



Sagamore Health Network

Inbound Professional

X12N 837 5010

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Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
ISA - Interchange Control Header					R				
	Header	ISA	01	2/2	R	Authorization Information Qual	No Authorization Info present	00	
		ISA	02	10/10	R	Authorization Information	10 spaces		
		ISA	03	2/2	R	Security Information Qualifier	No Security Info present	00	
		ISA	04	10/10	R	Security Information	10 spaces		
		ISA	05	2/2	R	Interchange ID Qualifier	Mutually defined	ZZ	
		ISA	06	15/15	R	Sender ID			Mutually defined
		ISA	07	2/2	R	Interchange ID Qualifier	Mutually defined	ZZ	
		ISA	08	15/15	R	Receiver ID	Must be 15 bytes		351641636
		ISA	09	6/6	R	Interchange Date	YYMMDD		
		ISA	10	4/4	R	Interchange Time	HHMM		
		ISA	11	1/1	R	Repetition Separator		^	
		ISA	12	5/5	R	ANSI Version Code		00501	
		ISA	13	9/9	R	Interchange Control #			Unique # for each batch
		ISA	14	1/1	R	Acknowledgment Requested	No Acknowledgment Requested	0	
		ISA	15	1/1	R	Test Indicator	Production Data	P	
		ISA	16	1/1	R	Component Element Separator	Delimiter		
GS - Functional Group Header					R				
	Header	GS	01	2/2	R	Functional ID Code		HC	
		GS	02	2/15	R	Sender's TaxID			Mutually defined (TP TaxID)
		GS	03	2/15	R	Receiver ID			351641636
		GS	04	8/8	R	Creation Date	CCYYMMDD		
		GS	05	4/8	R	Creation Time	HHMM		
		GS	06	1/9	R	Group Control #			
		GS	07	1/2	R	Responsible Agency Code	Accredited Stnds Com X12	X	
		GS	08	1/12	R	Version/Release Industry ID Code		005010X222A1	
ST - Transaction Set Header					R				
	Header	ST	01	3/3	R	Transaction Set Id Code		837	
		ST	02	4/9	R	Transaction Control Number		0001	
		ST	03	1/35	R	Implementation Convention Reference		005010X222A1	
BHT - Beginning of Hierarchical Trans					R				
	Header	BHT	01	4/4	R	Hierarchical Structure Code		0019	
		BHT	02	2/2	R	Transaction Set Purpose Code	Original	00	
		BHT	03	1/50	R	Reference Identification	Batch control #		
		BHT	04	8/8	R	Date	CCYYMMDD		
		BHT	05	4/8	R	Time	HHMM, HHMMSS		
		BHT	06	2/2	R	Transaction Type Code	Chargeable	CH	

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
NM1 - Submitter Name					R				
	1000	NM1	01	2/3	R	Submitter Entity Identifier Code	Submitter	41	
		NM1	02	1/1	R	Submitter Entity Type Qualifier	"1" or "2"	2	
		NM1	03	1/60	R	Last or Organization Name	Submitter Name		
		NM1	08	1/2	R	Submitter Id Code Qualifier	Estab by TP Agreemt (ETIN)	46	
		NM1	09	2/80	R	Submitter Id Code (EIN)	Submitter ID #		
PER - Submitter EDI Contact Info					R				
	1000	PER	01	2/2	R	Contact Function Code	Information Contact	IC	
		PER	02	1/60	S	Name	Contact Name		
		PER	03	2/2	R	Communication # Qualifier	Telephone	TE	
		PER	04	1/256	R	Communication #	Contact Phone Number		
NM1 - Receiver Name					R				
	1000	NM1	01	2/3	R	Receiver Entity Identifier Code	Receiver	40	
		NM1	02	1/1	R	Receiver Entity Type Qualifier	"1" or "2"	2	
		NM1	03	1/60	R	Last or Organization Name	Receiving Trading Partner		Sagamore Health Network
		NM1	08	1/2	R	Receiver Id Code Qualifier	Estab by TP Agreemt (ETIN)	46	
		NM1	09	2/80	R	Receiver Id Code (EIN)	Receiver ID number		Mutually defined
HL - Billing Provider / Hierarchial Level					R				
	2000	HL	01	1/12	R	Hierarchial ID number	Start "1" and increment +1		
		HL	03	1/2	R	Hierarchial Level Code		20	
		HL	04	1/1	R	Hierarchial Child Code		1	
PRV - Billing Provider Information					S				
	2000	PRV	01	1/3	R	Provider Code	See X12N I.G. for codes	BI	
		PRV	02	2/3	R	Reference Identification Qualifier		PXC	
		PRV	03	1/50	R	Reference Identification	Taxonomy Code		
*Can only be individual when provider is an independent, unincorporated entity.									
NM1 - Billing Provider Name					R				Tax ID required in REF02
	2000	NM1	01	2/3	R	Billing Provider Identifier Code	Billing Provider	85	
		NM1	02	1/1	R	Entity Type Qualifier	"1" or "2"		1 for person, 2 for org name
		NM1	03	1/60	R	Last or Organization Name	Last or Organization Name		
		NM1	04	1/35	S	Billing Provider First Name			
		NM1	05	1/25	S	Billing Provider Middle Initial			
		NM1	08	1/2	S	Id Code Qualifier	Employee ID number	XX	
		NM1	09	2/80	S	Id Code (EIN)	National Provider ID		NPI #

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
N3 - Billing Provider Address					R	*Must be street address. PO Box or Lock Box are to be sent in Pay-To Address Loop ID-2010AB.			
	2010					See X12N implementation guide			
N4 - Billing Provider City, State and Zip					R				
	2010					See X12N implementation guide	Zip Code requires all 9 digits		
REF - Reference Identifier					R				
	2010	REF	01	2/3	R	Reference Number Qualifier		EI	
		REF	02	1/50	R	Reference Identifier	Employer's Tax ID number		
PER - Billing Provider Contact Info					S				
	2010	PER	01	2/2	R	Contact Function Code	Information Contact	IC	
		PER	02	1/60	S	Name	Contact / Organization Name		
		PER	03	2/2	R	Communication # Qualifier	Telephone	TE	
		PER	04	1/256	R	Communication #	Organization Phone Number		
NM1 - Pay-To Provider Name					S				
	2010	NM1	01	2/3	R	Pay-To Provider Name	Pay-To Provider	87	
		NM1	02	1/1	R	Entity Type Qualifier	"1" or "2"		1 for person, 2 for org name
						NM103 - NM109 removed - No longer used.			
N3 - Pay-To Provider Address					R				
	2010					See X12N implementation guide			
N4 - Pay-To Provider City, State and Zip					R				
	2010					See X12N implementation guide			
HL - Subscriber Hierarchial Level					R				
	2000	HL	01	1/12	R	Hierarchial ID Number	Increment +1 from previous HL		
		HL	02	1/12	R	Hierarchial Parent ID Number	Must = HL01 from Loop 2000A		
		HL	03	1/2	R	Hierarchial Level Code	Subscriber	22	
		HL	04	1/1	R	Hierarchial Child Code	"0" or "1"	1	
SBR - Subscriber Information					R				
	2000	SBR	01	1/1	R	Payer Response Seq Number	Payer Responsibility	P, S, T, A, B C, D, E, F, G H, U	U (unknown) may be used more than once.
		SBR	02	2/2	S	Relationship Code			If Self, PAT will not exist
		SBR	03	1/50	S	Group Number			
		SBR	04	1/60	S	Group or Plan Name	Name or SHN Route Code		
		SBR	09	1/2	S	Claim Filing Indicator Code	Commercial Insurance	CI	

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
PAT - Patient Information					S				
	2010						See X12N implementation guide		
NM1 - Subscriber Information					R				
	2010	NM1	01	2/3	R	Subscriber Entity Id Code	Insured or Subscriber	IL	
		NM1	02	1/1	R	Subscriber Entity Type Qualifier	Person	1	
		NM1	03	1/60	R	Subscriber Last Name			
		NM1	04	1/35	S	Subscriber First Name			
		NM1	05	1/25	S	Subscriber Middle Initial			
		NM1	08	1/2	R	Member ID Qualifier		MI	
		NM1	09	2/80	R	Member ID Number	Insured ID # or SSN		
N3 - Subscriber Address					S				
	2010						See X12N implementation guide		
N4 - Subscriber City, State and Zip					S				
	2010						See X12N implementation guide		
DMG - Subscriber Demographic Info					S				
	2010	DMG	01	2/3	R	DTP Qualifier		D8	
		DMG	02	1/35	R	Subscriber Birth Date	CCYYMMDD		
		DMG	03	1/1	R	Gender Code	"F," "M," or "U"		
NM1 - Payer Information					R				
	2010	NM1	01	2/3	R	Payer Entity Id Code	Payer	PR	
		NM1	02	1/1	R	Payer Entity Type Qualifier	Non-Person	2	
		NM1	03	1/60	R	Payer Name	Name or SHN Route Code		
		NM1	08	1/2	R	Primary Payer ID Qualifier		PI	
		NM1	09	1/80	R	Primary Payer ID Number	Payer ID# / Routing ID #		
N3 - Payer Address					S				
	2010						See X12N implementation guide		
N4 - Payer City, State and Zip					S				
	2010						See X12N implementation guide		
REF - Reference Identifier					S				
	2010	REF	01	2/3	R	Reference Number Qualifier		FY	
		REF	02	1/50	R	Reference Identifier	Claim Office Number		
HL - Patient Hierarchial Level					S	<i>** This loop will only exist when the Patient Relationship is not equal to "Self" **</i>			
	2000	HL	01	1/12	R	Hierarchial ID Number	Increment +1 from previous HL		
		HL	02	1/12	R	Hierarchial Parent ID Number	Must = HL01 from Loop 2000B		
		HL	03	1/2	R	Hierarchial Level Code	Dependent	23	
		HL	04	1/1	R	Hierarchial Child Code		0	

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
PAT - Patient Information					R				
	2000	PAT	01	2/2	R	Patient Relationship Code			Some codes that were in 4010 have been removed.
NM1 - Patient Name Information					R				
	2010	NM1	01	2/3	R	Patient Name Entity Id Code		QC	
		NM1	02	1/1	R	Patient Entity Type Qualifier	Person	1	
		NM1	03	1/60	R	Patient Name			
		NM1	04	1/35	S	Patient First Name			
		NM1	05	1/25	S	Patient Middle Initial			
N3 - Patient Address					R				
	2010					See X12N implementation guide			
N4 - Patient City, State and Zip					R				
	2010					See X12N implementation guide			
DMG - Patient Demographic Info					R				
	2010	DMG	01	2/3	R	DTP Qualifier		D8	
		DMG	02	1/35	R	Patient Birth Date	CCYYMMDD		
		DMG	03	1/1	R	Patient Gender Code	"F," "M," or "U"		
CLM - Claim Information					R				
	2300	CLM	01	1/38	R	Patient Control Number			
		CLM	02	1/18	R	Total Claim Charge Amount			
		CLM	0501	1/2	R	Facility Code Value	See X12N I.G. for codes		
		CLM	0502	1/2	R	Facility Code Qualifier		B	
		CLM	0503	1/1	R	Frequency			
		CLM	06	1/1	R	Provider Signature on file	"Y" or "N"		
		CLM	07	1/1	R	Provider Accept Assignment	"A," "B," "C"		"P" no longer used
		CLM	08	1/1	R	Assignment of Benefits Indicator	"Y", "N", or "W"		Use W when the patient refuses to assign benefits
		CLM	09	1/1	R	Release of Information Code	"I" or "Y"		A, M, N, O no longer used.
		CLM	10	1/1	S	Patient Signature Code	"P"		B, C, M, S no longer used.
		CLM	1101	2/3	S	Related-Causes Code	"AA," "EM," or "OA"		AB, AP no longer used.
		CLM	1102	2/3	S	Related-Causes Code	"AA," "EM," or "OA"		AB, AP no longer used.
		CLM	1104	2/2	S	Auto Accident State Code			
DTP - Date of First Symptom					S				
	2300	DTP	01	3/3	R	DTP Qualifier		431	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	First Symptom Date	CCYYMMDD		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
DTP - Disability Dates					S	* Disability Dates have been combined into one segment. 314 if sending both			
	2300	DTP	01	3/3	R	DTP Qualifier		314, 360, 361	360 if only sending begin date.
		DTP	02	2/3	R	DTP Format Qualifier		D8, RD8	361 if only sending end date.
		DTP	03	1/35	R	Disability Start Date	CCYYMMDD		314 if sending both dates. D8 if sending one date. RD8 if sending both dates w/hyphen
DTP - Date of Admission					S				
	2300	DTP	01	3/3	R	DTP Qualifier		435	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	Admit Date	CCYYMMDD		
DTP - Date of Discharge					S				
	2300	DTP	01	3/3	R	DTP Qualifier		096	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	Discharge Date	CCYYMMDD		
DTP - Date of Pregnancy (LMP)					S				
	2300	DTP	01	3/3	R	DTP Qualifier		484	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	Date of Pregnancy	CCYYMMDD		
DTP - First Sympton (Accident) Date					S				
	2300	DTP	01	3/3	R	DTP Qualifier		439	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	Date of Accident	CCYYMMDD		
AMT - Patient Amount Paid					S				
	2300	AMT	01	1/3	R	Amount Qualifier		F5	
		AMT	02	1/18	R	Patient Amount Paid			
REF - Reference Identifier					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		9F	
		REF	02	1/50	R	Reference Identifier	Referral Number		
REF - Reference Identifier					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		F8	
		REF	02	1/50	R	Reference Identifier	Original Claim Number		
REF - Reference Identifier					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		G1	
		REF	02	1/50	R	Reference Identifier	Prior Authorization Number		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
REF - Reference Identifier					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		D9	
		REF	02	1/50	R	Reference Identifier	Claim Control Number		
REF - Reference Identifier					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		EA	
		REF	02	1/50	R	Reference Identifier	Medical Record Number		
NTE - Note/Special Instruction					S				
	2300	NTE	01	3/3	R	Note Reference Code			See X12N I.G. for codes
		NTE	02	1/80	R	Claim Note Text	Additional Information		
HI - Health Care Diagnosis Code					R				
	2300	HI	0101	1/3	R	Code List Qualifier		BK, ABK	ABK is for ICD10
		HI	0102	1/30	R	Diagnosis Code	Principal Diagnosis Code		
		HI	0201	1/3	S	Code List Qualifier		BF, ABF	ABF is for ICD10
		HI	0202	1/30	S	Diagnosis Code	Diagnosis 2		
		HI	0301	1/3	S	Code List Qualifier		BF, ABF	
		HI	0302	1/30	S	Diagnosis Code	Diagnosis 3		
		HI	0401	1/3	S	Code List Qualifier		BF, ABF	
		HI	0402	1/30	S	Diagnosis Code	Diagnosis 4		
		HI	0501	1/3	S	Code List Qualifier		BF, ABF	
		HI	0502	1/30	S	Diagnosis Code	Diagnosis 5		
		HI	0601	1/3	S	Code List Qualifier		BF, ABF	
		HI	0602	1/30	S	Diagnosis Code	Diagnosis 6		
		HI	0701	1/3	S	Code List Qualifier		BF, ABF	
		HI	0702	1/30	S	Diagnosis Code	Diagnosis 7		
		HI	0801	1/3	S	Code List Qualifier		BF, ABF	
		HI	0802	1/30	S	Diagnosis Code	Diagnosis 8		
		HI	0901	1/3	S	Code List Qualifier		BF, ABF	
		HI	0902	1/30	S	Diagnosis Code	Diagnosis 9		
		HI	1001	1/3	S	Code List Qualifier		BF, ABF	
		HI	1002	1/30	S	Diagnosis Code	Diagnosis 10		
		HI	1101	1/3	S	Code List Qualifier		BF, ABF	
		HI	1102	1/30	S	Diagnosis Code	Diagnosis 11		
		HI	1201	1/3	S	Code List Qualifier		BF, ABF	
		HI	1202	1/30	S	Diagnosis Code	Diagnosis 12		
HI - Anesthesia Related Procedure					S				
	2300	HI	0101	1/3	R	Code List Qualifier		BP	
		HI	0102	1/30	R	HCPCS Code	Anesthesia Related Procedure		
		HI	0201	1/3	S	Code List Qualifier		BO	
		HI	0202	1/30	S	HCPCS Code	HCPCS Code		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Health Care Condition Info and Cod					O	This segment can be repeated to allow for up to 24 codes.			
	2300	HI	0101	1/3	M	Code List Qualifier		BG	
		HI	0102	1/30	O	Condition Code	Condition Code 1		
		HI	0201	1/3	O	Code List Qualifier		BG	
		HI	0202	1/30	O	Condition Code	Condition Code 2		
		HI	0301	1/3	O	Code List Qualifier		BG	
		HI	0302	1/30	O	Condition Code	Condition Code 3		
		HI	0401	1/3	O	Code List Qualifier		BG	
		HI	0402	1/30	O	Condition Code	Condition Code 4		
		HI	0501	1/3	O	Code List Qualifier		BG	
		HI	0502	1/30	O	Condition Code	Condition Code 5		
		HI	0601	1/3	O	Code List Qualifier		BG	
		HI	0602	1/30	O	Condition Code	Condition Code 6		
		HI	0701	1/3	O	Code List Qualifier		BG	
	2300	HI	0702	1/30	O	Condition Code	Condition Code 7		
		HI	0801	1/3	O	Code List Qualifier		BG	
		HI	0802	1/30	O	Condition Code	Condition Code 8		
		HI	0901	1/3	O	Code List Qualifier		BG	
		HI	0902	1/30	O	Condition Code	Condition Code 9		
		HI	1001	1/3	O	Code List Qualifier		BG	
		HI	1002	1/30	O	Condition Code	Condition Code 10		
		HI	1101	1/3	O	Code List Qualifier		BG	
		HI	1102	1/30	O	Condition Code	Condition Code 11		
		HI	1201	1/3	O	Code List Qualifier		BG	
		HI	1202	1/30	O	Condition Code	Condition Code 12		
NM1 - Referring Provider Name Info					S				
	2310	NM1	01	2/3	R	Referring Phys Entity Id Code		DN	
		NM1	02	1/1	R	Referring Phys Entity Type Qual		1	
		NM1	03	1/60	R	Last or Organization Name			
		NM1	04	1/35	S	Referring Phys First Name			
		NM1	05	1/25	S	Referring Phys Middle Initial			
		NM1	08	1/2	S	Id Code Qualifier	Employee ID number	XX	
		NM1	09	2/80	S	Id Code (EIN)	National Provider ID		NPI #
REF - Reference Identifier					S				
	2310	REF	01	2/3	R	Reference Number Qualifier		G2	El no longer an option
		REF	02	1/50	R	Reference Identifier	Provider Commercial Number		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
NM1 - Rendering Provider Information					S				
	2310	NM1	01	2/3	R	Rendering Phys Entity Id Code		82	
		NM1	02	1/1	R	Rendering Phys Entity Type Qual	"1" or "2"		
		NM1	03	1/60	R	Last or Organization Name			
		NM1	04	1/35	S	Rendering Phys First Name			
		NM1	05	1/25	S	Rendering Phys Middle Initial			
		NM1	07	1/10	S	Rendering Phys Credentials			
		NM1	08	1/2	S	Id Code Qualifier		XX	
		NM1	09	2/80	S	Id Code (EIN)	National Provider ID		NPI #
REF - Reference Identifier					S				
	2310	REF	01	2/3	R	Reference Number Qualifier		G2	El no longer an option
		REF	02	1/50	R	Reference Identifier	Provider Commercial Number		
NM1 - Service Facility Information					S				
	2310	NM1	01	2/3	R	Facility Name Entity Id Code		77	FA no longer option only 77
		NM1	02	1/1	R	Entity Type Qualifier	Non-person	2	
		NM1	03	1/60	R	Facility Name			
		NM1	08	1/2	S	Id Code Qualifier		XX	
		NM1	09	2/80	S	Id Code (EIN)	National Provider ID		NPI #
N3 - Facility Location Address					R				
	2310					See X12N implementation guide			
N4 - Facility Location City, State and Zip					R				
	2310					See X12N implementation guide	Zip Code requires all 9 digits		
REF - Reference Identifier					S				
	2310	REF	01	2/3	R	Reference Number Qualifier		G2	El no longer an option
		REF	02	1/50	R	Reference Identifier	Provider Commercial Number		
SBR - Other Subscriber Info					S	** When Loop 2320 exists, this segment is mandatory **			
	2320	SBR	01	1/1	R	Payer Response Seq Number	Other	P, S, T, A, B,	C, D, E, F, G, H, U
		SBR	02	2/2	R	Relationship Code	Some codes removed		See X12N I.G. for codes
		SBR	03	1/50	S	Other Group Number			
		SBR	04	1/60	S	Other Group or Plan Name	Name or SHN Route Code		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
CAS - Claim Level Adjustment					S				
	2320	CAS	01	1/2	R	Claim Adjustment Group Code	"CO", "CR", "OA", "PI", "PR"		
		CAS	02	1/5	R	Claim Adjustment Reason Code			
		CAS	03	1/18	R	Adjustment Amount			
		CAS	04	1/15	S	Quantity			
		CAS	05	1/5	S	Claim Adjustment Reason Code			
		CAS	06	1/18	S	Adjustment Amount			
		CAS	07	1/15	S	Quantity			
		CAS	08	1/5	S	Claim Adjustment Reason Code			
		CAS	09	1/18	S	Adjustment Amount			
		CAS	10	1/15	S	Quantity			
		CAS	11	1/5	S	Claim Adjustment Reason Code			
		CAS	12	1/18	S	Adjustment Amount			
		CAS	13	1/15	S	Quantity			
		CAS	14	1/5	S	Claim Adjustment Reason Code			
		CAS	15	1/18	S	Adjustment Amount			
		CAS	16	1/15	S	Quantity			
		CAS	17	1/5	S	Claim Adjustment Reason Code			
		CAS	18	1/18	S	Adjustment Amount			
		CAS	19	1/15	S	Quantity			
AMT - Payer Prior Payment					S				
	2320	AMT	01	1/3	R	Amount Qualifier Code		D	
		AMT	02	1/18	R	Payer Prior Paymen			
AMT - Approved Amount					S				
	2320	AMT	01	1/3	R	Amount Qualifier Code		A8	
		AMT	02	1/18	R	Approved Amount			
AMT - Allowed Amount					S				
	2320	AMT	01	1/3	R	Amount Qualifier Code		EAF	
		AMT	02	1/18	R	Allowed Amount			
DMG - Other Demographic Information					O				No longer used
OI - Other Insurance Coverage Info					R	<i>** When Loop 2320 exists, this segment is mandatory **</i>			
	2320	OI	03	1/1	R	Benefits Assignment Indicator		Y, N, W	
		OI	04	1/1	S	Patient Signature		P	P is the only option now
		OI	06	1/1	R	Release of Information		I or Y	I and Y are the only options now

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
MOA - Medicare Outpatient Adjudication Info									
	2320	MOA	01	1/10	S	Percentage as Decimal	Reimbursement Rate		
			02	1/18	S	Monetary Amount	HCPCS Payable Amt		
			03	1/50	S	Reference Identification	Remark Code		
			04	1/50	S	Reference Identification	Remark Code		
			05	1/50	S	Reference Identification	Remark Code		
			06	1/50	S	Reference Identification	Remark Code		
			07	1/50	S	Reference Identification	Remark Code		
			08	1/18	S	Monetary Amount	ESRD Payment Amount		
			09	1/18	S	Monetary Amount	Nonpayable Professional Component Billed Amt		
NM1 - Other Subscriber Info						R	** When Loop 2320 exists, this segment is mandatory **		
	2330	NM1	01	2/3	R	Other Entity Id Code	Other Insured	IL	
		NM1	02	1/1	R	Other Entity Type Qualifier	Person	1	
		NM1	03	1/60	R	Other Last Name			
		NM1	04	1/35	S	Other First Name			
		NM1	05	1/25	S	Other Middle Initial			
		NM1	08	1/2	R	Member ID Qualifier		MI	
		NM1	09	2/80	R	Member ID Number	Insured ID # or SSN		
N3 - Other Subscriber Address						S			
	2330					See X12N implementation guide			
N4 - Other Subscriber City, State and Zip						S			
	2330					See X12N implementation guide			
NM1 - Other Payer Name Information						R			
	2330	NM1	01	2/3	R	Payer Entity Id Code		PR	
		NM1	02	1/1	R	Entity Type Qual	Non-person	2	
		NM1	03	1/60	R	Payer Name			
		NM1	08	1/2	R	Payer ID Qualifier		PI	
		NM1	09	2/80	R	Payer ID Number			
N3 - Other Payer Address						S			
	2330					See X12N implementation guide			
N4 - Other Payer City, State and Zip						S			
	2330					See X12N implementation guide			

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
DTP - Claim Check or Remittance Date					S				
	2330	DTP	01	3/3	R	DTP Qualifier		573	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	Payment Date	CCYYMMDD		
REF - Reference Identifier					S				
	2330	REF	01	2/3	R	Reference Number Qualifier		G1	
		REF	02	1/50	R	Reference Identifier	Other Prior Auth Number		
REF - Reference Identifier					S				
	2330	REF	01	2/3	R	Reference Number Qualifier		9F	
		REF	02	1/50	R	Reference Identifier	Other Prior Referral Number		
REF - Reference Identifier					S				
	2330	REF	01	2/3	R	Reference Number Qualifier		F8	
		REF	02	1/50	R	Reference Identifier	Other Payer's Claim Number		
LX - Service Line Assigned Number					R				
	2400	LX	01	1/6	R	Charge Line Counter	Begin with "1" and increment +1		
SV1 - Professional Service					R				
	2400	SV1	0101	2/2	R	Product or Service ID Qualifier		HC	
		SV1	0102	1/48	R	Procedure Code	HCPCS codes		
		SV1	0103	2/2	S	Procedure Modifier 1			
		SV1	0104	2/2	S	Procedure Modifier 2			
		SV1	0105	2/2	S	Procedure Modifier 3			
		SV1	0106	2/2	S	Procedure Modifier 4			
		SV1	0107	1/80	S	Procedure Description			
		SV1	02	1/18	R	Line Item Charge Amount			
		SV1	03	2/2	R	UBM Service Units	Anesthesia or Units	"MJ" or "UN"	
		SV1	04	1/15	R	Service Unit Count	Medical Quantity		
		SV1	05	1/2	S	Facility Code Value	Place of Service		See X12N I.G. for codes
		SV1	0701	1/2	R	Diagnosis Code Pointer 1			
		SV1	0702	1/2	S	Diagnosis Code Pointer 2			
		SV1	0703	1/2	S	Diagnosis Code Pointer 3			
		SV1	0704	1/2	S	Diagnosis Code Pointer 4			
DTP - Service Line Date					R				
	2400	DTP	01	3/3	R	Service		472	
		DTP	02	2/3	R	DTP Format Qualifier	D8 or RD8		
		DTP	03	1/35	R	Charge Line Service Dates	CCYYMMDD (or Range)		
QTY - Obstetric Anesthesia Add'l Units					S				
	2400	QTY	01	2/2	R	Quantity Qualifier		FL	
		QTY	02	1/15	R	Obstetric Additional Units			

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
NTE - Note/Special Instruction						S			
	2400	NTE	01	3/3	R	Note Reference Code		ADD	
		NTE	02	1/80	R	Charge Line Note Text	Additional Information		
LIN - Drug Identification						S			
	2410	LIN	02	2/2	R	Product Qualifier		N4	
		LIN	03	1/48	R	Product/Service ID	NDC Code		
CTP - Drug Quantity						S			
	2410	CTP	04	1/15	R	Quantity	Drug Units		If LIN segment sent this segment is required
		CTP	0501	2/2	R	Code Qualifier	F2, GR, ME, ML, UN		
REF - Prescription Number						S			
	2410	REF	01	2/3	R	Reference Number Qualifier		VY or XZ	
		REF	02	1/50	R	Reference Identifier	Prescription # or Compound Drug #		
NM1 - Rendering Provider Name Info						S			
	2420	NM1	01	2/3	R	Rendering Phys Entity Id Code		82	
		NM1	02	1/1	R	Rendering Phys Entity Type Qual	"1" or "2"		
		NM1	03	1/60	R	Rendering Phys Last Name			
		NM1	04	1/35	S	Rendering Phys First Name			
		NM1	05	1/25	S	Rendering Phys Middle Initial			
		NM1	07	1/10	S	Rendering Phys Credentials			
		NM1	08	1/2	S	Id Code Qualifier	Employee ID number	XX	
		NM1	09	2/80	S	Id Code (EIN)	National Provider ID		NPI #
REF - Reference Identifier						S			
	2420	REF	01	2/3	R	Reference Number Qualifier		G2	EI no longer an option
		REF	02	1/50	R	Reference Identifier	Provider Commercial Number		
SVD - Service Line Adjudication						S			
	2430	SVD	01	2/80	R	Payer ID			
		SVD	02	1/18	R	Service Line Paid Amount			
		SVD	0301	2/2	R	Product Qualifier		HC	
		SVD	0302	1/48	R	Product/Service ID	Procedure Code Paid		
		SVD	0303	2/2	S	Procedure Modifier			
		SVD	0304	2/2	S	Procedure Modifier			
		SVD	0305	2/2	S	Procedure Modifier			
		SVD	0306	2/2	S	Procedure Modifier			
		SVD	05	1/15	R	Units Paid			
		SVD	06	1/6	S	Bundled/Unbundled line number			

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
CAS - Line Level CAS					S				
	2430	CAS	01	1/2	R	Claim Adjustment Group Code	"CO", "CR", "OA", "PI", "PR"		
		CAS	02	1/5	R	Claim Adjust Reason Code			
		CAS	03	1/18	R	Adjustment Amount			
		CAS	04	1/15	S	Quantity			
		CAS	05	1/5	S	Claim Adjust Reason Code			
		CAS	06	1/18	S	Adjustment Amount			
		CAS	07	1/15	S	Quantity			
		CAS	08	1/5	S	Claim Adjust Reason Code			
		CAS	09	1/18	S	Adjustment Amount			
		CAS	10	1/15	S	Quantity			
		CAS	11	1/5	S	Claim Adjust Reason Code			
		CAS	12	1/18	S	Adjustment Amount			
		CAS	13	1/15	S	Quantity			
		CAS	14	1/5	S	Claim Adjust Reason Code			
		CAS	15	1/18	S	Adjustment Amount			
		CAS	16	1/15	S	Quantity			
		CAS	17	1/5	S	Claim Adjust Reason Code			
		CAS	18	1/18	S	Adjustment Amount			
		CAS	19	1/15	S	Quantity			
DTP - Charge Line COB DTP					R				
	2430	DTP	01	3/3	R	Service		573	
		DTP	02	2/3	R	DTP Format Qualifier		D8	
		DTP	03	1/35	R	Date Claim Paid	CCYYMMDD		
AMT - Remaining Patient Liability					S				
	2430	AMT	01	1/3	R	Amount Qualifier Code		EAF	
		AMT	02	1/18	R	Amount Owed			
SE - Transaction Set Trailer					R				
	Trailer	SE	01	1/10	R	Transaction Segment Count			
		SE	02	4/9	R	Transaction Set Control Number			
GE - Functional Group Trailer					R				
	Trailer	GE	01	1/6	R	# of Transaction Sets Included			
		GE	02	1/9	R	Group Control Number			
IEA - Interchange Control Trailer					R				
	Trailer	IEA	01	1/5	R	# of Included Functional Groups			
		IEA	02	9/9	R	Interchange Control Number			