, U, W, Y	1	1

		Indicator			
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Diagnosis Type Code	ABN, BN	1	3
HI10-2	R	External Cause of Injury Code		1	30
HI10-3	N	Date Time Period Format Qualifier		2	3
HI10-4	N	Date Time Period		1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Diagnosis Type Code	ABN, BN	1	3
HI11-2	R	External Cause of Injury Code		1	30
HI11-3	N	Date Time Period Format Qualifier		2	3
HI11-4	N	Date Time Period		1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI12	S	HEALTH CARE CODE INFORMATION			
HI12-1	R	Diagnosis Type Code	ABN, BN	1	3
HI12-2	R	External Cause of Injury Code		1	30
HI12-3	N	Date Time Period Format Qualifier		2	3
HI12-4	N	Date Time Period		1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	S	Present on Admission Indicator	N, U, W, Y	1	1

**Segment ID: HI (Diagnosis Related Group (DRG) Information) *Situational***

Reference	Required	Description	Possible Values	Min	Max
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Designator				Length	Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	DR	1	3
HI01-2	R	DRG 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	N	HEALTH CARE CODE INFORMATION			
HI03	N	HEALTH CARE CODE INFORMATION			
HI04	N	HEALTH CARE CODE INFORMATION			
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: HI (Other Diagnosis Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Diagnosis Type Code	ABF, BF	1	3
HI01-2	R	Other Diagnosis		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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI02	S	HEALTH CARE CODE INFORMATION			
HI02-1	R	Diagnosis Type Code	ABF, BF	1	3
HI02-2	R	Other Diagnosis		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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI03	S	HEALTH CARE CODE INFORMATION			
HI03-1	R	Diagnosis Type Code	ABF, BF	1	3
HI03-2	R	Other Diagnosis		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	S	Present on Admission Indicator	N, U, W, Y	1	1
HI04	S	HEALTH CARE CODE INFORMATION			
HI04-1	R	Diagnosis Type Code	ABF, BF	1	3
HI04-2	R	Other Diagnosis		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	S	Present on Admission Indicator	N, U, W, Y	1	1

HI05	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Diagnosis Type Code	ABF, BF	1	3
HI05-2	R	Other Diagnosis		1	30
HI05-3	N	Date Time Period Format Qualifier		2	3
HI05-4	N	Date Time Period		1	35
HI05-5	N	Monetary Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI06	S	HEALTH CARE CODE INFORMATION			
HI06-1	R	Diagnosis Type Code	ABF, BF	1	3
HI06-2	R	Other Diagnosis		1	30
HI06-3	N	Date Time Period Format Qualifier		2	3
HI06-4	N	Date Time Period		1	35
HI06-5	N	Monetary Amount		1	18
HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Diagnosis Type Code	ABF, BF	1	3
HI07-2	R	Other Diagnosis		1	30
HI07-3	N	Date Time Period Format Qualifier		2	3
HI07-4	N	Date Time Period		1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Diagnosis Type Code	ABF, BF	1	3
HI08-2	R	Other Diagnosis		1	30
HI08-3	N	Date Time Period Format Qualifier		2	3
HI08-4	N	Date Time Period		1	35

HI08-5	N	Monetary Amount		1	18
HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Diagnosis Type Code	ABF, BF	1	3
HI09-2	R	Other Diagnosis		1	30
HI09-3	N	Date Time Period Format Qualifier		2	3
HI09-4	N	Date Time Period		1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Diagnosis Type Code	ABF, BF	1	3
HI10-2	R	Other Diagnosis		1	30
HI10-3	N	Date Time Period Format Qualifier		2	3
HI10-4	N	Date Time Period		1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Diagnosis Type Code	ABF, BF	1	3
HI11-2	R	Other Diagnosis		1	30
HI11-3	N	Date Time Period Format Qualifier		2	3
HI11-4	N	Date Time Period		1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	S	Present on Admission Indicator	N, U, W, Y	1	1
HI12	S	HEALTH CARE CODE			



		INFORMATION			
HI12-1	R	Diagnosis Type Code	ABF, BF	1	3
HI12-2	R	Other Diagnosis		1	30
HI12-3	N	Date Time Period Format Qualifier		2	3
HI12-4	N	Date Time Period		1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	S	Present on Admission Indicator	N, U, W, Y	1	1

**Segment ID: HI (Principal Procedure Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	BBR, BR, CAH	1	3
HI01-2	R	Principal Procedure Code		1	30
HI01-3	R	Date Time Period Format Qualifier	D8	2	3
HI01-4	R	Principal Procedure Date	CCYYMMDD format	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	N	HEALTH CARE CODE INFORMATION			
HI03	N	HEALTH CARE CODE INFORMATION			
HI04	N	HEALTH CARE CODE INFORMATION			
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			

		INFORMATION			
HI11	N	HEALTH CARE CODE INFORMATION			
HI12	N	HEALTH CARE CODE INFORMATION			

**Segment ID: HI (Other Procedure Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier Code	BBQ, BQ	1	3
HI01-2	R	Procedure Code		1	30
HI01-3	R	Date Time Period Format Qualifier	D8	2	3
HI01-4	R	Procedure Date	CCYYMMDD format	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	Qualifier Code	BBQ, BQ	1	3
HI02-2	R	Procedure Code		1	30
HI02-3	R	Date Time Period Format Qualifier	D8	2	3
HI02-4	R	Procedure Date	CCYYMMDD format	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	Qualifier Code	BBQ, BQ	1	3
HI03-2	R	Procedure Code		1	30
HI03-3	R	Date Time Period Format Qualifier	D8	2	3
HI03-4	R	Procedure Date	CCYYMMDD format	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	Qualifier Code	BBQ, BQ	1	3
HI04-2	R	Procedure Code		1	30
HI04-3	R	Date Time Period Format Qualifier	D8	2	3
HI04-4	R	Procedure Date	CCYYMMDD format	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	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Qualifier Code	BBQ, BQ	1	3
HI05-2	R	Procedure Code		1	30
HI05-3	R	Date Time Period Format Qualifier	D8	2	3
HI05-4	R	Procedure Date	CCYYMMDD format	1	35
HI05-5	N	Monetary Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	N	Yes/No Condition or Response Code		1	1
HI06	S	HEALTH CARE CODE INFORMATION			
HI06-1	R	Qualifier Code	BBQ, BQ	1	3
HI06-2	R	Procedure Code		1	30
HI06-3	R	Date Time Period Format Qualifier	D8	2	3
HI06-4	R	Procedure Date	CCYYMMDD format	1	35
HI06-5	N	Monetary Amount		1	18
HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	N	Yes/No Condition or Response Code		1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Qualifier Code	BBQ, BQ	1	3
HI07-2	R	Procedure Code		1	30
HI07-3	R	Date Time Period Format	D8	2	3

		Qualifier			
HI07-4	R	Procedure Date	CCYYMMDD format	1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	N	Yes/No Condition or Response Code		1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Qualifier Code	BBQ, BQ	1	3
HI08-2	R	Procedure Code		1	30
HI08-3	R	Date Time Period Format Qualifier	D8	2	3
HI08-4	R	Procedure Date	CCYYMMDD format	1	35
HI08-5	N	Monetary Amount		1	18
HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	N	Yes/No Condition or Response Code		1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Qualifier Code	BBQ, BQ	1	3
HI09-2	R	Procedure Code		1	30
HI09-3	R	Date Time Period Format Qualifier	D8	2	3
HI09-4	R	Procedure Date	CCYYMMDD format	1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	N	Yes/No Condition or Response Code		1	1
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Qualifier Code	BBQ, BQ	1	3
HI10-2	R	Procedure Code		1	30
HI10-3	R	Date Time Period Format Qualifier	D8	2	3
HI10-4	R	Procedure Date	CCYYMMDD format	1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	N	Yes/No Condition or		1	1

		Response Code			
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Qualifier Code	BBQ, BQ	1	3
HI11-2	R	Procedure Code		1	30
HI11-3	R	Date Time Period Format Qualifier	D8	2	3
HI11-4	R	Procedure Date	CCYYMMDD format	1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	N	Yes/No Condition or Response Code		1	1
HI12	S	HEALTH CARE CODE INFORMATION			
HI12-1	R	Qualifier Code	BBQ, BQ	1	3
HI12-2	R	Procedure Code		1	30
HI12-3	R	Date Time Period Format Qualifier	D8	2	3
HI12-4	R	Procedure Date	CCYYMMDD format	1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	N	Yes/No Condition or Response Code		1	1

**Segment ID: HI (Occurrence Span Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	BI	1	3
HI01-2	R	Occurrence Span Code		1	30
HI01-3	R	Date Time Period Format Qualifier	RD8	2	3
HI01-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	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	Qualifier	BI	1	3
HI02-2	R	Occurrence Span Code		1	30
HI02-3	R	Date Time Period Format Qualifier	RD8	2	3
HI02-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	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	Qualifier	BI	1	3
HI03-2	R	Occurrence Span Code		1	30
HI03-3	R	Date Time Period Format Qualifier	RD8	2	3
HI03-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	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	Qualifier	BI	1	3
HI04-2	R	Occurrence Span Code		1	30
HI04-3	R	Date Time Period Format Qualifier	RD8	2	3
HI04-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	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	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Qualifier	BI	1	3
HI05-2	R	Occurrence Span Code		1	30
HI05-3	R	Date Time Period Format	RD8	2	3

		Qualifier			
HI05-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI05-5	N	Monetary Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	N	Yes/No Condition or Response Code		1	1
HI06	S	HEALTH CARE CODE INFORMATION			
HI06-1	R	Qualifier	BI	1	3
HI06-2	R	Occurrence Span Code		1	30
HI06-3	R	Date Time Period Format Qualifier	RD8	2	3
HI06-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI06-5	N	Monetary Amount		1	18
HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	N	Yes/No Condition or Response Code		1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Qualifier	BI	1	3
HI07-2	R	Occurrence Span Code		1	30
HI07-3	R	Date Time Period Format Qualifier	RD8	2	3
HI07-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	N	Yes/No Condition or Response Code		1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Qualifier	BI	1	3
HI08-2	R	Occurrence Span Code		1	30
HI08-3	R	Date Time Period Format Qualifier	RD8	2	3
HI08-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI08-5	N	Monetary Amount		1	18

HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	N	Yes/No Condition or Response Code		1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Qualifier	BI	1	3
HI09-2	R	Occurrence Span Code		1	30
HI09-3	R	Date Time Period Format Qualifier	RD8	2	3
HI09-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	N	Yes/No Condition or Response Code		1	1
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Qualifier	BI	1	3
HI10-2	R	Occurrence Span Code		1	30
HI10-3	R	Date Time Period Format Qualifier	RD8	2	3
HI10-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	N	Yes/No Condition or Response Code		1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Qualifier	BI	1	3
HI11-2	R	Occurrence Span Code		1	30
HI11-3	R	Date Time Period Format Qualifier	RD8	2	3
HI11-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	N	Yes/No Condition or		1	1



		Response Code			
HI12	S	HEALTH CARE CODE INFORMATION			
HI12-1	R	Qualifier	BI	1	3
HI12-2	R	Occurrence Span Code		1	30
HI12-3	R	Date Time Period Format Qualifier	RD8	2	3
HI12-4	R	Date Time Period	CCYYMMDD-CCYYMMDD format	1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	N	Yes/No Condition or Response Code		1	1

**Segment ID: HI (Occurrence Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	BH	1	3
HI01-2	R	Occurrence Code		1	30
HI01-3	R	Date Time Period Format Qualifier	D8	2	3
HI01-4	R	Date Time Period	CCYYMMDD format	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	Qualifier	BH	1	3
HI02-2	R	Occurrence Code		1	30
HI02-3	R	Date Time Period Format Qualifier	D8	2	3
HI02-4	R	Date Time Period	CCYYMMDD format	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	Qualifier	BH	1	3
HI03-2	R	Occurrence Code		1	30
HI03-3	R	Date Time Period Format Qualifier	D8	2	3
HI03-4	R	Date Time Period	CCYYMMDD format	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	Qualifier	BH	1	3
HI04-2	R	Occurrence Code		1	30
HI04-3	R	Date Time Period Format Qualifier	D8	2	3
HI04-4	R	Date Time Period	CCYYMMDD format	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	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Qualifier	BH	1	3
HI05-2	R	Occurrence Code		1	30
HI05-3	R	Date Time Period Format Qualifier	D8	2	3
HI05-4	R	Date Time Period	CCYYMMDD format	1	35
HI05-5	N	Monetary Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	N	Yes/No Condition or Response Code		1	1
HI06	S	HEALTH CARE CODE INFORMATION			
HI06-1	R	Qualifier	BH	1	3
HI06-2	R	Occurrence Code		1	30
HI06-3	R	Date Time Period Format Qualifier	D8	2	3
HI06-4	R	Date Time Period	CCYYMMDD format	1	35
HI06-5	N	Monetary Amount		1	18

HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	N	Yes/No Condition or Response Code		1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Qualifier	BH	1	3
HI07-2	R	Occurrence Code		1	30
HI07-3	R	Date Time Period Format Qualifier	D8	2	3
HI07-4	R	Date Time Period	CCYYMMDD format	1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	N	Yes/No Condition or Response Code		1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Qualifier	BH	1	3
HI08-2	R	Occurrence Code		1	30
HI08-3	R	Date Time Period Format Qualifier	D8	2	3
HI08-4	R	Date Time Period	CCYYMMDD format	1	35
HI08-5	N	Monetary Amount		1	18
HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	N	Yes/No Condition or Response Code		1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Qualifier	BH	1	3
HI09-2	R	Occurrence Code		1	30
HI09-3	R	Date Time Period Format Qualifier	D8	2	3
HI09-4	R	Date Time Period	CCYYMMDD format	1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	N	Yes/No Condition or Response Code		1	1
HI10	S	HEALTH CARE CODE INFORMATION			

HI10-1	R	Qualifier	BH	1	3
HI10-2	R	Occurrence Code		1	30
HI10-3	R	Date Time Period Format Qualifier	D8	2	3
HI10-4	R	Date Time Period	CCYYMMDD format	1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	N	Yes/No Condition or Response Code		1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Qualifier	BH	1	3
HI11-2	R	Occurrence Code		1	30
HI11-3	R	Date Time Period Format Qualifier	D8	2	3
HI11-4	R	Date Time Period	CCYYMMDD format	1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	N	Yes/No Condition or Response Code		1	1
HI12	S	HEALTH CARE CODE INFORMATION			
HI12-1	R	Qualifier	BH	1	3
HI12-2	R	Occurrence Code		1	30
HI12-3	R	Date Time Period Format Qualifier	D8	2	3
HI12-4	R	Date Time Period	CCYYMMDD format	1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	N	Yes/No Condition or Response Code		1	1

**Segment ID: HI (Value Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	BE	1	3
HI01-2	R	Value Code		1	30
HI01-3	N	Date Time Period Format		2	3

		Qualifier			
HI01-4	N	Date Time Period		1	35
HI01-5	R	Value Code 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	Qualifier	BE	1	3
HI02-2	R	Value Code		1	30
HI02-3	N	Date Time Period Format Qualifier		2	3
HI02-4	N	Date Time Period		1	35
HI02-5	R	Value Code 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	Qualifier	BE	1	3
HI03-2	R	Value Code		1	30
HI03-3	N	Date Time Period Format Qualifier		2	3
HI03-4	N	Date Time Period		1	35
HI03-5	R	Value Code 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	Qualifier	BE	1	3
HI04-2	R	Value Code		1	30
HI04-3	N	Date Time Period Format Qualifier		2	3
HI04-4	N	Date Time Period		1	35
HI04-5	R	Value Code 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		1	1

		Response Code			
HI05	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Qualifier	BE	1	3
HI05-2	R	Value Code		1	30
HI05-3	N	Date Time Period Format Qualifier		2	3
HI05-4	N	Date Time Period		1	35
HI05-5	R	Value Code Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	N	Yes/No Condition or Response Code		1	1
HI06	S	HEALTH CARE CODE INFORMATION			
HI06-1	R	Qualifier	BE	1	3
HI06-2	R	Value Code		1	30
HI06-3	N	Date Time Period Format Qualifier		2	3
HI06-4	N	Date Time Period		1	35
HI06-5	R	Value Code Amount		1	18
HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	N	Yes/No Condition or Response Code		1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Qualifier	BE	1	3
HI07-2	R	Value Code		1	30
HI07-3	N	Date Time Period Format Qualifier		2	3
HI07-4	N	Date Time Period		1	35
HI07-5	R	Value Code Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	N	Yes/No Condition or Response Code		1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Qualifier	BE	1	3
HI08-2	R	Value Code		1	30
HI08-3	N	Date Time Period Format Qualifier		2	3

HI08-4	N	Date Time Period		1	35
HI08-5	R	Value Code Amount		1	18
HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	N	Yes/No Condition or Response Code		1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Qualifier	BE	1	3
HI09-2	R	Value Code		1	30
HI09-3	N	Date Time Period Format Qualifier		2	3
HI09-4	N	Date Time Period		1	35
HI09-5	R	Value Code Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	N	Yes/No Condition or Response Code		1	1
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Qualifier	BE	1	3
HI10-2	R	Value Code		1	30
HI10-3	N	Date Time Period Format Qualifier		2	3
HI10-4	N	Date Time Period		1	35
HI10-5	R	Value Code Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	N	Yes/No Condition or Response Code		1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Qualifier	BE	1	3
HI11-2	R	Value Code		1	30
HI11-3	N	Date Time Period Format Qualifier		2	3
HI11-4	N	Date Time Period		1	35
HI11-5	R	Value Code Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	N	Yes/No Condition or Response Code		1	1

HI12	S	HEALTH CARE CODE INFORMATION			
HI12-1	R	Qualifier	BE	1	3
HI12-2	R	Value Code		1	30
HI12-3	N	Date Time Period Format Qualifier		2	3
HI12-4	N	Date Time Period		1	35
HI12-5	R	Value Code Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	N	Yes/No Condition or Response Code		1	1

**Segment ID: HI (Condition Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	BG	1	3
HI01-2	R	Condition 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	Qualifier	BG	1	3
HI02-2	R	Condition 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	Qualifier	BG	1	3



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

HI06-8	N	Industry Code		1	30
HI06-9	N	Yes/No Condition or Response Code		1	1
HI07	S	HEALTH CARE CODE INFORMATION			
HI07-1	R	Qualifier	BG	1	3
HI07-2	R	Condition Code		1	30
HI07-3	N	Date Time Period Format Qualifier		2	3
HI07-4	N	Date Time Period		1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	N	Yes/No Condition or Response Code		1	1
HI08	S	HEALTH CARE CODE INFORMATION			
HI08-1	R	Qualifier	BG	1	3
HI08-2	R	Condition Code		1	30
HI08-3	N	Date Time Period Format Qualifier		2	3
HI08-4	N	Date Time Period		1	35
HI08-5	N	Monetary Amount		1	18
HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	N	Yes/No Condition or Response Code		1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Qualifier	BG	1	3
HI09-2	R	Condition Code		1	30
HI09-3	N	Date Time Period Format Qualifier		2	3
HI09-4	N	Date Time Period		1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	N	Yes/No Condition or Response Code		1	1
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Qualifier	BG	1	3
HI10-2	R	Condition Code		1	30

HI10-3	N	Date Time Period Format Qualifier		2	3
HI10-4	N	Date Time Period		1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	N	Yes/No Condition or Response Code		1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Qualifier	BG	1	3
HI11-2	R	Condition Code		1	30
HI11-3	N	Date Time Period Format Qualifier		2	3
HI11-4	N	Date Time Period		1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	N	Yes/No Condition or Response Code		1	1
HI12	S	HEALTH CARE CODE INFORMATION			
HI12-1	R	Qualifier	BG	1	3
HI12-2	R	Condition Code		1	30
HI12-3	N	Date Time Period Format Qualifier		2	3
HI12-4	N	Date Time Period		1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	N	Yes/No Condition or Response Code		1	1

**Segment ID: HI (Treatment Code Information) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Qualifier	TC	1	3
HI01-2	R	Treatment 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	Qualifier	TC	1	3
HI02-2	R	Treatment 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	Qualifier	TC	1	3
HI03-2	R	Treatment 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	Qualifier	TC	1	3
HI04-2	R	Treatment 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	S	HEALTH CARE CODE			

		<b>INFORMATION</b>			
HI05-1	R	Qualifier	TC	1	3
HI05-2	R	Treatment Code		1	30
HI05-3	N	Date Time Period Format Qualifier		2	3
HI05-4	N	Date Time Period		1	35
HI05-5	N	Monetary Amount		1	18
HI05-6	N	Quantity		1	15
HI05-7	N	Version Identifier		1	30
HI05-8	N	Industry Code		1	30
HI05-9	N	Yes/No Condition or Response Code		1	1
HI06	S	<b>HEALTH CARE CODE INFORMATION</b>			
HI06-1	R	Qualifier	TC	1	3
HI06-2	R	Treatment Code		1	30
HI06-3	N	Date Time Period Format Qualifier		2	3
HI06-4	N	Date Time Period		1	35
HI06-5	N	Monetary Amount		1	18
HI06-6	N	Quantity		1	15
HI06-7	N	Version Identifier		1	30
HI06-8	N	Industry Code		1	30
HI06-9	N	Yes/No Condition or Response Code		1	1
HI07	S	<b>HEALTH CARE CODE INFORMATION</b>			
HI07-1	R	Qualifier	TC	1	3
HI07-2	R	Treatment Code		1	30
HI07-3	N	Date Time Period Format Qualifier		2	3
HI07-4	N	Date Time Period		1	35
HI07-5	N	Monetary Amount		1	18
HI07-6	N	Quantity		1	15
HI07-7	N	Version Identifier		1	30
HI07-8	N	Industry Code		1	30
HI07-9	N	Yes/No Condition or Response Code		1	1
HI08	S	<b>HEALTH CARE CODE INFORMATION</b>			
HI08-1	R	Qualifier	TC	1	3
HI08-2	R	Treatment Code		1	30
HI08-3	N	Date Time Period Format Qualifier		2	3
HI08-4	N	Date Time Period		1	35
HI08-5	N	Monetary Amount		1	18

HI08-6	N	Quantity		1	15
HI08-7	N	Version Identifier		1	30
HI08-8	N	Industry Code		1	30
HI08-9	N	Yes/No Condition or Response Code		1	1
HI09	S	HEALTH CARE CODE INFORMATION			
HI09-1	R	Qualifier	TC	1	3
HI09-2	R	Treatment Code		1	30
HI09-3	N	Date Time Period Format Qualifier		2	3
HI09-4	N	Date Time Period		1	35
HI09-5	N	Monetary Amount		1	18
HI09-6	N	Quantity		1	15
HI09-7	N	Version Identifier		1	30
HI09-8	N	Industry Code		1	30
HI09-9	N	Yes/No Condition or Response Code		1	1
HI10	S	HEALTH CARE CODE INFORMATION			
HI10-1	R	Qualifier	TC	1	3
HI10-2	R	Treatment Code		1	30
HI10-3	N	Date Time Period Format Qualifier		2	3
HI10-4	N	Date Time Period		1	35
HI10-5	N	Monetary Amount		1	18
HI10-6	N	Quantity		1	15
HI10-7	N	Version Identifier		1	30
HI10-8	N	Industry Code		1	30
HI10-9	N	Yes/No Condition or Response Code		1	1
HI11	S	HEALTH CARE CODE INFORMATION			
HI11-1	R	Qualifier	TC	1	3
HI11-2	R	Treatment Code		1	30
HI11-3	N	Date Time Period Format Qualifier		2	3
HI11-4	N	Date Time Period		1	35
HI11-5	N	Monetary Amount		1	18
HI11-6	N	Quantity		1	15
HI11-7	N	Version Identifier		1	30
HI11-8	N	Industry Code		1	30
HI11-9	N	Yes/No Condition or Response Code		1	1
HI12	S	HEALTH CARE CODE INFORMATION			

HI12-1	R	Qualifier	TC	1	3
HI12-2	R	Treatment Code		1	30
HI12-3	N	Date Time Period Format Qualifier		2	3
HI12-4	N	Date Time Period		1	35
HI12-5	N	Monetary Amount		1	18
HI12-6	N	Quantity		1	15
HI12-7	N	Version Identifier		1	30
HI12-8	N	Industry Code		1	30
HI12-9	N	Yes/No Condition or Response Code		1	1

**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, 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	S	Repriced Approved Ambulatory Patient Group Code		1	50
HCP07	S	Repriced Approved Ambulatory Patient Group Amount		1	18
HCP08	S	Product/Service ID		1	48
HCP09	N	Product/Service ID Qualifier		2	2
HCP10	N	Product/Service ID		1	48
HCP11	S	Unit or Basis For Measurement Code	DA, UN	2	2
HCP12	S	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 (Attending Provider Name) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	71	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Last Name		1	60

NM104	S	First Name		1	35
NM105	S	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (Attending Provider Specialty Information) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PRV01	R	Provider Code	AT	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 (Attending 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2310B**

**Segment ID: NM1 (Operating Physician Name) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	72	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Last or Organization Name		1	60
NM104	S	First Name		1	35
NM105	S	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (Operating Physician Secondary Identification) *Situational***

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

**Loop 2310C**

**Segment ID: NM1 (Other Operating Physician Name) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	ZZ	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Last or Organization Name		1	60
NM104	S	First Name		1	35
NM105	S	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (Operating Physician 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2310D**

**Segment ID: NM1 (Rendering Physician Name) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
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NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Last or Organization Name		1	60
NM104	S	First Name		1	35
NM105	S	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	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: REF (Rendering Physician 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2310E**

**Segment ID: NM1 (Service Facility Location) *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	Laboratory or Facility Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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 2310F**

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Referring Provider Last Name		1	60
NM104	S	Referring Provider First Name		1	35
NM105	S	Referring Provider Middle Name		1	25
NM106	N	Name Prefix		1	10

NM107	S	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: 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 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	N	Insurance Type Code		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

**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 (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 Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

**Segment ID: AMT (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 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		2	2

		Code			
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: MIA (Inpatient Adjudication Information) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
MIA01	R	Covered Days or Visits Count		1	15
MIA02	N	Amount		1	18
MIA03	S	Lifetime Psychiatric Days		1	15
MIA04	S	Remaining Patient Liability Amount		1	18
MIA05	S	Claim Payment Remark Code		1	50
MIA06	S	Claim Disproportionate Share Amount		1	18
MIA07	S	Claim MSP Pass-through Amount		1	18
MIA08	S	Claim PPS Capital Amount		1	18
MIA09	S	PPS-Capital FSP DRG Amount		1	18
MIA10	S	PPS-Capital HSP DRG Amount		1	18
MIA11	S	PPS-Capital DSH DRG Amount		1	18
MIA12	S	Old Capital Amount		1	18
MIA13	S	PPS-Capital IME Amount		1	18
MIA14	S	PPS-Operating Hospital Specific DRG Amount		1	18
MIA15	S	Cost Report Day Count		1	15
MIA16	S	PPS-Operating Federal Specific DRG Amount		1	18
MIA17	S	Claim PPS Capital Outlier Amount		1	18
MIA18	S	Claim Indirect Teaching Amount		1	18
MIA19	S	Non-Payable Professional Component Billed Amount		1	18
MIA20	S	Claim Payment Remark Code		1	50
MIA21	S	Claim Payment Remark Code		1	50

MIA22	S	Claim Payment Remark Code		1	50
MIA23	S	Claim Payment Remark Code		1	50
MIA24	S	PPS-Capital Exception Amount		1	18

**Segment ID: MOA (Medicare 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	Remark Code		1	50
MOA04	S	Remark Code		1	50
MOA05	S	Remark Code		1	50
MOA06	S	Remark Code		1	50
MOA07	S	Remark Code		1	50
MOA08	S	End Stage Renal Disease Payment 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	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 or Province Code		2	2
N403	S	Other Insured Postal Zone or Zip Code		3	15
N404	S	Other Insured Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division 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 or Province Code		2	2
N403	S	Other Payer Postal Zone or Zip Code		3	15
N404	S	Other Payer Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Sub-Division Code		1	3

**Segment ID: DTP (Date- 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 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	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			
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**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		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 Attending Provider) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	71	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	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: REF (Other Payer Attending 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2330D**

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	72	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	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: REF (Other Payer Operating 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2330E****Segment ID: NM1 (Other Payer Other Operating Provider) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	ZZ	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	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: REF (Other Payer Other Operating 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2330F****Segment ID: NM1 (Other Payer Service Facility Location) 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	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	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: 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 Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2330G**

**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	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: 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 2330H****Segment ID: NM1 (Other Payer Referring Provider) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN	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	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: 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 2330I****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	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	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: 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 Identification		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2400**

**Segment ID: LX (Service Line) Required**

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

**Segment ID: SV2 (Institutional Service Line) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SV201	R	Revenue Code		1	48
SV202	S	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
SV202-1	R	Product or Service ID Qualifier	ER, HC, HP, IV, WK	2	2
SV202-2	R	Procedure Code		1	48
SV202-3	S	Procedure Modifier		2	2
SV202-4	S	Procedure Modifier		2	2
SV202-5	S	Procedure Modifier		2	2
SV202-6	S	Procedure Modifier		2	2
SV202-7	S	Description		1	80
SV202-8	N	Product/Service ID		1	48
SV203	R	Line Item Charge Amount		1	18
SV204	R	Unit or Basis For Measurement Code	DA, UN	2	2
SV205	R	Service Units/Days		1	15
SV206	N	Unit Rate		1	10
SV207	S	Monetary Amount		1	18
SV208	N	Yes/No Condition or		1	1

		Response Code			
SV209	N	Nursing Home Residential Status Code		1	1
SV210	N	Level of Care Code		1	1

**Segment ID: PWK (Line Supplemental Information) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PWK01	R	Attachment Report Type Code	03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	2	2
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	Identification Code		2	80
PWK07	N	Description		1	80
PWK08	N	ACTIONS INDICATED			
PWK09	N	Request Category Code		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, RD8	2	3
DTP03	R	Service Date	CCYYMMDD format, CCYYMMDD-CCYYMMDD format	1	35

**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	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			



**Segment ID: REF (Repriced Line Item Reference Number) Situational**

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

**Segment ID: REF (Adjusted Repriced Line Item Reference Number) Situational**

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

**Segment ID: AMT (Service Tax Amount) Situational**

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

**Segment ID: AMT (Facility Tax Amount) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	N8	1	3
AMT02	R	Facility Tax Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

**Segment ID: NTE (Third Party Organization Notes) Situational**

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

**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,	2	2

			08, 09, 10, 11, 12, 13, 14		
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	S	Repriced Approved Ambulatory Patient Group Amount		1	18
HCP08	S	Product/Service ID		1	48
HCP09	S	Product or Service ID Qualifier	ER, HC, HP, IV, WK	2	2
HCP10	S	Procedure Code		1	48
HCP11	S	Unit or Basis For Measurement Code	DA, 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 2410**

#### **Segment ID: LIN (Drug Identification) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
LIN01	N	Assigned Identification		1	20
LIN02	R	Product or Service ID Qualifier	N4	2	2
LIN03	R	National Drug Code		1	48
LIN04	N	Product/Service ID Qualifier		2	2
LIN05	N	Product/Service ID		1	48
LIN06	N	Product/Service ID Qualifier		2	2
LIN07	N	Product/Service ID		1	48
LIN08	N	Product/Service ID Qualifier		2	2
LIN09	N	Product/Service ID		1	48
LIN10	N	Product/Service ID Qualifier		2	2
LIN11	N	Product/Service ID		1	48
LIN12	N	Product/Service ID Qualifier		2	2
LIN13	N	Product/Service ID		1	48
LIN14	N	Product/Service ID Qualifier		2	2
LIN15	N	Product/Service ID		1	48
LIN16	N	Product/Service ID Qualifier		2	2

LIN17	N	Product/Service ID		1	48
LIN18	N	Product/Service ID Qualifier		2	2
LIN19	N	Product/Service ID		1	48
LIN20	N	Product/Service ID Qualifier		2	2
LIN21	N	Product/Service ID		1	48
LIN22	N	Product/Service ID Qualifier		2	2
LIN23	N	Product/Service ID		1	48
LIN24	N	Product/Service ID Qualifier		2	2
LIN25	N	Product/Service ID		1	48
LIN26	N	Product/Service ID Qualifier		2	2
LIN27	N	Product/Service ID		1	48
LIN28	N	Product/Service ID Qualifier		2	2
LIN29	N	Product/Service ID		1	48
LIN30	N	Product/Service ID Qualifier		2	2
LIN31	N	Product/Service ID		1	48

**Segment ID: CTP (Drug Quantity) Required**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CTP01	N	Class of Trade Code		2	2
CTP02	N	Price Identifier Code		3	3
CTP03	N	Unit Price		1	17
CTP04	R	National Drug Unit Count		1	15
CTP05	R	COMPOSITE UNIT OF MEASURE			
CTP05-1	R	Unit or Basis For Measurement Code	F2, GR, ME, ML, UN	2	2
CTP05-2	N	Exponent		1	15
CTP05-3	N	Multiplier		1	10
CTP05-4	N	Unit or Basis For Measurement Code		2	2
CTP05-5	N	Exponent		1	15
CTP05-6	N	Multiplier		1	10
CTP05-7	N	Unit or Basis For Measurement Code		2	2
CTP05-8	N	Exponent		1	15
CTP05-9	N	Multiplier		1	10
CTP05-10	N	Unit or Basis For Measurement Code		2	2
CTP05-11	N	Exponent		1	15
CTP05-12	N	Multiplier		1	10
CTP05-13	N	Unit or Basis For Measurement Code		2	2
CTP05-14	N	Exponent		1	15
CTP05-15	N	Multiplier		1	10
CTP06	N	Price Multiplier Qualifier		3	3

CTP07	N	Multiplier		1	10
CTP08	N	Monetary Amount		1	18
CTP09	N	Basis of Unit Price Code		2	2
CTP10	N	Condition Value		1	10
CTP11	N	Multiple Price Quantity		1	2

**Segment ID: REF (Prescription or Compound Drug Association Number) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	VY, XZ	2	3
REF02	R	Prescription Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

**Loop 2420A**

**Segment ID: NM1 (Operating Physician Name) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	72	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Last Name		1	60
NM104	S	First Name		1	35
NM105	S	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (Operating Physician 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identifier Qualifier	2U	2	3
REF04-2	R	Identifier		1	50
REF04-3	N	Reference Identification		2	3

		Qualifier			
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 (Other Operating Physician Name) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	ZZ	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Last Name		1	60
NM104	S	First Name		1	35
NM105	S	Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (Other Operating Physician 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	Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identifier Qualifier	2U	2	3
REF04-2	R	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 2420C**

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

Reference	Required	Description	Possible Values	Min	Max
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Designator				Length	Length
NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1	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		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: 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 Identifier Qualifier	2U	2	3
REF04-2	R	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 (Referring Provider Name) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Referring Provider Last		1	60

		Name			
NM104	S	Referring Provider First Name		1	35
NM105	S	Referring Provider Middle Name		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 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: 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	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identifier Qualifier	2U	2	3
REF04-2	R	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	S	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
SVD03-1	R	Product or Service ID Qualifier	ER, HC, HP, IV, WK	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	R	Service Line Revenue Code		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 Amount		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 Number	(defined by trading partner)	4	9

**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