



837 Professional Health Care Claim Companion Guide

Version 2.0

Copyright 2011

Meritain Health, Inc.

Companion Guide: 837 Professional Layout

This document is designed to outline the mandatory data elements required on all incoming professional 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 005010X222A1 Professional 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 005010X222A1 implementation guide.

Testing Requirements

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

Acknowledgements & Rejections

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

Secure File Transfer Protocol (SFTP) Specifications

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

837 Conversion Specifications

Overview

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

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

Segment Identification

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

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
ISA01	R	Authorization Information Qualifier	00	2	2
ISA02	R	Authorization Information	pad with spaces	10	10
ISA03	R	Security Information Qualifier	00	2	2
ISA04	R	Security Information	pad with spaces	10	10
ISA05	R	Interchange ID Qualifier	01, 14, 20, 27, 28, 29, 30, 33, ZZ	2	2
ISA06	R	Interchange Sender ID	(defined by trading partner; right pad with spaces)	15	15
ISA07	R	Interchange ID Qualifier	30	2	2
ISA08	R	Interchange Receiver ID	161264154 (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 (Group Control Header) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
----------------------	----------	-------------	-----------------	------------	------------

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	HHMM format	4	8
GS06	R	Group Control Number	(defined by trading partner)	1	9
GS07	R	Responsible Agency Code	X	1	2
GS08	R	Version Identifier Code	005010X222A1	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	005010X222A1	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	(defined by trading partner)	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
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	1, 2	1	1
NM103	R	Billing Provider Last or Organizational Name		1	60
NM104	S	Billing Provider First Name		1	35
NM105	S	Billing Provider Middle Name		1	25
NM106	N	Name Prefix		1	10
NM107	S	Billing Provider Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	Billing Provider Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Billing Provider Address) Required

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

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

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

Segment ID: REF (Billing Provider Tax Identification) Required

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

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	0B, 1G	2	3
REF02	R	Billing Provider 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	1, 2	1	1
NM103	N	Pay-To Last or Organization Name		1	60
NM104	N	Pay-To First Name		1	35
NM105	N	Pay-To Middle Name		1	25
NM106	N	Pay-To Name Prefix		1	10
NM107	N	Pay-To 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 City Name		2	30
N402	S	Pay-To State Code		2	2
N403	S	Pay-To Postal Zone or Zip Code		3	15
N404	S	Pay-To 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 Code		2	2
N403	S	Pay-To Plan Postal Zone or Zip Code		3	15
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	S	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47	1	3
SBR06	N	Coordination of Benefits Code		1	1
SBR07	N	Yes/No Condition or Response Code		1	1
SBR08	N	Employment Status Code		2	2
SBR09	S	Claim Filing Indicator Code	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	1	2

Segment ID: PAT (Patient Information) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PAT01	N	Individual Relationship Code		2	2
PAT02	N	Patient Location Code		1	1
PAT03	N	Employment Status Code		2	2
PAT04	N	Student Status Code		1	1
PAT05	S	Date Time Period Format Qualifier	D8	2	3
PAT06	S	Insured Individual Death Date	CCYYMMDD format	1	35
PAT07	S	Unit or Basis For Measurement Code	01	2	2
PAT08	S	Patient Weight		1	10
PAT09	S	Pregnancy Indicator	Y	1	1

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		1	60

		Name			
--	--	------	--	--	--

Segment ID: N3 (Subscriber Address) Situational

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

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Subscriber City Name		2	30
N402	S	Subscriber State Code		2	2
N403	S	Subscriber Postal Zone or Zip Code		3	15
N404	S	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			

Segment ID: PER (Property & Casualty Subscriber Contact Information) *Situational*

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

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

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

Segment ID: N3 (Payer Address) Situational

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

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Payer City Name		2	30
N402	S	Payer State Code		2	2
N403	S	Payer Postal Zone or Zip Code		3	15
N404	S	Payer Country Code		2	3
N405	N	Location Code 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	Payer 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	S	Date Time Period Format Qualifier	D8	2	3
PAT06	S	Patient Death Date	CCYYMMDD format	1	35
PAT07	S	Unit or Basis For Measurement Code	01	2	2
PAT08	S	Patient Weight		1	10
PAT09	S	Pregnancy Indicator	Y	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 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	Patient Secondary Identifier		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: PER (Property & Casualty Patient 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	TE	2	2
PER04	R	Communication Number		1	256
PER05	S	Communication Number Qualifier	EX	2	2
PER06	S	Communication Number		1	256
PER07	N	Communication Number Qualifier		2	2
PER08	N	Communication Number		1	256
PER09	N	Contact Inquiry Reference		1	20

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	B	1	2
CLM05-3	R	Claim Frequency Code		1	1
CLM06	R	Provider or Supplier Signature Indicator	N, Y	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	S	Patient Signature Source Code	P	1	1
CLM11	S	RELATED CAUSES INFORMATION			
CLM11-1	R	Related Causes Code	AA, EM, OA	2	3
CLM11-2	S	Related Causes Code	AA, EM, OA	2	3
CLM11-3	N	Related Causes Code		2	3
CLM11-4	S	Auto Accident State or Province Code		2	2
CLM11-5	S	Country Code		2	3
CLM12	S	Special Program Indicator	02, 03, 05, 09	2	3
CLM13	N	Yes/No Condition or		1	1

		Response Code			
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- Onset of Current Illness/Symptoms) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	431	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Onset of Current Illness or Injury Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Initial Treatment) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	454	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Initial Treatment Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Date Last Seen) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	304	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last Seen Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Acute Manifestation) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	453	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Acute Manifestation Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Accident) Situational

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

Segment ID: DTP (Date- Last Menstrual Period) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	484	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last Menstrual Period Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Last X-Ray) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	455	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last X-Ray Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Hearing/Vision Prescription Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	471	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Prescription Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Disability Dates) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	314, 360, 361	3	3
DTP02	R	Date Time Period Format Qualifier	D8, RD8	2	3
DTP03	R	Disability From Date	CCYYMMDD format, CCYYMMDD-CCYYMMDD format	1	35

Segment ID: DTP (Date- Date Last Worked) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length

DTP01	R	Date Time Qualifier	297	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last Worked Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Authorized Return To Work) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	296	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Work Return Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Admission) 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	2	3
DTP03	R	Related Hospitalization Admission Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Discharge) 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	D8	2	3
DTP03	R	Related Hospitalization Discharge Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Assumed & Relinquished Care Dates) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	090, 091	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Assumed or Relinquished Care Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Property & Casualty Date Of First Contact) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	444	3	3
DTP02	R	Date Time Period Format	D8	2	3

		Qualifier			
DTP03	R	Order Date	CCYYMMDD format	1	35

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

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

Segment ID: 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 Amount Paid) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
----------------------	----------	-------------	-----------------	------------	------------

AMT01	R	Amount Qualifier Code	F5	1	3
AMT02	R	Patient Amount Paid		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: REF (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 (Mandatory Medicare Section 4081 Crossover Indicator) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	F5	2	3
REF02	R	Medicare Section 4081 Indicator	Y, N	1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Mammography Certification Number) *Situational*

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

Segment ID: REF (Referral Number) *Situational*

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

Segment ID: REF (Prior Authorization) *Situational*

Reference	Required	Description	Possible Values	Min	Max
-----------	----------	-------------	-----------------	-----	-----

Designator				Length	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 (Clinical Laboratory Improvement Amendment (CLIA) Number) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	X4	2	3
REF02	R	Clinical Laboratory Improvement Amendment 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 Qualifier	9C	2	3
REF02	R	Adjusted Repriced Claim Reference Number		1	50

REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (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 (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 (Care Plan Oversight) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
----------------------	----------	-------------	-----------------	------------	------------

REF01	R	Reference Identification Qualifier	1J	2	3
REF02	R	Care Plan Oversight Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: K3 (File Information) Situational

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

Segment ID: NTE (Claim Note) Situational

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

Segment ID: CR1 (Ambulance Transport Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CR101	S	Unit or Basis For Measurement Code	LB	2	2
CR102	S	Patient Weight		1	10
CR103	N	Ambulance Transport Code		1	1
CR104	R	Ambulance Transport Reason Code	A, B, C, D, E	1	1
CR105	R	Unit or Basis For Measurement Code	DH	2	2
CR106	R	Transport Distance		1	15
CR107	N	Address Information		1	55
CR108	N	Address Information		1	55
CR109	S	Round Trip Purpose Description		1	80
CR110	S	Stretcher Purpose Description		1	80

Segment ID: CR2 (Spinal Manipulation Service Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CR201	N	Treatment Series Number		1	9
CR202	N	Treatment Count		1	15
CR203	N	Subluxation Level Code		2	3

CR204	N	Subluxation Level Code		2	3
CR205	N	Unit or Basis For Measurement Code		2	2
CR206	N	Treatment Period Count		1	15
CR207	N	Monthly Treatment Count		1	15
CR208	R	Patient Condition Code	A, C, D, E, F, G, M	1	1
CR209	N	Complication Indicator		1	1
CR210	S	Patient Condition Description		1	80
CR211	S	Patient Condition Description		1	80
CR212	N	Yes/No Condition or Response Code		1	1

Segment ID: CRC (Ambulance Certification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CRC01	R	Code Category	07	2	2
CRC02	R	Certification Condition Indicator	N, Y	1	1
CRC03	R	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC04	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC05	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC06	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC07	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3

Segment ID: CRC (Patient Condition Information- Vision) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CRC01	R	Code Category	E1, E2, E3	2	2
CRC02	R	Certification Condition Indicator	N, Y	1	1
CRC03	R	Condition Code	L1, L2, L3, L4, L5	2	3
CRC04	S	Condition Code	L1, L2, L3, L4, L5	2	3
CRC05	S	Condition Code	L1, L2, L3, L4, L5	2	3
CRC06	S	Condition Code	L1, L2, L3, L4, L5	2	3
CRC07	S	Condition Code	L1, L2, L3, L4, L5	2	3

Segment ID: CRC (Homebound Indicator) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CRC01	R	Code Category	75	2	2
CRC02	R	Certification Condition Indicator	Y	1	1
CRC03	R	Homebound Indicator	IH	2	3
CRC04	N	Condition Indicator		2	3

CRC05	N	Condition Indicator		2	3
CRC06	N	Condition Indicator		2	3
CRC07	N	Condition Indicator		2	3

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 (Health Care Diagnosis Code) *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	Diagnosis Code		1	30
HI01-3	N	Date Time Period Format Qualifier		2	3
HI01-4	N	Date Time Period		1	35
HI01-5	N	Monetary Amount		1	18
HI01-6	N	Quantity		1	15
HI01-7	N	Version Identifier		1	30
HI01-8	N	Industry Code		1	30
HI01-9	N	Yes/No Condition or Response Code		1	1
HI02	S	HEALTH CARE CODE INFORMATION			
HI02-1	R	Diagnosis Type Code	ABF, BF	1	3
HI02-2	R	Diagnosis Code		1	30
HI02-3	N	Date Time Period Format Qualifier		2	3
HI02-4	N	Date Time Period		1	35
HI02-5	N	Monetary Amount		1	18
HI02-6	N	Quantity		1	15
HI02-7	N	Version Identifier		1	30
HI02-8	N	Industry Code		1	30
HI02-9	N	Yes/No Condition or Response Code		1	1
HI03	S	HEALTH CARE CODE			

		INFORMATION			
HI03-1	R	Diagnosis Type Code	ABF, BF	1	3
HI03-2	R	Diagnosis Code		1	30
HI03-3	N	Date Time Period Format Qualifier		2	3
HI03-4	N	Date Time Period		1	35
HI03-5	N	Monetary Amount		1	18
HI03-6	N	Quantity		1	15
HI03-7	N	Version Identifier		1	30
HI03-8	N	Industry Code		1	30
HI03-9	N	Yes/No Condition or Response Code		1	1
HI04	S	HEALTH CARE CODE INFORMATION			
HI04-1	R	Diagnosis Type Code	ABF, BF	1	3
HI04-2	R	Diagnosis Code		1	30
HI04-3	N	Date Time Period Format Qualifier		2	3
HI04-4	N	Date Time Period		1	35
HI04-5	N	Monetary Amount		1	18
HI04-6	N	Quantity		1	15
HI04-7	N	Version Identifier		1	30
HI04-8	N	Industry Code		1	30
HI04-9	N	Yes/No Condition or Response Code		1	1
HI05	S	HEALTH CARE CODE INFORMATION			
HI05-1	R	Diagnosis Type Code	ABF, BF	1	3
HI05-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI06-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI07-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI08-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI09-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI10-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI11-2	R	Diagnosis 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	Diagnosis Type Code	ABF, BF	1	3
HI12-2	R	Diagnosis 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 (Anesthesia Related Procedure) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Code List Qualifier	BP	1	3
HI01-2	R	Anesthesia Related Surgical Procedure		1	30

HI01-3	N	Date Time Period Format Qualifier		2	3
HI01-4	N	Date Time Period		1	35
HI01-5	N	Monetary Amount		1	18
HI01-6	N	Quantity		1	15
HI01-7	N	Version Identifier		1	30
HI01-8	N	Industry Code		1	30
HI01-9	N	Yes/No Condition or Response Code		1	1
HI02	S	HEALTH CARE CODE INFORMATION			
HI02-1	R	Code List Qualifier	BO	1	3
HI02-2	R	Anesthesia Related Surgical Procedure		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	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 (Condition Information) Situational

Reference	Required	Description	Possible Values	Min	Max
-----------	----------	-------------	-----------------	-----	-----

Designator				Length	Length
HI01	R	HEALTH CARE CODE INFORMATION			
HI01-1	R	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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	Code List 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: HCP (Claim Pricing/Repricing Information) *Situational*

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

Loop 2310A**Segment ID: NM1 (Referring Provider Name) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN, P3	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Referring Provider Last Name		1	60
NM104	S	Referring Provider First 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 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 2310B**Segment ID: NM1 (Rendering Provider Name) Situational**

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	R	Rendering Provider Last or Organization Name		1	60
NM104	S	Rendering Provider First Name		1	35
NM105	S	Rendering Provider Middle Name		1	25
NM106	N	Name Prefix		1	10

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

Segment ID: PRV (Rendering Provider Specialty Information) *Situational*

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

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

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

Loop 2310C

Segment ID: NM1 (Service Facility Location) *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		2	80

		Primary Identifier			
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) 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			

Segment ID: PER (Service Facility Contact Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PER01	R	Contact Function Code	IC	2	2
PER02	S	Contact Name		1	60
PER03	R	Communication Number	TE	2	2

		Qualifier			
PER04	R	Communication Number		1	256
PER05	S	Communication Number Qualifier	EX	2	2
PER06	S	Communication Number		1	256
PER07	N	Communication Number Qualifier		2	2
PER08	N	Communication Number		1	256
PER09	N	Contact Inquiry Reference		1	20

Loop 2310D

Segment ID: NM1 (Supervising Provider Name) Situational

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

Segment ID: REF (Supervising Provider Secondary Identifier) Situational

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

Loop 2310E

Segment ID: NM1 (Ambulance Pick-Up Location) Situational

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

Segment ID: N3 (Ambulance Pick-Up Location Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Ambulance Pick-Up Address Line		1	55
N302	S	Ambulance Pick-Up Address Line		1	55

Segment ID: N4 (Ambulance Pick-Up Location City/State/Zip) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Ambulance Pick-Up City Name		2	30
N402	S	Ambulance Pick-Up State or Province Code		2	2
N403	S	Ambulance Pick-Up Postal Zone or Zip Code		3	15
N404	S	Ambulance Pick-Up 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 2310F

Segment ID: NM1 (Ambulance Drop-Off Location) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	45	2	3
NM102	R	Entity Type Qualifier	2	1	1

NM103	S	Ambulance Drop-Off Location		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Ambulance Drop-Off Location Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Ambulance Drop-Off Address Line		1	55
N302	S	Ambulance Drop-Off Address Line		1	55

Segment ID: N4 (Ambulance Drop-Off Location City/State/Zip) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Ambulance Drop-Off City Name		2	30
N402	S	Ambulance Drop-Off State or Province Code		2	2
N403	S	Ambulance Drop-Off Postal Zone or Zip Code		3	15
N404	S	Ambulance Drop-Off 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 2320

Segment ID: SBR (Other Subscriber Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SBR01	R	Payer Responsibility Sequence Number Code	A, B, C, D, E, F, G, H, P, S, T, U	1	1
SBR02	R	Individual Relationship Code	01, 18, 19, 20, 21, 39, 40, 53, G8	2	2
SBR03	S	Insured Group or Policy Number		1	50

SBR04	S	Other Insured Group Name		1	60
SBR05	S	Insurance Type Code	12, 13, 14, 15, 16, 41, 42, 43, 47	1	3
SBR06	N	Coordination of Benefits Code		1	1
SBR07	N	Yes/No Condition or 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 (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: 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: OI (Other Insurance Coverage Information) *Required*

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

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	Other Insured Name Suffix		1	10
NM108	R	Identification Code Qualifier	II, MI	1	2
NM109	R	Other Insured Identifier		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Other Subscriber Address) Situational

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

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Other Insured City Name		2	30
N402	S	Other Insured State Code		2	2
N403	S	Other Insured Postal Zone or Zip Code		3	15
N404	S	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 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	Required	Description	Possible Values	Min	Max
-----------	----------	-------------	-----------------	-----	-----

Designator				Length	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			

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

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

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

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

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

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

REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330C

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

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

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

Loop 2330D

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	82	2	3
NM102	R	Entity Type Qualifier	1, 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 Rendering Provider Secondary Identifier) Required

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

Loop 2330E

Segment ID: NM1 (Other Payer 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 Identifier) 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		1	50

		Location Secondary Identifier			
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Loop 2330F

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

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

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

Loop 2330G

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	85	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35

NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	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: SV1 (Professional Service) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SV101	R	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
SV101-1	R	Product or Service ID Qualifier	ER, HC, IV, WK	2	2
SV101-2	R	Procedure Code		1	48
SV101-3	S	Procedure Modifier		2	2
SV101-4	S	Procedure Modifier		2	2
SV101-5	S	Procedure Modifier		2	2
SV101-6	S	Procedure Modifier		2	2
SV101-7	S	Description		1	80
SV101-8	N	Product/Service ID		1	48
SV102	R	Line Item Charge Amount		1	18
SV103	R	Unit or Basis For Measurement Code	MJ, UN	2	2
SV104	R	Service Unit Count		1	15

SV105	S	Place of Service Code		1	2
SV106	N	Service Type Code		1	2
SV107	R	COMPOSITE DIAGNOSIS CODE POINTER			
SV107-1	R	Diagnosis Code Pointer		1	2
SV107-2	S	Diagnosis Code Pointer		1	2
SV107-3	S	Diagnosis Code Pointer		1	2
SV107-4	S	Diagnosis Code Pointer		1	2
SV108	N	Monetary Amount		1	18
SV109	S	Emergency Indicator	Y	1	1
SV110	N	Multiple Procedure Code		1	2
SV111	S	EPSDT Indicator	Y	1	1
SV112	S	Family Planning Indicator	Y	1	1
SV113	N	Review Code		1	2
SV114	N	National or Local Assigned Review Value		1	2
SV115	S	Co-Pay Status Code	0	1	1
SV116	N	Health Care Professional Shortage Area Code		1	1
SV117	N	Reference Identification		1	30
SV118	N	Postal Code		3	15
SV119	N	Monetary Amount		1	18
SV120	N	Level of Care Code		1	1
SV121	N	Provider Agreement Code		1	1

Segment ID: SV5 (Durable Medical Equipment Service) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SV501	R	COMPOSITE MEDICAL PROCEDURE			
SV501-1	R	Procedure Identifier	HC	2	2
SV501-2	R	Procedure Code		1	48
SV501-3	N	Procedure Modifier		2	2
SV501-4	N	Procedure Modifier		2	2
SV501-5	N	Procedure Modifier		2	2
SV501-6	N	Procedure Modifier		2	2
SV501-7	N	Description		1	80
SV501-8	N	Product/Service ID		1	48
SV502	R	Unit or Basis For Measurement Code	DA	2	2
SV503	R	Length of Medical Necessity		1	15
SV504	R	DME Rental Price		1	18
SV505	R	DME Purchase Price		1	18
SV506	R	Rental Unit Price Indicator	1, 4, 6	1	1
SV507	N	Prognosis 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: PWK (DME Certificate of Medical Necessity Indicator) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PWK01	R	Attachment Report Type Code	CT	2	2
PWK02	R	Attachment Transmission Code	AB, AD, AF, AG, NS	1	2
PWK03	N	Report Copies Needed		1	2
PWK04	N	Entity Identifier Code		2	3
PWK05	N	Identification Code Qualifier		1	2
PWK06	N	Identification Code		2	80
PWK07	N	Description		1	80
PWK08	N	ACTIONS INDICATED			
PWK09	N	Request Category Code		1	2

Segment ID: CR1 (Ambulance Transport Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CR101	S	Unit or Basis For Measurement Code	LB	2	2
CR102	S	Patient Weight		1	10
CR103	N	Ambulance Transport Code		1	1
CR104	R	Ambulance Transport Reason Code	A, B, C, D, E	1	1
CR105	R	Unit or Basis For	DH	2	2

		Measurement Code			
CR106	R	Transport Distance		1	15
CR107	N	Address Information		1	55
CR108	N	Address Information		1	55
CR109	S	Round Trip Purpose Description		1	80
CR110	S	Stretcher Purpose Description		1	80

Segment ID: CR3 (Durable Medical Equipment Certification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CR301	R	Certification Type Code	I, R, S	1	1
CR302	R	Unit or Basis For Measurement Code	MO	2	2
CR303	R	Durable Medical Equipment Duration		1	15
CR304	N	Insulin Dependent Code		1	1
CR305	N	Description		1	80

Segment ID: CRC (Ambulance Certification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CRC01	R	Code Category	07	2	2
CRC02	R	Certification Condition Indicator	N, Y	1	1
CRC03	R	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC04	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC05	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC06	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3
CRC07	S	Condition Code	01, 04, 05, 06, 07, 08, 09, 12	2	3

Segment ID: CRC (Hospice Employee Indicator) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CRC01	R	Code Category	70	2	2
CRC02	R	Hospice Employed Provider Indicator	N, Y	1	1
CRC03	R	Condition Indicator	65	2	3
CRC04	N	Condition Indicator		2	3
CRC05	N	Condition Indicator		2	3
CRC06	N	Condition Indicator		2	3
CRC07	N	Condition Indicator		2	3

Segment ID: CRC (Condition Indicator Durable Medical Equipment) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
CRC01	R	Code Category	09	2	2
CRC02	R	Certification Condition Indicator	N, Y	1	1
CRC03	R	Condition Indicator	38, ZV	2	3
CRC04	S	Condition Indicator	38, ZV	2	3
CRC05	N	Condition Indicator		2	3
CRC06	N	Condition Indicator		2	3
CRC07	N	Condition Indicator		2	3

Segment ID: DTP (Date- Service Date) Required

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 or CCYYMMDD-CCYYMMDD format	1	35

Segment ID: DTP (Date- Prescription Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	471	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Prescription Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Certification Revision/Recertification Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	607	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Certification Revision/Recertification Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Begin Therapy Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	463	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3

DTP03	R	Begin Therapy Date	CCYYMMDD format	1	35
-------	---	--------------------	-----------------	---	----

Segment ID: DTP (Date- Last Certification Date) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	461	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last Certification Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Date Last Seen) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	304	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last Seen Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Test) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	738, 739	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Test Performed Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Shipped) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	011	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Shipped Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Last X-Ray) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	455	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Last X-Ray Date	CCYYMMDD format	1	35

Segment ID: DTP (Date- Initial Treatment) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
----------------------	----------	-------------	-----------------	------------	------------

DTP01	R	Date Time Qualifier	454	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3
DTP03	R	Initial Treatment Date	CCYYMMDD format	1	35

Segment ID: QTY (Ambulance Patient Count) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
QTY01	R	Quantity Qualifier	PT	2	2
QTY02	R	Ambulance Patient Count		1	15
QTY03	N	COMPOSITE UNIT OF MEASURE			
QTY04	N	Free-Form Message		1	30

Segment ID: QTY (Obstetric Anesthesia Additional Units) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
QTY01	R	Quantity Qualifier	FL	2	2
QTY02	R	Obstetric Additional Units		1	15
QTY03	N	COMPOSITE UNIT OF MEASURE			
QTY04	N	Free-Form Message		1	30

Segment ID: MEA (Test Results) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
MEA01	R	Measurement Reference Identification Code	OG, TR	2	2
MEA02	R	Measurement Qualifier	HT, R1, R2, R3, R4	1	3
MEA03	R	Test Result		1	20
MEA04	N	COMPOSITE UNIT OF MEASURE			
MEA05	N	Range Minimum		1	20
MEA06	N	Range Maximum		1	20
MEA07	N	Measurement Significance Code		2	2
MEA08	N	Measurement Attribute Code		2	2
MEA09	N	Surface/Layer/Position Code		2	2
MEA10	N	Measurement Method or Device		2	4
MEA11	N	Code List Qualifier Code		1	3
MEA12	N	Industry Code		1	30

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: 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: 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	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identifier Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3

REF04-6	N	Reference Identification		1	50
---------	---	--------------------------	--	---	----

Segment ID: REF (Line Item Control Number) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	6R	2	3
REF02	R	Line Item Control Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Mammography Certification Number) Situational

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

Segment ID: REF (Clinical Laboratory Improvement Amendment (CLIA) Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	X4	2	3
REF02	R	Clinical Laboratory Improvement Amendment Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Referring CLIA Facility Identification) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
REF01	R	Reference Identification Qualifier	F4	2	3
REF02	R	Referring CLIA Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Immunization Batch Number) Situational

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

		Qualifier			
REF02	R	Immunization Batch Number		1	50
REF03	N	Description		1	80
REF04	N	REFERENCE IDENTIFIER			

Segment ID: REF (Referral Number) Situational

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

Segment ID: AMT (Sales Tax Amount) Situational

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

Segment ID: AMT (Postage Claimed Amount) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
AMT01	R	Amount Qualifier Code	F4	1	3
AMT02	R	Postage Claimed Amount		1	18
AMT03	N	Credit/Debit Flag Code		1	1

Segment ID: K3 (File Information) Situational

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

		MEASURE			
--	--	---------	--	--	--

Segment ID: NTE (Line Note) Situational

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

Segment ID: NTE (Third Party Organization Note) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NTE01	R	Third Party Organization Notes	TPO	3	3
NTE02	R	Line Note Text		1	80

Segment ID: PS1 (Purchased Service Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PS101	R	Purchased Service Provider Identifier		1	50
PS102	R	Purchased Service Charge Amount		1	18
PS103	N	State or Province Code		2	2

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
HCP01	R	Pricing Methodology	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14	2	2
HCP02	R	Repriced Allowed Amount		1	18
HCP03	S	Repriced Saving Amount		1	18
HCP04	S	Repricing Organization Identifier		1	50
HCP05	S	Repricing Per Diem or Flat Rate Amount		1	9
HCP06	S	Repriced Approved Ambulatory Patient Group Code		1	50
HCP07	S	Repriced Approved Ambulatory Patient Group Amount		1	18
HCP08	N	Product/Service ID		1	48
HCP09	S	Product or Service ID Qualifier	ER, HC, IV, WK	2	2
HCP10	S	Procedure Code		1	48
HCP11	S	Unit or Basis For	MJ, UN	2	2

		Measurement Code			
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 Pricing) *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 (Rendering Provider Name) *Situational*

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

Segment ID: PRV (Rendering Provider Specialty Information) *Situational*

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

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

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

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

Loop 2420B

Segment ID: NM1 (Purchased Service Provider Name) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	QB	2	3
NM102	R	Entity Type Qualifier	1, 2	1	1
NM103	N	Name Last or Organization Name		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (Purchased Service 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	Purchased Service 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	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2420C**Segment ID: NM1 (Service Facility Location Name) *Situational***

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	77	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	R	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	S	Identification Code Qualifier	XX	1	2
NM109	S	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 (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) *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 Subdivision Code		1	3

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

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

Loop 2420D

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

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

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

REF03	N	Description		1	80
REF04	S	REFERENCE IDENTIFIER			
REF04-1	R	Reference Identifier Qualifier	2U	2	3
REF04-2	R	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2420E

Segment ID: NM1 (Ordering Provider Name) Situational

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

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

Segment ID: N4 (Ordering Provider City/State/Zip) Situational

Reference	Required	Description	Possible Values	Min	Max
-----------	----------	-------------	-----------------	-----	-----

Designator				Length	Length
N401	R	Ordering Provider City Name		2	30
N402	S	Ordering Provider State or Province Code		2	2
N403	S	Ordering Provider Postal Zone or Zip Code		3	15
N404	S	Ordering Provider Country Code		2	3
N405	N	Location Qualifier		1	2
N406	N	Location Identifier		1	30
N407	S	Country Subdivision Code		1	3

Segment ID: REF (Ordering 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	Ordering 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	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
PER01	R	Contact Function Code	IC	2	2
PER02	S	Ordering 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	EM, EX, FX, TE	2	2

		Qualifier			
PER08	S	Communication Number		1	256
PER09	N	Contact Inquiry Reference		1	20

Loop 2420F

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
NM101	R	Entity Identifier Code	DN, P3	2	3
NM102	R	Entity Type Qualifier	1	1	1
NM103	R	Referring Provider Last Name		1	60
NM104	S	Referring Provider First 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	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 (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	Other Payer Primary Identifier		1	50
REF04-3	N	Reference Identification Qualifier		2	3
REF04-4	N	Reference Identification		1	50
REF04-5	N	Reference Identification Qualifier		2	3
REF04-6	N	Reference Identification		1	50

Loop 2420G**Segment ID: NM1 (Ambulance Pick-Up Location) Situational**

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

Segment ID: N3 (Ambulance Pick-Up Location Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Ambulance Pick-Up Address Line		1	55
N302	S	Ambulance Pick-Up Address		1	55

Segment ID: N4 (Ambulance Pick-Up Location City/State/Zip) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Ambulance Pick-Up City Name		2	30
N402	S	Ambulance Pick-Up State or Province Code		2	2
N403	S	Ambulance Pick-Up Postal Zone or Zip Code		3	15
N404	S	Ambulance Pick-Up 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 2420H**Segment ID: NM1 (Ambulance Drop-Off Location) Situational**

Reference	Required	Description	Possible Values	Min	Max
-----------	----------	-------------	-----------------	-----	-----

Designator				Length	Length
NM101	R	Entity Identifier Code	45	2	3
NM102	R	Entity Type Qualifier	2	1	1
NM103	S	Ambulance Drop-Off Location		1	60
NM104	N	Name First		1	35
NM105	N	Name Middle		1	25
NM106	N	Name Prefix		1	10
NM107	N	Name Suffix		1	10
NM108	N	Identification Code Qualifier		1	2
NM109	N	Identification Code		2	80
NM110	N	Entity Relationship Code		2	2
NM111	N	Entity Identifier Code		2	3
NM112	N	Name Last or Organization Name		1	60

Segment ID: N3 (Ambulance Drop-Off Location Address) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N301	R	Ambulance Drop-Off Address Line		1	55
N302	S	Ambulance Drop-Off Address Line		1	55

Segment ID: N4 (Ambulance Drop-Off Location City/State/Zip) Required

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
N401	R	Ambulance Drop-Off City Name		2	30
N402	S	Ambulance Drop-Off State or Province Code		2	2
N403	S	Ambulance Drop-Off Postal Zone or Zip Code		3	15
N404	S	Ambulance Drop-Off 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 2430

Segment ID: SVD (Line Adjudication Information) Situational

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
SVD01	R	Other Payer Primary Identifier		2	80
SVD02	R	Service Line Paid Amount		1	18

SVD03	R	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
SVD03-1	R	Product or Service ID Qualifier	ER, HC, 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	N	Product or Service ID		1	48
SVD05	R	Paid Service Unit Count		1	15
SVD06	S	Bundled or Unbundled Line Number		1	6

Segment ID: CAS (Line Adjustment) *Situational*

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

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

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
DTP01	R	Date Time Qualifier	573	3	3
DTP02	R	Date Time Period Format Qualifier	D8	2	3

DTP03	R	Adjudication or Payment Date	CCYYMMDD format	1	35
-------	---	------------------------------	-----------------	---	----

Segment ID: AMT (Remaining Patient Liability) *Situational*

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

Loop 2440

Segment ID: LQ (Form Identification Code) *Situational*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
LQ01	R	Code List Qualifier Code	AS, UT	1	3
LQ02	R	Form Identifier		1	30

Segment ID: FRM (Supporting Documentation) *Required*

Reference Designator	Required	Description	Possible Values	Min Length	Max Length
FRM01	R	Question Number/Letter		1	20
FRM02	S	Question Response	N, W, Y	1	1
FRM03	S	Question Response		1	50
FRM04	S	Question Response	CCYYMMDD format	8	8
FRM05	S	Question Response		1	6

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