



*Sagamore Health Network*

*Inbound Institutional*

*X12N 837 5010*

*Updated October 2010*

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Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>ISA - Interchange Control Header</b>						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		
		<b>ISA</b>	<b>11</b>	<b>1/1</b>	<b>R</b>	<b>Repetition Separator</b>		<b>^</b>	
		ISA	12	5/5	R	ANSI Version Code		<b>00501</b>	
		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		
<b>GS - Functional Group Header</b>						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		<b>005010X223A2</b>	
<b>ST - Transaction Set Header</b>						R			
	Header	ST	01	3/3	R	Transaction Set Id Code		837	
		ST	02	4/9	R	Transaction Control Number		0001	
		<b>ST</b>	<b>03</b>	<b>1/35</b>	<b>R</b>	<b>Implementation Convention Reference</b>		<b>005010X223A2</b>	
<b>BHT - Beginning of Hierarchical Trans</b>						R			
	Header	BHT	01	4/4	R	Hierarchical Structure Code		0019	
		BHT	02	2/2	R	Transaction Set Purpose Code	Original	00	
		BHT	03	<b>1/50</b>	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
<b>NM1 - Submitter Name</b>						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	Organization 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)			
<b>PER - Submitter EDI Contact Info</b>						R			
	1000	PER	01	2/2	R	Contact Function Code	Information Contact	IC	
		PER	02	1/60	S	Name			
		PER	03	2/2	R	Communication # Qualifier	Telephone	TE	
		PER	04	1/256	R	Communication #			
<b>NM1 - Receiver Name</b>						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
<b>HL - Billing Provider / Hierarchical Level</b>						R			
	2000	HL	01	1/12	R	Hierarchical ID number	Start "1" and increment +1		
		HL	02				Not Used		
		HL	03	1/2	R	Hierarchical Level Code		20	
		HL	04	1/1	R	Hierarchical Child Code		1	
<b>PRV - Billing Provider Information</b>						S			
	2000	PRV	01	1/3	R	Provider Code	See X12N I.G. for codes		
		PRV	02	2/3	R	Reference Identification Qualifier		PXC	*ZZ no longer used
		PRV	03	1/50	R	Reference Identification	Taxonomy Code		
<b>NM1 - Billing Provider Name</b>						R			Tax ID required in REF02
	2010	NM1	01	2/3	R	Billing Provider Identifier Code	Billing Provider	85	
		NM1	02	1/1	R	Entity Type Qualifier	"1" or "2"	2	
		NM1	03	1/60	R	Last or Organization Name	Last or Organization Name		
		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	<b>*Must be street address. PO Box or Lock Box are to be sent in Pay-To Address Loop ID-2010AB.</b>			
	2010					See X12N implementation guide				
N4 - Billing Provider City, State and Zip						R				
	2010					See X12N implementation guide	<b>Zip Code requires all 9 digits</b>			
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	
							<b>NM103 - NM109 removed - No longer used.</b>			
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	<b>U (unknown) may be used more than once</b> If Self, PAT will not exist	
		SBR	02	2/2	S	Relationship Code				
		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
<b>NM1 - Subscriber Information</b>						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		
<b>N3 - Subscriber Address</b>						S			
	2010					See X12N implementation guide			If Patient & Insured are same N3 required.
<b>N4 - Subscriber City, State and Zip</b>						S			
	2010					See X12N implementation guide			
<b>DMG - Subscriber Demographic Information</b>						S			
	2010	DMG	01	2/3	R	DTP Qualifier		D8	If Patient & Insured are same DMG required.
		DMG	02	1/35	R	Subscriber Birth Date	CCYYMMDD		
		DMG	03	1/1	R	Gender Code	"F," "M," or "U"		
<b>REF - Reference Identifier</b>						S			
	2010	REF	01	2/3	R	Reference Number Qualifier		SY	
		REF	02	1/50	R	Subscriber Secondary Identifier	Social Security Number		
<b>NM1 - Payer Information</b>						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 #		
<b>N3 - Payer Address</b>						S			
	2010					See X12N implementation guide			
<b>N4 - Payer City, State and Zip</b>						S			
	2010					See X12N implementation guide			
<b>REF - Reference Identifier</b>						S			
	2010	REF	01	2/3	R	Reference Number Qualifier		FY	
		REF	02	1/50	R	Payer Additional Identifier	Claim Office Number		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>HL - Patient Hierarchial Level</b>					S	<b>** This loop will only exist when the Patient Relationship is not equal to "Self" **</b>			
	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	
<b>PAT - Patient Information</b>					M				
	2000	PAT	01	2/2	M	Patient Relationship Code			<b>Some codes that were in 4010 have been removed.</b>
<b>NM1 - Patient Name Information</b>					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			
<b>N3 - Patient Address</b>					R				
	2010					See X12N implementation guide			
<b>N4 - Patient City, State and Zip</b>					R				
	2010					See X12N implementation guide			
<b>DMG - Patient Demographic Information</b>					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"		
<b>CLM - Claim Information</b>					R				
	2300	CLM	01	1/38	R	Patient Account Number			
		CLM	02	1/18	R	Total Claim Charge Amount			
		CLM	0501	1/2	R	Facility Type Code			
		CLM	0502	1/2	R	Facility Code Qualifier		A	
		CLM	0503	1/1	R	Claim Frequency Code			
		<b>CLM</b>	<b>06</b>						<b>CLM06 no longer used</b>
		<b>CLM</b>	<b>07</b>	<b>1/1</b>	<b>R</b>	<b>Provider Accept Assignment Code</b>		<b>A, B, C</b>	<b>CLM07 is now required</b>
		CLM	08	1/1	R	Assignment of Benefits Indicator	"Y", "N", or "W"		<b>Use W when the patient refuses to assign ben</b>
		CLM	09	1/1	R	Release of Information Code	"I" or "Y"		<b>A, M, N, O no longer used.</b>
		<b>CLM</b>	<b>18</b>						<b>CLM18 no longer used</b>

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>DTP - Statement Date</b>						R			
	2300	DTP	01	3/3	R	DTP Qualifier		434	
		DTP	02	2/3	R	DTP Format Qualifier		RD8	
		DTP	03	1/35	R	Statement From and To Date	CCYYMMDD-CCYYMMDD		
<b>DTP - Admission Date/Hour/Minute</b>						S			
	2300	DTP	01	3/3	R	DTP Qualifier		435	
		DTP	02	2/3	R	DTP Format Qualifier		DT or D8	
		DTP	03	1/35	R	Admission Date/Hour/Minute	CCYYMMDDHHMM		
<b>DTP - Discharge Time</b>						S			
	2300	DTP	01	3/3	R	DTP Qualifier		096	
		DTP	02	2/3	R	DTP Format Qualifier		TM	
		DTP	03	1/35	R	Discharge Hour	HHMM		
<b>CL1 - Institutional Claim Codes</b>						R			<b>Required in 5010</b>
	2300	CL1	01	1/1	R	Priority Type of Admission or visit	previously Admission Type Code		
		CL1	02	1/1	S	Point of Origin for Admission or visit	previously Admission Source Code		
		CL1	03	1/2	R	<b>Patient Status Code</b>	<b>Discharge Status</b>		<b>Required in 5010</b>
<b>AMT - Patient Responsibility - Estimated</b>						S			
	2300	AMT	01	1/3	R	Amount Qualifier		F3	
		AMT	02	1/18	R	Patient Responsibility - Estimated			
<b>REF - Reference Identifier</b>						S			
	2300	REF	01	2/3	R	Reference Number Qualifier		F8	
		REF	02	1/50	R	Reference Identifier	Original Claim Number		
<b>REF - Reference Identifier</b>						S			
	2300	REF	01	2/3	R	Reference Number Qualifier		D9	
		REF	02	1/50	R	Reference Identifier	Claim Control Number		
<b>REF - Reference Identifier</b>						S			
	2300	REF	01	2/3	R	Reference Number Qualifier		LU	<b>New in 5010</b>
		REF	02	1/50	R	Reference Identifier	Auto Accident State		



Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>REF - Reference Identifier</b>					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		G1	
		REF	02	1/50	R	Reference Identifier	Prior Authorization		
<b>REF - Reference Identifier</b>					S				
	2300	REF	01	2/3	R	Reference Number Qualifier		EA	
		REF	02	1/50	R	Reference Identifier	Medical Record Number		
<b>NTE - Note/Special Instruction</b>					S				
	2300	NTE	01	3/3	R	Note Reference Code		ADD	
		NTE	02	1/80	R	Claim Note Text			
<b>HI - Health Care Diagnosis Code</b>					R				
	2300	HI	0101	1/3	R	Code List Qualifier		ABK, BK	*ABK is for ICD10
		HI	0102	1/30	R	Diagnosis Code	Principal Diagnosis Code		
		HI	0109	1/1	S	Present on Admission Indicator		N, U, W, Y	
									Primary and Admitting Diagnosis Codes now sent in separate segments
<b>HI - Health Care Diagnosis Code</b>					S				
		HI	0101	1/3	R	Code List Qualifier		ABJ, BJ	*ABJ is for ICD10
		HI	0102	1/30	R	Diagnosis Code	Admitting Diagnosis Code		
<b>HI - Health Care Diagnosis Code</b>					S	* Required when outpatient	* Was sent using qualifier ZZ in HI02 in 4010		
		HI	0101	1/3	R	Code List Qualifier		APR, PR	*APR is for ICD10
		HI	0102	1/30	R	Patient's Reason for Visit 1			
		HI	0201	1/3	R	Code List Qualifier		APR, PR	
		HI	0202	1/30	R	Patient's Reason for Visit 2			
		HI	0301	1/3	R	Code List Qualifier		APR, PR	
		HI	0302	1/30	R	Patient's Reason for Visit 3			
<b>HI - Health Care Diagnosis Code</b>					S				
		HI	0101	1/3	R	Code List Qualifier		ABN, BN	*ABN is for ICD10
		HI	0102	1/30	R	External Cause of Injury 1			
		HI	0109	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0201	1/3	R	Code List Qualifier		ABN, BN	
		HI	0202	1/30	R	External Cause of Injury 2			
		HI	0209	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0301	1/3	R	Code List Qualifier		ABN, BN	
		HI	0302	1/30	R	External Cause of Injury 3			

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - External Cause of Injury - cont'									
		HI	0401	1/3	R	Code List Qualifier		ABN, BN	
		HI	0402	1/30	R	External Cause of Injury 4			
		HI	0409	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0501	1/3	R	Code List Qualifier		ABN, BN	
		HI	0502	1/30	R	External Cause of Injury 5			
		HI	0509	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0601	1/3	R	Code List Qualifier		ABN, BN	
		HI	0602	1/30	R	External Cause of Injury 6			
		HI	0609	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0701	1/3	R	Code List Qualifier		ABN, BN	
		HI	0702	1/30	R	External Cause of Injury 7			
		HI	0709	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0801	1/3	R	Code List Qualifier		ABN, BN	
		HI	0802	1/30	R	External Cause of Injury 8			
		HI	0809	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0901	1/3	R	Code List Qualifier		ABN, BN	
		HI	0902	1/30	R	External Cause of Injury 9			
		HI	0909	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	1001	1/3	R	Code List Qualifier		ABN, BN	
		HI	1002	1/30	R	External Cause of Injury 10			
		HI	1009	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	1101	1/3	R	Code List Qualifier		ABN, BN	
		HI	1102	1/30	R	External Cause of Injury 11			
		HI	1109	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	1201	1/3	R	Code List Qualifier		ABN, BN	
		HI	1202	1/30	R	External Cause of Injury 12			
		HI	1209	1/1	S	Present on Admission Indicator		N, U, W, Y	
HI - Health Care DRG Code					S				
	2300	HI	0101	1/3	R	Code List Qualifier		DR	
		HI	0102	1/30	R	DRG Code	Diagnosis Related Group		* DRG Code
HI - Health Care Diagnosis Code					S	** Repeats for Diagnosis 13-24**			
	2300	HI	0101	1/3	R	Code List Qualifier		ABF, BF	*ABF is for ICD10
		HI	0102	1/30	R	Diagnosis Code	Diagnosis 1		
		HI	0109	1/1	S	Present on Admission Indicator		N, U, W, Y	
		HI	0201	1/3	R	Code List Qualifier		ABF, BF	
		HI	0202	1/30	R	Diagnosis Code	Diagnosis 2		
		HI	0209	1/1	S	Present on Admission Indicator		N, U, W, Y	

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Diagnosis Codes - con't									
		HI	0301	1/3	R	Code List Qualifier		ABF, BF	
		HI	0302	1/30	R	Diagnosis Code	Diagnosis 3		
		<b>HI</b>	<b>0309</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	0401	1/3	R	Code List Qualifier		ABF, BF	
		HI	0402	1/30	R	Diagnosis Code	Diagnosis 4		
		<b>HI</b>	<b>0409</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	0501	1/3	R	Code List Qualifier		ABF, BF	
		HI	0502	1/30	R	Diagnosis Code	Diagnosis 5		
		<b>HI</b>	<b>0509</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	0601	1/3	R	Code List Qualifier		ABF, BF	
		HI	0602	1/30	R	Diagnosis Code	Diagnosis 6		
		<b>HI</b>	<b>0609</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	0701	1/3	R	Code List Qualifier		ABF, BF	
		HI	0702	1/30	R	Diagnosis Code	Diagnosis 7		
		<b>HI</b>	<b>0709</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	0801	1/3	R	Code List Qualifier		ABF, BF	
		HI	0802	1/30	R	Diagnosis Code	Diagnosis 8		
		<b>HI</b>	<b>0809</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	0901	1/3	R	Code List Qualifier		ABF, BF	
		HI	0902	1/30	R	Diagnosis Code	Diagnosis 9		
		<b>HI</b>	<b>0909</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	1001	1/3	R	Code List Qualifier		ABF, BF	
		HI	1002	1/30	R	Diagnosis Code	Diagnosis 10		
		<b>HI</b>	<b>1009</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	1101	1/3	R	Code List Qualifier		ABF, BF	
		HI	1102	1/30	R	Diagnosis Code	Diagnosis 11		
		<b>HI</b>	<b>1109</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	
		HI	1201	1/3	R	Code List Qualifier		ABF, BF	
		HI	1202	1/30	R	Diagnosis Code	Diagnosis 12		
		<b>HI</b>	<b>1209</b>	<b>1/1</b>	<b>S</b>	<b>Present on Admission Indicator</b>		<b>N, U, W, Y</b>	

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Health Care Procedure Codes					S				
	2300	HI	0101	1/3	R	Code List Qualifier		BBR, BR	*BBR is for ICD10
		HI	0102	1/30	R	Procedure Code	Principal Procedure Code		
		HI	0103	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0104	1/35	R	Procedure Date	Principal Procedure Date		
		HI	0101	1/3	R	Code List Qualifier		BBQ, BQ	*BBQ is for ICD10
		HI	0102	1/30	R	Procedure Code	Procedure Code 1		
		HI	0103	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0104	1/35	R	Procedure Date	Procedure Date 1		
		HI	0201	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0202	1/30	R	Procedure Code	Procedure Code 2		
		HI	0203	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0204	1/35	R	Procedure Date	Procedure Date 2		
		HI	0301	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0302	1/30	R	Procedure Code	Procedure Code 3		
		HI	0303	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0304	1/35	R	Procedure Date	Procedure Date 3		
		HI	0401	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0402	1/30	R	Procedure Code	Procedure Code 4		
		HI	0403	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0404	1/35	R	Procedure Date	Procedure Date 4		
		HI	0501	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0502	1/30	R	Procedure Code	Procedure Code 5		
		HI	0503	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0504	1/35	R	Procedure Date	Procedure Date 5		
		HI	0601	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0602	1/30	R	Procedure Code	Procedure Code 6		
		HI	0603	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0604	1/35	R	Procedure Date	Procedure Date 6		
		HI	0701	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0702	1/30	R	Procedure Code	Procedure Code 7		
		HI	0703	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0704	1/35	R	Procedure Date	Procedure Date 7		
		HI	0801	1/3	S	Code List Qualifier		BBQ, BQ	
		HI	0802	1/30	S	Procedure Code	Procedure Code 8		
		HI	0803	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0804	1/35	R	Procedure Date	Procedure Date 8		
		HI	0901	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	0902	1/30	R	Procedure Code	Procedure Code 9		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Health Care Procedure Codes - con't									
		HI	0903	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0904	1/35	R	Procedure Date	Procedure Date 9		
		HI	1001	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	1002	1/30	R	Procedure Code	Procedure Code 10		
		HI	1003	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	1004	1/35	R	Procedure Date	Procedure Date 10		
		HI	1101	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	1102	1/30	R	Procedure Code	Procedure Code 11		
		HI	1103	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	1104	1/35	R	Procedure Date	Procedure Date 11		
		HI	1201	1/3	R	Code List Qualifier		BBQ, BQ	
		HI	1202	1/30	R	Procedure Code	Procedure Code 12		
		HI	1203	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	1204	1/35	R	Procedure Date	Procedure Date 12		
HI - Occurrence Span Codes and Dates						S	** Repeats for Occurrence Spans 13-24 **		
	2300	HI	0101	1/3	R	Code List Qualifier		BI	
		HI	0102	1/30	R	Occurrence Code	Occurrence Span Code		
		HI	0103	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0104	1/35	R	Occurrence Date	Occurrence Span Date		"From - Thru" Dates
		HI	0201	1/3	R	Code List Qualifier		BI	
		HI	0202	1/30	R	Occurrence Code	Occurrence Span Code2		
		HI	0203	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0204	1/35	R	Occurrence Date	Occurrence Span Date2		"From - Thru" Dates 2
		HI	0301	1/3	R	Code List Qualifier		BI	
		HI	0302	1/30	R	Occurrence Code	Occurrence Span Code3		
		HI	0303	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0304	1/35	R	Occurrence Date	Occurrence Span Date3		"From - Thru" Dates 3
		HI	0401	1/3	R	Code List Qualifier		BI	
		HI	0402	1/30	R	Occurrence Code	Occurrence Span Code4		
		HI	0403	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0404	1/35	R	Occurrence Date	Occurrence Span Date4		"From - Thru" Dates 4
		HI	0501	1/3	R	Code List Qualifier		BI	
		HI	0502	1/30	R	Occurrence Code	Occurrence Span Code5		
		HI	0503	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0504	1/35	R	Occurrence Date	Occurrence Span Date5		"From - Thru" Dates 5
		HI	0601	1/3	R	Code List Qualifier		BI	
		HI	0602	1/30	R	Occurrence Code	Occurrence Span Code6		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Occurrence Span Codes - con't									
		HI	0603	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0604	1/35	R	Occurrence Date	Occurrence Span Date6		"From - Thru" Dates 6
		HI	0701	1/3	R	Code List Qualifier		BI	
		HI	0702	1/30	R	Occurrence Code	Occurrence Span Code7		
		HI	0703	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0704	1/35	R	Occurrence Date	Occurrence Span Date7		"From - Thru" Dates 7
		HI	0801	1/3	R	Code List Qualifier		BI	
		HI	0802	1/30	R	Occurrence Code	Occurrence Span Code8		
		HI	0803	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0804	1/35	R	Occurrence Date	Occurrence Span Date8		"From - Thru" Dates 8
		HI	0901	1/3	R	Code List Qualifier		BI	
		HI	0902	1/30	R	Occurrence Code	Occurrence Span Code9		
		HI	0903	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	0904	1/35	R	Occurrence Date	Occurrence Span Date9		"From - Thru" Dates 9
		HI	1001	1/3	R	Code List Qualifier		BI	
		HI	1002	1/30	R	Occurrence Code	Occurrence Span Code10		
		HI	1003	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	1004	1/35	R	Occurrence Date	Occurrence Span Date10		"From - Thru" Dates 10
		HI	1101	1/3	R	Code List Qualifier		BI	
		HI	1102	1/30	R	Occurrence Code	Occurrence Span Code11		
		HI	1103	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	1104	1/35	R	Occurrence Date	Occurrence Span Date11		"From - Thru" Dates 11
		HI	1201	1/3	R	Code List Qualifier		BI	
		HI	1202	1/30	R	Occurrence Code	Occurrence Span Code12		
		HI	1203	2/3	R	DTP Format Qualifier	CCYYMMDD-CCYYMMDD	RD8	
		HI	1204	1/35	R	Occurrence Date	Occurrence Span Date12		"From - Thru" Dates 12
HI - Occurrence Codes and Dates					S	** Repeats for Occurrences 13-24 **			
	2300	HI	0101	1/3	R	Code List Qualifier		BH	
		HI	0102	1/30	R	Occurrence Code	Occurrence Code 1		
		HI	0103	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0104	1/35	R	Occurrence Date	Occurrence Date 1		
		HI	0201	1/3	R	Code List Qualifier		BH	
		HI	0202	1/30	R	Occurrence Code	Occurrence Code 2		
		HI	0203	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0204	1/35	R	Occurrence Date	Occurrence Date 2		
		HI	0301	1/3	R	Code List Qualifier		BH	
		HI	0302	1/30	R	Occurrence Code	Occurrence Code 3		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Occurrence Codes and Dates - con't									
	2300	HI	0303	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0304	1/35	R	Occurrence Date	Occurrence Date 3		
		HI	0401	1/3	R	Code List Qualifier		BH	
		HI	0402	1/30	R	Occurrence Code	Occurrence Code 4		
		HI	0403	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0404	1/35	R	Occurrence Date	Occurrence Date 4		
		HI	0501	1/3	R	Code List Qualifier		BH	
		HI	0502	1/30	R	Occurrence Code	Occurrence Code 5		
		HI	0503	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0504	1/35	R	Occurrence Date	Occurrence Date 5		
		HI	0601	1/3	R	Code List Qualifier		BH	
		HI	0602	1/30	R	Occurrence Code	Occurrence Code 6		
		HI	0603	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0604	1/35	R	Occurrence Date	Occurrence Date 6		
		HI	0701	1/3	R	Code List Qualifier		BH	
		HI	0702	1/30	R	Occurrence Code	Occurrence Code 7		
		HI	0703	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0704	1/35	R	Occurrence Date	Occurrence Date 7		
		HI	0801	1/3	R	Code List Qualifier		BH	
		HI	0802	1/30	R	Occurrence Code	Occurrence Code 8		
		HI	0803	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0804	1/35	R	Occurrence Date	Occurrence Date 8		
		HI	0901	1/3	R	Code List Qualifier		BH	
		HI	0902	1/30	R	Occurrence Code	Occurrence Code 9		
		HI	0903	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	0904	1/35	R	Occurrence Date	Occurrence Date 9		
		HI	1001	1/3	R	Code List Qualifier		BH	
		HI	1002	1/30	R	Occurrence Code	Occurrence Code 10		
		HI	1003	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	1004	1/35	R	Occurrence Date	Occurrence Date 10		
		HI	1101	1/3	R	Code List Qualifier		BH	
		HI	1102	1/30	R	Occurrence Code	Occurrence Code 11		
		HI	1103	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	1104	1/35	R	Occurrence Date	Occurrence Date 11		
		HI	1201	1/3	R	Code List Qualifier		BH	
		HI	1202	1/30	R	Occurrence Code	Occurrence Code 12		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Occurrence Codes and Dates - con't									
		HI	1203	2/3	R	DTP Format Qualifier	CCYYMMDD	D8	
		HI	1204	1/35	R	Occurrence Date	Occurrence Date 12		
HI - Value Information Codes						S	** Repeats for Value Codes 13-24 **		
	2300	HI	0101	1/3	R	Code List Qualifier		BE	
		HI	0102	1/30	R	Value Code	Value Code 1		
		HI	0105	1/18	R	Value Code Associated Amt	Value Amount 1A		
		HI	0201	1/3	R	Code List Qualifier		BE	
		HI	0202	1/30	R	Value Code	Value Code 2		
		HI	0205	1/18	R	Value Code Associated Amt	Value Amount 2A		
		HI	0301	1/3	R	Code List Qualifier		BE	
		HI	0302	1/30	R	Value Code	Value Code 3		
		HI	0305	1/18	R	Value Code Associated Amt	Value Amount 3A		
		HI	0401	1/3	R	Code List Qualifier		BE	
		HI	0402	1/30	R	Value Code	Value Code 4		
		HI	0405	1/18	R	Value Code Associated Amt	Value Amount 4A		
		HI	0501	1/3	R	Code List Qualifier		BE	
		HI	0502	1/30	R	Value Code	Value Code 5		
		HI	0505	1/18	R	Value Code Associated Amt	Value Amount 5A		
		HI	0601	1/3	R	Code List Qualifier		BE	
		HI	0602	1/30	R	Value Code	Value Code 6		
		HI	0605	1/18	R	Value Code Associated Amt	Value Amount 6A		
		HI	0701	1/3	R	Code List Qualifier		BE	
		HI	0702	1/30	R	Value Code	Value Code 7		
		HI	0705	1/18	R	Value Code Associated Amt	Value Amount 7A		
		HI	0801	1/3	R	Code List Qualifier		BE	
		HI	0802	1/30	R	Value Code	Value Code 8		
		HI	0805	1/18	R	Value Code Associated Amt	Value Amount 8A		
		HI	0901	1/3	R	Code List Qualifier		BE	
		HI	0902	1/30	R	Value Code	Value Code 9		
		HI	0905	1/18	R	Value Code Associated Amt	Value Amount 9A		
		HI	1001	1/3	R	Code List Qualifier		BE	
		HI	1002	1/30	R	Value Code	Value Code 10		
		HI	1005	1/18	R	Value Code Associated Amt	Value Amount 10A		
		HI	1101	1/3	R	Code List Qualifier		BE	
		HI	1102	1/30	R	Value Code	Value Code 11		
		HI	1105	1/18	R	Value Code Associated Amt	Value Amount 11A		



Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Value Information Codes Con't									
		HI	1201	1/3	R	Code List Qualifier		BE	
		HI	1202	1/30	R	Value Code	Value Code 12		
		HI	1205	1/18	R	Value Code Associated Amt	Value Amount 12A		
HI - Health Care Condition Info and Codes					S	** Repeats for Condition Codes 13-24 **			
	2300	HI	0101	1/3	R	Code List Qualifier		BG	
		HI	0102	1/30	R	Condition Code	Condition Code 1		
		HI	0201	1/3	R	Code List Qualifier		BG	
		HI	0202	1/30	R	Condition Code	Condition Code 2		
		HI	0301	1/3	R	Code List Qualifier		BG	
		HI	0302	1/30	R	Condition Code	Condition Code 3		
		HI	0401	1/3	R	Code List Qualifier		BG	
		HI	0402	1/30	R	Condition Code	Condition Code 4		
		HI	0501	1/3	R	Code List Qualifier		BG	
		HI	0502	1/30	R	Condition Code	Condition Code 5		
		HI	0601	1/3	R	Code List Qualifier		BG	
		HI	0602	1/30	R	Condition Code	Condition Code 6		
		HI	0701	1/3	R	Code List Qualifier		BG	
		HI	0702	1/30	R	Condition Code	Condition Code 7		
		HI	0801	1/3	R	Code List Qualifier		BG	
		HI	0802	1/30	R	Condition Code	Condition Code 8		
		HI	0901	1/3	R	Code List Qualifier		BG	
		HI	0902	1/30	R	Condition Code	Condition Code 9		
		HI	1001	1/3	R	Code List Qualifier		BG	
		HI	1002	1/30	R	Condition Code	Condition Code 10		
		HI	1101	1/3	R	Code List Qualifier		BG	
		HI	1102	1/30	R	Condition Code	Condition Code 11		
		HI	1201	1/3	R	Code List Qualifier		BG	
		HI	1202	1/30	R	Condition Code	Condition Code 12		
HI - Treatment Codes					S	** Repeats for Treatment Codes 13-24 **			
	2300	HI	0101	1/3	R	Code List Qualifier		TC	
		HI	0102	1/30	R	Treatment Code	Treat Auth 1		
		HI	0201	1/3	R	Code List Qualifier		TC	
		HI	0202	1/30	R	Treatment Code	Treat Auth 2		
		HI	0301	1/3	R	Code List Qualifier		TC	
		HI	0302	1/30	R	Treatment Code	Treat Auth 3		
		HI	0401	1/3	R	Code List Qualifier		TC	

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
HI - Treatment Codes Con't									
	2300	HI	0402	1/30	R	Treatment Code	Treat Auth 4		
		HI	0501	1/3	R	Code List Qualifier		TC	
		HI	0502	1/30	R	Treatment Code	Treat Auth 5		
		HI	0601	1/3	R	Code List Qualifier		TC	
		HI	0602	1/30	R	Treatment Code	Treat Auth 6		
		HI	0701	1/3	R	Code List Qualifier		TC	
		HI	0702	1/30	R	Treatment Code	Treat Auth 7		
		HI	0801	1/3	R	Code List Qualifier		TC	
		HI	0802	1/30	R	Treatment Code	Treat Auth 8		
		HI	0901	1/3	R	Code List Qualifier		TC	
		HI	0902	1/30	R	Treatment Code	Treat Auth 9		
		HI	1001	1/3	R	Code List Qualifier		TC	
		HI	1002	1/30	R	Treatment Code	Treat Auth 10		
		HI	1101	1/3	R	Code List Qualifier		TC	
		HI	1102	1/30	R	Treatment Code	Treat Auth 11		
		HI	1201	1/3	R	Code List Qualifier		TC	
		HI	1202	1/30	R	Treatment Code	Treat Auth 12		
NM1 - Attending Physician Name									
	2310	NM1	01	2/3	R	Attending Phys Entity Id Code		71	
		NM1	02	1/1	R	Attending Phys Entity Type Qual		1	
		NM1	03	1/60	R	Last or Organization Name			
		NM1	04	1/35	S	Attending Phys First Name			
		NM1	05	1/25	S	Attending Phys Middle Initial			
		NM1	07	1/10	S	Attending 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 #
NM1 - Operating Physician Name									
	2310	NM1	01	2/3	R	Operating Phys Entity Id Code		72	
		NM1	02	1/1	R	Operating Phys Entity Type Qual		1	
		NM1	03	1/60	R	Last or Organization Name			
		NM1	04	1/35	S	Operating Phys First Name			
		NM1	05	1/25	S	Operating 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 #

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>NM1 - Other Operating Physician Name</b>					S				
	2310	NM1	01	2/3	R	Other Operating Phys Entity Id Code		ZZ	
		NM1	02	1/1	R	Other Operating Phys Entity Type Qual		1	
		NM1	03	1/60	R	Last or Organization Name			
		NM1	04	1/35	S	Other Operating Phys First Name			
		NM1	05	1/25	S	Other Operating Phys Middle Initial			
		NM1	08	1/2	S	Id Code Qualifier		XX	
		NM1	09	2/80	S	Id Code (EIN)	National Provider ID		NPI #
<b>NM1 - Service Facility Information</b>					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 #
<b>N3 - Facility Location Address</b>					R				
	2310					See X12N implementation guide			
<b>N4 - Facility Location City, State and Zip</b>					R				
	2310					See X12N implementation guide	Zip Code requires all 9 digits		
<b>REF - Reference Identifier</b>					S				
	2310	REF	01	2/3	R	Reference Number Qualifier		G2	
		REF	02	1/50	R	Reference Identifier	Provider Commercial Number		
<b>NM1 - Referring Physician Name</b>					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 #
<b>REF - Reference Identifier</b>					S				
	2310	REF	01	2/3	R	Reference Number Qualifier		G2	
		REF	02	1/50	R	Reference Identifier	Provider Commercial Number		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>SBR - Other Subscriber Info</b>						<i>** When Loop 2320 exists, this segment is mandatory **</i>			
	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	<b>Some codes removed</b>		See X12N I.G. for codes
		SBR	03	1/50	S	Secondary Group Number			
		SBR	04	1/60	S	Secondary Group or Plan Name	Name or SHN Route Code		
		SBR	09	1/2	S	Claim Filing Indicator Code	Commercial Insurance	CI	
<b>CAS - Claim Level Adjustment</b>						* Can repeat up to 5 times			
	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			
<b>AMT - Non-Covered Charge Amount</b>									
	2320	AMT	01	1/3	R	Amount Qualifier Code		D	
		AMT	02	1/18	R	Payor Amount Paid			
<b>AMT - Non-Covered Charge Amount</b>									
	2320	AMT	01	1/3	R	Amount Qualifier Code		EAF	
		AMT	02	1/18	R	Amount Owed			

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>AMT - Non-Covered Charge Amount</b>					S				
	2320	AMT	01	1/3	R	Amount Qualifier Code		A8	
		AMT	02	1/18	R	Noncovered Charges			
<b>OI - Other Insurance Coverage Info</b>					R	<b>** When Loop 2330 exists, this segment is mandatory **</b>			
	2320	OI	03	1/1	R	Benefits Assignment Indicator		Y, N, W	
		OI	06	1/1	R	Release of Information		I or Y	<b>I and Y are the only options now</b>
<b>MIA - Medicare Inpatient Adjudication Info</b>					S				
	2320	MIA	01	1/15	R	Quantity	Coverd Days or Visits Counted		
		MIA	02	1/18	S	Quantity	Lifetime Reserve Days Count		<b>Not used for 5010</b>
		MIA	03	1/15	S	Quantity	Lifetime Psychiatric Days Count		
		MIA	04	1/18	S	Monetary Amount	Claim DRG Amount		
		MIA	05	1/50	S		Remark Code		
		MIA	06	1/18	S	Monetary Amount	Claim disproportionate Share Amount		
		MIA	07	1/18	S	Monetary Amount	Claim MSP Pass-through Amount		
		MIA	08	1/18	S	Monetary Amount	Claim PPS Capital Amount		
		MIA	09	1/18	S	Monetary Amount	PPS-Capital FSP DRG Amount		
		MIA	10	1/18	S	Monetary Amount	PPS-Capital HSP DRG Amount		
		MIA	11	1/18	S	Monetary Amount	PPS-Capital DSH DRG Amount		
		MIA	12	1/18	S	Monetary Amount	Old Capital Amount		
		MIA	13	1/18	S	Monetary Amount	PPS-Capital IME Amount		
		MIA	14	1/18	S	Monetary Amount	PPS-Operating Hospital Specific DRG Amount		
		MIA	15	1/15	S	Quantity	Cost Report Day Count		
		MIA	16	1/18	S	Monetary Amount	PPS-Operating Federal Specific DRG Amount		
		MIA	17	1/18	S	Monetary Amount	Claim PPS Capital Outlier Amount		
		MIA	18	1/18	S	Monetary Amount	Claim Indirect Teaching Amount		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>MIA - Medicare Inpatient Adjudication Info</b>									
	2320	MIA	19	1/18	S	Monetary Amount	Nonpayable Professional Component Amount		
		MIA	20	1/50	S	Reference Identity	Remark Code		
		MIA	21	1/50	S	Reference Identity	Remark Code		
		MIA	22	1/50	S	Reference Identity	Remark Code		
		MIA	23	1/50	S	Reference Identity	Remark Code		
		MIA	24	1/18	S	Monetary Amount	PPS-Capital Exception Amount		
<b>MOA - Medicare Outpatient Adjudication Info</b>									
	2320	MOA	01	1/10	S	Percent	Reimbursement Rate		
			02	1/18	S	Monetary Amount	Claim HCPCS Payable Amount		
			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	Amount		
			09	1/18	S	Monetary Amount	Nonpayable Professional Component Amount		
<b>NM1 - Other Subscriber Info</b>					R	<b>** When Loop 2330 exists, this segment is mandatory **</b>			
	2330A	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		
<b>REF - Reference Identifier</b>					S				
	2330A	REF	01	2/3	R	Reference Number Qualifier		SY	
		REF	02	1/50	R	Other Subscriber Secondary Id	Social Security Number		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>N3 - Other Subscriber Address</b>					S				
	2330A					See X12N implementation guide			
<b>N4 - Other Subscriber City, State and Zip</b>					S				
	2330A					See X12N implementation guide			
<b>NM1 - Other Payer Name Information</b>					R				
	2330B	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			
<b>N3 - Other Payer Address</b>					S				
	2330B					See X12N implementation guide			
<b>N4 - Other Payer City, State and Zip</b>					S				
	2330B					See X12N implementation guide			
<b>REF - Reference Identifier</b>					S				
	2330	REF	01	2/3	R	Reference Number Qualifier		G1	
		REF	02	1/50	R	Reference Identifier	Other Prior Auth Number		
<b>REF - Reference Identifier</b>					S				
	2330	REF	01	2/3	R	Reference Number Qualifier		9F	
		REF	02	1/50	R	Reference Identifier	Other Prior Referral Number		
<b>REF - Reference Identifier</b>					S				
	2330	REF	01	2/3	R	Reference Number Qualifier		F8	
		REF	02	1/50	R	Reference Identifier	Other Payer's Claim Number		

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>LX - Service Line Assigned Number</b>						R			
	2400	LX	01	1/6	R	Charge Line Counter	Begin with "1" and increment +1		
<b>SV2 - Institutional Service Line</b>						R			
	2400	SV2	01	1/48	R	Service Line Revenue Code	Revenue Code		
		SV2	0201	2/2	R	Product or Service ID Qualifier		HC	
		SV2	0202	1/48	R	Procedure Code	HCPCS code		
		SV2	0203	2/2	S	Procedure Modifier 1			
		SV2	0204	2/2	S	Procedure Modifier 2			
		SV2	0205	2/2	O	Procedure Modifier 3			
		SV2	0206	2/2	O	Procedure Modifier 4			
		SV2	03	1/18	R	Line Item Charge Amount			
		SV2	04	2/2	R	UBM Service Units	Days (DA) or Units (UN)	DA, UN	
		SV2	05	1/15	R	Service Unit Count	Units		
		SV2	06	1/10	O	Service Line Rate	Rate		<b>Not used in 5010</b>
		SV2	07	1/18	S	Line Item Non-Covered Charges	Non-Covered Charges		
<b>DTP - Service Line Date</b>						R			
	2400	DTP	01	3/3	R	Service		472	
		DTP	02	2/3	R	DTP Format Qualifier		D8, RD8	
		DTP	03	1/35	R	Charge Line Service Date	CCYYMMDD		* If D8
							CCYYMMDD - CCYYMMDD		* If RD8
<b>LIN - Drug Identification</b>						S			
	2410	LIN	02	2/2	R	Product/Service ID Qualifier		N4	
			03	1/48	R	Product/Service ID			NDC code
<b>CTP - Drug Quantity</b>						S			<b>If LIN segment sent this segment is required</b>
	2410	CTP	04	1/15	R	Quantity	Drug Units		
		CTP	0501	2/2	R	Code Qualifier		F2, GR, ME, ML, UN	
<b>REF - Prescription Number</b>						S			
	2410	REF	01	2/3	R	Reference Number Qualifier		VY, XZ	
		REF	02	1/50	R	Reference Identifier	Prescription # (XZ) or Link Sequence (VY)		



Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
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	S	Product/Service ID Qualifier			
		SVD	0302	1/48	S	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	0307	1/80	S	Procedure Description			
		SVD	04	1/48	R	Service Line Revenue Code			
		SVD	05	1/15	R	Units Paid			
		SVD	06	1/6	S	Bundled/Unbundled line number			
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 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 Adjust Reason Code			
		CAS	18	1/18	S	Adjustment Amount			
		CAS	19	1/15	S	Quantity			

Level	Loop	Seg	Element	Min/Max		Name	Description	Codes	Constant values/instructions
<b>DTP - Charge Line COB DTP</b>						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		
<b>AMT - Remaining Patient Liability</b>						S			
	2430	AMT	01	1/3	R	Amount Qualifier Code		EAF	
		AMT	02	1/18	R	Amount Owed			
<b>SE - Transaction Set Trailer</b>						R			
	Trailer	SE	01	1/10	R	Transaction Segment Count			
		SE	02	4/9	R	Transaction Set Control Number			
<b>GE - Functional Group Trailer</b>						R			
	Trailer	GE	01	1/6	R	# of Transaction Sets Included			
		GE	02	1/9	R	Group Control Number			
<b>IEA - Interchange Control Trailer</b>						R			
	Trailer	IEA	01	1/5	R	# of Included Functional Groups			
		IEA	02	9/9	R	Interchange Control Number			