

New York State Department of Health Office of Medicaid Management 837 Health Care Claim: Institutional

HIPAA V4010X096A1 837: Health Care Claim: Institutional

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837**Health Care Claim: Institutional****Functional Group=HC**

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Companion Guide Disclaimer:

The New York State Department of Health (NYS DOH) has provided DRAFT Medicaid Companion Documents for the 837 Dental ASC X12N (004010X097A1), 837 Professional ASC X12N (004010X098A1), 837 Institutional ASC X12N (004010X096A1) Transactions and the 835 Payment/Advice Remittance ASC X12N (004010X091A1) Transaction to assist Providers, Clearinghouses and all Covered Entities in preparing HIPAA compliant transactions. These documents were prepared using the Addenda versions of each transaction. NYS DOH has focused primarily on the rules and policies regulating the submission of Medicaid data that are provided within each Companion Guide document. NYS DOH has provided the information on this website as a tool to make the Provider's job easier in preparing electronic transactions in a HIPAA compliant manner.

NYS DOH does not offer individual training to assist Providers in the use of the ASC X12N transactions provided on this website. However, training will be offered to meet the individual needs of Providers in preparing their transactions to follow NYS Medicaid policy. Additional information regarding training dates and locations will be posted on this website as it becomes available.

The information provided herein is believed to be true and correct based on the Addenda Version of the HIPAA guidelines. These regulations are continuing to evolve, therefore NYS Medicaid makes no guarantee, expressed or implied, as to the accuracy of the information provided herein. Furthermore, this is a living document and the information provided herein is subject to change as NYS DOH policy changes or as HIPAA legislation is updated or revised.

NYS MEDICAID NOTE:

The ASC X12N 837 Institutional (004010X096A1) Implementation Guide for a Health Care Claim Transaction has been established by Health and Human Services as the standard for Institutional Claim compliance.

The Companion Guide provided by the New York State Department of Health (NYS DOH) outlines the required format for the New York State Medicaid Institutional Health Care Claim. It is important that Providers study the Companion Guide and become familiar with the data that will be received by NYS Medicaid in transmission of an 837 Health Care Claim Institutional Transaction.

This Companion Guide does not modify the standards; rather, it puts forth the subset of information from the Implementation Guide (IG) that will be required for processing transactions. It is important that providers use this Companion Guide as a supplement to the IG and the NYS Medicaid Provider Manual. Within the IG, there are data elements, which have many different qualifiers available for use. Each qualifier identifies a different piece of information. This document omits code qualifiers that are not necessary for NYS Medicaid processing. Although not all available codes are listed in this document, NYS Medicaid will accept any code named or listed in the HIPAA implementation guides. When necessary, a "NYS MEDICAID NOTE" is included to describe NYS Medicaid specific requirements. These notes provide guidance to ensure proper adjudication and subsequent claim payment.

For further assistance, NYS DOH and its fiscal agent, Computer Sciences Corporation (CSC), are urging providers to visit a web community, <http://www.hipaadesk.com/>, which will provide WEDI-SNIP level 1 thru 6 testing capabilities, as well as Companion Guide updates, and other pertinent information.

Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
005	ST	Transaction Set Header	M	1			Required
010	BHT	Beginning of Hierarchical Transaction	M	1			Required
015	REF	Transmission Type Identification	O	1			Required
LOOP ID - 1000A					<u>1</u>	<u>N1/020L</u>	
020	NM1	Submitter Name	O	1		N1/020	Required
045	PER	Submitter EDI Contact Information	O	2			Required
LOOP ID - 1000B					<u>1</u>	<u>N1/020L</u>	
020	NM1	Receiver Name	O	1		N1/020	Required

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
LOOP ID - 2000A					<u>>1</u>		
001	HL	Billing/Pay-To Provider Hierarchical Level	M	1			Required
003	PRV	Billing/Pay-To Provider Specialty Information	O	1			Situational
010	CUR	Foreign Currency Information	O	1			Situational
LOOP ID - 2010AA					<u>1</u>	<u>N2/015L</u>	
015	NM1	Billing Provider Name	O	1		N2/015	Required
025	N3	Billing Provider Address	O	1			Required
030	N4	Billing Provider City/State/ZIP Code	O	1			Required
035	REF	Billing Provider Secondary Identification	O	8			Situational
035	REF	Billing Provider Secondary Identification	O	8			Situational
040	PER	Billing Provider Contact Information	O	2			Situational
LOOP ID - 2010AB					<u>1</u>	<u>N2/015L</u>	
015	NM1	Pay-To Provider Name	O	1		N2/015	Situational
025	N3	Pay-To Provider Address	O	1			Required
030	N4	Pay-To Provider City/State/ZIP Code	O	1			Required
035	REF	Pay-To Provider Secondary Identification	O	5			Situational
LOOP ID - 2000B					<u>>1</u>		
001	HL	Subscriber Hierarchical Level	M	1			Required
005	SBR	Subscriber Information	O	1			Required
LOOP ID - 2010BA					<u>1</u>	<u>N2/015L</u>	
015	NM1	Subscriber Name	O	1		N2/015	Required
025	N3	Subscriber Address	O	1			Situational
030	N4	Subscriber City/State/ZIP Code	O	1			Situational
032	DMG	Subscriber Demographic Information	O	1			Situational
035	REF	Subscriber Secondary Identification	O	4			Situational
LOOP ID - 2010BC					<u>1</u>	<u>N2/015L</u>	
015	NM1	Payer Name	O	1		N2/015	Required
025	N3	Payer Address	O	1			Situational
030	N4	Payer City/State/ZIP Code	O	1			Situational

035	REF	Payer Secondary Identification	O	3		Situational
LOOP ID - 2300				100		
130	CLM	Claim information	O	1		Required
135	DTP	Discharge Hour	O	1		Situational
135	DTP	Statement Dates	O	1		Required
135	DTP	Admission Date/Hour	O	1		Situational
140	CL1	Institutional Claim Code	O	1		Situational
155	PWK	Claim Supplemental Information	O	10		Situational
160	CN1	Contract Information	O	1		Situational
175	AMT	Payer Estimated Amount Due	O	1		Situational
175	AMT	Patient Estimated Amount Due	O	1		Situational
175	AMT	Patient Paid Amount	O	1		Situational
180	REF	Document Identification Code	O	2		Situational
180	REF	Original Reference Number (ICN/DCN)	O	1		Situational
180	REF	Investigational Device Exemption Number	O	1		Situational
180	REF	Service Authorization Exception Code	O	1		Situational
180	REF	Peer Review Organization (PRO) Approval Number	O	1		Situational
180	REF	Prior Authorization or Referral Number	O	2		Situational
180	REF	Medical Record Number	O	1		Situational
180	REF	Demonstration Project Identifier	O	1		Situational
185	K3	File Information	O	10		Situational
190	NTE	Claim Note	O	10		Situational
190	NTE	Billing Note	O	1		Situational
216	CR6	Home Health Care Information	O	1		Situational
220	CRC	Home Health Functional Limitations	O	3		Situational
220	CRC	Home Health Activities Permitted	O	3		Situational
220	CRC	Home Health Mental Status	O	2		Situational
231	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	O	1		Situational
231	HI	Diagnosis Related Group (DRG) Information	O	1		Situational
231	HI	Other Diagnosis Information	O	2		Situational
231	HI	Principal Procedure Information	O	1		Situational
231	HI	Other Procedure Information	O	2		Situational
231	HI	Occurrence Span Information	O	2		Situational
231	HI	Occurrence Information	O	2		Situational
231	HI	Value Information	O	2		Situational
231	HI	Condition Information	O	2		Situational
231	HI	Treatment Code Information	O	2		Situational
240	QTY	Claim Quantity	O	4		Situational
LOOP ID - 2305				6		
242	CR7	Home Health Care Plan Information	O	1		Situational
243	HSD	Health Care Services Delivery	O	12		Situational
LOOP ID - 2310A				1	<u>N2/250L</u>	
250	NM1	Attending Physician Name	O	1	N2/250	Situational
255	PRV	Attending Physician Specialty Information	O	1		Situational

271	REF	Attending Physician Secondary Identification	O	5		Situational
LOOP ID - 2310B				<u>1</u>	<u>N2/250L</u>	
250	NM1	Operating Physician Name	O	1	N2/250	Situational
271	REF	Operating Physician Secondary Identification	O	5		Situational
LOOP ID - 2310C				<u>1</u>	<u>N2/250L</u>	
250	NM1	Other Provider Name	O	1	N2/250	Situational
271	REF	Other Provider Secondary Identification	O	5		Situational
LOOP ID - 2310E				<u>1</u>	<u>N2/250L</u>	
250	NM1	Service Facility Name	O	1	N2/250	Situational
265	N3	Service Facility Address	O	1		Required
270	N4	Service Facility City/State/Zip Code	O	1		Required
271	REF	Service Facility Secondary Identification	O	5		Situational
LOOP ID - 2320				<u>10</u>	<u>N2/290L</u>	
290	SBR	Other Subscriber Information	O	1	N2/290	Situational
295	CAS	Claim Level Adjustment	O	5		Situational
300	AMT	Payer Prior Payment	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Allowed Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Submitted Charges	O	1		Situational
300	AMT	Diagnostic Related Group (DRG) Outlier Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	O	1		Situational
300	AMT	Medicare Paid Amount - 100%	O	1		Situational
300	AMT	Medicare Paid Amount - 80%	O	1		Situational
300	AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Non-covered Amount	O	1		Situational
300	AMT	Coordination of Benefits (COB) Total Denied Amount	O	1		Situational
305	DMG	Other Subscriber Demographic Information	O	1		Situational
310	OI	Other Insurance Coverage Information	O	1		Required
315	MIA	Medicare Inpatient Adjudication Information	O	1		Situational
320	MOA	Medicare Outpatient Adjudication Information	O	1		Situational
LOOP ID - 2330A				<u>1</u>	<u>N2/325L</u>	
325	NM1	Other Subscriber Name	O	1	N2/325	Required
332	N3	Other Subscriber Address	O	1		Situational
340	N4	Other Subscriber City/State/ZIP Code	O	1		Situational
355	REF	Other Subscriber Secondary	O	3		Situational

Information

Information							
LOOP ID - 2330B					1	N2/325L	
325	NM1	Other Payer Name	O	1		N2/325	Required
332	N3	Other Payer Address	O	1			Situational
340	N4	Other Payer City/State/ZIP Code	O	1			Situational
350	DTP	Claim Adjudication Date	O	1			Situational
355	REF	Other Payer Secondary Identification and Reference Number	O	2			Situational
355	REF	Other Payer Prior Authorization or Referral Number	O	1			Situational
LOOP ID - 2330C					1	N2/325L	
325	NM1	Other Payer Patient Information	O	1		N2/325	Situational
355	REF	Other Payer Patient Identification Number	O	3			Situational
LOOP ID - 2330D					1	N2/325L	
325	NM1	Other Payer Attending Provider	O	1		N2/325	Situational
355	REF	Other Payer Attending Provider Identification	O	3			Required
LOOP ID - 2330E					1	N2/325L	
325	NM1	Other Payer Operating Provider	O	1		N2/325	Situational
355	REF	Other Payer Operating Provider Identification	O	3			Required
LOOP ID - 2330F					1	N2/325L	
325	NM1	Other Payer Other Provider	O	1		N2/325	Situational
355	REF	Other Payer Other Provider Identification	O	3			Required
LOOP ID - 2330H					1	N2/325L	
325	NM1	Other Payer Service Facility Provider	O	1		N2/325	Situational
355	REF	Other Payer Service Facility Provider Identification	O	3			Required
LOOP ID - 2400					999	N2/365L	
365	LX	Service Line Number	O	1		N2/365	Required
375	SV2	Institutional Service Line	O	1			Required
420	PWK	Line Supplemental Information	O	5			Situational
455	DTP	Service Line Date	O	1			Situational
455	DTP	Assessment Date	O	1			Situational
475	AMT	Service Tax Amount	O	1			Situational
475	AMT	Facility Tax Amount	O	1			Situational
LOOP ID - 2410					25	N2/493L	
493	LIN	Drug Identification	O	1		N2/493	Situational
494	CTP	Drug Pricing	O	1			Situational
495	REF	Prescription Number	O	1			Situational
LOOP ID - 2420A					1	N2/500L	
500	NM1	Attending Physician Name	O	1		N2/500	Situational
525	REF	Attending Physician Secondary Identification	O	1			Situational
LOOP ID - 2420B					1	N2/500L	
500	NM1	Operating Physician Name	O	1		N2/500	Situational

525	REF	Operating Physician Secondary Identification	O	1		Situational
LOOP ID - 2420C				1	N2/500L	
500	NM1	Other Provider Name	O	1	N2/500	Situational
525	REF	Other Provider Secondary Identification	O	1		Situational
LOOP ID - 2430				25	N2/540L	
540	SVD	Service Line Adjudication Information	O	1	N2/540	Situational
545	CAS	Service Line Adjustment	O	99		Situational
550	DTP	Service Adjudication Date	O	1		Situational
LOOP ID - 2000C				>1		
001	HL	Patient Hierarchical Level	O	1		Situational
555	SE	Transaction Set Trailer	M	1		Required

ST Transaction Set Header

Pos: 005	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the start of a transaction set and to assign a control number

Example:

ST*837*987654~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
ST01	143	Transaction Set Identifier Code Description: Code uniquely identifying a Transaction Set	M	ID	3/3	Required						
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>837</td> <td>Health Care Claim</td> </tr> <tr> <td></td> <td>REQUIRED</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	837	Health Care Claim		REQUIRED				
<u>Code</u>	<u>Name</u>											
837	Health Care Claim											
	REQUIRED											
ST02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set HIPAA IG Note: The Transaction Set Control Number in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.	M	AN	4/9	Required						

BHT Beginning of Hierarchical Transaction

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 6

User Option (Usage): Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Example:

BHT*0019*00*0123*19960618*0932*CH~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
BHT01	1005	Hierarchical Structure Code Description: Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set	M	ID	4/4	Required						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>0019</td> <td>Information Source, Subscriber, Dependent</td> </tr> </tbody> </table>	Code	Name	0019	Information Source, Subscriber, Dependent						
Code	Name											
0019	Information Source, Subscriber, Dependent											
BHT02	353	Transaction Set Purpose Code Description: Code identifying purpose of transaction set NYS MEDICAID NOTE: NYS will process code '18' as an original transmission. HIPAA IG Note: BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status. ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original. REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.	M	ID	2/2	Required						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>00</td> <td>Original</td> </tr> <tr> <td>18</td> <td>Reissue</td> </tr> </tbody> </table>	Code	Name	00	Original	18	Reissue				
Code	Name											
00	Original											
18	Reissue											
BHT03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Originator Application Transaction Identifier HIPAA IG Note: Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.	O	AN	1/30	Required						
BHT04	373	Date Description: Date expressed as CCYYMMDD Industry: Transaction Set Creation Date	O	DT	8/8	Required						

BHT05	337	<p>HIPAA IG Note: Use this date to identify the date on which the submitter created the file.</p> <p>Time Description: Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Industry: Transaction Set Creation Time HIPAA IG Note: Use this time to identify the time of day that the submitter created the file.</p>	O	TM	4/8	Required				
BHT06	640	<p>Transaction Type Code Description: Code specifying the type of transaction Industry: Claim or Encounter Identifier Alias: Claim or Encounter Indicator NYS MEDICAID NOTE: NYS will only process transactions with a qualifier of 'CH'. Reporting transactions are not supported. HIPAA IG Note: Use RP when the entire ST-SE envelope contains encounter transmissions. Use RP when the transmission is being sent to an entity (usually not a payer or a normal provider-payer transmission intermediary) for purposes other than adjudication of a claim. Such an entity could be a state health agency which is using the 837 for health data reporting purposes.</p>	O	ID	2/2	Required				
		<table border="1"> <thead> <tr> <th data-bbox="354 932 412 953"><u>Code</u></th> <th data-bbox="526 932 591 953"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="354 961 391 982">CH</td> <td data-bbox="526 961 1523 1136"> <p>Chargeable</p> <p>Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction is a claim or encounter, the developers of this implementation guide recommend submitting the transaction as a claim.</p> </td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	CH	<p>Chargeable</p> <p>Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction is a claim or encounter, the developers of this implementation guide recommend submitting the transaction as a claim.</p>				
<u>Code</u>	<u>Name</u>									
CH	<p>Chargeable</p> <p>Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item. If it is not clear whether a transaction is a claim or encounter, the developers of this implementation guide recommend submitting the transaction as a claim.</p>									

REF Transmission Type Identification

Pos: 015	Max: 1
Heading - Optional	
Loop: N/A	Elements: 2

User Option (Usage): Required

To specify identifying information

Example:

REF*87*004010X096A1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table border="0"> <tr> <td>Code</td> <td>Name</td> </tr> <tr> <td>87</td> <td>Functional Category</td> </tr> <tr> <td colspan="2">Description: An organization or groups of organizations with a common operational orientation such as Quality Control Engineering, etc</td> </tr> </table>	Code	Name	87	Functional Category	Description: An organization or groups of organizations with a common operational orientation such as Quality Control Engineering, etc		M	ID	2/3	Required
Code	Name											
87	Functional Category											
Description: An organization or groups of organizations with a common operational orientation such as Quality Control Engineering, etc												
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Transmission Type Code HIPAA IG Note: When piloting the transaction set, this value is 004010X096DA1. When sending the transaction set in a production mode, this value is 004010X096A1.	C	AN	1/30	Required						

NM1 Submitter Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000A	Elements: 7

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. Ignore the Set Notes below.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example:

NM1*41*2*ABC Submitter*****46*999999999~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 41 Submitter Description: Entity transmitting transaction set	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Submitter Last or Organization Name Alias: Submitter Name	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Submitter First Name Alias: Submitter Name HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Submitter Middle Name Alias: Submitter Name HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 46 Electronic Transmitter Identification Number (ETIN) Description: A unique number assigned to each transmitter and software developer Established by a trading partner agreement	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Submitter Identifier Alias: Submitter Primary Identification Number NYS MEDICAID NOTE: NYS will return the 835 to	C	AN	2/80	Required

the ETIN (Electronic Transmitter Identification Number) provided here. This number is assigned to the submitter by NYS Medicaid. In past implementations, this code was known as the Tape Supplier Number (TSN).

PER Submitter EDI Contact Information

Pos: 045	Max: 2
Heading - Optional	
Loop: 1000A	Elements: 8

User Option (Usage): Required

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

Notes:

1. The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Example:

PER*IC*JANE DOE*TE*9005555555~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named	M	ID	2/2	Required
		Code Name IC Information Contact				
PER02	93	Name Description: Free-form name Industry: Submitter Contact Name	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number	C	ID	2/2	Required
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number HIPAA IG Note: Used when additional contact numbers are to be communicated.	C	ID	2/2	Situational
		Code Name ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension The use of this code indicates it is the extension of the number in PER04. FX Facsimile TE Telephone				

PER06	364	<p>Communication Number Description: Complete communications number including country or area code when applicable HIPAA IG Note: This data element is required when the submitter needs to convey additional submitter contact information. Used when additional contact numbers are to be communicated.</p>	C	AN	1/80	Situational														
PER07	365	<p>Communication Number Qualifier Description: Code identifying the type of communication number HIPAA IG Note: Used when additional contact numbers are to be communicated.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>ED</td> <td>Electronic Data Interchange Access Number</td> </tr> <tr> <td>EM</td> <td>Electronic Mail</td> </tr> <tr> <td>EX</td> <td>Telephone Extension</td> </tr> <tr> <td colspan="2">The use of this code indicates it is the extension of the number in PER06.</td> </tr> <tr> <td>FX</td> <td>Facsimile</td> </tr> <tr> <td>TE</td> <td>Telephone</td> </tr> </tbody> </table>	Code	Name	ED	Electronic Data Interchange Access Number	EM	Electronic Mail	EX	Telephone Extension	The use of this code indicates it is the extension of the number in PER06.		FX	Facsimile	TE	Telephone	C	ID	2/2	Situational
Code	Name																			
ED	Electronic Data Interchange Access Number																			
EM	Electronic Mail																			
EX	Telephone Extension																			
The use of this code indicates it is the extension of the number in PER06.																				
FX	Facsimile																			
TE	Telephone																			
PER08	364	<p>Communication Number Description: Complete communications number including country or area code when applicable HIPAA IG Note: This data element is required when the submitter needs to convey additional submitter contact information. Used when additional contact numbers are to be communicated.</p>	C	AN	1/80	Situational														

NM1 Receiver Name

Pos: 020	Max: 1
Heading - Optional	
Loop: 1000B	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. Ignore the Set Notes below.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example:

NM1*40*2*CSC HEALTHCARE*****46*112223333~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 40 Receiver Description: Entity to accept transmission	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Receiver Name NYS MEDICAID NOTE: NYS expects to receive 'CSC'.	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Industry: Information Receiver Identification Number Code Name 46 Electronic Transmitter Identification Number (ETIN) Description: A unique number assigned to each transmitter and software developer	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Receiver Primary Identifier Alias: Receiver Primary Identification Number NYS MEDICAID NOTE: NYS expects to receive '95-2043126'.	C	AN	2/80	Required

HL

Billing/Pay-To Provider Hierarchical Level

Pos: 001	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

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

Notes:

1. Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider
2. The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.
3. If the Service Facility Provider is the same entity as the Billing or the Pay-to Provider then do not use Loop 2310E.
4. If the Billing or Pay-to Provider is also the Service Facility Provider and Loop ID 2310E is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Service Facility Provider.
5. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
6. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

Example:

HL*1**20*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HIPAA IG Note: HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.	M	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure Code Name 20 Information Source Description: Identifies the payor, maintainer, or source of the information	M	ID	1/2	Required
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described HIPAA IG Note: The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0). Code Name 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	O	ID	1/1	Required

PRV Billing/Pay-To Provider Specialty Information

Pos: 003	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Notes:

1. Required when adjudication is known to be impacted by the provider taxonomy code, and the Service Facility Provider is the same entity as the Billing and/or Pay-to Provider. In these cases, the Rendering Provider is being identified at this level for all subsequent claims/encounters in this HL and Loop ID-2310E is not used.
2. PRV02 qualifies PRV03.

Example:

PRV*BI*ZZ*203BA0200N~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PRV01	1221	Provider Code Description: Code identifying the type of provider <u>Code</u> <u>Name</u> BI Billing PT Pay-To	M	ID	1/3	Required
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-ed.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. <u>Code</u> <u>Name</u> ZZ Mutually Defined	M	ID	2/3	Required
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Provider Taxonomy Code Alias: Provider Specialty Code <u>ExternalCodeList</u> Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required

CUR Foreign Currency Information

Pos: 010	Max: 1
Detail - Optional	
Loop: 2000A	Elements: 2

User Option (Usage): Situational

To specify the currency (dollars, pounds, francs, etc.) used in a transaction

Notes:

1. The developers of this implementation guide added the CUR segment to allow billing providers and billing services to submit claims for services provided in foreign countries. The absence of the CUR segment indicates that the claim is submitted in the currency that is normally used by the receiver for processing claims. For example, claims submitted by United States (U.S.) providers to U.S. receivers are assumed to be in U.S. dollars. Claims submitted by Canadian providers to Canadian receivers are assumed to be in Canadian dollars.

Example:

CUR*85*CAN~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CUR01	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		Code Name				
		85 Billing Provider				
CUR02	100	Currency Code Description: Code (Standard ISO) for country in whose currency the charges are specified	M	ID	3/3	Required
		ExternalCodeList				
		Name: 5				
		Description: Countries, Currencies and Funds				

NM1 Billing Provider Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

Example:

NM1*85*2*JONES HOSPITAL*****XX*45609312~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 85 Billing Provider Use this code to indicate billing provider, billing submitter, and encounter reporting entity.	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Billing Provider Last or Organizational Name Alias: Billing Provider Name EMC v.6.0 Reference: Record Type 10 Field No. 12	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop. Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Billing Provider Identifier Alias: Billing Provider Primary ID	C	AN	2/80	Required

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3

Billing Provider Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Example:

N3*225 MAIN STREET BARKLEY BUILDING~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Billing Provider Address Line EMC v.6.0 Reference: Record Type 10 Field No. 13	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Billing Provider Address Line HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4

Billing Provider City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010AA	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Example:

N4*CENTERVILLE*PA*17111~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Billing Provider City Name EMC v.6.0 Reference: Record Type 10 Field No. 14	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Billing Provider State or Province Code EMC v.6.0 Reference: Record Type 10 Field No. 15 ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Billing Provider Postal Zone or ZIP Code EMC v.6.0 Reference: Record Type 10 Field No. 16 ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country EMC v.6.0 Reference: Record Type 10 Field No. 18 HIPAA IG Note: This data element is required when the address is outside of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

REF Billing Provider Secondary Identification

Pos: 035	Max: 8
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.
3. If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example:

REF*SY*987654~

NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the NYS Medicaid Provider ID.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: Codes 8U, LU, ST, TT, 06, IJ, RB, and EM were added to this implementation guide to support credit/debit card information billing. See Appendix G, Credit/Debit Card Use, for details.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table> EMC v.6.0 Reference: Record Type 10 Field No. 7	Code	Name	1D	Medicaid Provider Number				
Code	Name									
1D	Medicaid Provider Number									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Billing Provider Additional Identifier	C	AN	1/30	Required				

REF Billing Provider Secondary Identification

Pos: 035	Max: 8
Detail - Optional	
Loop: 2010AA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.
3. If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example:

REF*SY*987654~

NYS MEDICAID NOTE:

This REF segment is repeated in this companion document to satisfy NYS business requirements. It is necessary to receive both the Medicaid Provider ID and the Location Code in order to process a claim. This iteration will report the Location Code.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: Codes 8U, LU, ST, TT, 06, IJ, RB, and EM were added to this implementation guide to support credit/debit card information billing. See Appendix G, Credit/Debit Card Use, for details.	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>LU</td> <td>Location Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	LU	Location Number				
<u>Code</u>	<u>Name</u>									
LU	Location Number									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Billing Provider Additional Identifier	C	AN	1/30	Required				

PER Billing Provider Contact Information

Pos: 040	Max: 2
Detail - Optional	
Loop: 2010AA	Elements: 8

User Option (Usage): Situational

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

Notes:

1. Each communication number should always include the area code. The extension, when applicable, should be included in the appropriate PER element immediately after the telephone number (e.g., if the telephone number is included in PER03 then the extension should be in PER05).
2. Required if this information is different than that contained in the Loop 1000A - Submitter PER segment.
3. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.
4. By definition of the standard, if PER05 is used, PER04 is required, and if PER07 is used, PER08 is required.

Example:

PER*IC*JOHN SMITH*TE*8007775555~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
PER01	366	Contact Function Code Description: Code identifying the major duty or responsibility of the person or group named Code Name IC Information Contact	M	ID	2/2	Required
PER02	93	Name Description: Free-form name Industry: Billing Provider Contact Name	O	AN	1/60	Required
PER03	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name EM Electronic Mail FX Facsimile UB-92 Ref. [UB-Name]: 1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number] EMC v.6.0 Reference: Record Type 10 Field No. 17	C	ID	2/2	Required
		TE Telephone EMC v.6.0 Reference: Record Type 10 Field No. 11				
PER04	364	Communication Number Description: Complete communications number including country or area code when applicable	C	AN	1/80	Required
PER05	365	Communication Number Qualifier Description: Code identifying the type of communication number Code Name	C	ID	2/2	Situational

EM Electronic Mail
 EX Telephone Extension
 FX Facsimile

UB-92 Ref. [UB-Name]:
 1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number]
EMC v.6.0 Reference:
 Record Type 10 Field No. 17

TE Telephone

EMC v.6.0 Reference:
 Record Type 10 Field No. 11

PER06 364 **Communication Number** C AN 1/80 Situational
Description: Complete communications number including country or area code when applicable

PER07 365 **Communication Number Qualifier** C ID 2/2 Situational
Description: Code identifying the type of communication number

Code Name
 EM Electronic Mail
 EX Telephone Extension
 FX Facsimile

UB-92 Ref. [UB-Name]:
 1, Line 4, Positions 12-21 [Provider Name, Address and Telephone Number]
EMC v.6.0 Reference:
 Record Type 10 Field No. 17

TE Telephone

UB-92 Ref. [UB-Name]:
 1, Line 4, Positions 1-10 [Provider Name, Address and Telephone Number]
EMC v.6.0 Reference:
 Record Type 10 Field No. 11

PER08 364 **Communication Number** C AN 1/80 Situational
Description: Complete communications number including country or area code when applicable

NM1 Pay-To Provider Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 5

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Required if the Pay-to Provider is a different entity than the Billing Provider.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Example:

NM1*87*2*ELLIS HOSPITAL*****24*123456789~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> 87 Pay-to Provider	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 2 Non-Person Entity If this entity is the Service Facility Provider, it is not necessary to use the Service Facility Provider NM1 loop, loop 2310D.	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Pay-to Provider Last or Organizational Name Alias: Pay-to Provider Last Name or Organizational Name	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times. <u>Code</u> <u>Name</u> 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	C	ID	1/2	Required

NM109	67	Identification Code	C	AN	2/80	Required
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Description: Code identifying a party or other code
Industry: Pay-to Provider Identifier
Alias: Pay-to Provider Primary Identification Number
ExternalCodeList
Name: 537
Description: Health Care Financing Administration National Provider Identifier

N3

Pay-To Provider Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Example:

N3*2216 N. MAIN STREET*COLDER BUILDING~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider Address 1	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Pay-to Provider Address Line Alias: Pay-to Provider Address 2 HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4

Pay-To Provider City/State/ZIP Code

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010AB	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Example:

N4*MADISON* NY*18298~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Pay-to Provider City Name	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Pay-to Provider State Code <u>ExternalCodeList</u> Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Pay-to Provider Postal Zone or ZIP Code Alias: Pay-to Provider Zip Code <u>ExternalCodeList</u> Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country Alias: Pay-to Provider Country Code HIPAA IG Note: Required if the address is outside the U.S. <u>ExternalCodeList</u> Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

REF Pay-To Provider Secondary Identification

Pos: 035	Max: 5
Detail - Optional	
Loop: 2010AB	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
2. If "code XX - NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 5 times.

Example:

REF*1G*98765~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 1D Medicaid Provider Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Pay-to Provider Additional Identifier	C	AN	1/30	Required

HL**Subscriber Hierarchical Level**

Pos: 001	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

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

Notes:

1. If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.
2. The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BC), and responsible party (Loop ID-2010BD). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BB). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.
3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
4. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

Example:

HL*124*123*22*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure	M	ID	1/2	Required
		Code Name 22 Subscriber Description: Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits				
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described HIPAA IG Note: The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1). In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent	O	ID	1/1	Required

to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.

<u>Code</u>	<u>Name</u>
0	No Subordinate HL Segment in This Hierarchical Structure.
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.

SBR Subscriber Information

Pos: 005	Max: 1
Detail - Optional	
Loop: 2000B	Elements: 5

User Option (Usage): Required

To record information specific to the primary insured and the insurance carrier for that insured

Example:

SBR*P**GRP01020102*****CI~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage								
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim EMC v.6.0 Reference: Record Type 30 Field No. 2 (Sequence 01-03) Record Type 31 Field No. 2 (Sequence 01-03) Record Type 32 Field No. 2 (Sequence 01-03) Record Type 40 Field No. 5, 6, 7 <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Primary</td> </tr> <tr> <td>S</td> <td>Secondary</td> </tr> <tr> <td>T</td> <td>Tertiary</td> </tr> </tbody> </table> Use to indicate 'payer of last resort'.	Code	Name	P	Primary	S	Secondary	T	Tertiary	M	ID	1/1	Required
Code	Name													
P	Primary													
S	Secondary													
T	Tertiary													
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities Alias: Patients Relationship to Insured EMC v.6.0 Reference: Record Type 30 Field No. 18 HIPAA IG Note: Use this code only when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.	O	ID	2/2	Situational								
SBR03	127	<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>Self</td> </tr> </tbody> </table> Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Insured Group or Policy Number Alias: Group Number EMC v.6.0 Reference: Record Type 30 Field No. 10 (Sequence 01-03) HIPAA IG Note: Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code IL in NM101 identifies the number in NM109 as the insured's Identification Number.	Code	Name	18	Self	O	AN	1/30	Situational				
Code	Name													
18	Self													
SBR04	93	Name Description: Free-form name Industry: Insured Group Name Alias: Plan Name (Group Name) EMC v.6.0 Reference: Record Type 30 Field No. 11 (Sequence 01-03) HIPAA IG Note: Used only when no group number	O	AN	1/60	Situational								

SBR09	1032	is reported in SBR03.	O	ID	1/2	Situational
		Claim Filing Indicator Code				
		Description: Code identifying type of claim				
		NYS MEDICAID NOTE: NYS expects to receive 'MC'.				
		EMC v.6.0 Reference: Record Type 30 Field No. 4 (not all codes map)				
		HIPAA IG Note: Required prior to mandated used of PlanID. Not used after PlanID is mandated.				
		Code				
		Name				
		MC	Medicaid			
		EMC v.6.0 Reference:				
		Record Type 30 Field No. 4 Code D				

NM1 Subscriber Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example:

NM1*IL*1*DOE*JOHN*T***MI*739004273~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity NYS MEDICAID NOTE: NYS expects to receive value '1'. Code Name 1 Person	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Subscriber Last Name EMC v.6.0 Reference: Record Type 30 Field No. 12 (Sequence 01-03)	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Subscriber First Name EMC v.6.0 Reference: Record Type 30 Field No. 13 (Sequence 01-03) HIPAA IG Note: This data element is required when NM102 equals one (1).	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Subscriber Middle Name Alias: Subscriber's Middle Initial EMC v.6.0 Reference: Record Type 30 Field No. 14 (Sequence 01-03) HIPAA IG Note: This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Subscriber Name Suffix HIPAA IG Note: This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.	O	AN	1/10	Situational

NM108	66	<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: This data element is required when NM102 equals one (1). MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02.</p>	C	ID	1/2	Situational				
		<table border="1"> <thead> <tr> <th data-bbox="350 485 516 514"><u>Code</u></th> <th data-bbox="524 485 917 514"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="350 520 516 550">MI</td> <td data-bbox="524 520 917 688"> <p>Member Identification Number</p> <p>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI -Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</p> </td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	MI	<p>Member Identification Number</p> <p>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI -Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</p>				
<u>Code</u>	<u>Name</u>									
MI	<p>Member Identification Number</p> <p>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI -Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</p>									
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Subscriber Primary Identifier EMC v.6.0 Reference: Record Type 30 Field No. 7 (Sequence 01-03) HIPAA IG Note: This data element is required when NM102 equals one (1).</p>	C	AN	2/80	Situational				

N3 Subscriber Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Notes:

1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).

Example:

N3*125 CITY AVENUE~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Subscriber Address Line EMC v.6.0 Reference: Record Type 31 Field No. 4 (Sequence 01-03)	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Subscriber Address Line EMC v.6.0 Reference: Record Type 31 Field No. 5 (Sequence 01-03) HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4**Subscriber City/State/ZIP Code**

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Notes:

1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).

Example:

N4*CENTERVILLE*PA*17111~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Subscriber City Name EMC v.6.0 Reference: Record Type 31 Field No. 6 (Sequence 01-03)	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Subscriber State Code EMC v.6.0 Reference: Record Type 31 Field No. 7 (Sequence 01-03) ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Subscriber Postal Zone or ZIP Code EMC v.6.0 Reference: Record Type 31 Field No. 8 (Sequence 01-03) ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country HIPAA IG Note: This data element is required when the address is outside of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

DMG Subscriber Demographic Information

Pos: 032	Max: 1
Detail - Optional	
Loop: 2010BA	Elements: 3

User Option (Usage): Situational

To supply demographic information

Notes:

1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).

Example:

DMG*D8*19290730*M~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Subscriber Birth Date Alias: Date of Birth - Patient EMC v.6.0 Reference: Record Type 20 Field No. 8	C	AN	1/35	Required
DMG03	1068	Gender Code Description: Code indicating the sex of the individual Industry: Subscriber Gender Code Alias: Gender - Patient NYS MEDICAID NOTE: NYS cannot process code 'U' (Unknown). Any claim received populated with code 'U' will be denied. EMC v.6.0 Reference: Record Type 30 Field No. 15	O	ID	1/1	Required
		Code Name F Female M Male U Unknown				

REF Subscriber Secondary Identification

Pos: 035	Max: 4
Detail - Optional	
Loop: 2010BA	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.

Example:

REF*SY*030385074~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code		Name		
		1W		Member Identification Number If NM108 = MI, this qualifier cannot be used.		
		23		Client Number This code is intended to be used only in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.		
		IG		Insurance Policy Number		
		SY		Social Security Number The social security number may not be used for Medicare.		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Subscriber Supplemental Identifier	C	AN	1/30	Required

NM1 Payer Name

Pos: 015	Max: 1
Detail - Optional	
Loop: 2010BC	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. This is a destination payer.
2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Payer Name NYS MEDICAID NOTE: NYS expects to receive 'NYSDOH'. EMC v.6.0 Reference: Record Type 30 Field No. 8b (Sequence 01-03) Record Type 32 Field No. 4 (Sequence 01-03)	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) EMC v.6.0 Reference: Record Type 30 Field No. 5, 6 (Sequence 01-03) Code Name PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) Description: Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. Code Source: 540: Health Care Financing Administration National PlanID	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Payer Identifier Alias: Primary Payer ID NYS MEDICAID NOTE: NYS expects to receive '141797357'.	C	AN	2/80	Required

ExternalCodeList

Name: 540

Description: Health Care Financing Administration National PlanID

N3 Payer Address

Pos: 025	Max: 1
Detail - Optional	
Loop: 2010BC	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Notes:

1. Payer Address is required when the submitter intends for the claim to be printed on paper at the next EDI location (e.g., a clearinghouse).

Example:

N3*225 MAIN STREET*BARKLEY BUILDING~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Payer Address Line EMC v.6.0 Reference: Record Type 32 Field No. 5 (Sequence 01-03)	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Payer Address Line EMC v.6.0 Reference: Record Type 32 Field No. 6 (Sequence 01-03) HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4**Payer City/State/ZIP Code**

Pos: 030	Max: 1
Detail - Optional	
Loop: 2010BC	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Notes:

1. Payer Address is required when the submitter intends for the claim to be printed on paper at the next EDI location (e.g., a clearinghouse).

Example:

N4*CENTERVILLE*PA*17111~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Payer City Name EMC v.6.0 Reference: Record Type 32 Field No. 7 (Sequence 01-03)	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Payer State Code EMC v.6.0 Reference: Record Type 32 Field No. 8 (Sequence 01-03) ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Payer Postal Zone or ZIP Code EMC v.6.0 Reference: Record Type 32 Field No. 9 (Sequence 01-03) ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country Alias: Payer Country Code HIPAA IG Note: This data element is required when the address is outside of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

REF Payer Secondary Identification

Pos: 035	Max: 3
Detail - Optional	
Loop: 2010BC	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if additional identification numbers other than the primary identification number in NM108/09 in this loop are necessary to adjudicate the claim/encounter.

Example:

REF*FY*435261708~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		2U Payer Identification Number				
		This code can be used to identify any payer's identification number (the payer can be Medicaid, a commercial payer, TPA, etc). Whatever number is used has been defined between trading partners.				
		FY Claim Office Number				
		Description: The identification of the specific payer's location designated as responsible for the submitted claim				
		NF National Association of Insurance Commissioners (NAIC) Code				
		Description: A unique number assigned to each insurance company				
		Code Source:				
		245: National Association of Insurance Commissioners (NAIC) Code				
		TJ Federal Taxpayer's Identification Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Payer Additional Identifier				
		EMC v.6.0 Reference: Record Type 30 Field No. 5, 6 (Sequence 01-03) Record Type 31 Field No. 15				
		ExternalCodeList				
		Name: 245				
		Description: National Association of Insurance Commissioners (NAIC) Code				

CLM Claim information

Pos: 130	Max: 1
Detail - Optional	
Loop: 2300	Elements: 9

User Option (Usage): Required

To specify basic data about the claim

Notes:

1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example:

CLM*01319300001*500***11:A:1*Y*A*Y*Y***02*****N~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CLM01	1028	Claim Submitter's Identifier Description: Identifier used to track a claim from creation by the health care provider through payment Industry: Patient Account Number Alias: Patient Control Number EMC v.6.0 Reference: Record Type 20 Field No. 3 HIPAA IG Note: The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system. The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.	M	AN	1/38	Required
CLM02	782	Monetary Amount Description: Monetary amount Industry: Total Claim Charge Amount Alias: Total Claim Charges EMC v.6.0 Reference: Record Type 90 Field No. 13 (Total of Field No. 13 and Field No. 15. This amount is the total of the SV2 segments, with the exception of Revenue Code 001.) HIPAA IG Note: Use this element to indicate the total amount of all submitted charges of service segments for this claim. Zero may be a valid amount.	O	R	1/18	Required

CLM05	C023	<p>Health Care Service Location Information Description: To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered Alias: Type of Bill</p>	O	Comp		Required
	1331	<p>Facility Code Value Description: Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format Industry: Facility Type Code EMC v.6.0 Reference: Record Type 40 Field No. 4, Positions 1-2 Record Type 10 Field No. 2, Positions 1-2 Record Type 95 Field No. 5, Position 1-2 (Batch Control) <u>ExternalCodeList</u> Name: 236 Description: Uniform Billing Claim Form Bill Type</p>	M	AN	1/2	Required
	1332	<p>Facility Code Qualifier Description: Code identifying the type of facility referenced <u>Code</u> <u>Name</u> A Uniform Billing Claim Form Bill Type CODE SOURCE: 236: Uniform Billing Claim Form Bill Type</p>	O	ID	1/2	Required
	1325	<p>Claim Frequency Type Code Description: Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type Industry: Claim Frequency Code NYS MEDICAID NOTE: NYS will process all values as original claims with the exception of codes '7' (Replacement) and '8' (Void). EMC v.6.0 Reference: Record Type 40 Field No. 4, Position 3 Record Type 10 Field No. 2, Position 3 Record Type 95 Field No. 5, Position 3 (Batch Control) <u>ExternalCodeList</u> Name: 235 Description: Claim Frequency Type Code</p>	O	ID	1/1	Required
CLM06	1073	<p>Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Provider or Supplier Signature Indicator Alias: Provider Signature on File <u>Code</u> <u>Name</u> N No Y Yes</p>	O	ID	1/1	Required
CLM07	1359	<p>Provider Accept Assignment Code Description: Code indicating whether the provider accepts assignment Industry: Medicare Assignment Code HIPAA IG Note: CLM07 indicates whether the provider accepts Medicare assignment. <u>Code</u> <u>Name</u> A Assigned C Not Assigned</p>	O	ID	1/1	Situational

CLM08	1073	<p>Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Benefits Assignment Certification Indicator Alias: Assignment of Benefits Indicator EMC v.6.0 Reference: Record Type 30 Field No. 17 (Sequence 01-03) HIPAA IG Note: Use this value as an assignment of benefits indicator. Use a "Y" value to indicate that the insured or authorized person authorizes benefits to be assigned to the provider. Use an "N" value to indicate that benefits have not been assigned to the provider.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	Code	Name	N	No	Y	Yes	O	ID	1/1	Required								
Code	Name																			
N	No																			
Y	Yes																			
CLM09	1363	<p>Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations EMC v.6.0 Reference: Record Type 30 Field No. 16 (Sequence 01-03)</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization</td> </tr> <tr> <td>I</td> <td>Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes</td> </tr> <tr> <td>M</td> <td>The Provider has Limited or Restricted Ability to Release Data Related to a Claim UB-92 Ref. [UB-Name]: 52 Code R [Restricted or Modified Release] EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R</td> </tr> <tr> <td>N</td> <td>No, Provider is Not Allowed to Release Data UB-92 Ref. [UB-Name]: 52 Code N [No Release]</td> </tr> <tr> <td>O</td> <td>On file at Payor or at Plan Sponsor</td> </tr> <tr> <td>Y</td> <td>Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim</td> </tr> </tbody> </table>	Code	Name	A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization	I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes	M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim UB-92 Ref. [UB-Name]: 52 Code R [Restricted or Modified Release] EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R	N	No, Provider is Not Allowed to Release Data UB-92 Ref. [UB-Name]: 52 Code N [No Release]	O	On file at Payor or at Plan Sponsor	Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	O	ID	1/1	Required
Code	Name																			
A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization																			
I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes																			
M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim UB-92 Ref. [UB-Name]: 52 Code R [Restricted or Modified Release] EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R																			
N	No, Provider is Not Allowed to Release Data UB-92 Ref. [UB-Name]: 52 Code N [No Release]																			
O	On file at Payor or at Plan Sponsor																			
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim																			
CLM18	1073	<p>Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Explanation of Benefits Indicator Alias: Explanation of Benefits (EOB) Indicator NYS MEDICAID NOTE: NYS does not support this business process.</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	Code	Name	N	No	Y	Yes	O	ID	1/1	Required								
Code	Name																			
N	No																			
Y	Yes																			
CLM20	1514	<p>Delay Reason Code Description: Code indicating the reason why a request was delayed HIPAA IG Note: Delay Reason Code This element may be used if a particular claim is being transmitted in response to a request for information (e.g., a 277), and the response has been delayed. Required when claim is submitted late (past contracted date of filing limitations) and any of the codes below apply.</p>	O	ID	1/2	Situational														

<u>Code</u>	<u>Name</u>
1	Proof of Eligibility Unknown or Unavailable
2	Litigation
3	Authorization Delays
4	Delay in Certifying Provider
5	Delay in Supplying Billing Forms
6	Delay in Delivery of Custom-made Appliances
7	Third Party Processing Delay
8	Delay in Eligibility Determination
9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules
10	Administration Delay in the Prior Approval Process
11	Other

DTP Discharge Hour

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Notes:

1. The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
2. This segment is required on all final inpatient claims/encounters.

Example:

DTP*096*TM*1130~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 096 Discharge				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name TM Time Expressed in Format HHMM Description: Time expressed in the format HHMM where HH is the numerical expression of hours in the day based on a twenty-four hour clock and MM is the numerical expression of minutes within an hour				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Discharge Hour EMC v.6.0 Reference: Record Type 20 Field No. 22	M	AN	1/35	Required

DTP Statement Dates

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Required

To specify any or all of a date, a time, or a time period

Example:

DTP*434*RD8*19981209-19981214~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 434 Statement Description: Date on which billing document was created				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Statement From or To Date EMC v.6.0 Reference: Record Type 20 Field No. 19, 20	M	AN	1/35	Required

DTP Admission Date/Hour

Pos: 135	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Notes:

1. The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
2. This segment is required on all Inpatient claims.

Example:

DTP*435*DT*199610131242~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 435 Admission Description: Date of entrance to a health care establishment				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name DT Date and Time Expressed in Format CCYYMMDDHHMM				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Admission Date and Hour EMC v.6.0 Reference: Record Type 20 Field No. 17 (Admission Date) Record Type 20 Field No. 18 (Admission Hour)	M	AN	1/35	Required

CL1 Institutional Claim Code

Pos: 140	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To supply information specific to hospital claims

Notes:

1. This segment is required when reporting hospital based admission and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-Medicare outpatient claims/encounters.

Example:

CL1*1*7*30~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CL101	1315	Admission Type Code Description: Code indicating the priority of this admission EMC v.6.0 Reference: Record Type 20 Field No. 10 HIPAA IG Note: Required when patient is being admitted to the hospital for inpatient services. <u>ExternalCodeList</u> Name: 231 Description: Admission Type Code	O	ID	1/1	Situational
CL102	1314	Admission Source Code Description: Code indicating the source of this admission EMC v.6.0 Reference: Record Type 20 Field No. 11 HIPAA IG Note: Required for all inpatient admissions. Required on Medicare outpatient registrations for diagnostic testing services. <u>ExternalCodeList</u> Name: 230 Description: Admission Source Code	O	ID	1/1	Situational
CL103	1352	Patient Status Code Description: Code indicating patient status as of the "statement covers through date" EMC v.6.0 Reference: Record Type 20 Field No. 21 HIPAA IG Note: This element is required for inpatient claims/encounters. <u>ExternalCodeList</u> Name: 239 Description: Patient Status Code	O	ID	1/2	Situational

PWK Claim Supplemental Information

Pos: 155	Max: 10
Detail - Optional	
Loop: 2300	Elements: 5

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Notes:

1. The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.
2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example:

PWK*AS*BM***AC*DMN0012~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code	M	ID	2/2	Required
		Code Name				
		AS Admission Summary Description: A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital				
		B2 Prescription				
		B3 Physician Order				
		B4 Referral Form				
		CT Certification				
		DA Dental Models Description: Cast of the teeth; they are usually taken before partial dentures or braces are placed				
		DG Diagnostic Report Description: Report describing the results of lab tests x-rays or radiology films				
		DS Discharge Summary Description: Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor				
		EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Description: Summary of benefits paid on the claim				
		MT Models				
		NN Nursing Notes Description: Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given				
		OB Operative Note Description: Step-by-step notes of exactly what takes place during an operation				
		OZ Support Data for Claim				

		Description: Medical records that would support procedures performed; tests given and necessary for a claim				
		PN Physical Therapy Notes				
		PO Prosthetics or Orthotic Certification				
		PZ Physical Therapy Certification				
		RB Radiology Films				
		Description: X-rays, videos, and other radiology diagnostic tests				
		RR Radiology Reports				
		Description: Reports prepared by a radiologists after the films or x-rays have been reviewed				
		RT Report of Tests and Analysis Report				
PWK02	756	Report Transmission Code	O	ID	1/2	Required
		Description: Code defining timing, transmission method or format by which reports are to be sent				
		Industry: Attachment Transmission Code				
		Code				
		Name				
		AA Available on Request at Provider Site				
		Paperwork is available at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at his or her request.				
		BM By Mail				
		EL Electronically Only				
		EM E-Mail				
		FX By Fax				
PWK05	66	Identification Code Qualifier	C	ID	1/2	Situational
		Description: Code designating the system/method of code structure used for Identification Code (67)				
		HIPAA IG Note: This data element is required when PWK02 DOES NOT equal 'AA'. Can be used when PWK02 equals 'AA' if the Provider wants to send a document control number for an attachment remaining at the Providers office.				
		Code				
		Name				
		AC Attachment Control Number				
		Description: Means of associating electronic claim with documentation forwarded by other means				
PWK06	67	Identification Code	C	AN	2/80	Situational
		Description: Code identifying a party or other code				
		Industry: Attachment Control Number				
		HIPAA IG Note: Required if PWK02 equals BM, EL, EM or FX.				
PWK07	352	Description	O	AN	1/80	Not recommended
		Description: A free-form description to clarify the related data elements and their content				
		Industry: Attachment Description				
		HIPAA IG Note: This data element is used to add any additional information about the attachment described in this segment.				

CN1 Contract Information

Pos: 160	Max: 1
Detail - Optional	
Loop: 2300	Elements: 6

User Option (Usage): Situational

To specify basic data about the contract or contract line item

Notes:

1. The developers of this implementation guide recommend that for non-capitated situations, contract information be maintained in the receiver's files and not be transmitted with each claim whenever possible. It is recommended that submitters always include CN1 for encounters that include only capitated services.
2. Required if the provider is contractually obligated to provide contract information on this claim.

Example:

CN1*02*550~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CN101	1166	Contract Type Code Description: Code identifying a contract type	M	ID	2/2	Required
		Code Name				
		01 Diagnosis Related Group (DRG) Description: A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting				
		02 Per Diem Description: A contract which allows certain charges to be on a rate per day basis				
		03 Variable Per Diem Description: A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant				
		04 Flat Description: A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges				
		05 Capitated Description: A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis				
		06 Percent				
		09 Other				
CN102	782	Monetary Amount Description: Monetary amount Industry: Contract Amount HIPAA IG Note: Required if provider is contractually obligated to provide this information on the claim.	O	R	1/18	Situational
CN103	332	Percent Description: Percent expressed as a percent Industry: Contract Percentage Alias: Allowance or Charge Percent HIPAA IG Note: Required if provider is contractually obligated to provide this information on the claim.	O	R	1/6	Situational
CN104	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the	O	AN	1/30	Situational

		Reference Identification Qualifier Industry: Contract Code HIPAA IG Note: Required if provider is contractually obligated to provide this information on the claim.				
CN105	338	Terms Discount Percent Description: Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date Industry: Terms Discount Percentage HIPAA IG Note: Required if provider is contractually obligated to provide this information on the claim.	O	R	1/6	Situational
CN106	799	Version Identifier Description: Revision level of a particular format, program, technique or algorithm Industry: Contract Version Identifier HIPAA IG Note: Required if provider is contractually obligated to provide this information on the claim.	O	AN	1/30	Situational

AMT Payer Estimated Amount Due

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
2. This segment is required when the Payer Estimated Amount Due is applicable to this claim.

Example:

AMT*C5*14523.1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name C5 Claim Amount Due - Estimated Description: Approximate value rightfully belonging to the individual				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Estimated Claim Due Amount EMC v.6.0 Reference: Record Type 30 Field No. 26	M	R	1/18	Required

AMT Patient Estimated Amount Due

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
2. This segment is required when the Patient Responsibility Amount is applicable to this claim.

Example:

AMT*F3*123~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		<u>Code</u> <u>Name</u> F3 Patient Responsibility - Estimated Description: Approximate value one receiving medical care is obliged to pay				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Responsibility Amount EMC v.6.0 Reference: Record Type 20 Field No. 24	M	R	1/18	Required

AMT Patient Paid Amount

Pos: 175	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
2. This segment is required when the Patient Paid Amount is applicable to this claim.

Example:

AMT*F5*8.5~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name F5 Patient Amount Paid Description: Monetary amount value already paid by one receiving medical care				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Patient Amount Paid EMC v.6.0 Reference: Record Type 20 Field No. 23	M	R	1/18	Required

REF Document Identification Code

Pos: 180	Max: 2
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Reference numbers at this position apply to the entire claim.
2. This segment is used to convey submittal of HCFA-485 and HCFA-486 data OR HCFA-486 data only.

Example:

REF*DD*485~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>DD</td> <td>Document Identification Code</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	DD	Document Identification Code	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
DD	Document Identification Code									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Document Control Identifier EMC v.6.0 Reference: Record Type 71 Field No. 4 HIPAA IG Note: Use the form name as shown in the example. If both the 485 and 486 forms are being sent, repeat the segment.	C	AN	1/30	Required				

REF Original Reference Number (ICN/DCN)

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Reference numbers at this position apply to the entire claim.
2. This segment is used to convey the control number assigned to the original bill by the payer to identify a unique claim.

Example:

REF*F8*1234636854~

NYS MEDICAID NOTE:

NYS requires the NYS Medicaid CRN (Claim Reference Number) to process replacement or void previous claims.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <u>Code</u> <u>Name</u> F8 Original Reference Number	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Claim Original Reference Number EMC v.6.0 Reference: Record Type 31 Field No. 14 (Sequence 01-03)	C	AN	1/30	Required

REF Investigational Device Exemption Number

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required only on claims involving an FDA assigned investigational device exemption (IDE) number. Only one IDE per claim is to be reported.

Example:

REF*LX*432907~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>LX</td> <td>Qualified Products List</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	LX	Qualified Products List	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
LX	Qualified Products List									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Investigational Device Exemption Identifier EMC v.6.0 Reference: Record Type 34 Field No. 5	C	AN	1/30	Required				

REF Service Authorization Exception Code

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Used only in claims where providers are required by state law (e.g., New York State Medicaid) to obtain authorization for specific services but, for the reasons listed in REF02, performed the service without obtaining the service authorization. Check with your state Medicaid to see if this applies in your state.

Example:

REF*4N*1~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		4N Special Payment Reference Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Service Authorization Exception Code	C	AN	1/30	Required
		Code Name				
		1 Immediate/Urgent Care				
		2 Services Rendered in a Retroactive Period				
		3 Emergency Care				
		4 Client as Temporary Medicaid				
		5 Request from Country for Second Option to Recipient can Work				
		6 Request for Override Pending				
		7 Special Handling				

REF

**Peer Review Organization (PRO)
Approval Number**

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when an external Peer Review Organization assigns an Approval Number to services deemed medically necessary by that organization.

Example:

REF*G4*284746~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code G4		Name Peer Review Organization (PRO) Approval Number		
				Description: An authorization number for certain surgical procedures and for an assistant at cataract surgery		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Peer Review Authorization Number	C	AN	1/30	Required

REF Prior Authorization or Referral Number

Pos: 180	Max: 2
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required where services on this claim were preauthorized or where a referral is involved. Generally, preauthorization/referral numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this REF is specific to the destination payer reported in the 2010BC loop. If other payers have similar numbers for this claim, report that information in the 2330 loop REF which holds that payer's information.

Example:

REF*G1*200398~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <u>Code</u> <u>Name</u> G1 Prior Authorization Number Description: An authorization number acquired prior to the submission of a claim	M	ID	2/3	Required
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Prior Authorization Number NYS MEDICAID NOTE: NYS expects to receive the prior authorization number for all claims in which one was assigned. EMC v.6.0 Reference: Record Type 40 Field No. 5, 6, 7 (Treatment Authorization Number)	C	AN	1/30	Required

REF Medical Record Number

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if provider needs to identify for future inquiries the actual medical record of the patient identified in either Loop ID - 2010BA or 2010CA for this episode of care.
2. Used if provider will utilize this information in a 276 - Claim Status Inquiry in order to receive and process a 277 -Claim Status Response.

Example:

REF*EA*1230484376R~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name EA Medical Record Identification Number Description: A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Medical Record Number EMC v.6.0 Reference: Record Type 20 Field No. 25 (Medical Record Number)	C	AN	1/30	Required

REF

Demonstration Project Identifier

Pos: 180	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required on claims/encounters where a demonstration project is being billed/reported. This information is specific to the destination payer reported in the 2010BC loop. If other payers have a similar number, report that information in the 2330 loop which holds that payer's information.

Example:

REF*P4*THJ1222~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>P4</td> <td>Project Code</td> </tr> </table>	<u>Code</u>	<u>Name</u>	P4	Project Code	M	ID	2/3	Required
<u>Code</u>	<u>Name</u>									
P4	Project Code									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Demonstration Project Identifier	C	AN	1/30	Required				

K3 File Information

Pos: 185	Max: 10
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To transmit a fixed-format record or matrix contents

Notes:

1. At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state regulatory authority.
2. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
K301	449	Fixed Format Information Description: Data in fixed format agreed upon by sender and receiver	M	AN	1/80	Required

NTE Claim Note

Pos: 190	Max: 10
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Notes:

1. Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the X12 environment.
2. Home Health Corresponding Data This segment is used to convey Home Health narrative information from the forms "Home Health Certification and Plan of Treatment" and "Medical Update and Patient Information."
3. Required only when provider deems it necessary to transmit information not otherwise supported in this implementation.

Example:

NTE*NTR*PATIENT REQUIRES TUBE FEEDING~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies EMC v.6.0 Reference: Record Type 73 Field No. 5	O	ID	3/3	Required
		Code		Name		
		ALG		Allergies		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48517		
		DCP		Goals, Rehabilitation Potential, or Discharge Plans		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48522		
		DGN		Diagnosis Description		
				Description: Verbal description of the condition involved		
		DME		Durable Medical Equipment (DME) and Supplies		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48514		
		MED		Medications		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48510		
		NTR		Nutritional Requirements		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48516		
		ODT		Orders for Disciplines and Treatments		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48521		
		RHB		Functional Limitations, Reason Homebound, or Both		
				EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48617		
		RLH		Reasons Patient Leaves Home		

		EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48621
RNH		Times and Reasons Patient Not at Home
		EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48620
SET		Unusual Home, Social Environment, or Both
		EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48619
SFM		Safety Measures
		EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48515
SPT		Supplementary Plan of Treatment
		EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48521
UPI		Updated Information
		EMC v.6.0 Reference: Record Type 73 Field No. 5 Code 48616

NTE02	352	Description	M	AN	1/80	Required
		Description: A free-form description to clarify the related data elements and their content				
		Industry: Claim Note Text				
		EMC v.6.0 Reference: Record Type 73 Field No. 6				

NTE Billing Note

Pos: 190	Max: 1
Detail - Optional	
Loop: 2300	Elements: 2

User Option (Usage): Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

Notes:

1. This segment is used to convey additional information necessary to adjudicate the claim.
2. Required when: (1) State regulations mandate information not identified elsewhere within the claim set; or (2) in the opinion of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set.

Example:

NTE*ADD*NO LIABILITY, PATIENT FELL AT HOME~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
NTE01	363	Note Reference Code Description: Code identifying the functional area or purpose for which the note applies <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>ADD</td> <td>Additional Information</td> </tr> </tbody> </table>	Code	Name	ADD	Additional Information	O	ID	3/3	Required
Code	Name									
ADD	Additional Information									
NTE02	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Billing Note Text EMC v.6.0 Reference: Record Type 90 Field No. 4, 17	M	AN	1/80	Required				

CR6 Home Health Care Information

Pos: 216	Max: 1
Detail - Optional	
Loop: 2300	Elements: 21

User Option (Usage): Situational

To supply information related to the certification of a home health care patient

Notes:

This segment is required for Home Health claims when applicable.

Example:

CR6*4*941101*RD8*19941101- 19941231*941015*N*Y*I*****941101****A~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																		
CR601	923	<p>Prognosis Code Description: Code indicating physician's prognosis for the patient Alias: Prognosis Indicator EMC v.6.0 Reference: Record Type 71 Field No. 18</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr><td>1</td><td>Poor</td></tr> <tr><td>2</td><td>Guarded</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>4</td><td>Good</td></tr> <tr><td>5</td><td>Very Good</td></tr> <tr><td>6</td><td>Excellent</td></tr> <tr><td>7</td><td>Less than 6 Months to Live</td></tr> <tr><td>8</td><td>Terminal</td></tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Poor	2	Guarded	3	Fair	4	Good	5	Very Good	6	Excellent	7	Less than 6 Months to Live	8	Terminal	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>																							
1	Poor																							
2	Guarded																							
3	Fair																							
4	Good																							
5	Very Good																							
6	Excellent																							
7	Less than 6 Months to Live																							
8	Terminal																							
CR602	373	<p>Date Description: Date expressed as CCYYMMDD Industry: Service From Date Alias: SOC Date EMC v.6.0 Reference: Record Type 71 Field No. 5 (MMDDYY)</p>	M	DT	8/8	Required																		
CR603	1250	<p>Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>RD8</td> <td> <p>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</p> <p>Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date</p> </td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	RD8	<p>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</p> <p>Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date</p>	C	ID	2/3	Situational														
<u>Code</u>	<u>Name</u>																							
RD8	<p>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</p> <p>Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date</p>																							
CR604	1251	<p>Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times</p>	C	AN	1/35	Situational																		

CR605	373	<p>Industry: Home Health Certification Period Alias: Certification Period EMC v.6.0 Reference: Record Type 71 Field No. 6, 7 HIPAA IG Note: Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.</p>	O	DT	8/8	Required								
CR606	1073	<p>Date Description: Date expressed as CCYYMMDD Industry: Diagnosis Date Alias: Date of Onset or Exacerbation of Principal Diagnosis EMC v.6.0 Reference: Record Type 71 Field No. 8 (MMDDYY)</p>	O	ID	1/1	Required								
CR607	1073	<p>Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Skilled Nursing Facility Indicator Alias: Patient Receiving Care in 1861 (j) (1) Facility Indicator EMC v.6.0 Reference: Record Type 71 Field No. 27</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>U</td> <td>Unknown</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	N	No	U	Unknown	Y	Yes	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>													
N	No													
U	Unknown													
Y	Yes													
CR608	1322	<p>Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Medicare Coverage Indicator Alias: Medicare Covered Indicator EMC v.6.0 Reference: Record Type 71 Field No. 24</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes	M	ID	1/1	Required		
<u>Code</u>	<u>Name</u>													
N	No													
Y	Yes													
CR609	373	<p>Certification Type Code Description: Code indicating the type of certification Alias: Certification Type Indicator EMC v.6.0 Reference: Record Type 71 Field No. 28 HIPAA IG Note: Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.</p> <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>I</td> <td>Initial</td> </tr> <tr> <td>R</td> <td>Renewal</td> </tr> <tr> <td>S</td> <td>Revised</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	I	Initial	R	Renewal	S	Revised	C	DT	8/8	Situational
<u>Code</u>	<u>Name</u>													
I	Initial													
R	Renewal													
S	Revised													
CR610	235	<p>Date Description: Date expressed as CCYYMMDD Industry: Surgery Date Alias: Date Surgical Procedure Performed EMC v.6.0 Reference: Record Type 71 Field No. 10 (MMDDYY) HIPAA IG Note: This data element is required when a surgical procedure was performed on the patient.</p>	C	ID	2/2	Situational								
CR610	235	<p>Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier HIPAA IG Note: This data element is required when a surgical procedure was performed on the patient.</p>	C	ID	2/2	Situational								

	Code	Name				
	HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Description: HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments This code includes Current Procedural Terminology (CPT) and HCPCS coding. CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System				
	ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure Description: The International Classification of Diseases, Clinical Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
CR611	1137	Medical Code Value Description: Code value for describing a medical condition or procedure Industry: Surgical Procedure Code EMC v.6.0 Reference: Record Type 71 Field No. 9 HIPAA IG Note: This data element is required when a surgical procedure was performed on the patient. ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131	C	AN	1/15	Situational
CR612	373	Date Description: Date expressed as CCYYMMDD Industry: Physician Order Date Alias: Verbal SOC Date EMC v.6.0 Reference: Record Type 71 Field No. 19 (MMDDYY) HIPAA IG Note: This data element is required when the Provider has the Physician Order Date information on file.	O	DT	8/8	Situational
CR613	373	Date Description: Date expressed as CCYYMMDD Industry: Last Visit Date Alias: Date Physician Last Saw Patient EMC v.6.0 Reference: Record Type 71 Field No. 25 (MMDDYY) HIPAA IG Note: This data element is required when the Provider has the Last Visit Date information on file.	O	DT	8/8	Situational
CR614	373	Date Description: Date expressed as CCYYMMDD Industry: Physician Contact Date Alias: Date Last Contacted Physician EMC v.6.0 Reference: Record Type 71 Field No. 26 (MMDDYY) HIPAA IG Note: This data element is required when the Provider has the Physician Contact Date information on file.	O	DT	8/8	Situational
CR615	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: This data element is required when a hospital admission occurred to the patient.	C	ID	2/3	Situational

CR621	373	<p>claim.</p> <p>Date</p> <p>Description: Date expressed as CCYYMMDD</p> <p>Industry: Diagnosis Date</p> <p>Alias: Date Secondary Diagnosis - 4</p> <p>EMC v.6.0 Reference: Record Type 71 Field No. 14</p> <p>HIPAA IG Note: This data element is required when a fourth secondary diagnosis code is present on this claim.</p>	O	DT	8/8	Situational
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CRC Home Health Functional Limitations

Pos: 220	Max: 3
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. The CRC segment in Loop ID-2300 applies to the entire claim unless it is overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.
2. This segment is required to convey Home Health Plan of Treatment information when applicable.

Example:

CRC*75*Y*AL~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies	M	ID	2/2	Required
		Code Name 75 Functional Limitations				
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Certification Condition Indicator	M	ID	1/1	Required
		Code Name N No Y Yes				
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Functional Limitation Code EMC v.6.0 Reference: Record Type 71 Field No. 15 HIPAA IG Note: The codes for CRC03 also can be used for CRC04 through CRC07.	M	ID	2/2	Required
		Code Name AA Amputation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 1				
		AL Ambulation Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 7				
		BL Bowel Limitations, Bladder Limitations, or both (Incontinence) EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 2				
		CO Contracture EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 3				
		DY Dyspnea with Minimal Exertion EMC v.6.0 Reference: Record Type 71 Field No. 15 Code A				

EL	Endurance Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 6
HL	Hearing Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 4
LB	Legally Blind EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 9
OL	Other Limitation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code B
PA	Paralysis EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 5
SL	Speech Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 8

CRC04 1321 **Condition Indicator** O ID 2/2 Situational

Description: Code indicating a condition
Industry: Functional Limitation Code
HIPAA IG Note: See CRC03
 This data element is required when more than one Functional Limitation Code is applicable to the patient.

<u>Code</u>	<u>Name</u>
AA	Amputation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 1
AL	Ambulation Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 7
BL	Bowel Limitations, Bladder Limitations, or both (Incontinence) EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 2
CO	Contracture EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 3
DY	Dyspnea with Minimal Exertion EMC v.6.0 Reference: Record Type 71 Field No. 15 Code A
EL	Endurance Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 6
HL	Hearing Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 4
LB	Legally Blind EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 9
OL	Other Limitation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code B
PA	Paralysis EMC v.6.0 Reference:

			Record Type 71 Field No. 15 Code 5				
	SL		Speech Limitations				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 8				
CRC05	1321	Condition Indicator		O	ID	2/2	Situational
		Description: Code indicating a condition					
		Industry: Functional Limitation Code					
		HIPAA IG Note: See CRC03					
		This data element is required when more than one Functional Limitation Code is applicable to the patient.					
		Code	Name				
		AA	Amputation				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 1				
		AL	Ambulation Limitations				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 7				
		BL	Bowel Limitations, Bladder Limitations, or both (Incontinence)				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 2				
		CO	Contracture				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 3				
		DY	Dyspnea with Minimal Exertion				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code A				
		EL	Endurance Limitations				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 6				
		HL	Hearing Limitations				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 4				
		LB	Legally Blind				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 9				
		OL	Other Limitation				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code B				
		PA	Paralysis				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 5				
		SL	Speech Limitations				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 8				
CRC06	1321	Condition Indicator		O	ID	2/2	Situational
		Description: Code indicating a condition					
		Industry: Functional Limitation Code					
		HIPAA IG Note: See CRC03					
		This data element is required when more than one Functional Limitation Code is applicable to the patient.					
		Code	Name				
		AA	Amputation				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 15 Code 1				

AL	Ambulation Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 7
BL	Bowel Limitations, Bladder Limitations, or both (Incontinence) EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 2
CO	Contracture EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 3
DY	Dyspnea with Minimal Exertion EMC v.6.0 Reference: Record Type 71 Field No. 15 Code A
EL	Endurance Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 6
HL	Hearing Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 4
LB	Legally Blind EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 9
OL	Other Limitation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code B
PA	Paralysis EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 5
SL	Speech Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 8

CRC07 1321 **Condition Indicator** O ID 2/2 Situational

Description: Code indicating a condition
Industry: Functional Limitation Code
HIPAA IG Note: See CRC03
 This data element is required when more than one Functional Limitation Code is applicable to the patient.

<u>Code</u>	<u>Name</u>
AA	Amputation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 1
AL	Ambulation Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 7
BL	Bowel Limitations, Bladder Limitations, or both (Incontinence) EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 2
CO	Contracture EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 3
DY	Dyspnea with Minimal Exertion EMC v.6.0 Reference: Record Type 71 Field No. 15 Code A
EL	Endurance Limitations EMC v.6.0 Reference:

HL	Record Type 71 Field No. 15 Code 6 Hearing Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 4
LB	Record Type 71 Field No. 15 Code 4 Legally Blind EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 9
OL	Record Type 71 Field No. 15 Code 9 Other Limitation EMC v.6.0 Reference: Record Type 71 Field No. 15 Code B
PA	Record Type 71 Field No. 15 Code B Paralysis EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 5
SL	Record Type 71 Field No. 15 Code 5 Speech Limitations EMC v.6.0 Reference: Record Type 71 Field No. 15 Code 8

CRC Home Health Activities Permitted

Pos: 220	Max: 3
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. This segment is required to convey Home Health Plan of Treatment information when applicable.

Example:

CRC*76*Y*CB~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																								
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies Industry: Certification Condition Indicator	M	ID	2/2	Required																								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>76</td> <td>Activities Permitted</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	76	Activities Permitted																								
<u>Code</u>	<u>Name</u>																													
76	Activities Permitted																													
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Functional Limitation Code	M	ID	1/1	Required																								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes																						
<u>Code</u>	<u>Name</u>																													
N	No																													
Y	Yes																													
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Activities Permitted Code EMC v.6.0 Reference: Record Type 71 Field No. 16 HIPAA IG Note: The codes for CRC03 also can be used for CRC04 through CRC07.	M	ID	2/2	Required																								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>BR</td> <td>Bedrest BRP (Bathroom Privileges)</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 2</td> </tr> <tr> <td>CA</td> <td>Cane Required</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 9</td> </tr> <tr> <td>CB</td> <td>Complete Bedrest</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 1</td> </tr> <tr> <td>CR</td> <td>Crutches Required</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 8</td> </tr> <tr> <td>EP</td> <td>Exercises Prescribed</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5</td> </tr> <tr> <td>IH</td> <td>Independent at Home</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	BR	Bedrest BRP (Bathroom Privileges)		EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 2	CA	Cane Required		EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 9	CB	Complete Bedrest		EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 1	CR	Crutches Required		EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 8	EP	Exercises Prescribed		EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5	IH	Independent at Home				
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	EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5																													
IH	Independent at Home																													

	EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 7
NR	No Restrictions EMC v.6.0 Reference: Record Type 71 Field No. 16 Code C (This is the same qualifier used in CLP06 of the 835 Health Care Claim Payment.)
PW	Partial Weight Bearing EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 6
TR	Transfer to Bed, or Chair, or Both EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 4
UT	Up as Tolerated EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 3
WA	Walker Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code B
WR	Wheelchair Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code A

CRC04 1321 **Condition Indicator** O ID 2/2 Situational

Description: Code indicating a condition
Industry: Activities Permitted Code
HIPAA IG Note: This data element is required when more than one Activities Permitted Code is applicable to the patient.

<u>Code</u>	<u>Name</u>
BR	Bedrest BRP (Bathroom Privileges) EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 2
CA	Cane Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 9
CB	Complete Bedrest EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 1
CR	Crutches Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 8
EP	Exercises Prescribed EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5
IH	Independent at Home EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 7
NR	No Restrictions EMC v.6.0 Reference: Record Type 71 Field No. 16 Code C (This is the same qualifier used in CLP06 of the 835 Health Care Claim Payment.)
PW	Partial Weight Bearing EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 6
TR	Transfer to Bed, or Chair, or Both EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 4

UT	Record Type 71 Field No. 16 Code 4 Up as Tolerated EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 3
WA	Walker Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code B
WR	Wheelchair Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code A

CRC05 1321 **Condition Indicator** O ID 2/2 Situational

Description: Code indicating a condition
Industry: Activities Permitted Code
HIPAA IG Note: This data element is required when more than one Activities Permitted Code is applicable to the patient.

<u>Code</u>	<u>Name</u>
BR	Bedrest BRP (Bathroom Privileges) EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 2
CA	Cane Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 9
CB	Complete Bedrest EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 1
CR	Crutches Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 8
EP	Exercises Prescribed EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5
IH	Independent at Home EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 7
NR	No Restrictions EMC v.6.0 Reference: Record Type 71 Field No. 16 Code C (This is the same qualifier used in CLP06 of the 835 Health Care Claim Payment.)
PW	Partial Weight Bearing EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 6
TR	Transfer to Bed, or Chair, or Both EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 4
UT	Up as Tolerated EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 3
WA	Walker Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code B
WR	Wheelchair Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code A

CRC06 1321 **Condition Indicator** O ID 2/2 Situational

Description: Code indicating a condition
Industry: Activities Permitted Code
HIPAA IG Note: This data element is required when more than one Activities Permitted Code is applicable to the patient.

<u>Code</u>	<u>Name</u>
BR	Bedrest BRP (Bathroom Privileges) EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 2
CA	Cane Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 9
CB	Complete Bedrest EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 1
CR	Crutches Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 8
EP	Exercises Prescribed EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5
IH	Independent at Home EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 7
NR	No Restrictions EMC v.6.0 Reference: Record Type 71 Field No. 16 Code C (This is the same qualifier used in CLP06 of the 835 Health Care Claim Payment.)
PW	Partial Weight Bearing EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 6
TR	Transfer to Bed, or Chair, or Both EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 4
UT	Up as Tolerated EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 3
WA	Walker Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code B
WR	Wheelchair Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code A

CRC07 1321 **Condition Indicator** O ID 2/2 Situational

Description: Code indicating a condition
Industry: Activities Permitted Code
HIPAA IG Note: This data element is required when more than one Activities Permitted Code is applicable to the patient.

<u>Code</u>	<u>Name</u>
BR	Bedrest BRP (Bathroom Privileges) EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 2
CA	Cane Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 9

CB	Complete Bedrest EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 1
CR	Crutches Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 8
EP	Exercises Prescribed EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 5
IH	Independent at Home EMC v.6.0 Reference: Record Type 71 Field No. 16 Code 7
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WA	Walker Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code B
WR	Wheelchair Required EMC v.6.0 Reference: Record Type 71 Field No. 16 Code A

CRC Home Health Mental Status

Pos: 220	Max: 2
Detail - Optional	
Loop: 2300	Elements: 7

User Option (Usage): Situational

To supply information on conditions

Notes:

1. This segment is required to convey Home Health Plan of Treatment information when applicable.

Example:

CRC*77*Y*DI~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>																								
CRC01	1136	Code Category Description: Specifies the situation or category to which the code applies Industry: Certification Condition Indicator	M	ID	2/2	Required																								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>77</td> <td>Mental Status</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	77	Mental Status																								
<u>Code</u>	<u>Name</u>																													
77	Mental Status																													
CRC02	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Functional Limitation Code	M	ID	1/1	Required																								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	N	No	Y	Yes																						
<u>Code</u>	<u>Name</u>																													
N	No																													
Y	Yes																													
CRC03	1321	Condition Indicator Description: Code indicating a condition Industry: Mental Status Code EMC v.6.0 Reference: Record Type 71 Field No. 17 HIPAA IG Note: The codes for CRC03 also can be used for CRC04 through CRC07.	M	ID	2/2	Required																								
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>AG</td> <td>Agitated</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 7</td> </tr> <tr> <td>CM</td> <td>Comatose</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 2</td> </tr> <tr> <td>DI</td> <td>Disoriented</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 5</td> </tr> <tr> <td>DP</td> <td>Depressed</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 4</td> </tr> <tr> <td>FO</td> <td>Forgetful</td> </tr> <tr> <td></td> <td>EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 3</td> </tr> <tr> <td>LE</td> <td>Lethargic</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	AG	Agitated		EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 7	CM	Comatose		EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 2	DI	Disoriented		EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 5	DP	Depressed		EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 4	FO	Forgetful		EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 3	LE	Lethargic				
<u>Code</u>	<u>Name</u>																													
AG	Agitated																													
	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 7																													
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DI	Disoriented																													
	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 5																													
DP	Depressed																													
	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 4																													
FO	Forgetful																													
	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 3																													
LE	Lethargic																													

			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 6				
	MC		Other Mental Condition				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 8				
	OT		Oriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 1				
CRC04	1321	Condition Indicator		O	ID	2/2	Situational
		Description:	Code indicating a condition				
		Code	Name				
	AG		Agitated				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 7				
	CM		Comatose				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 2				
	DI		Disoriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 5				
	DP		Depressed				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 4				
	FO		Forgetful				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 3				
	LE		Lethargic				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 6				
	MC		Other Mental Condition				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 8				
	OT		Oriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 1				
CRC05	1321	Condition Indicator		O	ID	2/2	Situational
		Description:	Code indicating a condition				
		Code	Name				
	AG		Agitated				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 7				
	CM		Comatose				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 2				
	DI		Disoriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 5				
	DP		Depressed				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 4				
	FO		Forgetful				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 3				
	LE		Lethargic				

			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 6				
	MC		Other Mental Condition				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 8				
	OT		Oriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 1				
CRC06	1321	Condition Indicator		O	ID	2/2	Situational
		Description:	Code indicating a condition				
		Code	Name				
	AG		Agitated				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 7				
	CM		Comatose				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 2				
	DI		Disoriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 5				
	DP		Depressed				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 4				
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			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 3				
	LE		Lethargic				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 6				
	MC		Other Mental Condition				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 8				
	OT		Oriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 1				
CRC07	1321	Condition Indicator		O	ID	2/2	Situational
		Description:	Code indicating a condition				
		Code	Name				
	AG		Agitated				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 7				
	CM		Comatose				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 2				
	DI		Disoriented				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 5				
	DP		Depressed				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 4				
	FO		Forgetful				
			EMC v.6.0 Reference:				
			Record Type 71 Field No. 17 Code 3				
	LE		Lethargic				

MC	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 6
	Other Mental Condition
OT	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 8
	Oriented
	EMC v.6.0 Reference: Record Type 71 Field No. 17 Code 1

HI

Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information

Pos: 231	Max: 1
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required on all claims and encounters except claims for Religious Non-medical claims (Bill Types 4XX and 5XX) and hospital other (Bill Types 14X).
2. The Admitting Diagnosis is required on all inpatient admission claims and encounters.
3. An E-Code diagnosis is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.
4. The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.

Example:

HI*BK:9976~

NYS MEDICAID NOTE:

NYS requires the Principal Diagnosis in order to process the claim.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required	
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required	
		Code Name BK Principal Diagnosis					
		CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	1271	Industry Code Description: Code indicating a code from a specific industry code list EMC v.6.0 Reference: Record Type 70 Field No. 4 ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required	
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Required for all unscheduled outpatient visits or upon the patient's admission to the hospital.	O	Comp		Situational	
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list HIPAA IG Note: ZZ used to indicate the "Patient Reason For Visit."	M	ID	1/3	Required	
		Code Name BJ Admitting Diagnosis					

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

EMC v.6.0 Reference: Record Type 70 Field No. 25

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI03 C022 **Health Care Code Information** O Comp Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required

Description: Code identifying a specific industry code list

Code

Name

BN

United States Department of Health and Human Services, Office of Vital Statistics E-code

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

EMC v.6.0 Reference: Record Type 70 Field No. 26

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI

Diagnosis Related Group (DRG) Information

Pos: 231	Max: 1
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. DRG Information is required when an inpatient hospital is under DRG contract with a payer and the contract requires the provider to identify the DRG to the payer.

Example:

HI*DR:123~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name DR Diagnosis Related Group (DRG)				
		CODE SOURCE: 229: Diagnosis Related Group Number (DRG)				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Diagnosis Related Group (DRG) Code	M	AN	1/30	Required
		ExternalCodeList Name: 229 Description: Diagnosis Related Group Number (DRG)				

HI

Other Diagnosis Information

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required when other condition(s) co-exists with the principal diagnosis, co-exists at the time of admission or develops subsequently during the patient's treatment.

Example:

HI*BF:V9782~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BF Diagnosis				
		CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	M	AN	1/30	Required
		ExternalCodeList Name: 131				
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BF Diagnosis				
		CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	M	AN	1/30	Required
		ExternalCodeList Name: 131				

HI03	C022	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code Name BF Diagnosis				
CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12				
		ExternalCodeList Name: 131				
HI04	C022	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code Name BF Diagnosis				
CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12				
		ExternalCodeList Name: 131				
HI05	C022	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
		Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code Name BF Diagnosis				
CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis				

EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI06 C022

Health Care Code Information O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270

Code List Qualifier Code M ID 1/3 Required
Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BF	Diagnosis

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271

Industry Code M AN 1/30 Required
Description: Code indicating a code from a specific industry code list

Industry: Other Diagnosis

EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI07 C022

Health Care Code Information O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270

Code List Qualifier Code M ID 1/3 Required
Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BF	Diagnosis

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271

Industry Code M AN 1/30 Required
Description: Code indicating a code from a specific industry code list

Industry: Other Diagnosis

EMC v.6.0 Reference: 68 [Other Diagnoses Codes]
 69 [Other Diagnoses Codes]
 70 [Other Diagnoses Codes]
 71 [Other Diagnoses Codes]
 72 [Other Diagnoses Codes]
 73 [Other Diagnoses Codes]
 74 [Other Diagnoses Codes]
 75 [Other Diagnoses Codes]

HIPAA IG Note: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI08 C022

Health Care Code Information O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
	Code Name BF Diagnosis				
	CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis EMC v.6.0 Reference: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes] HIPAA IG Note: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	M	AN	1/30	Required
	ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
HI09	C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
	Code Name BF Diagnosis				
	CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Other Diagnosis EMC v.6.0 Reference: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes] HIPAA IG Note: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	M	AN	1/30	Required
	ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
HI10	C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270	Code List Qualifier Code Description: Code identifying a specific industry	M	ID	1/3	Required

BF Diagnosis

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271

Industry Code

M

AN

1/30

Required

Description: Code indicating a code from a specific industry code list

Industry: Other Diagnosis

EMC v.6.0 Reference: 68 [Other Diagnoses Codes]

69 [Other Diagnoses Codes]

70 [Other Diagnoses Codes]

71 [Other Diagnoses Codes]

72 [Other Diagnoses Codes]

73 [Other Diagnoses Codes]

74 [Other Diagnoses Codes]

75 [Other Diagnoses Codes]

HIPAA IG Note: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

HI

Principal Procedure Information

Pos: 231	Max: 1
Detail - Optional	
Loop: 2300	Elements: 1

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.
2. Required on inpatient claims or encounters when a procedure was performed.

Example:

HI*BR:92795:D8:19980321~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BP Health Care Financing Administration Common Procedural Coding System Principal Procedure				
		CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System				
		BR International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure				
		CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Principal Procedure Code EMC v.6.0 Reference: Record Type 70 Field No. 13	M	AN	1/30	Required
		ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		Code Name D8 Date Expressed in Format CCYYMMDD				
		Use code D8 when the value in composite data element HI01-1 equals "BR".				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times EMC v.6.0 Reference: Record Type 70 Field No. 14 HIPAA IG Note: Required when HI01-3 is used.	C	AN	1/35	Situational

HI**Other Procedure Information**

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.
2. Required on inpatient claims or encounters when additional procedures must be reported.

Example:

HI*BQ:92795:D8:19980321~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name				
		BO Health Care Financing Administration Common Procedural Coding System				
		CODE SOURCE:				
		130: Health Care Financing Administration Common Procedural Coding System				
		BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		CODE SOURCE:				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1271		Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required
		Industry: Procedure Code				
		EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23				
		ExternalCodeList				
		Name: 130				
		Description: Health Care Financing Administration Common Procedural Coding System				
		ExternalCodeList				
		Name: 131				
		Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1250		Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Situational
		HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.				
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				
1251		Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Situational

		Industry: Procedure Date EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BO Health Care Financing Administration Common Procedural Coding System CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Procedure Code EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23 ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System ExternalCodeList Name: 131 Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.	C	ID	2/3	Situational
		Code Name D8 Date Expressed in Format CCYYMMDD				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24	C	AN	1/35	Situational
HI03	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BO Health Care Financing Administration Common Procedural Coding System CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				

		CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: Procedure Code				
	EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 131				
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format				
	HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.				
	Code	Name			
	D8	Date Expressed in Format CCYYMMDD			
1251	Date Time Period	C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: Procedure Date				
	EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24				
HI04	C022	O	Comp		Situational
	Health Care Code Information				
	Description: To send health care codes and their associated dates, amounts and quantities				
	HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				
	Code	Name			
	BO	Health Care Financing Administration Common Procedural Coding System			
		CODE SOURCE: 130: Health Care Financing Administration Common Procedural Coding System			
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
		CODE SOURCE: 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: Procedure Code				
	EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 131				
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1250	Date Time Period Format Qualifier	C	ID	2/3	Situational

Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

<u>Code</u>	<u>Name</u>
D8	Date Expressed in Format CCYYMMDD

1251	Date Time Period	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Procedure Date

EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24

HI05	C022	Health Care Code Information	O	Comp	Situational
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Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270	Code List Qualifier Code	M	ID	1/3	Required
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Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BO	Health Care Financing Administration Common Procedural Coding System

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
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CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271	Industry Code	M	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list

Industry: Procedure Code

EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250	Date Time Period Format Qualifier	C	ID	2/3	Situational
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Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

<u>Code</u>	<u>Name</u>
D8	Date Expressed in Format CCYYMMDD

1251	Date Time Period	C	AN	1/35	Situational
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Procedure Date

EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24

HI06	C022	Health Care Code Information	O	Comp	Situational
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Description: To send health care codes and their

associated dates, amounts and quantities
HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required
Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BO	Health Care Financing Administration Common Procedural Coding System

CODE SOURCE:
 130: Health Care Financing Administration Common Procedural Coding System

BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
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CODE SOURCE:
 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list

Industry: Procedure Code
EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational
Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

<u>Code</u>	<u>Name</u>
D8	Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational
Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Procedure Date
EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24

HI07 C022 **Health Care Code Information** O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required
Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BO	Health Care Financing Administration Common Procedural Coding System

CODE SOURCE:
 130: Health Care Financing Administration Common Procedural Coding System

BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
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CODE SOURCE:
 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list

Industry: Procedure Code
EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

Code Name

D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Procedure Date

EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24

HI08

C022 **Health Care Code Information** O Comp Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required

Description: Code identifying a specific industry code list

Code Name

BO Health Care Financing Administration Common Procedural Coding System

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Industry: Procedure Code

EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately

following element is required.

	<u>Code</u>	<u>Name</u>				
	D8	Date Expressed in Format CCYYMMDD				
1251	Date Time Period		C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: Procedure Date					
	EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					
HI09	C022	Health Care Code Information	O	Comp		Situational
	Description: To send health care codes and their associated dates, amounts and quantities					
	HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.					
1270	Code List Qualifier Code		M	ID	1/3	Required
	Description: Code identifying a specific industry code list					
	<u>Code</u>	<u>Name</u>				
	BO	Health Care Financing Administration Common Procedural Coding System				
		CODE SOURCE:				
		130: Health Care Financing Administration Common Procedural Coding System				
	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure				
		CODE SOURCE:				
		131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
1271	Industry Code		M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list					
	Industry: Procedure Code					
	EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23					
	<u>ExternalCodeList</u>					
	Name: 130					
	Description: Health Care Financing Administration Common Procedural Coding System					
	<u>ExternalCodeList</u>					
	Name: 131					
	Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
1250	Date Time Period Format Qualifier		C	ID	2/3	Situational
	Description: Code indicating the date format, time format, or date and time format					
	HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.					
	<u>Code</u>	<u>Name</u>				
	D8	Date Expressed in Format CCYYMMDD				
1251	Date Time Period		C	AN	1/35	Situational
	Description: Expression of a date, a time, or range of dates, times or dates and times					
	Industry: Procedure Date					
	EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24					
HI10	C022	Health Care Code Information	O	Comp		Situational
	Description: To send health care codes and their associated dates, amounts and quantities					
	HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.					
1270	Code List Qualifier Code		M	ID	1/3	Required
	Description: Code identifying a specific industry					

Name: 130
Description: Health Care Financing Administration Common Procedural Coding System
ExternalCodeList

Name: 131
Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

Code **Name**
D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Situational

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Procedure Date

EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24

HI12 C022 **Health Care Code Information** O Comp Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required

Description: Code identifying a specific industry code list

Code **Name**
BO Health Care Financing Administration Common Procedural Coding System

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

CODE SOURCE:

131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Industry: Procedure Code

EMC v.6.0 Reference: Record Type 70 Field No. 15, 17, 19, 21, 23

ExternalCodeList

Name: 130

Description: Health Care Financing Administration Common Procedural Coding System

ExternalCodeList

Name: 131

Description: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

1250 **Date Time Period Format Qualifier** C ID 2/3 Situational

Description: Code indicating the date format, time format, or date and time format

HIPAA IG Note: Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

Code **Name**
D8 Date Expressed in Format CCYYMMDD

1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Procedure Date EMC v.6.0 Reference: 81 (A-E) [Other Procedure Codes and Dates]	C	AN	1/35	Situational
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HI**Occurrence Span Information**

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required when occurrence span information applies to the claim or encounter.

Example:

HI*BI:70:RD8:19981202-19981212~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BI Occurrence Span				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31	M	AN	1/30	Required
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	C	AN	1/35	Required
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational

1270 **Code List Qualifier Code** M ID 1/3 Required
Description: Code identifying a specific industry code list

Code **Name**
 BI Occurrence Span

CODE SOURCE:
 132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list

Industry: Occurrence Span Code
EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31

ExternalCodeList
Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required
Description: Code indicating the date format, time format, or date and time format

Code **Name**
 RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

1251 **Date Time Period** C AN 1/35 Required
Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Occurrence or Occurrence Span Code Associated Date
EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33

HI03 C022 **Health Care Code Information** O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities
HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required
Description: Code identifying a specific industry code list

Code **Name**
 BI Occurrence Span

CODE SOURCE:
 132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list

Industry: Occurrence Span Code
EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33

ExternalCodeList
Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required
Description: Code indicating the date format, time format, or date and time format

Code **Name**
 RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	C	AN	1/35	Required
HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BI Occurrence Span CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	C	ID	2/3	Required
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	C	AN	1/35	Required
HI05	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BI Occurrence Span	M	ID	1/3	Required

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list
Industry: Occurrence Span Code
EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required
Description: Code indicating the date format, time format, or date and time format

Code Name

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

1251 **Date Time Period** C AN 1/35 Required
Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: Occurrence or Occurrence Span Code Associated Date
EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33

HI06 C022 **Health Care Code Information** O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities
HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required
Description: Code identifying a specific industry code list

Code Name
 BI Occurrence Span

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list
Industry: Occurrence Span Code
EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required
Description: Code indicating the date format, time format, or date and time format

Code Name

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	C	AN	1/35	Required
HI07	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BI Occurrence Span CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	C	ID	2/3	Required
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	C	AN	1/35	Required
HI08	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BI Occurrence Span CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list	M	AN	1/30	Required

Industry: Occurrence Span Code
EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required

Description: Code indicating the date format, time format, or date and time format

Code Name

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

1251 **Date Time Period** C AN 1/35 Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Occurrence or Occurrence Span Code Associated Date

EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33

HI09 C022 **Health Care Code Information** O Comp Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required

Description: Code identifying a specific industry code list

Code Name
 BI Occurrence Span

CODE SOURCE:
 132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Industry: Occurrence Span Code
EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required

Description: Code indicating the date format, time format, or date and time format

Code Name

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD

Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

1251 **Date Time Period** C AN 1/35 Required

Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Occurrence or Occurrence Span Code Associated Date

EMC v.6.0 Reference: Record Type 40 Field No.

HI10	C022	29, 30, 32, 33 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BI Occurrence Span				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
HI10	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33	M	AN	1/30	Required
		ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
HI10		Code Name RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33	C	AN	1/35	Required
	HI11	C022	29, 30, 32, 33 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp	
1270		Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BI Occurrence Span				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
HI11	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Span Code EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33	M	AN	1/30	Required
		ExternalCodeList Name: 132				

		Description: National Uniform Billing Committee (NUBC) Codes				
1250		Date Time Period Format Qualifier	C	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format				
		Code	Name			
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date				
1251		Date Time Period	C	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code Associated Date				
		EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33				
HI12	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code	Name			
		BI	Occurrence Span			
		CODE SOURCE:	132: National Uniform Billing Committee (NUBC) Codes			
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Occurrence Span Code				
		EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32, 33				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
1250		Date Time Period Format Qualifier	C	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format				
		Code	Name			
		RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD			
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date				
1251		Date Time Period	C	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times				
		Industry: Occurrence or Occurrence Span Code Associated Date				
		EMC v.6.0 Reference: Record Type 40 Field No. 29, 30, 32, 33				

HI

Occurrence Information

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required when occurrence information applies to the claim or encounter.

Example:

HI*BH:42:D8:19981208~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BH Occurrence				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26	M	AN	1/30	Required
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes				
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	C	AN	1/35	Required
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name				

BH Occurrence

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	C	AN	1/35	Required
HI03	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BH Occurrence CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	C	AN	1/35	Required

HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list <u>Code</u> <u>Name</u> BH Occurrence CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format <u>Code</u> <u>Name</u> D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	C	AN	1/35	Required
HI05	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list <u>Code</u> <u>Name</u> BH Occurrence CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format <u>Code</u> <u>Name</u>	C	ID	2/3	Required

		D8	Date Expressed in Format CCYYMMDD				
	1251	Date Time Period		C	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: Occurrence or Occurrence Span Code Associated Date					
		EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27					
HI06	C022	Health Care Code Information		O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities					
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.					
	1270	Code List Qualifier Code		M	ID	1/3	Required
		Description: Code identifying a specific industry code list					
		Code	Name				
		BH	Occurrence				
		CODE SOURCE:					
		132: National Uniform Billing Committee (NUBC) Codes					
	1271	Industry Code		M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list					
		Industry: Occurrence Code					
		EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26					
		ExternalCodeList					
		Name: 132					
		Description: National Uniform Billing Committee (NUBC) Codes					
	1250	Date Time Period Format Qualifier		C	ID	2/3	Required
		Description: Code indicating the date format, time format, or date and time format					
		Code	Name				
		D8	Date Expressed in Format CCYYMMDD				
	1251	Date Time Period		C	AN	1/35	Required
		Description: Expression of a date, a time, or range of dates, times or dates and times					
		Industry: Occurrence or Occurrence Span Code Associated Date					
		EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27					
HI07	C022	Health Care Code Information		O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities					
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.					
	1270	Code List Qualifier Code		M	ID	1/3	Required
		Description: Code identifying a specific industry code list					
		Code	Name				
		BH	Occurrence				
		CODE SOURCE:					
		132: National Uniform Billing Committee (NUBC) Codes					
	1271	Industry Code		M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list					
		Industry: Occurrence Code					
		EMC v.6.0 Reference: Record Type 40 Field No. 8,					

10, 12, 14, 16, 18, 20, 22, 24, 26

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

	1250	Date Time Period Format Qualifier	C	ID	2/3	Required
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Description: Code indicating the date format, time format, or date and time format

Code	Name
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D8 Date Expressed in Format CCYYMMDD

	1251	Date Time Period	C	AN	1/35	Required
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Occurrence or Occurrence Span Code Associated Date

EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

HI08	C022	Health Care Code Information	O	Comp		Situational
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Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
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Description: Code identifying a specific industry code list

Code	Name
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BH Occurrence

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

	1271	Industry Code	M	AN	1/30	Required
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Description: Code indicating a code from a specific industry code list

Industry: Occurrence Code

EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

	1250	Date Time Period Format Qualifier	C	ID	2/3	Required
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Description: Code indicating the date format, time format, or date and time format

Code	Name
-------------	-------------

D8 Date Expressed in Format CCYYMMDD

	1251	Date Time Period	C	AN	1/35	Required
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Description: Expression of a date, a time, or range of dates, times or dates and times

Industry: Occurrence or Occurrence Span Code Associated Date

EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

HI09	C022	Health Care Code Information	O	Comp		Situational
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Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
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Description: Code identifying a specific industry code list

Code	Name
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BH Occurrence

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list
Industry: Occurrence Code
EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
ExternalCodeList
Name: 132
Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required
Description: Code indicating the date format, time format, or date and time format
Code Name
 D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Required
Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: Occurrence or Occurrence Span Code Associated
 Date
EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

HI10 C022 **Health Care Code Information** O Comp Situational
Description: To send health care codes and their associated dates, amounts and quantities
HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required
Description: Code identifying a specific industry code list
Code Name
 BH Occurrence

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required
Description: Code indicating a code from a specific industry code list
Industry: Occurrence Code
EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
ExternalCodeList
Name: 132
Description: National Uniform Billing Committee (NUBC) Codes

1250 **Date Time Period Format Qualifier** C ID 2/3 Required
Description: Code indicating the date format, time format, or date and time format
Code Name
 D8 Date Expressed in Format CCYYMMDD

1251 **Date Time Period** C AN 1/35 Required
Description: Expression of a date, a time, or range of dates, times or dates and times
Industry: Occurrence or Occurrence Span Code Associated
 Date
EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

HI11	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BH Occurrence CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	C	ID	2/3	Required
	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Occurrence or Occurrence Span Code Associated Date EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	C	AN	1/35	Required
HI12	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BH Occurrence CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Occurrence Code EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name	C	ID	2/3	Required

D8 Date Expressed in Format CCYYMMDD

1251	Date Time Period	C	AN	1/35	Required
	Description: Expression of a date, a time, or range of dates, times or dates and times				
	Industry: Occurrence or Occurrence Span Code Associated				
	Date				
	EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27				

HI**Value Information**

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required when value information applies to the claim or encounter.

Example:

HI*BE:08:::1740~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BE Value				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Value Code EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39	M	AN	1/30	Required
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes				
	782	Monetary Amount Description: Monetary amount Industry: Value Code Associated Amount HIPAA IG Note: This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).	O	R	1/18	Required
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BE Value				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code Description: Code indicating a code from a specific	M	AN	1/30	Required

industry code list
Industry: Value Code
EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

782	Monetary Amount	O	R	1/18	Required
	Description: Monetary amount				
	Industry: Value Code Associated Amount				
	HIPAA IG Note: This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).				

HI03	C022	Health Care Code Information	O	Comp	Situational
		Description: To send health care codes and their associated dates, amounts and quantities			
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.			

1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				

Code	Name
BE	Value

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: Value Code				
	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39				

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

782	Monetary Amount	O	R	1/18	Required
	Description: Monetary amount				
	Industry: Value Code Associated Amount				
	HIPAA IG Note: This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).				

HI04	C022	Health Care Code Information	O	Comp	Situational
		Description: To send health care codes and their associated dates, amounts and quantities			
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.			

1270	Code List Qualifier Code	M	ID	1/3	Required
	Description: Code identifying a specific industry code list				

Code	Name
BE	Value

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271	Industry Code	M	AN	1/30	Required
	Description: Code indicating a code from a specific industry code list				
	Industry: Value Code				
	EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29,				

30, 31, 32, 33, 34, 35, 35, 37, 38, 39

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

782 **Monetary Amount** O R 1/18 Required

Description: Monetary amount

Industry: Value Code Associated Amount

HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).

HI05 C022 **Health Care Code Information** O Comp Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required

Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BE	Value

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Industry: Value Code

EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

782 **Monetary Amount** O R 1/18 Required

Description: Monetary amount

Industry: Value Code Associated Amount

HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).

HI06 C022 **Health Care Code Information** O Comp Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270 **Code List Qualifier Code** M ID 1/3 Required

Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
BE	Value

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

1271 **Industry Code** M AN 1/30 Required

Description: Code indicating a code from a specific industry code list

Industry: Value Code

EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

ExternalCodeList

Name: 132

	782	Description: National Uniform Billing Committee (NUBC) Codes Monetary Amount	O	R	1/18	Required
		Description: Monetary amount Industry: Value Code Associated Amount HIPAA IG Note: This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).				
HI07	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code Name BE Value				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Value Code EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount Industry: Value Code Associated Amount HIPAA IG Note: This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).				
HI08	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
	1270	Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code Name BE Value				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list Industry: Value Code EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 ExternalCodeList Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount Industry: Value Code Associated Amount				

HI09	C022	<p>HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</p> <p>Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.</p>	O	Comp		Situational
	1270	<p>Code List Qualifier Code Description: Code identifying a specific industry code list</p> <p>Code Name BE Value</p> <p>CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes</p>	M	ID	1/3	Required
	1271	<p>Industry Code Description: Code indicating a code from a specific industry code list Industry: Value Code EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes</p>	M	AN	1/30	Required
	782	<p>Monetary Amount Description: Monetary amount Industry: Value Code Associated Amount HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</p>	O	R	1/18	Required
HI10	C022	<p>HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</p> <p>Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.</p>	O	Comp		Situational
	1270	<p>Code List Qualifier Code Description: Code identifying a specific industry code list</p> <p>Code Name BE Value</p> <p>CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes</p>	M	ID	1/3	Required
	1271	<p>Industry Code Description: Code indicating a code from a specific industry code list Industry: Value Code EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes</p>	M	AN	1/30	Required
	782	<p>Monetary Amount Description: Monetary amount Industry: Value Code Associated Amount HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</p>	O	R	1/18	Required
HI11	C022	<p>Health Care Code Information</p>	O	Comp		Situational

		Description: To send health care codes and their associated dates, amounts and quantities				
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code				
		BE				
		Name				
		Value				
		CODE SOURCE:				
		132: National Uniform Billing Committee (NUBC) Codes				
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Value Code				
		EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
782		Monetary Amount	O	R	1/18	Required
		Description: Monetary amount				
		Industry: Value Code Associated Amount				
		HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).				
HI12	C022	Health Care Code Information	O	Comp		Situational
		Description: To send health care codes and their associated dates, amounts and quantities				
		HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.				
1270		Code List Qualifier Code	M	ID	1/3	Required
		Description: Code identifying a specific industry code list				
		Code				
		BE				
		Name				
		Value				
		CODE SOURCE:				
		132: National Uniform Billing Committee (NUBC) Codes				
1271		Industry Code	M	AN	1/30	Required
		Description: Code indicating a code from a specific industry code list				
		Industry: Value Code				
		EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39				
		ExternalCodeList				
		Name: 132				
		Description: National Uniform Billing Committee (NUBC) Codes				
782		Monetary Amount	O	R	1/18	Required
		Description: Monetary amount				
		Industry: Value Code Associated Amount				
		HIPAA IG Note: This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).				

HI**Condition Information**

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required when condition information applies to the claim or encounter.

Example:

HI*BG:67~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BG Condition				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	M	AN	1/30	Required
		ExternalCodeList Name: 132				
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name BG Condition				
		CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	M	AN	1/30	Required
		ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes				

HI03	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational				
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>BG</td> <td>Condition</td> </tr> </tbody> </table> CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	<u>Code</u>	<u>Name</u>	BG	Condition	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>									
BG	Condition									
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required				
HI04	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational				
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>BG</td> <td>Condition</td> </tr> </tbody> </table> CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	<u>Code</u>	<u>Name</u>	BG	Condition	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>									
BG	Condition									
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required				
HI05	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational				
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>BG</td> <td>Condition</td> </tr> </tbody> </table> CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	<u>Code</u>	<u>Name</u>	BG	Condition	M	ID	1/3	Required
<u>Code</u>	<u>Name</u>									
BG	Condition									
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4,	M	AN	1/30	Required				

5, 6, 7, 8, 9, 10, 11, 12, 13

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

HI06	C022	Health Care Code Information	O	Comp		Situational
------	------	-------------------------------------	---	------	--	-------------

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
--	------	---------------------------------	---	----	-----	----------

Description: Code identifying a specific industry code list

Code	Name
BG	Condition

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

	1271	Industry Code	M	AN	1/30	Required
--	------	----------------------	---	----	------	----------

Description: Code indicating a code from a specific industry code list

Industry: Condition Code

EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

HI07	C022	Health Care Code Information	O	Comp		Situational
------	------	-------------------------------------	---	------	--	-------------

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
--	------	---------------------------------	---	----	-----	----------

Description: Code identifying a specific industry code list

Code	Name
BG	Condition

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

	1271	Industry Code	M	AN	1/30	Required
--	------	----------------------	---	----	------	----------

Description: Code indicating a code from a specific industry code list

Industry: Condition Code

EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

ExternalCodeList

Name: 132

Description: National Uniform Billing Committee (NUBC) Codes

HI08	C022	Health Care Code Information	O	Comp		Situational
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Description: To send health care codes and their associated dates, amounts and quantities

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
--	------	---------------------------------	---	----	-----	----------

Description: Code identifying a specific industry code list

Code	Name
BG	Condition

CODE SOURCE:

132: National Uniform Billing Committee (NUBC) Codes

	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
HI09	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BG Condition CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
HI10	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name BG Condition CODE SOURCE: 132: National Uniform Billing Committee (NUBC) Codes	M	ID	1/3	Required
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Condition Code EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	M	AN	1/30	Required
HI11	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required

HI**Treatment Code Information**

Pos: 231	Max: 2
Detail - Optional	
Loop: 2300	Elements: 12

User Option (Usage): Situational

To supply information related to the delivery of health care

Notes:

1. Required when Home Health Agencies need to report Plan of Treatment information under various payer contracts.

Example:

HI*TC:A01~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
HI01	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities	M	Comp		Required
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name TC Treatment Codes				
		CODE SOURCE: 359: Treatment Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42	M	AN	1/30	Required
		ExternalCodeList Name: 359 Description: Treatment Codes				
HI02	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
	1270	Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name TC Treatment Codes				
		CODE SOURCE: 359: Treatment Codes				
	1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31,	M	AN	1/30	Required

32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

ExternalCodeList

Name: 359

Description: Treatment Codes

HI03 C022

Health Care Code Information

O Comp

Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270

Code List Qualifier Code

M ID

1/3

Required

Description: Code identifying a specific industry code list

Code

Name

TC

Treatment Codes

CODE SOURCE:

359: Treatment Codes

1271

Industry Code

M AN

1/30

Required

Description: Code indicating a code from a specific industry code list

Industry: Treatment Code

EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

ExternalCodeList

Name: 359

Description: Treatment Codes

HI04 C022

Health Care Code Information

O Comp

Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270

Code List Qualifier Code

M ID

1/3

Required

Description: Code identifying a specific industry code list

Code

Name

TC

Treatment Codes

CODE SOURCE:

359: Treatment Codes

1271

Industry Code

M AN

1/30

Required

Description: Code indicating a code from a specific industry code list

Industry: Treatment Code

EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

ExternalCodeList

Name: 359

Description: Treatment Codes

HI05 C022

Health Care Code Information

O Comp

Situational

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

1270

Code List Qualifier Code

M ID

1/3

Required

Description: Code identifying a specific industry code list

Code

Name

TC

Treatment Codes

CODE SOURCE:

359: Treatment Codes

		359: Treatment Codes			
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 ExternalCodeList Name: 359 Description: Treatment Codes	M	AN	1/30	Required
HI06	C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name TC Treatment Codes CODE SOURCE: 359: Treatment Codes	M	ID	1/3	Required
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 ExternalCodeList Name: 359 Description: Treatment Codes	M	AN	1/30	Required
HI07	C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270	Code List Qualifier Code Description: Code identifying a specific industry code list Code Name TC Treatment Codes CODE SOURCE: 359: Treatment Codes	M	ID	1/3	Required
1271	Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42 ExternalCodeList Name: 359 Description: Treatment Codes	M	AN	1/30	Required
HI08	C022 Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report	O	Comp		Situational

		multiple additional co-existing conditions.				
1270		Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name TC Treatment Codes				
		CODE SOURCE: 359: Treatment Codes				
1271		Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42	M	AN	1/30	Required
		ExternalCodeList Name: 359 Description: Treatment Codes				
HI09	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270		Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name TC Treatment Codes				
		CODE SOURCE: 359: Treatment Codes				
1271		Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42	M	AN	1/30	Required
		ExternalCodeList Name: 359 Description: Treatment Codes				
HI10	C022	Health Care Code Information Description: To send health care codes and their associated dates, amounts and quantities HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.	O	Comp		Situational
1270		Code List Qualifier Code Description: Code identifying a specific industry code list	M	ID	1/3	Required
		Code Name TC Treatment Codes				
		CODE SOURCE: 359: Treatment Codes				
1271		Industry Code Description: Code indicating a code from a specific industry code list Industry: Treatment Code EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42	M	AN	1/30	Required

ExternalCodeList

Name: 359

Description: Treatment Codes

HI11	C022	Health Care Code Information	O	Comp		Situational
------	------	-------------------------------------	---	------	--	-------------

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
--	------	---------------------------------	---	----	-----	----------

Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
TC	Treatment Codes

CODE SOURCE:

359: Treatment Codes

	1271	Industry Code	M	AN	1/30	Required
--	------	----------------------	---	----	------	----------

Description: Code indicating a code from a specific industry code list

Industry: Treatment Code

EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

ExternalCodeList

Name: 359

Description: Treatment Codes

HI12	C022	Health Care Code Information	O	Comp		Situational
------	------	-------------------------------------	---	------	--	-------------

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

HIPAA IG Note: Used when necessary to report multiple additional co-existing conditions.

	1270	Code List Qualifier Code	M	ID	1/3	Required
--	------	---------------------------------	---	----	-----	----------

Description: Code identifying a specific industry code list

<u>Code</u>	<u>Name</u>
TC	Treatment Codes

CODE SOURCE:

359: Treatment Codes

	1271	Industry Code	M	AN	1/30	Required
--	------	----------------------	---	----	------	----------

Description: Code indicating a code from a specific industry code list

Industry: Treatment Code

EMC v.6.0 Reference: Record Type 72 Field No. 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42

ExternalCodeList

Name: 359

Description: Treatment Codes

QTY Claim Quantity

Pos: 240	Max: 4
Detail - Optional	
Loop: 2300	Elements: 3

User Option (Usage): Situational

To specify quantity information

Notes:

1. Use the Quantity segment at the claim level Loop ID-2300 to transmit quantities that apply to the entire claim.
2. Required on Inpatient claims or encounters when covered, co-insured, life-time reserved or non-covered days are being reported.

Example:

QTY*LA*20*DA~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
QTY01	673	Quantity Qualifier Description: Code specifying the type of quantity	M	ID	2/2	Required
		Code Name				
		CA Covered - Actual Description: Days covered on this service EMC v.6.0 Reference: Record Type 30 Field No. 20 (Sequence 01-03)				
		CD Co-insured - Actual Description: EMC v.6.0 Reference: Record Type 30 Field No. 22 (Sequence 01-03)				
		LA Life-time Reserve - Actual Description: Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve EMC v.6.0 Reference: Record Type 30 Field No. 23 (Sequence 01-03)				
		NA Number of Non-covered Days Description: EMC v.6.0 Reference: Record Type 30 Field No. 21				
QTY02	380	Quantity Description: Numeric value of quantity Industry: Claim Days Count	C	R	1/15	Required
QTY03	C001	Composite Unit of Measure Description: To identify a composite unit of measure(See Figures Appendix for examples of use) Alias: Unit/Basis of Measurement	O	Comp		Required
	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	M	ID	2/2	Required
		Code Name				
		DA Days				

CR7 Home Health Care Plan Information

Pos: 242	Max: 1
Detail - Optional	
Loop: 2305	Elements: 3

User Option (Usage): Situational

To supply information related to the home health care plan of treatment and services

Notes:

1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
2. This segment is required to convey Home Health Plan of Treatment information for this claim when applicable.

Example:

CR7*PT*4*12~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>														
CR701	921	Discipline Type Code Description: Code indicating disciplines ordered by a physician Alias: Discipline Type Code EMC v.6.0 Reference: Record Type 72 Field No. 4	M	ID	2/2	Required														
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>AI</td> <td>Home Health Aide</td> </tr> <tr> <td>MS</td> <td>Medical Social Worker</td> </tr> <tr> <td>OT</td> <td>Occupational Therapy</td> </tr> <tr> <td>PT</td> <td>Physical Therapy</td> </tr> <tr> <td>SN</td> <td>Skilled Nursing</td> </tr> <tr> <td>ST</td> <td>Speech Therapy</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	AI	Home Health Aide	MS	Medical Social Worker	OT	Occupational Therapy	PT	Physical Therapy	SN	Skilled Nursing	ST	Speech Therapy				
<u>Code</u>	<u>Name</u>																			
AI	Home Health Aide																			
MS	Medical Social Worker																			
OT	Occupational Therapy																			
PT	Physical Therapy																			
SN	Skilled Nursing																			
ST	Speech Therapy																			
CR702	1470	Number Description: A generic number Industry: Visits Prior to Recertification Date Count Alias: Total Visits Prior to Recertification Date EMC v.6.0 Reference: Record Type 72 Field No. 5	M	N0	1/9	Required														
CR703	1470	Number Description: A generic number Industry: Total Visits Projected This Certification Count Alias: Total Visits Projected During Certification Period EMC v.6.0 Reference: Record Type 72 Field No. 43	M	N0	1/9	Required														

HSD Health Care Services Delivery

Pos: 243	Max: 12
Detail - Optional	
Loop: 2305	Elements: 8

User Option (Usage): Situational

To specify the delivery pattern of health care services

Notes:

1. Required on claims/encounters billing/reporting home health visits where further detail is necessary to clearly substantiate medical treatment.
2. HSD01 qualifies HSD02: If the value in HSD02=1 and the value in HSD01=VS (Visits), this means "one visit". Between HSD02 and HSD03 verbally insert a "per every." HSD03 qualifies HSD04: If the value in HSD04=3 and the value in HSD03=DA (Day), this means "three days." Between HSD04 and HSD05 verbally insert a "for." HSD05 qualifies HSD06: If the value in HSD06=21 and the value in HSD05=7 (Days), this means "21 days." The total message reads: HSD*VS*1*DA*3*7*21~ = "One visit per every three days for 21 days."
3. Another similar data string of HSD*VS*2*DA*4*7*20~ = Two visits per every four days for 20 days.
4. An alternate way to use HSD is to employ HSD07 and/or HSD08. A data string of HSD*VS*1*****SX*D~ means "1 visit on Wednesday and Thursday morning."

Example:

HSD*VS*1*DA**7*10~ (This indicates "1 visit every (per) 1 day (daily) for 10 days.")
 HSD*VS*1*DA~ (This indicates one visit per day.)

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
HSD01	673	Quantity Qualifier Description: Code specifying the type of quantity Industry: Visits Alias: Quantity Qualifier HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.	C	ID	2/2	Situational
		Code Name VS Visits				
HSD02	380	Quantity Description: Numeric value of quantity Industry: Number of Visits Alias: Frequency Number - 1 EMC v.6.0 Reference: Record Type 72 Field No. 6 (position 1) HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.	C	R	1/15	Situational
HSD03	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Industry: Frequency Period Alias: Frequency Period - 1 EMC v.6.0 Reference: Record Type 72 Field No. 6 (positions 2-3) HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.	O	ID	2/2	Situational
		Code Name DA Days MO Months				

		Q1 WK	Quarter (Time) Week				
HSD04	1167	Sample Selection Modulus		O	R	1/6	Situational
		<p>Description: To specify the sampling frequency in terms of a modulus of the Unit of Measure, e.g., every fifth bag, every 1.5 minutes</p> <p>Industry: Frequency Count</p> <p>HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.</p>					
HSD05	615	Time Period Qualifier		C	ID	1/2	Situational
		<p>Description: Code defining periods</p> <p>Industry: Duration of Visits Units</p> <p>Alias: Frequency Time Period</p> <p>HIPAA IG Note: Absence of data indicates PRN orders. Required if the physician's order or prescription for the service contains the data.</p>					
		<u>Code</u>	<u>Name</u>				
		7	Day				
		35	Week				
HSD06	616	Number of Periods		O	N0	1/3	Situational
		<p>Description: Total number of periods</p> <p>Industry: Duration of Visits, Number of Units</p> <p>Alias: Duration - 1</p> <p>EMC v.6.0 Reference: Record Type 72 Field No. 6 (positions 4-6)</p> <p>HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.</p>					
HSD07	678	Ship/Delivery or Calendar Pattern Code		O	ID	1/2	Situational
		<p>Description: Code which specifies the routine shipments, deliveries, or calendar pattern</p> <p>Industry: Ship, Delivery or Calendar Pattern Code</p> <p>HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.</p>					
		<u>Code</u>	<u>Name</u>				
		1	1st Week of the Month				
		2	2nd Week of the Month				
		3	3rd Week of the Month				
		4	4th Week of the Month				
		5	5th Week of the Month				
		6	1st & 3rd Weeks of the Month				
		7	2nd & 4th Weeks of the Month				
		8	1st Working Day of Period				
		9	Last Working Day of Period				
		A	Monday through Friday				
		B	Monday through Saturday				
		C	Monday through Sunday				
		D	Monday				
		E	Tuesday				
		F	Wednesday				
		G	Thursday				
		H	Friday				
		J	Saturday				
		K	Sunday				
		L	Monday through Thursday				
		N	As Directed				
		O	Daily Mon. through Fri.				
		S	Once Anytime Mon. through Fri.				

W	Whenever Necessary
SA	Sunday, Monday, Thursday, Friday, Saturday
SB	Tuesday through Saturday
SC	Sunday, Wednesday, Thursday, Friday, Saturday
SD	Monday, Wednesday, Thursday, Friday, Saturday
SG	Tuesday through Friday
SL	Monday, Tuesday and Thursday
SP	Monday, Tuesday and Friday
SX	Wednesday and Thursday
SY	Monday, Wednesday and Thursday
SZ	Tuesday, Thursday and Friday

HSD08 679 **Ship/Delivery Pattern Time Code** O ID 1/1 Situational

Description: Code which specifies the time for routine shipments or deliveries

Industry: Delivery Pattern Time Code

HIPAA IG Note: Required if the physician's order or prescription for the service contains the data.

<u>Code</u>	<u>Name</u>
D	A.M.
E	P.M.
F	As Directed

NM1 Attending Physician Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. Required on all inpatient claims or encounters.
4. Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.

Example:

NM1*71*1*JONES*JOHN****XX*12345678~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in Loop ID-2310. <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>71</td> <td>Attending Physician</td> </tr> </tbody> </table> Description: Physician present when medical services are performed	<u>Code</u>	<u>Name</u>	71	Attending Physician	M	ID	2/3	Required		
<u>Code</u>	<u>Name</u>											
71	Attending Physician											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	1	Person	2	Non-Person Entity	M	ID	1/1	Required
<u>Code</u>	<u>Name</u>											
1	Person											
2	Non-Person Entity											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Attending Physician Last Name EMC v.6.0 Reference: Record Type 80 Field No. 9, Positions 91-106 (Also maps to Record Type 71 Field No. 20 if you are creating this attachment)	O	AN	1/35	Required						
NM104	1036	Name First Description: Individual first name Industry: Attending Physician First Name EMC v.6.0 Reference: Record Type 80 Field No. 9, Positions 107-114 (Also maps to EMC v.4.1 Record Type 71 Field No. 21 if you are creating this attachment) HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational						
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Attending Physician Middle Name HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational						
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Attending Physician Name Suffix HIPAA IG Note: Required if known.	O	AN	1/10	Situational						

NM108	66	<p>Identification Code Qualifier</p> <p>Description: Code designating the system/method of code structure used for Identification Code (67)</p> <p>EMC v.6.0 Reference: Record Type 80 Field No. 4 (The National Registry for Medicare assigns the UPIN to the provider for identification purposes.)</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Code</u></th> <th style="text-align: left;"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>24</td> <td>Employer's Identification Number</td> </tr> <tr> <td>34</td> <td>Social Security Number</td> </tr> <tr> <td>XX</td> <td>Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table> <p>Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</p>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
<u>Code</u>	<u>Name</u>													
24	Employer's Identification Number													
34	Social Security Number													
XX	Health Care Financing Administration National Provider Identifier													
NM109	67	<p>Identification Code</p> <p>Description: Code identifying a party or other code</p> <p>Industry: Attending Physician Primary Identifier</p> <p>EMC v.6.0 Reference: Record Type 80 Field No. 5</p> <p>ExternalCodeList</p> <p>Name: 537</p> <p>Description: Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Required								

PRV Attending Physician Specialty Information

Pos: 255	Max: 1
Detail - Optional	
Loop: 2310A	Elements: 3

User Option (Usage): Situational

To specify the identifying characteristics of a provider

Notes:

1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.
2. Use code value AT to report the specialty of the attending physician. Use code value SU when the physician is responsible for the patient's Home Health Plan of Treatment.
3. PRV02 qualifies PRV03.
4. Required when the billing provider is a billing service and taxonomy is know to impact the adjudication of the claim.

Example:

PRV*AT*ZZ*363LP0200N~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PRV01	1221	Provider Code Description: Code identifying the type of provider Code Name AT Attending SU Supervising	M	ID	1/3	Required
PRV02	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15. Code Name ZZ Mutually Defined Provider Taxonomy Code	M	ID	2/3	Required
PRV03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Provider Taxonomy Code Alias: Provider Specialty Code ExternalCodeList Name: HCPT Description: Health Care Provider Taxonomy	M	AN	1/30	Required

REF Attending Physician Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example:

REF*1G*A12345~

NYS MEDICAID NOTE:

NYS expects to receive the state license number when billing for inpatient services.

For all other services, the identifier can be either the state license number or the Medicaid ID.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1D Medicaid Provider Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Attending Physician Secondary Identifier	C	AN	1/30	Required

NM1 Operating Physician Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310B	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
2. This segment is required when any surgical procedure code is listed on this claim.
3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Example:

NM1*72*1*MEYERS*JANE****XX*12345678~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage				
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in Loop ID-2310. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>72</td> <td>Operating Physician</td> </tr> </tbody> </table> Description: Doctor who performs a surgical procedure	Code	Name	72	Operating Physician	M	ID	2/3	Required
Code	Name									
72	Operating Physician									
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> </tbody> </table>	Code	Name	1	Person	M	ID	1/1	Required
Code	Name									
1	Person									
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Operating Physician Last Name EMC v.6.0 Reference: Record Type 80 Field No. 10, Positions 116-131.	O	AN	1/35	Required				
NM104	1036	Name First Description: Individual first name Industry: Operating Physician First Name EMC v.6.0 Reference: Record Type 80 Field No. 10, Position 132-139	O	AN	1/25	Required				
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Operating Physician Middle Name HIPAA IG Note: This data element is required when NM102 equals one (1) and the Middle Name or Initial of the person is known by the provider.	O	AN	1/25	Situational				
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Operating Physician Name Suffix HIPAA IG Note: Required if known.	O	AN	1/10	Situational				
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> </table>	Code	Name	C	ID	1/2	Required		
Code	Name									

- 24 Employer's Identification Number
- 34 Social Security Number
- XX Health Care Financing Administration National Provider Identifier
Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

NM109	67	Identification Code Description: Code identifying a party or other code Industry: Operating Physician Primary Identifier EMC v.6.0 Reference: Record Type 80 Field No. 6 <u>ExternalCodeList</u> Name: 537 Description: Health Care Financing Administration National Provider Identifier	C	AN	2/80	Required
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REF Operating Physician Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example:

REF*1G*A12345~

NYS MEDICAID NOTE:

NYS expects to receive the state license number.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		<u>Code</u> <u>Name</u> 0B State License Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Operating Physician Secondary Identifier	C	AN	1/30	Required

NM1 Other Provider Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310C	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.
4. Required on non-outpatient (e.g inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.

Example:

NM1*73*1*DOE*JOHN*A***34*201749586~

NYS MEDICAID NOTE:

NYS expects to receive the referring provider here for all claims that are the result of a referral. In the case of a restricted recipient, the recipient's primary care provider must be reported.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The entity identifier in NM101 applies to all segments in Loop ID-2310.	M	ID	2/3	Required
		Code Name 73 Other Physician Description: Physician not one of the other specified choices				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		Code Name 1 Person 2 Non-Person Entity				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Physician Last Name EMC v.6.0 Reference: Record Type 80 Field No. 11, 12	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Other Physician First Name EMC v.6.0 Reference: Record Type 80 Field No. 11, 12 HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Other Provider Middle Name	O	AN	1/25	Situational

NM107	1039	<p>HIPAA IG Note: Required when NM102=1-Person and the Middle Name or Initial of the person is known by the provider.</p> <p>Name Suffix Description: Suffix to individual name Industry: Other Provider Name Suffix HIPAA IG Note: Other Provider Generation Required if known.</p>	O	AN	1/10	Situational								
NM108	66	<p>Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)</p> <table border="1"> <thead> <tr> <th data-bbox="354 470 412 491"><u>Code</u></th> <th data-bbox="526 470 591 491"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="354 506 380 527">24</td> <td data-bbox="526 506 883 527">Employer's Identification Number</td> </tr> <tr> <td data-bbox="354 537 380 558">34</td> <td data-bbox="526 537 786 558">Social Security Number</td> </tr> <tr> <td data-bbox="354 569 380 590">XX</td> <td data-bbox="526 569 1224 590">Health Care Financing Administration National Provider Identifier</td> </tr> </tbody> </table> <p>Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.</p>	<u>Code</u>	<u>Name</u>	24	Employer's Identification Number	34	Social Security Number	XX	Health Care Financing Administration National Provider Identifier	C	ID	1/2	Required
<u>Code</u>	<u>Name</u>													
24	Employer's Identification Number													
34	Social Security Number													
XX	Health Care Financing Administration National Provider Identifier													
NM109	67	<p>Identification Code Description: Code identifying a party or other code Industry: Other Physician Identifier Alias: Other Physician Primary ID EMC v.6.0 Reference: Record Type 80 Field No. 7 Record Type 81 Field No. 6</p> <p>ExternalCodeList Name: 537 Description: Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Required								

REF Other Provider Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example:

REF*1G*A12345~

NYS MEDICAID NOTE:

NYS expects to receive either the state license number or the Medicaid ID.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1D Medicaid Provider Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Provider Secondary Identifier	C	AN	1/30	Required

NM1 Service Facility Name

Pos: 250	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 5

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

Example:

NM1*FA*2*Rehab Facility*****XX*12345678~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name FA Facility	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Laboratory or Facility Name Alias: Laboratory/Facility Name	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known. Code Name 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	C	ID	1/2	Situational
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Laboratory or Facility Primary Identifier Alias: Laboratory/Facility Primary Identifier HIPAA IG Note: Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	C	AN	2/80	Situational

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

N3**Service Facility Address**

Pos: 265	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 2

User Option (Usage): Required

To specify the location of the named party

Example:

N3*123 MAIN STREET~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Laboratory or Facility Address Line Alias: Laboratory/Facility Address 1	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Laboratory or Facility Address Line HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4**Service Facility City/State/Zip Code**

Pos: 270	Max: 1
Detail - Optional	
Loop: 2310E	Elements: 4

User Option (Usage): Required

To specify the geographic place of the named party

Example:

N4*ANY TOWN*TX*75123~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Laboratory or Facility City Name Alias: Laboratory/Facility City	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Laboratory or Facility State or Province Code Alias: Laboratory/Facility State ExternalCodeList Name: 22	O	ID	2/2	Required
N403	116	Postal Code Description: States and Outlying Areas of the U.S. Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Laboratory or Facility Postal Zone or ZIP Code Alias: Laboratory/Facility Zip Code ExternalCodeList Name: 51	O	ID	3/15	Required
N404	26	Country Code Description: ZIP Code Description: Code identifying the country Alias: Laboratory/Facility Country Code HIPAA IG Note: Required if the address is out of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

REF Service Facility Secondary Identification

Pos: 271	Max: 5
Detail - Optional	
Loop: 2310E	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example:

REF*1G*A12345~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage																																						
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required																																						
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>0B</td> <td>State License Number</td> </tr> <tr> <td>1A</td> <td>Blue Cross Provider Number</td> </tr> <tr> <td>1B</td> <td>Blue Shield Provider Number</td> </tr> <tr> <td>1C</td> <td>Medicare Provider Number</td> </tr> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> <tr> <td>1G</td> <td>Provider UPIN Number</td> </tr> <tr> <td>1H</td> <td>CHAMPUS Identification Number</td> </tr> <tr> <td>1J</td> <td>Facility ID Number</td> </tr> <tr> <td>EI</td> <td>Employer's Identification Number</td> </tr> <tr> <td>FH</td> <td>Clinic Number</td> </tr> <tr> <td></td> <td>Description: A unique number identifying the clinic location that rendered services</td> </tr> <tr> <td>G2</td> <td>Provider Commercial Number</td> </tr> <tr> <td></td> <td>Description: A unique number assigned to a provider by a commercial insurer</td> </tr> <tr> <td>G5</td> <td>Provider Site Number</td> </tr> <tr> <td>LU</td> <td>Location Number</td> </tr> <tr> <td>N5</td> <td>Provider Plan Network Identification Number</td> </tr> <tr> <td></td> <td>Description: A number assigned to identify a specific provider in a health care plan network</td> </tr> <tr> <td>X5</td> <td>State Industrial Accident Provider Number</td> </tr> </tbody> </table>	Code	Name	0B	State License Number	1A	Blue Cross Provider Number	1B	Blue Shield Provider Number	1C	Medicare Provider Number	1D	Medicaid Provider Number	1G	Provider UPIN Number	1H	CHAMPUS Identification Number	1J	Facility ID Number	EI	Employer's Identification Number	FH	Clinic Number		Description: A unique number identifying the clinic location that rendered services	G2	Provider Commercial Number		Description: A unique number assigned to a provider by a commercial insurer	G5	Provider Site Number	LU	Location Number	N5	Provider Plan Network Identification Number		Description: A number assigned to identify a specific provider in a health care plan network	X5	State Industrial Accident Provider Number				
Code	Name																																											
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REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Laboratory or Facility Secondary Identifier	C	AN	1/30	Required																																						

SBR Other Subscriber Information

Pos: 290	Max: 1
Detail - Optional	
Loop: 2320	Elements: 5

User Option (Usage): Situational

To record information specific to the primary insured and the insurance carrier for that insured

Notes:

1. Required if other payers are known to potentially be involved in paying on this claim.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.

Example:

SBR*S*01*GR00786**MC****OF~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage												
SBR01	1138	Payer Responsibility Sequence Number Code Description: Code identifying the insurance carrier's level of responsibility for a payment of a claim EMC v.6.0 Reference: Record Type 30 Field No. 2 (Sequence 01-03) Record Type 31 Field No. 2 (Sequence 01-03) Record Type 32 Field No. 2 (Sequence 01-03) Record Type 40 Field No. 5, 6, 7 <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Primary</td> </tr> <tr> <td>S</td> <td>Secondary</td> </tr> <tr> <td>T</td> <td>Tertiary</td> </tr> </tbody> </table> Used to indicate "payer of last resort".	Code	Name	P	Primary	S	Secondary	T	Tertiary	M	ID	1/1	Required				
Code	Name																	
P	Primary																	
S	Secondary																	
T	Tertiary																	
SBR02	1069	Individual Relationship Code Description: Code indicating the relationship between two individuals or entities EMC v.6.0 Reference: Record Type 30 Field No. 18 (Sequence 01-03) HIPAA IG Note: Use this code to specify the patient's relationship to the person insured. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>Spouse UB-92 Ref. [UB-Name]: 59 Code 02 [Spouse]</td> </tr> <tr> <td>04</td> <td>Grandfather or Grandmother UB-92 Ref. [UB-Name]: 59 Code 19 [Grandparent]</td> </tr> <tr> <td>05</td> <td>Grandson or Granddaughter UB-92 Ref. [UB-Name]: 59 Code 13 [Grandchild]</td> </tr> <tr> <td>07</td> <td>Nephew or Niece UB-92 Ref. [UB-Name]: 59 Code 14 [Niece/Nephew]</td> </tr> <tr> <td>10</td> <td>Foster Child UB-92 Ref. [UB-Name]:</td> </tr> </tbody> </table>	Code	Name	01	Spouse UB-92 Ref. [UB-Name]: 59 Code 02 [Spouse]	04	Grandfather or Grandmother UB-92 Ref. [UB-Name]: 59 Code 19 [Grandparent]	05	Grandson or Granddaughter UB-92 Ref. [UB-Name]: 59 Code 13 [Grandchild]	07	Nephew or Niece UB-92 Ref. [UB-Name]: 59 Code 14 [Niece/Nephew]	10	Foster Child UB-92 Ref. [UB-Name]:	O	ID	2/2	Required
Code	Name																	
01	Spouse UB-92 Ref. [UB-Name]: 59 Code 02 [Spouse]																	
04	Grandfather or Grandmother UB-92 Ref. [UB-Name]: 59 Code 19 [Grandparent]																	
05	Grandson or Granddaughter UB-92 Ref. [UB-Name]: 59 Code 13 [Grandchild]																	
07	Nephew or Niece UB-92 Ref. [UB-Name]: 59 Code 14 [Niece/Nephew]																	
10	Foster Child UB-92 Ref. [UB-Name]:																	

	59 Code 06 [Foster Child]
15	Ward
	UB-92 Ref. [UB-Name]:
	59 Code 07 [Ward of the Court]
17	Stepson or Stepdaughter
	UB-92 Ref. [UB-Name]:
	59 Code 05 [Step Child]
18	Self
	UB-92 Ref. [UB-Name]:
	59 Code 01 [Patient Is Insured]
19	Child
	Description: Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
	UB-92 Ref. [UB-Name]:
	59 Code 03 [Natural Child/Insured Financial Responsibility]
20	Employee
	UB-92 Ref. [UB-Name]:
	59 Code 08 [Employee]
21	Unknown
	UB-92 Ref. [UB-Name]:
	59 Code 09 [Unknown]
22	Handicapped Dependent
	UB-92 Ref. [UB-Name]:
	59 Code 10 [Handicapped Dependent]
23	Sponsored Dependent
	Description: Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy
	UB-92 Ref. [UB-Name]:
	59 Code 16 [Sponsored Dependent]
24	Dependent of a Minor Dependent
	Description: A child not legally of age who has been granted adult status
	UB-92 Ref. [UB-Name]:
	59 Code 17 [Minor Dependent of a Minor Dependent]
29	Significant Other
32	Mother
33	Father
36	Emancipated Minor
	Description: A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage
39	Organ Donor
	Description: Individual receiving medical service in order to donate organs for a transplant
	UB-92 Ref. [UB-Name]:
	59 Code 11 [Organ Donor]
40	Cadaver Donor
	Description: Deceased individual donating body to be used for research or transplants
	UB-92 Ref. [UB-Name]:
	59 Code 12 [Cadaver Donor]
41	Injured Plaintiff
	UB-92 Ref. [UB-Name]:
	59 Code 15 [Injured Plaintiff]
43	Child Where Insured Has No Financial Responsibility
	Description: Child is covered by the insured but the insured is not the legal guardian
	UB-92 Ref. [UB-Name]:
	59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility]

53 59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility]
 Life Partner
UB-92 Ref. [UB-Name]:
 59 Code 20 [Life Partner]

G8 Other Relationship

SBR03 127 **Reference Identification** O AN 1/30 Situational

Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Industry: Insured Group or Policy Number
EMC v.6.0 Reference: Record Type 30 Field No. 10 (Sequence 01-03) Insurance Group No.
HIPAA IG Note: Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code IL in NM101 identifies the number in NM109 as the insured's Identification Number.

SBR04 93 **Name** O AN 1/60 Situational

Description: Free-form name
Industry: Other Insured Group Name
EMC v.6.0 Reference: Record Type 30 Field No. 11 (Sequence 01-03)
HIPAA IG Note: Plan Name (Group Name)
 This data element is required when the Provider has the Plan Name (Group Name) within their files.

SBR09 1032 **Claim Filing Indicator Code** O ID 1/2 Situational

Description: Code identifying type of claim
EMC v.6.0 Reference: Record Type 30 Field No. 4 (Sequence 01-03. See SBR09 in LOOP 2000B for EMC code translation.)
HIPAA IG Note: Required prior to mandated use of PlanID. Not used after PlanID is mandated.

<u>Code</u>	<u>Name</u>
09	Self-pay
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
HM	Health Maintenance Organization
LI	Liability
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V
VA	Veteran Administration Plan
	Refers to Veterans Affairs Plan.
WC	Workers' Compensation Health Claim

ZZ

Mutually Defined

Unknown

CAS Claim Level Adjustment

Pos: 295	Max: 5
Detail - Optional	
Loop: 2320	Elements: 19

User Option (Usage): Situational

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

Notes:

1. Submitter should use this CAS segment to report prior payers claim level adjustments that cause the amount paid to differ from the amount originally charged.
2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment again.
3. Codes and associated amount should come from 835 (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment. See the 835 for definitions of the Group Codes (CAS01).
4. Required if claim has been adjudicated by payer identified in this loop and has claim level adjustment information.
5. To locate the claim adjustment reason codes that are used in CAS02, 05, 08, 11, 14, and 17 see the Washington Publishing Company web site: <http://www.wpc-edi.com>. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.

Example:

CAS*CO*96*555.52~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment EMC v.6.0 Reference: Record Type 42 Field No. 5	M	ID	1/2	Required
		Code Name CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility				
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 6 ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	M	ID	1/5	Required
CAS03	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 42 Field No. 7	M	R	1/18	Required
CAS04	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 42 Field No. 8 HIPAA IG Note: Use this number for the units of service being adjusted.	O	R	1/15	Situational
CAS05	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 9	C	ID	1/5	Situational

		HIPAA IG Note: Used when additional adjustment information applies to claim.				
		ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS06	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 42 Field No. 10 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/18	Situational
CAS07	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 42 Field No. 11 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/15	Situational
CAS08	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 12 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	ID	1/5	Situational
		ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS09	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 42 Field No. 13 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/18	Situational
CAS10	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 42 Field No. 14 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/15	Situational
CAS11	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 15 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	ID	1/5	Situational
		ExternalCodeList				
		Name: 139				
		Description: Claim Adjustment Reason Code				
CAS12	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 42 Field No. 16 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/18	Situational
CAS13	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 42 Field No. 17 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/15	Situational

CAS14	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 18 HIPAA IG Note: Used when additional adjustment information applies to claim. <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS15	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 42 Field No. 19 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/18	Situational
CAS16	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 42 Field No. 20 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/15	Situational
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 42 Field No. 21 HIPAA IG Note: Used when additional adjustment information applies to claim. <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS18	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 42 Field No. 22 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/18	Situational
CAS19	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 42 Field No. 23 HIPAA IG Note: Used when additional adjustment information applies to claim.	C	R	1/15	Situational

AMT Payer Prior Payment

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. The amount this payer has paid to the provider towards this bill.
2. This segment is required when the present payer has paid an amount to the provider towards this bill.

Example:

AMT*C4*150~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name C4 Prior Payment - Actual Description: Amount paid in reality at an earlier time				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Other Payer Patient Paid Amount EMC v.6.0 Reference: Record Type 30 Field No. 25 (Sequence 01-03)	M	R	1/18	Required

AMT Coordination of Benefits (COB) Total Allowed Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

- 1. This segment is for COB use.
- 2. This segment is used to convey the COB Total Allowed Amount applicable to this claim when known.

Example:

AMT*B6*3794.82~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name B6 Allowed - Actual Description: Amount considered for payment under the provisions of the contract				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Allowed Amount EMC v.6.0 Reference: Record Type 92 Field No. 8 (For COB use. Use this amount for the total claim level charges allowed.)	M	R	1/18	Required

AMT Coordination of Benefits (COB) Total Submitted Charges

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Total Submitted Charges applicable to this claim when known.

Example:

AMT*T3*7490.7~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name T3 Total Submitted Charges	M	ID	1/3	Required
AMT02	782	Monetary Amount Description: Monetary amount Industry: Coordination of Benefits Total Submitted Charge Amount EMC v.6.0 Reference: Record Type 92 Field No. 6 (For COB use. Use this amount for the total claim level submitted charges.)	M	R	1/18	Required

AMT Diagnostic Related Group (DRG) Outlier Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the DRG Outlier Amount applicable to this claim when known.

Example:

AMT*ZZ*9034.7~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount HIPAA IG Note: Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>ZZ</td> <td>Mutually Defined</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	ZZ	Mutually Defined				
<u>Code</u>	<u>Name</u>									
ZZ	Mutually Defined									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Claim DRG Outlier Amount HIPAA IG Note: Record Type 92 Field No. 15 (For COB use [temporary qualifier]. Use this amount for the DRG outlier amount.)	M	R	1/18	Required				

AMT Coordination of Benefits (COB) Total Medicare Paid Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Total Medicare Paid Amount applicable to this claim when known.

Example:

AMT*N1*873.4~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount HIPAA IG Note: Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>N1</td> <td>Net Worth</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	N1	Net Worth				
<u>Code</u>	<u>Name</u>									
N1	Net Worth									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Total Medicare Paid Amount HIPAA IG Note: Record Type 92 Field No. 9 (For COB use [temporary qualifier]. Use this amount for the total Medicare reimbursement.)	M	R	1/18	Required				

AMT Medicare Paid Amount - 100%

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

- 1. This segment is for COB use.
- 2. This segment is used to convey the COB Medicare Paid Amount -100% applicable to this claim when known.

Example:

AMT*KF*73.01~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount HIPAA IG Note: Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>KF</td> <td>Net Paid Amount</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	KF	Net Paid Amount				
<u>Code</u>	<u>Name</u>									
KF	Net Paid Amount									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Medicare Paid at 100% Amount HIPAA IG Note: Record Type 93 Field No. 4 (For COB use [temporary qualifier]. Use this amount for the claim level allowed charges Medicare paid at 100%.)	M	R	1/18	Required				

AMT Medicare Paid Amount - 80%

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Medicare Paid Amount - 80% applicable to this claim when known.

Example:

AMT*PG*639.4~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount HIPAA IG Note: Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>PG</td> <td>Payoff</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	PG	Payoff				
<u>Code</u>	<u>Name</u>									
PG	Payoff									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Medicare Paid at 80% Amount HIPAA IG Note: Record Type 93 Field No. 5 (For COB use [temporary qualifier]. Use this amount for the claim level allowed charges Medicare paid at 80%.)	M	R	1/18	Required				

AMT Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Medicare A Trust Fund Paid Amount applicable to this claim when known.

Example:

AMT*AA*4394.7~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount HIPAA IG Note: Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>AA</td> <td>Allocated</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	AA	Allocated				
<u>Code</u>	<u>Name</u>									
AA	Allocated									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Paid From Part A Medicare Trust Fund Amount HIPAA IG Note: Record Type 93 Field No. 6 (For COB use [temporary qualifier]. Use this amount for the amount paid from the Medicare A trust fund.)	M	R	1/18	Required				

AMT Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Medicare B Trust Fund Paid Amount applicable to this claim when known.

Example:

AMT*B1*150~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
AMT01	522	Amount Qualifier Code Description: Code to qualify amount HIPAA IG Note: Use this qualifier until a more suitable one is developed. At this time, the qualifier represents what the amount is being used for (see monetary amount description).	M	ID	1/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>B1</td> <td>Benefit Amount</td> </tr> </tbody> </table> Use this qualifier until a more suitable one is developed. At this time, B1 represents the Paid From Medicare B Trust Fund Amount.	<u>Code</u>	<u>Name</u>	B1	Benefit Amount				
<u>Code</u>	<u>Name</u>									
B1	Benefit Amount									
AMT02	782	Monetary Amount Description: Monetary amount Industry: Paid From Part B Medicare Trust Fund Amount EMC v.6.0 Reference: Record Type 93 Field No. 7 (For COB use [temporary qualifier]. Use this amount for the amount paid from the Medicare B trust fund.)	M	R	1/18	Required				

AMT Coordination of Benefits (COB) Total Non-covered Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Total Non-Covered Amount applicable to this claim when known.

Example:

AMT*A8*273~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		Code Name A8 Noncovered Charges - Actual Description: Calculated value not covered by the benefit plan				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Non-Covered Charge Amount EMC v.6.0 Reference: Record Type 92 Field No. 7 (For COB use [temporary qualifier]. Use this amount for the total of non-covered claim level charges.)	M	R	1/18	Required

AMT Coordination of Benefits (COB) Total Denied Amount

Pos: 300	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. This segment is for COB use.
2. This segment is used to convey the COB Total Denied Amount applicable to this claim when known.

Example:

AMT*YT*32~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount Code Name YT Denied	M	ID	1/3	Required
AMT02	782	Monetary Amount Description: Monetary amount Industry: Claim Total Denied Charge Amount EMC v.6.0 Reference: Record Type 92 Field No. 16 (For COB use. Use this amount for the total claim level denied charges.)	M	R	1/18	Required

DMG Other Subscriber Demographic Information

Pos: 305	Max: 1
Detail - Optional	
Loop: 2320	Elements: 3

User Option (Usage): Situational

To supply demographic information

Notes:

- 1. Required when 2330A - Other Subscriber Name NM102 = 1 (Person).

Example:

DMG***F~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DMG01	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	C	ID	2/3	Required
		Code Name				
		D8 Date Expressed in Format CCYYMMDD				
DMG02	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times	C	AN	1/35	Required
		Industry: Other Insured Birth Date				
DMG03	1068	Gender Code Description: Code indicating the sex of the individual	O	ID	1/1	Required
		Industry: Other Insured Gender Code				
		EMC v.6.0 Reference: Record Type 30 Field No. 15				
		Code Name				
		F Female				
		M Male				
		U Unknown				

OI Other Insurance Coverage Information

Pos: 310	Max: 1
Detail - Optional	
Loop: 2320	Elements: 2

User Option (Usage): Required

To specify information associated with other health insurance coverage

Notes:

1. All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.

Example:

OI***Y***Y~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage														
OI03	1073	Yes/No Condition or Response Code Description: Code indicating a Yes or No condition or response Industry: Benefits Assignment Certification Indicator EMC v.6.0 Reference: Record Type 30 Field No. 17 HIPAA IG Note: Assignment of Benefits Indicator <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>N</td> <td>No</td> </tr> <tr> <td>Y</td> <td>Yes</td> </tr> </tbody> </table>	Code	Name	N	No	Y	Yes	O	ID	1/1	Required								
Code	Name																			
N	No																			
Y	Yes																			
OI06	1363	Release of Information Code Description: Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations EMC v.6.0 Reference: Record Type 30 Field No. 16 <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization</td> </tr> <tr> <td>I</td> <td>Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes</td> </tr> <tr> <td>M</td> <td>The Provider has Limited or Restricted Ability to Release Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R</td> </tr> <tr> <td>N</td> <td>No, Provider is Not Allowed to Release Data EMC v.6.0 Reference: Record Type 30 Field No. 16 Code N</td> </tr> <tr> <td>O</td> <td>On file at Payor or at Plan Sponsor</td> </tr> <tr> <td>Y</td> <td>Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code Y</td> </tr> </tbody> </table>	Code	Name	A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization	I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes	M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R	N	No, Provider is Not Allowed to Release Data EMC v.6.0 Reference: Record Type 30 Field No. 16 Code N	O	On file at Payor or at Plan Sponsor	Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code Y	O	ID	1/1	Required
Code	Name																			
A	Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization																			
I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes																			
M	The Provider has Limited or Restricted Ability to Release Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code R																			
N	No, Provider is Not Allowed to Release Data EMC v.6.0 Reference: Record Type 30 Field No. 16 Code N																			
O	On file at Payor or at Plan Sponsor																			
Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim EMC v.6.0 Reference: Record Type 30 Field No. 16 Code Y																			

MIA Medicare Inpatient Adjudication Information

Pos: 315	Max: 1
Detail - Optional	
Loop: 2320	Elements: 24

User Option (Usage): Situational

To provide claim-level data related to the adjudication of Medicare inpatient claims

Notes:

1. This segment is used to convey the Medicare Inpatient Adjudication Information if returned in the 835.

Example:

MIA*1***3568.98*MAO*****21***MA25~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
MIA01	380	Quantity Description: Numeric value of quantity Industry: Covered Days or Visits Count	M	R	1/15	Required
MIA02	380	Quantity Description: Numeric value of quantity Industry: Lifetime Reserve Days Count HIPAA IG Note: Use this quantity to indicate the lifetime reserve days.	O	R	1/15	Situational
MIA03	380	Quantity Description: Numeric value of quantity Industry: Lifetime Psychiatric Days Count EMC v.6.0 Reference: Record Type 92 Field No. 18	O	R	1/15	Situational
MIA04	782	Monetary Amount Description: Monetary amount Industry: Claim DRG Amount EMC v.6.0 Reference: Record Type 92 Field No. 14 HIPAA IG Note: Use this amount to indicate the Diagnosis Related Group (DRG) amount.	O	R	1/18	Situational
MIA05	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 24 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. <u>ExternalCodeList</u> Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MIA06	782	Monetary Amount Description: Monetary amount Industry: Claim Disproportionate Share Amount HIPAA IG Note: Use this amount to indicate the disproportionate share amount.	O	R	1/18	Situational
MIA07	782	Monetary Amount Description: Monetary amount Industry: Claim MSP Pass-through Amount	O	R	1/18	Situational

		HIPAA IG Note: Use this amount to indicate the Medicare Secondary Payer (MSP) pass-through amount.				
MIA08	782	Monetary Amount Description: Monetary amount Industry: Claim PPS Capital Amount HIPAA IG Note: Use this amount to indicate the Total Prospective Payment System (PPS) capital amount.	O	R	1/18	Situational
MIA09	782	Monetary Amount Description: Monetary amount Industry: PPS-Capital FSP DRG Amount HIPAA IG Note: Use this amount to indicate the Prospective Payment System (PPS) capital, federal-specific portion, Diagnosis Related Group (DRG) amount.	O	R	1/18	Situational
MIA10	782	Monetary Amount Description: Monetary amount Industry: PPS-Capital HSP DRG Amount HIPAA IG Note: Use this amount to indicate the Prospective Payment System (PPS) capital, hospital-specific portion, Diagnosis Related Group (DRG) amount.	O	R	1/18	Situational
MIA11	782	Monetary Amount Description: Monetary amount Industry: PPS-Capital DSH DRG Amount HIPAA IG Note: Use this amount to indicate the Prospective Payment System (PPS) capital, disproportionate share, hospital Diagnosis Related Group (DRG) amount.	O	R	1/18	Situational
MIA12	782	Monetary Amount Description: Monetary amount Industry: Old Capital Amount HIPAA IG Note: Use this amount to indicate the old capital amount.	O	R	1/18	Situational
MIA13	782	Monetary Amount Description: Monetary amount Industry: PPS-Capital IME amount HIPAA IG Note: Use this amount to indicate the Prospective Payment System (PPS) capital indirect medical education claim amount.	O	R	1/18	Situational
MIA14	782	Monetary Amount Description: Monetary amount Industry: PPS-Operating Hospital Specific DRG Amount HIPAA IG Note: Use this amount to indicate the hospital-specific, Diagnosis Related Group (DRG) amount.	O	R	1/18	Situational
MIA15	380	Quantity Description: Numeric value of quantity Industry: Cost Report Day Count EMC v.6.0 Reference: Record Type 92 Field No. 17	O	R	1/15	Situational
MIA16	782	Monetary Amount Description: Monetary amount Industry: PPS-Operating Federal Specific DRG Amount HIPAA IG Note: Use this amount to indicate the federal-specific, Diagnosis Related Group (DRG) amount.	O	R	1/18	Situational
MIA17	782	Monetary Amount Description: Monetary amount Industry: Claim PPS Capital Outlier Amount	O	R	1/18	Situational

		HIPAA IG Note: Use this amount to indicate the Prospective Payment System (PPS) Capital Outlier amount.				
MIA18	782	Monetary Amount Description: Monetary amount Industry: Claim Indirect Teaching Amount HIPAA IG Note: Use this amount to indicate the indirect teaching amount.	O	R	1/18	Situational
MIA19	782	Monetary Amount Description: Monetary amount Industry: Nonpayable Professional Component Amount HIPAA IG Note: Use this amount to indicate the professional component amount billed but not payable.	O	R	1/18	Situational
MIA20	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 25 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. ExternalCodeList Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MIA21	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 26 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. ExternalCodeList Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MIA22	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 27 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. ExternalCodeList Name: 411 Description: Remittance Remark Codes	O	AN	1/30	Situational
MIA23	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 28 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. ExternalCodeList	O	AN	1/30	Situational

Name: 411

Description: Remittance Remark Codes

MIA24 782

Monetary Amount

O

R

1/18

Situational

Description: Monetary amount

Industry: PPS-Capital Exception Amount

HIPAA IG Note: Use this amount to indicate the capital exception amount.

MOA Medicare Outpatient Adjudication Information

Pos: 320	Max: 1
Detail - Optional	
Loop: 2320	Elements: 9

User Option (Usage): Situational

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

Notes:

1. Required to convey the Medicare Outpatient Adjudication Information if returned in the Electronic Remittance Advice (835).

Example:

MOA*12.5**MAO1~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
MOA01	954	Percent Description: Percentage expressed as a decimal Industry: Reimbursement Rate EMC v.6.0 Reference: Record Type 92 Field No. 20 HIPAA IG Note: Required if returned on the Electronic Remittance Advice (835).	O	R	1/10	Situational
MOA02	782	Monetary Amount Description: Monetary amount Industry: Claim HCPCS Payable Amount HIPAA IG Note: Use this amount to indicate the Claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount. Required if returned on the Electronic Remittance Advice (835).	O	R	1/18	Situational
MOA03	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier HIPAA IG Note: Use this amount to indicate the Claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount. Required if returned on the Electronic Remittance Advice (835). ExternalCodeList Name: 411	O	AN	1/30	Situational
MOA04	127	Description: Remittance Remark Codes Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 24 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835).	O	AN	1/30	Situational

MOA05	127	<p>ExternalCodeList Name: 411 Description: Remittance Remark Codes</p> <p>Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 25 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835).</p> <p>ExternalCodeList Name: 411 Description: Remittance Remark Codes</p>	O	AN	1/30	Situational
MOA06	127	<p>Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 26 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835).</p> <p>ExternalCodeList Name: 411 Description: Remittance Remark Codes</p>	O	AN	1/30	Situational
MOA07	127	<p>Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 27 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835).</p> <p>ExternalCodeList Name: 411 Description: Remittance Remark Codes</p>	O	AN	1/30	Situational
MOA08	782	<p>Monetary Amount Description: Monetary amount Industry: Remark Code EMC v.6.0 Reference: Record Type 42 Field No. 28 HIPAA IG Note: Use this reference identification for the Health Care Financing Administration claim payment remark code. Required if returned on the Electronic Remittance Advice (835).</p>	O	R	1/18	Situational
MOA09	782	<p>Monetary Amount Description: Monetary amount Industry: Nonpayable Professional Component Amount HIPAA IG Note: Use this amount to indicate the professional component amount billed but not</p>	O	R	1/18	Situational

payable.
Required if returned on the Electronic Remittance
Advice (835).

NM1 Other Subscriber Name

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 8

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. Submitters are required to send information on all known other subscribers in Loop ID 2330.
2. The 2330A Loop is required when Loop ID 2320 - Other Subscriber Information is used. Otherwise, this loop is not used.

Example:

NM1*IL*1*DOE*JOHN*T***34*123456789~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name IL Insured or Subscriber	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Insured Last Name Alias: Subscriber's Last Name EMC v.6.0 Reference: Record Type 30 Field No. 12 (Sequence 01-03)	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Other Insured First Name Alias: Subscriber's First Name EMC v.6.0 Reference: Record Type 30 Field No. 13 (Sequence 01-03) HIPAA IG Note: This data element is required when NM102 equals one (1).	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Other Insured Middle Name Alias: Subscriber's Middle Initial EMC v.6.0 Reference: Record Type 30 Field No. 14 (Sequence 01-03) HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Other Insured Name Suffix HIPAA IG Note: Examples: I, II, III, IV, Jr, Sr Required if known.	O	AN	1/10	Situational

NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67)	C	ID	1/2	Required
		Code				
		Name				
	MI	Member Identification Number				
		The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI -Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.				
	ZZ	Mutually Defined				
		The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.				
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Insured Identifier Alias: Subscriber Primary ID EMC v.6.0 Reference: Record Type 30 Field No. 7 (Sequence 01-03)	C	AN	2/80	Required

N3**Other Subscriber Address**

Pos: 332	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Notes:

1. This segment is required when the Provider has the Other Subscriber Address information on file.

Example:

N3*4320 WASHINGTON ST SUITE 100~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N301	166	Address Information Description: Address information Industry: Other Insured Address Line Alias: Subscriber's Address 1 EMC v.6.0 Reference: Record Type 31 Field No. 4 (Sequence 01-03)	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Other Insured Address Line Alias: Subscriber Address 2 EMC v.6.0 Reference: Record Type 31 Field No. 5 (Sequence 01-03) HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4**Other Subscriber City/State/ZIP Code**

Pos: 340	Max: 1
Detail - Optional	
Loop: 2330A	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Notes:

1. This segment is required when the associated N3 segment is present.

Example:

N4*PALISADES*OR*23119~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Other Insured City Name Alias: Subscriber's City EMC v.6.0 Reference: Record Type 31 Field No. 6 (Sequence 01-03)	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Other Insured State Code Alias: Subscriber's State EMC v.6.0 Reference: Record Type 31 Field No. 7 (Sequence 01-03) ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Other Insured Postal Zone or ZIP Code Alias: Subscriber's ZIP Code EMC v.6.0 Reference: Record Type 31 Field No. 8 (Sequence 01-03) ExternalCodeList Name: 51 Description: ZIP Code	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country Alias: Subscriber Country Code HIPAA IG Note: This data element is required when the address is outside of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

REF Other Subscriber Secondary Information

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. This segment is required when additional identification numbers are required.

Example:

REF*SY*030385074~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code		Name		
		1W		Member Identification Number		If NM108 = MI, this qualifier cannot be used.
		23		Client Number		This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.
		IG		Insurance Policy Number		
		SY		Social Security Number		The social security number may not be used for Medicare.
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Insured Additional Identifier EMC v.6.0 Reference: Record Type 30 Field No. 7 (Sequence 01-03)	C	AN	1/30	Required

NM1 Other Payer Name

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 5

User Option (Usage): Required

To supply the full name of an individual or organizational entity

Notes:

1. Submitters are required to send all known information on other payers in this Loop ID - 2330.

Example:

NM1*PR*2*UNION MUTUAL OF OREGON*****PI*43140~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> PR Payer	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 2 Non-Person Entity	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Payer Last or Organization Name Alias: Payer Name EMC v.6.0 Reference: Record Type 30 Field No. 8b (Sequence 01-03) Record Type 32 Field No. 4 (Sequence 01-03)	O	AN	1/35	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) EMC v.6.0 Reference: Record Type 30 Field No. 5, 6 (Sequence 01-03) <u>Code</u> <u>Name</u> PI Payor Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) Description: Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. CODE SOURCE: 540: Health Care Financing Administration National PlanID	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Payer Primary Identifier Alias: Payer Primary ID HIPAA IG Note: This number must be identical to SVD01 (L00p ID - 2430) for COB. <u>ExternalCodeList</u> Name: 540 Description: Health Care Financing Administration National PlanID	C	AN	2/80	Required

N3 Other Payer Address

Pos: 332	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify the location of the named party

Notes:

1. This segment is only to be used when the Provider needs to identify the address for paper claim printing purposes.

Example:

N3*4320 WASHINGTON ST SUITE 100~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
N301	166	Address Information Description: Address information Industry: Other Payer Address Line Alias: Payer's Address 1 EMC v.6.0 Reference: Record Type 32 Field No. 5 (Sequence 01-03)	M	AN	1/55	Required
N302	166	Address Information Description: Address information Industry: Other Payer Address Line Alias: Payer's Address 2 EMC v.6.0 Reference: Record Type 32 Field No. 6 (Sequence 01-03) HIPAA IG Note: Required if a second address line exists.	O	AN	1/55	Situational

N4**Other Payer City/State/ZIP Code**

Pos: 340	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 4

User Option (Usage): Situational

To specify the geographic place of the named party

Notes:

1. This segment is required when the associated N3 segment is present.

Example:

N4*PALISADES*OR*23119~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
N401	19	City Name Description: Free-form text for city name Industry: Other Payer City Name Alias: Payer City Name EMC v.6.0 Reference: Record Type 32 Field No. 7 (Sequence 01-03)	O	AN	2/30	Required
N402	156	State or Province Code Description: Code (Standard State/Province) as defined by appropriate government agency Industry: Other Payer State Code Alias: Payer State Code EMC v.6.0 Reference: Record Type 32 Field No. 8 (Sequence 01-03) ExternalCodeList Name: 22 Description: States and Outlying Areas of the U.S.	O	ID	2/2	Required
N403	116	Postal Code Description: Code defining international postal zone code excluding punctuation and blanks (zip code for United States) Industry: Other Payer Postal Zone or ZIP Code Alias: Payer Postal Code EMC v.6.0 Reference: Record Type 32 Field No. 9 (Sequence 01-03) ExternalCodeList Name: 51	O	ID	3/15	Required
N404	26	Country Code Description: Code identifying the country Alias: Payer Country Code HIPAA IG Note: This data element is required when the address is outside of the U.S. ExternalCodeList Name: 5 Description: Countries, Currencies and Funds	O	ID	2/3	Situational

DTP Claim Adjudication Date

Pos: 350	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Notes:

1. This segment is required when Loop-ID 2430 (Line Adjudication Date) is not used and this payer has adjudicated the claim.

Example:

DTP*573*D8*19981226~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 573 Date Claim Paid				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Industry: Date Time Qualifier	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Adjudication or Payment Date	M	AN	1/35	Required

REF Other Payer Secondary Identification and Reference Number

Pos: 355	Max: 2
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. This segment is required when a secondary number is needed to identify the payer.
2. Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8).

Example:

REF*FY*465980789~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage														
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification HIPAA IG Note: Use code F8 to indicate the payer's claim number assigned to this claim by the payer referenced in this iteration of Loop ID - 2330B.	M	ID	2/3	Required														
		<table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>2U</td> <td>Payer Identification Number</td> </tr> <tr> <td>F8</td> <td>Original Reference Number</td> </tr> <tr> <td></td> <td>UB-92 Ref. [UB-Name]: 37 (A-C) [Internal Control Number (ICN)/ Document Control Number (DCN)]</td> </tr> <tr> <td>FY</td> <td>Claim Office Number Description: The identification of the specific payer's location designated as responsible for the submitted claim</td> </tr> <tr> <td>NF</td> <td>National Association of Insurance Commissioners (NAIC) Code Description: A unique number assigned to each insurance company CODE SOURCE: 245: National Association of Insurance Commissioners (NAIC) Code</td> </tr> <tr> <td>TJ</td> <td>Federal Taxpayer's Identification Number</td> </tr> </tbody> </table>	Code	Name	2U	Payer Identification Number	F8	Original Reference Number		UB-92 Ref. [UB-Name]: 37 (A-C) [Internal Control Number (ICN)/ Document Control Number (DCN)]	FY	Claim Office Number Description: The identification of the specific payer's location designated as responsible for the submitted claim	NF	National Association of Insurance Commissioners (NAIC) Code Description: A unique number assigned to each insurance company CODE SOURCE: 245: National Association of Insurance Commissioners (NAIC) Code	TJ	Federal Taxpayer's Identification Number				
Code	Name																			
2U	Payer Identification Number																			
F8	Original Reference Number																			
	UB-92 Ref. [UB-Name]: 37 (A-C) [Internal Control Number (ICN)/ Document Control Number (DCN)]																			
FY	Claim Office Number Description: The identification of the specific payer's location designated as responsible for the submitted claim																			
NF	National Association of Insurance Commissioners (NAIC) Code Description: A unique number assigned to each insurance company CODE SOURCE: 245: National Association of Insurance Commissioners (NAIC) Code																			
TJ	Federal Taxpayer's Identification Number																			
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Secondary Identifier ExternalCodeList Name: 245 Description: National Association of Insurance Commissioners (NAIC) Code	C	AN	1/30	Required														

REF Other Payer Prior Authorization or Referral Number

Pos: 355	Max: 1
Detail - Optional	
Loop: 2330B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Used when the payer identified in this loop has given a prior authorization or referral number to this claim. This element is primarily used in payer-to-payer COB situations.
2. There can only be a maximum of three REF segments in any one iteration of the 2330 loop.

Example:

REF*G1*AB333-Y5~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		9F Referral Number				
		G1 Prior Authorization Number				
		Description: An authorization number acquired prior to the submission of a claim				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Prior Authorization or Referral Number	C	AN	1/30	Required

NM1 Other Payer Patient Information

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330C	Elements: 4

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330C loop are those patient ID's which belong to non-destination (COB) payers. The patients ID(s) for the destination payer are carried in the 2010CA loop NM1 and REF segments.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*QC*1*****EI*128848726~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual <u>Code</u> <u>Name</u> QC Patient Description: Individual receiving medical care	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <u>Code</u> <u>Name</u> 1 Person	M	ID	1/1	Required
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <u>Code</u> <u>Name</u> EI Employee Identification Number MI Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI -Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.	C	ID	1/2	Required
NM109	67	Identification Code Description: Code identifying a party or other code Industry: Other Payer Patient Primary Identifier Alias: Patient's Other Payer Primary Identification Number	C	AN	2/80	Required

REF Other Payer Patient Identification Number

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Used when a COB payer (listed in 2330B loop) has one or more proprietary patient identification numbers for this claim. The patient (name, DOB, etc) is identified in the 2010BA or 2010CA loop.

Example:

REF*AZ*B333-Y5~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		1W Member Identification Number				
						If NM108 = MI, this qualifier cannot be used.
		IG Insurance Policy Number				
		SY Social Security Number				
						Do not use this code for Medicare.
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Patient Secondary Identifier	C	AN	1/30	Required

NM1 Other Payer Attending Provider

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330D	Elements: 2

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*71*1~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		<u>Code</u> <u>Name</u>				
		71 Attending Physician				
		Description: Physician present when medical services are performed				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		<u>Code</u> <u>Name</u>				
		1 Person				
		2 Non-Person Entity				

REF Other Payer Attending Provider Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330D	Elements: 2

User Option (Usage): Required

To specify identifying information

Notes:

- 1. Non-destination (COB) payers' provider identification number(s).

Example:

REF*N5*RF446~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code		Name		
		1A		Blue Cross Provider Number		
		1B		Blue Shield Provider Number		
		1C		Medicare Provider Number		
		1D		Medicaid Provider Number		
		1G		Provider UPIN Number		
		1H		CHAMPUS Identification Number		
		EI		Employer's Identification Number		
		G2		Provider Commercial Number		
				Description: A unique number assigned to a provider by a commercial insurer		
		LU		Location Number		
		N5		Provider Plan Network Identification Number		
				Description: A number assigned to identify a specific provider in a health care plan network		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Other Payer Attending Provider Identifier				

NM1 Other Payer Operating Provider

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330E	Elements: 2

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*72*1~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		<u>Code</u> <u>Name</u> 72 Operating Physician Description: Doctor who performs a surgical procedure				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		<u>Code</u> <u>Name</u> 1 Person				

REF Other Payer Operating Provider Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330E	Elements: 2

User Option (Usage): Required

To specify identifying information

Example:

REF*N5*RF446~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		1A Blue Cross Provider Number				
		1B Blue Shield Provider Number				
		1C Medicare Provider Number				
		1D Medicaid Provider Number				
		1G Provider UPIN Number				
		1H CHAMPUS Identification Number				
		EI Employer's Identification Number				
		G2 Provider Commercial Number Description: A unique number assigned to a provider by a commercial insurer				
		LU Location Number				
		N5 Provider Plan Network Identification Number Description: A number assigned to identify a specific provider in a health care plan network				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Operating Provider Identifier	C	AN	1/30	Required

NM1 Other Payer Other Provider

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330F	Elements: 2

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*73*1~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		Code Name				
		73 Other Physician				
		Description: Physician not one of the other specified choices				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		Code Name				
		1 Person				
		2 Non-Person Entity				

REF Other Payer Other Provider Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330F	Elements: 2

User Option (Usage): Required

To specify identifying information

Notes:

1. Non-destination (COB) payers' provider identification number(s).

Example:

REF*N5*RF446~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code		Name		
		1A		Blue Cross Provider Number		
		1B		Blue Shield Provider Number		
		1C		Medicare Provider Number		
		1D		Medicaid Provider Number		
		1G		Provider UPIN Number		
		1H		CHAMPUS Identification Number		
		EI		Employer's Identification Number		
		G2		Provider Commercial Number		
				Description: A unique number assigned to a provider by a commercial insurer		
		LU		Location Number		
		N5		Provider Plan Network Identification Number		
				Description: A number assigned to identify a specific provider in a health care plan network		
		SY		Social Security Number		
				The social security number may not be used for Medicare.		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	C	AN	1/30	Required
		Industry: Other Payer Other Provider Identifier				

NM1 Other Payer Service Facility Provider

Pos: 325	Max: 1
Detail - Optional	
Loop: 2330H	Elements: 2

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.

Example:

NM1*FA*1~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual	M	ID	2/3	Required
		Code Name FA Facility				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		Code Name 2 Non-Person Entity				

REF Other Payer Service Facility Provider Identification

Pos: 355	Max: 3
Detail - Optional	
Loop: 2330H	Elements: 2

User Option (Usage): Required

To specify identifying information

Notes:

- 1. Non-destination (COB) payers' provider identification number(s).

Example:

REF*N5*RF446~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code		Name		
		1B		Blue Shield Provider Number		
		1C		Medicare Provider Number		
		1D		Medicaid Provider Number		
		EI		Employer's Identification Number		
		G2		Provider Commercial Number		
				Description: A unique number assigned to a provider by a commercial insurer		
		LU		Location Number		
		N5		Provider Plan Network Identification Number		
				Description: A number assigned to identify a specific provider in a health care plan network		
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Payer Service Facility Provider Identifier	C	AN	1/30	Required

LX**Service Line Number**

Pos: 365	Max: 1
Detail - Optional	
Loop: 2400	Elements: 1

User Option (Usage): Required

To reference a line number in a transaction set

Notes:

1. The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.
2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example:

LX*1~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
LX01	554	Assigned Number Description: Number assigned for differentiation within a transaction set HIPAA IG Note: This is the service line number. Begin with 1 and increment by 1 for each new LX segment within a claim.	M	N0	1/6	Required

SV2 Institutional Service Line

Pos: 375	Max: 1
Detail - Optional	
Loop: 2400	Elements: 7

User Option (Usage): Required

To specify the claim service detail for a Health Care institution

Notes:

1. This segment is required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for claim adjudication.

Example:

SV2*300*HC:80019*73.42*UN*1~
SV2*120**1500*DA*5*300~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SV201	234	Product/Service ID Description: Identifying number for a product or service Industry: Service Line Revenue Code EMC v.6.0 Reference: Record Type 50 Field No. 4, 11, 12, 13 Record Type 60 Field No. 4, 13, 14 Record Type 61 Field No. 4, 14, 15 HIPAA IG Note: See Code Source 132: National Uniform Billing Committee (NUBC) Codes. ExternalCodeList Name: 132 Description: National Uniform Billing Committee (NUBC) Codes	C	AN	1/48	Required
SV202	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers Alias: Service Line Procedure Code HIPAA IG Note: This data element required for outpatient claims when an appropriate HCPCS exists for the service line item.	C	Comp		Situational
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier HIPAA IG Note: The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410.	M	ID	2/2	Required
		Code Name HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Description: HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.				

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

234	Product/Service ID Description: Identifying number for a product or service Industry: Procedure Code Alias: HCPCS Procedure Code EMC v.6.0 Reference: Record Type 60 Field No. 5, 13, 14 Record Type 61 Field No. 5, 14, 15 ExternalCodeList Name: 130 Description: Health Care Financing Administration Common Procedural Coding System	M	AN	1/48	Required
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: HCPCS Modifier 1 EMC v.6.0 Reference: Record Type 60 Field No. 9, 13, 14 Record Type 61 Field No. 10, 14, 15 HIPAA IG Note: Use this modifier for the first procedure code modifier. This data element is required when the Provider needs to convey additional clarification for the associated procedure code.	O	AN	2/2	Situational
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: HCPCS Modifier 2 EMC v.6.0 Reference: Record Type 60 Field No. 7, 13, 14 Record Type 61 Field No. 7, 14, 15 HIPAA IG Note: Use this modifier for the second procedure code modifier. See SV202-3	O	AN	2/2	Situational
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: HCPCS Modifier 3 HIPAA IG Note: See SV202-3	O	AN	2/2	Situational
1339	Procedure Modifier Description: This identifies special circumstances related to the performance of the service, as defined by trading partners Alias: HCPCS Modifier 4 HIPAA IG Note: See SV202-3	O	AN	2/2	Situational
SV203	782 Monetary Amount Description: Monetary amount Industry: Line Item Charge Amount Alias: Service Line Charge Amount EMC v.6.0 Reference: Record Type 50 Field No. 7, 11, 12, 13 Record Type 60 Field No. 9, 13, 14 Record Type 61 Field No. 10, 14, 15 HIPAA IG Note: Use this amount to indicate the submitted charge amount.	O	R	1/18	Required
SV204	355 Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a	C	ID	2/2	Required

measurement has been taken

<u>Code</u>	<u>Name</u>
DA	Days
UN	Unit

SV205	380	Quantity Description: Numeric value of quantity Industry: Service Unit Count Alias: Service Line Units EMC v.6.0 Reference: Record Type 50 Field No. 6, 11, 12, 13 Record Type 60 Field No. 8, 13, 14 Record Type 61 Field No. 8, 14, 15	C	R	1/15	Required
SV206	1371	Unit Rate Description: The rate per unit of associate revenue for hospital accommodation Industry: Service Line Rate Alias: Service Line Rate Amount EMC v.6.0 Reference: Record Type 50 Field No. 5, 11, 12, 13 HIPAA IG Note: This data element is required when the associated revenue code is 100-219.	O	R	1/10	Situational
SV207	782	Monetary Amount Description: Monetary amount Industry: Line Item Denied Charge or Non-Covered Charge Amount Alias: Service Line Non-Covered Charge Amount EMC v.6.0 Reference: Record Type 50 Field No. 8, 11, 12, 13 Record Type 60 Field No. 10, 13, 14 Record Type 61 Field No. 11, 14, 15 HIPAA IG Note: Use this amount if needed to report line specific non-covered charge amount.	O	R	1/18	Situational

PWK Line Supplemental Information

Pos: 420	Max: 5
Detail - Optional	
Loop: 2400	Elements: 4

User Option (Usage): Situational

To identify the type or transmission or both of paperwork or supporting information

Notes:

1. The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope unless reporting Home Infusion (see codes AD & AF in PWK02).
2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example:

PWK*B2*AA***AC*29438476~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
PWK01	755	Report Type Code Description: Code indicating the title or contents of a document, report or supporting item Industry: Attachment Report Type Code	M	ID	2/2	Required
		Code Name				
		AS Admission Summary Description: A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital				
		B2 Prescription				
		B3 Physician Order				
		B4 Referral Form				
		CT Certification				
		DA Dental Models Description: Cast of the teeth; they are usually taken before partial dentures or braces are placed				
		DG Diagnostic Report Description: Report describing the results of lab tests x-rays or radiology films				
		DS Discharge Summary Description: Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor				
		EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Description: Summary of benefits paid on the claim				
		MT Models				
		NN Nursing Notes Description: Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given				
		OB Operative Note Description: Step-by-step notes of exactly what takes place during an operation				

- OZ Support Data for Claim
Description: Medical records that would support procedures performed; tests given and necessary for a claim
- PN Physical Therapy Notes
- PO Prosthetics or Orthotic Certification
- PZ Physical Therapy Certification
- RB Radiology Films
Description: X-rays, videos, and other radiology diagnostic tests
- RR Radiology Reports
Description: Reports prepared by a radiologists after the films or x-rays have been reviewed
- RT Report of Tests and Analysis Report

PWK02 756 **Report Transmission Code** O ID 1/2 Required

Description: Code defining timing, transmission method or format by which reports are to be sent
Industry: Attachment Transmission Code
HIPAA IG Note: Codes AB, AD, AF and AG are not in the ASC X12 004-010 Data Dictionary but are included in this guide to provide a standard way to report Home Infusion services until these codes are added to a later version of the 837. A Data Maintenance request for these codes is in the ASC X12 process. It is recommended that entities who have a need to submit or receive Home Infusion Services customize their 004-010 translator map to allow these exception codes.

Code Name

- AA Available on Request at Provider Site
Description: Paperwork is available at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at his or her request.
- AB Previously Submitted to Payer
- AD Certification Included in this Claim
- AF Narrative Segment Included in this Claim
- AG No Documentation is Required
- BM By Mail
- EL Electronically Only
- EM E-Mail
- FX By Fax

PWK05 66 **Identification Code Qualifier** C ID 1/2 Situational

Description: Code designating the system/method of code structure used for Identification Code (67)
HIPAA IG Note: Required if PWK02 = "BM", "EL", "EM" or "FX"

Code Name

- AC Attachment Control Number
Description: Means of associating electronic claim with documentation forwarded by other means

PWK06 67 **Identification Code** C AN 2/80 Situational

Description: Code identifying a party or other code
Industry: Attachment Control Number
HIPAA IG Note: Required if PWK02 = "BM", "EL", "EM" or "FX"

DTP Service Line Date

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Notes:

1. Required on outpatient claims when revenue, procedure, HIEC or drug codes are reported in the SV2 segment.
2. In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.
3. In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).
4. Assessment Date DTP is not used when this segment is present.

Example:

DTP*472*D8*19960819~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 472 Service				
		Use RD8 in DTP02 to indicate begin/end or from/to dates.				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD				
		Description: A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Service Date EMC v.6.0 Reference: Record Type 60 Field No. 12, 13, 14 Record Type 61 Field No. 9, 14, 15	M	AN	1/35	Required

DTP Assessment Date

Pos: 455	Max: 1
Detail - Optional	
Loop: 2400	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Notes:

1. Required when an assessment date is necessary (i.e. Medicare PPS processing).
2. Refer to Code Source 132 National Uniform Billing Committee (NUBC) Codes for instructions on the use of this date.
3. Service date DTP is not used when this segment is present.

Example:

DTP*866*19981210~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>866</td> <td>Examination</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	866	Examination				
<u>Code</u>	<u>Name</u>									
866	Examination									
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format Code Name D8 Date Expressed in Format CCYYMMDD	M	ID	2/3	Required				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Assessment Date EMC v.6.0 Reference: Record Type 60 Field No. 13	M	AN	1/35	Required				

AMT Service Tax Amount

Pos: 475	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. Required when a service tax/surcharge applies to the service being reported in SV201.

Example:

AMT*GT*15~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		<u>Code</u> <u>Name</u>				
		GT Goods and Services Tax				
		Description: Canadian value-added tax				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Service Tax Amount	M	R	1/18	Required

AMT Facility Tax Amount

Pos: 475	Max: 1
Detail - Optional	
Loop: 2400	Elements: 2

User Option (Usage): Situational

To indicate the total monetary amount

Notes:

1. Required when a service tax/surcharge applies to the service being reported in SV201.

Example:

AMT*N8*22~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
AMT01	522	Amount Qualifier Code Description: Code to qualify amount	M	ID	1/3	Required
		<u>Code</u> <u>Name</u> N8 Miscellaneous Taxes				
AMT02	782	Monetary Amount Description: Monetary amount Industry: Facility Tax Amount	M	R	1/18	Required

LIN

Drug Identification

Pos: 493	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

To specify basic item identification data

Notes:

1. The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410.
2. Use Loop ID 2410 to specify billing/reporting for drugs provided that may be part of the service(s) described in SV2.

Example:

LIN*N4*12345123412~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
LIN02	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234)	M	ID	2/2	Required
		Code N4				
		Name National Drug Code in 5-4-2 Format				
		Description: 5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size				
		CODE SOURCE: 240: National Drug Code by Format				
LIN03	234	Product/Service ID Description: Identifying number for a product or service	M	AN	1/48	Required
		Alias: National Drug Code				
		ExternalCodeList Name: 240				
		Description: National Drug Code by Format				

CTP Drug Pricing

Pos: 494	Max: 1
Detail - Optional	
Loop: 2410	Elements: 3

User Option (Usage): Situational

To specify pricing information

Notes:

1. Required when it is necessary to provide a price specific to the NDC provided in LIN03 that is different than the price reported in SV203.

Example:

CTP***1.15*2*UN~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
CTP03	212	Unit Price Description: Price per unit of product, service, commodity, etc. Alias: Drug Unit Price	X	R	1/17	Required
CTP04	380	Quantity Description: Numeric value of quantity Alias: National Drug Unit Count	X	R	1/15	Required
CTP05	C001	Composite Unit of Measure Description: To identify a composite unit of measure(See Figures Appendix for examples of use) Alias: Unit/Basis of Measurement	O	Comp		Required
	355	Unit or Basis for Measurement Code Description: Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	M	ID	2/2	Required
		Code Name				
		F2 International Unit				
						Description: A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin
		GR Gram				
		ML Milliliter				
		UN Unit				

REF Prescription Number

Pos: 495	Max: 1
Detail - Optional	
Loop: 2410	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required if dispense of the drug has been done with an assigned Rx number.
2. In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.

Example:

REF*XZ*123456~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>				
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification Alias: Code Qualifier	M	ID	2/3	Required				
		<table border="1"> <thead> <tr> <th><u>Code</u></th> <th><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>XZ</td> <td>Pharmacy Prescription Number</td> </tr> </tbody> </table>	<u>Code</u>	<u>Name</u>	XZ	Pharmacy Prescription Number				
<u>Code</u>	<u>Name</u>									
XZ	Pharmacy Prescription Number									
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Alias: Prescription Number	X	AN	1/30	Required				

NM1 Attending Physician Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
2. Required when line level provider information is known to impact adjudication.

Example:

NM1*71*1*JONES*JOHN***SR.*24*123456789~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The identifier in NM101 applies to all segments in this iteration of Loop ID-2420. <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>71</td> <td>Attending Physician</td> </tr> </tbody> </table> Description: Physician present when medical services are performed	Code	Name	71	Attending Physician	M	ID	2/3	Required		
Code	Name											
71	Attending Physician											
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Person</td> </tr> <tr> <td>2</td> <td>Non-Person Entity</td> </tr> </tbody> </table>	Code	Name	1	Person	2	Non-Person Entity	M	ID	1/1	Required
Code	Name											
1	Person											
2	Non-Person Entity											
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Attending Physician Last Name HIPAA IG Note: Attending Provider Last Name	O	AN	1/35	Required						
NM104	1036	Name First Description: Individual first name Industry: Attending Physician First Name HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational						
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Attending Physician Middle Name HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational						
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Attending Physician Name Suffix Alias: Attending Provider Generation HIPAA IG Note: Required if known.	O	AN	1/10	Situational						
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> </table>	Code	Name	C	ID	1/2	Required				
Code	Name											

24 Employer's Identification Number
 34 Social Security Number
 XX Health Care Financing Administration National Provider Identifier
Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

NM109	67	<p>Identification Code</p> <p>Description: Code identifying a party or other code</p> <p>Industry: Attending Physician Primary Identifier</p> <p>HIPAA IG Note: Attending Provider Primary Identifier</p> <p>ExternalCodeList</p> <p>Name: 537</p> <p>Description: Health Care Financing Administration National Provider Identifier</p>	C	AN	2/80	Required
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REF Attending Physician Secondary Identification

Pos: 525	Max: 1
Detail - Optional	
Loop: 2420A	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

Example:

REF*1D*AC12345H~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage						
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>0B</td> <td>State License Number</td> </tr> <tr> <td>1D</td> <td>Medicaid Provider Number</td> </tr> </tbody> </table>	Code	Name	0B	State License Number	1D	Medicaid Provider Number	M	ID	2/3	Required
Code	Name											
0B	State License Number											
1D	Medicaid Provider Number											
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Attending Physician Secondary Identifier	C	AN	1/30	Required						

NM1 Operating Physician Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420B	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
2. Required when line level provider information is known to impact adjudication.

Example:

NM1*72*1*MEYERS*JANE*I***34*129847263~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual Code Name 72 Operating Physician Description: Doctor who performs a surgical procedure	M	ID	2/3	Required
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity Code Name 1 Person	M	ID	1/1	Required
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Operating Physician Last Name	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Operating Physician First Name	O	AN	1/25	Required
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Operating Physician Middle Name HIPAA IG Note: Required when the middle name/initial of the person is known.	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Operating Physician Name Suffix Alias: Operating Physician Generation HIPAA IG Note: Required if known.	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method of code structure used for Identification Code (67) Code Name 24 Employer's Identification Number 34 Social Security Number Social Security Number cannot be used for Medicare claims. XX Health Care Financing Administration National Provider Identifier Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	C	ID	1/2	Required
NM109	67	Identification Code	C	AN	2/80	Required

Description: Code identifying a party or other code

Industry: Operating Physician Primary Identifier

Alias: Operating Physician Primary Identifier.

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Operating Physician Secondary Identification

Pos: 525	Max: 1
Detail - Optional	
Loop: 2420B	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109 in this loop.

Example:

REF*1D*AC12345H~

NYS MEDICAID NOTE:

NYS expects to receive the State License Number.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name 0B State License Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Operating Physician Secondary Identifier	C	AN	1/30	Required

NM1 Other Provider Name

Pos: 500	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 8

User Option (Usage): Situational

To supply the full name of an individual or organizational entity

Notes:

1. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
2. Required when line level provider information is known to impact adjudication.
3. Required when the claim/encounter involves an other provider such as, but not limited to: Referring Provider, Ordering Provider, Assisting Provider, etc.

Example:

NM1*73*1*JONES*JOHN***SR.*24*123456789~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM101	98	Entity Identifier Code Description: Code identifying an organizational entity, a physical location, property or an individual HIPAA IG Note: The identifier in NM101 applies to all segments in this iteration of Loop ID-2420.	M	ID	2/3	Required
		Code Name 73 Other Physician Description: Physician not one of the other specified choices				
NM102	1065	Entity Type Qualifier Description: Code qualifying the type of entity	M	ID	1/1	Required
		Code Name 1 Person 2 Non-Person Entity				
NM103	1035	Name Last or Organization Name Description: Individual last name or organizational name Industry: Other Physician Last Name Alias: Other Provider Last Name	O	AN	1/35	Required
NM104	1036	Name First Description: Individual first name Industry: Other Physician First Name HIPAA IG Note: Required if NM102=1 (person).	O	AN	1/25	Situational
NM105	1037	Name Middle Description: Individual middle name or initial Industry: Other Provider Middle Name HIPAA IG Note: Required if NM102=1 and the middle name/initial of the person is known.	O	AN	1/25	Situational
NM107	1039	Name Suffix Description: Suffix to individual name Industry: Other Provider Name Suffix Alias: Other Provider Generation HIPAA IG Note: Required if known.	O	AN	1/10	Situational
NM108	66	Identification Code Qualifier Description: Code designating the system/method	C	ID	1/2	Required

of code structure used for Identification Code (67)

<u>Code</u>	<u>Name</u>
24	Employer's Identification Number
34	Social Security Number
	Social Security Number cannot be used for Medicare claims.
XX	Health Care Financing Administration National Provider Identifier
	Description: Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

NM109	67	Identification Code	C	AN	2/80	Required
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Description: Code identifying a party or other code

Industry: Other Provider Identifier

Alias: Other Provider Primary Identifier

ExternalCodeList

Name: 537

Description: Health Care Financing Administration National Provider Identifier

REF Other Provider Secondary Identification

Pos: 525	Max: 1
Detail - Optional	
Loop: 2420C	Elements: 2

User Option (Usage): Situational

To specify identifying information

Notes:

1. Use this REF segment only if a second number is necessary to identify the provider. The primary identification number should be contained in NM109.
2. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.

Example:

REF*1G*A12345~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
REF01	128	Reference Identification Qualifier Description: Code qualifying the Reference Identification	M	ID	2/3	Required
		Code Name				
		0B State License Number				
		1D Medicaid Provider Number				
REF02	127	Reference Identification Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Industry: Other Provider Secondary Identifier	C	AN	1/30	Required

SVD Service Line Adjudication Information

Pos: 540	Max: 1
Detail - Optional	
Loop: 2430	Elements: 6

User Option (Usage): Situational

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Notes:

1. Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments applied to it.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. To show unbundled lines: if in the original claim, line 3 is unbundled into lines numbers 8 and 9, then in the secondary claim, LX08 would show 3 in SVD06 and LX09 would also show 3 in SVD06. This indicates that line 3 was unbundled into lines 8 and 9.
4. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for examples) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01 = 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Example:

SVD*NR002*50.5**0305*1~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage
SVD01	67	Identification Code Description: Code identifying a party or other code Industry: Payer Identifier EMC v.6.0 Reference: Record Type 30 Field No. 5, 6 (This must match one of the corresponding loops: 2010BC - Payer Name, or 2330B - Other Payer Name.)	M	AN	2/80	Required
SVD02	782	Monetary Amount Description: Monetary amount Industry: Service Line Paid Amount Alias: Service Line Amount Paid	M	R	1/18	Required
SVD03	C003	Composite Medical Procedure Identifier Description: To identify a medical procedure by its standardized codes and applicable modifiers HIPAA IG Note: Required when returned on an 835 payment for this claim or when needed to identify the service line adjudicated.	O	Comp		Situational
	235	Product/Service ID Qualifier Description: Code identifying the type/source of the descriptive number used in Product/Service ID (234) Industry: Product or Service ID Qualifier HIPAA IG Note: The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410.	M	ID	2/2	Required

Code	Name
HC	Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes Description: HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare: primarily used for ambulatory surgical and

other diagnostic departments

Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE:

130: Health Care Financing Administration Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.

CODE SOURCE:

513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

ZZ Mutually Defined

Use code ZZ to convey the Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code.

234	Product/Service ID	M	AN	1/48	Required
	Description: Identifying number for a product or service				
	Industry: Procedure Code				
	HIPAA IG Note: This code list is available from: Division of Institutional Care Health Care Financing Administration S1-03-06 7500 Security Boulevard Baltimore, MD 21244-1850				
	ExternalCodeList				
	Name: 130				
	Description: Health Care Financing Administration Common Procedural Coding System				
	ExternalCodeList				
	Name: 513				
	Description: Home Infusion EDI Coalition (HIEC) Product/Service Code List				
	ExternalCodeList				
	Name: SNFR				
	Description: Skilled Nursing Facility Rate Code				
1339	Procedure Modifier	O	AN	2/2	Situational
	Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
	HIPAA IG Note: Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.				
1339	Procedure Modifier	O	AN	2/2	Situational
	Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
	HIPAA IG Note: Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.				
1339	Procedure Modifier	O	AN	2/2	Situational
	Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
	HIPAA IG Note: Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.				
1339	Procedure Modifier	O	AN	2/2	Situational
	Description: This identifies special circumstances related to the performance of the service, as defined by trading partners				
	HIPAA IG Note: Required when a modifier clarifies/improves the reporting accuracy of the				

		associated procedure code.				
	352	Description Description: A free-form description to clarify the related data elements and their content Industry: Procedure Code Description HIPAA IG Note: Required if SVC01-7 was returned in the 835 transaction.	O	AN	1/80	Situational
SVD04	234	Product/Service ID Description: Identifying number for a product or service Industry: Service Line Revenue Code EMC v.6.0 Reference: Record Type 52 Field No. 5 Record Type 62 Field No. 5 Record Type 63 Field No. 5	O	AN	1/48	Required
SVD05	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity Alias: Paid Units of Service HIPAA IG Note: Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.	O	R	1/15	Required
SVD06	554	Assigned Number Description: Number assigned for differentiation within a transaction set Industry: Bundled or Unbundled Line Number HIPAA IG Note: Use the LX from this transaction which points to the bundled/unbundled line. Required if payer bundled/unbundled this service line.	O	N0	1/6	Situational

CAS Service Line Adjustment

Pos: 545	Max: 99
Detail - Optional	
Loop: 2430	Elements: 19

User Option (Usage): Situational

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

Notes:

1. Inpatient or Outpatient - Service Line Adjustments
2. Submitters should use this CAS segment to report line level adjustments from prior payments which cause the amount paid to differ from the amount originally charged.
3. The Claim Adjustment Reason codes are located on the Washington Publishing Company web site <http://www.wpc-edi.com>.
4. Required when the prior payment had service line adjustments reported on a remittance.

Example:

CAS*CO*A1*25~

Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage												
CAS01	1033	Claim Adjustment Group Code Description: Code identifying the general category of payment adjustment EMC v.6.0 Reference: Record Type 52 Field No. 6 Record Type 63 Field No. 6 <table border="1"> <thead> <tr> <th>Code</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td>CO</td> <td>Contractual Obligations</td> </tr> <tr> <td>CR</td> <td>Correction and Reversals</td> </tr> <tr> <td>OA</td> <td>Other adjustments</td> </tr> <tr> <td>PI</td> <td>Payor Initiated Reductions</td> </tr> <tr> <td>PR</td> <td>Patient Responsibility</td> </tr> </tbody> </table>	Code	Name	CO	Contractual Obligations	CR	Correction and Reversals	OA	Other adjustments	PI	Payor Initiated Reductions	PR	Patient Responsibility	M	ID	1/2	Required
Code	Name																	
CO	Contractual Obligations																	
CR	Correction and Reversals																	
OA	Other adjustments																	
PI	Payor Initiated Reductions																	
PR	Patient Responsibility																	
CAS02	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 52 Field No. 7 Record Type 63 Field No. 7 ExternalCodeList Name: 139 Description: Claim Adjustment Reason Code	M	ID	1/5	Required												
CAS03	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 52 Field No. 8 Record Type 63 Field No. 8 HIPAA IG Note: Use this amount for the amount of adjustment. Use this amount for the charges applied to the preceding reason code.	M	R	1/18	Required												
CAS04	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 52 Field No. 9 Record Type 63 Field No. 9 HIPAA IG Note: Use this value for the quantity applied to the preceding reason code.	O	R	1/15	Situational												
CAS05	1034	Claim Adjustment Reason Code	C	ID	1/5	Situational												

		<p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Industry: Adjustment Reason Code</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 10 Record Type 63 Field No. 10</p> <p>HIPAA IG Note: See CAS02</p> <p><u>ExternalCodeList</u></p> <p>Name: 139</p> <p>Description: Claim Adjustment Reason Code</p>				
CAS06	782	<p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Industry: Adjustment Amount</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 11 Record Type 63 Field No. 11</p> <p>HIPAA IG Note: Use this amount for the charges applied to the preceding reason code. See CAS03</p>	C	R	1/18	Situational
CAS07	380	<p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Industry: Adjustment Quantity</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 12 Record Type 63 Field No. 12</p> <p>HIPAA IG Note: Use this value for the quantity applied to the preceding reason code. See CAS04</p>	C	R	1/15	Situational
CAS08	1034	<p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Industry: Adjustment Reason Code</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 13 Record Type 63 Field No. 13</p> <p>HIPAA IG Note: See CAS02</p> <p><u>ExternalCodeList</u></p> <p>Name: 139</p> <p>Description: Claim Adjustment Reason Code</p>	C	ID	1/5	Situational
CAS09	782	<p>Monetary Amount</p> <p>Description: Monetary amount</p> <p>Industry: Adjustment Amount</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 14 Record Type 63 Field No. 14</p> <p>HIPAA IG Note: Use this amount for the charges applied to the preceding reason code. See CAS03</p>	C	R	1/18	Situational
CAS10	380	<p>Quantity</p> <p>Description: Numeric value of quantity</p> <p>Industry: Adjustment Quantity</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 15 Record Type 63 Field No. 15</p> <p>HIPAA IG Note: Use this value for the quantity applied to the preceding reason code. See CAS04</p>	C	R	1/15	Situational
CAS11	1034	<p>Claim Adjustment Reason Code</p> <p>Description: Code identifying the detailed reason the adjustment was made</p> <p>Industry: Adjustment Reason Code</p> <p>EMC v.6.0 Reference: Record Type 52 Field No. 16 Record Type 63 Field No. 16</p> <p>HIPAA IG Note: See CAS02</p> <p><u>ExternalCodeList</u></p> <p>Name: 139</p> <p>Description: Claim Adjustment Reason Code</p>	C	ID	1/5	Situational

CAS12	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 52 Field No. 17 Record Type 63 Field No. 17 HIPAA IG Note: Use this amount for the charges applied to the preceding reason code. See CAS03	C	R	1/18	Situational
CAS13	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 52 Field No. 18 Record Type 63 Field No. 18 HIPAA IG Note: Use this value for the quantity applied to the preceding reason code. See CAS04	C	R	1/15	Situational
CAS14	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 52 Field No. 19 Record Type 63 Field No. 19 HIPAA IG Note: See CAS02 <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS15	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 52 Field No. 20 Record Type 63 Field No. 20 HIPAA IG Note: Use this amount for the charges applied to the preceding reason code. See CAS03	C	R	1/18	Situational
CAS16	380	Quantity Description: Numeric value of quantity Industry: Adjustment Quantity EMC v.6.0 Reference: Record Type 52 Field No. 21 Record Type 63 Field No. 21 HIPAA IG Note: Use this value for the quantity applied to the preceding reason code. See CAS04	C	R	1/15	Situational
CAS17	1034	Claim Adjustment Reason Code Description: Code identifying the detailed reason the adjustment was made Industry: Adjustment Reason Code EMC v.6.0 Reference: Record Type 52 Field No. 22 Record Type 63 Field No. 22 HIPAA IG Note: See CAS02 <u>ExternalCodeList</u> Name: 139 Description: Claim Adjustment Reason Code	C	ID	1/5	Situational
CAS18	782	Monetary Amount Description: Monetary amount Industry: Adjustment Amount EMC v.6.0 Reference: Record Type 52 Field No. 23 Record Type 63 Field No. 23 HIPAA IG Note: Use this amount for the charges applied to the preceding reason code. See CAS03	C	R	1/18	Situational

CAS19 380

Quantity

Description: Numeric value of quantity

Industry: Adjustment Quantity

EMC v.6.0 Reference: Record Type 52 Field No. 24
Record Type 63 Field No. 24

HIPAA IG Note: Use this value for the quantity applied to the preceding reason code.
See CAS04

C

R

1/15

Situational

DTP Service Adjudication Date

Pos: 550	Max: 1
Detail - Optional	
Loop: 2430	Elements: 3

User Option (Usage): Situational

To specify any or all of a date, a time, or a time period

Notes:

1. This segment is required when Service line adjudication has been performed.

Example:

DTP*573*D8*19981226~

NYS MEDICAID NOTE:

NYS will ignore data when provided.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	Date/Time Qualifier Description: Code specifying type of date or time, or both date and time Industry: Date Time Qualifier	M	ID	3/3	Required
		Code Name 573 Date Claim Paid				
DTP02	1250	Date Time Period Format Qualifier Description: Code indicating the date format, time format, or date and time format	M	ID	2/3	Required
		Code Name D8 Date Expressed in Format CCYYMMDD				
DTP03	1251	Date Time Period Description: Expression of a date, a time, or range of dates, times or dates and times Industry: Service Adjudication or Payment Date	M	AN	1/35	Required

HL**Patient Hierarchical Level**

Pos: 001	Max: 1
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

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

Notes:

1. This HL is required when the patient is a different person than the subscriber. There are no HL's subordinate to the Patient HL.
2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
3. Receiving trading partners may have system limitations regarding the size of the transaction they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.

Example:

HL*125*124*23*0~

NYS MEDICAID NOTE:

NYS will reject any claim that reports the Patient HL segment. The patient is always the subscriber for NYS Medicaid claims. The HIPAA IG prohibits submission of the Patient HL when the patient and subscriber are the same person.

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>						
HL01	628	Hierarchical ID Number Description: A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	M	AN	1/12	Required						
HL02	734	Hierarchical Parent ID Number Description: Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O	AN	1/12	Required						
HL03	735	Hierarchical Level Code Description: Code defining the characteristic of a level in a hierarchical structure <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>23</td> <td>Dependent</td> </tr> <tr> <td colspan="2">Description: Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits</td> </tr> </table>	<u>Code</u>	<u>Name</u>	23	Dependent	Description: Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits		M	ID	1/2	Required
<u>Code</u>	<u>Name</u>											
23	Dependent											
Description: Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits												
HL04	736	Hierarchical Child Code Description: Code indicating if there are hierarchical child data segments subordinate to the level being described HIPAA IG Note: The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0). <table border="0"> <tr> <td><u>Code</u></td> <td><u>Name</u></td> </tr> <tr> <td>0</td> <td>No Subordinate HL Segment in This Hierarchical Structure.</td> </tr> </table>	<u>Code</u>	<u>Name</u>	0	No Subordinate HL Segment in This Hierarchical Structure.	O	ID	1/1	Required		
<u>Code</u>	<u>Name</u>											
0	No Subordinate HL Segment in This Hierarchical Structure.											

SE Transaction Set Trailer

Pos: 555	Max: 1
Detail - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Example:

SE*1230*987654~

Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
SE01	96	Number of Included Segments Description: Total number of segments included in a transaction set including ST and SE segments Industry: Transaction Segment Count	M	N0	1/10	Required
SE02	329	Transaction Set Control Number Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set HIPAA IG Note: SE02 must match ST02.	M	AN	4/9	Required