

This Data Crosswalk is designed to be used with carrier reports and .TCH file generated by NDCMedisoft. The .TCH file is a copy of the .XMT file with a carriage return & line feed replacing the segment terminator. This file is much easier to look at because the segments are listed on separate lines.

Segment Type: Interchange Control Header (position 001)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
ISA	ISA		M ID 3/3	Hardcode ISA
ISA01	I01	Authorization Info. Qualifier	M ID 2/2	Hardcode 00
ISA02	I02	Authorization Info.	M AN 10/10	Not used
ISA03	I03	Security Info. Qualifier	M ID 2/2	Hardcode 00
ISA04	I04	Security Info.	M AN 10/10	Hardcode Blanks
ISA05	I05	Interchange ID Qualifier	M ID 2/2	Hardcode ZZ
ISA06	I06	Interchange Sender ID	M AN 15/15	EMC Receiver List, Submitter ID 1 PABS: if EMC Receiver List, Extra 2 is 'C' then EMC Receiver List, Submitter Password 1 NYUM: EMC Receiver List, Submitter Password 1 FLCT: if EMC Receiver List, Dialing Suffix is 'AVAILITY' then AV09311993
ISA07	I05	Interchange ID Qualifier	M ID 2/2	Hardcode ZZ FLCT: if EMC Receiver List, Dialing Suffix is 'AVAILITY' then 01 PABS: if EMC Receiver List, Extra 2 is 'G' then 33, else Hardcode 27 HMSA: Hardcode 30 APN1: Hardcode 33 NYEB: Hardcode 27
ISA08	I07	Interchange Receiver ID	M AN 15/15	EMC Receiver List, Extra 1 GPNT: EMC Receiver List, Extra 2 + EMC Receiver List, Extra 1 PABS: if EMC Receiver List, Extra 2 is 'G' then 54771 FLCT: if EMC Receiver List, Dialing Suffix is not 'AVAILITY' then EMC Receiver List, Extra 2 HMSA: 990040115 AIM1: ASF APN1: 53589
ISA09	I08	Interchange Date	M DT 6/6	System Date
ISA10	I09	Interchange Time	M TM 4/4	System Time
ISA11	I10	Interchange Control Standards ID	M ID 1/1	Hardcode U
ISA12	I11	Interchange Control Version Number	M ID 5/5	Hardcode 00401
ISA13	I12	Interchange Control Number	M N0 9/9	EMC Receiver List, Filename ID + EMC Receiver List, Extra 5
ISA14	I13	Acknowledgement Requested	M ID 1/1	Hardcode 1
ISA15	I14	Usage Indicator	M ID 1/1	EMC Receiver List, Transmission Mode
ISA16	I15	Component Element Separator	M 1/1	Hardcode :

Segment Type: Functional Group Header (position 003)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
GS	GS	Functional Group Header	M ID 2/2	Hardcode GS
GS01	479	Functional ID Code	M ID 2/2	Hardcode HC
GS02	142	Application Sender's Code	M AN 2/15	EMC Receiver List, Submitter ID 1 PABS: if EMC Receiver List, Extra 2 is 'G' then EMC Receiver List, Submitter ID 2, else EMC Receiver List, Submitter Password 1 NYUM: EMC Receiver List, Submitter Password 1 FLCT: EMC Receiver List, Submitter ID 2 NDMB: EMC Receiver List, Submitter ID 2 HMSA: hardcode ACC
GS03	124	Application Receiver's Code	M AN 2/15	EMC Receiver List, Extra 1 GPNT: EMC Receiver List, Extra 2 + EMC Receiver List, Extra 1 NDMB: EMC Receiver List, Extra 6
GS04	373	Date	M DT 8/8	System Date
GS05	337	Time	M TM 4/8	System Time APN1: Time is sent without seconds

GS06	28	Group Control Number	M N0 1/9	EMC Receiver List, Filename ID + EMC Receiver List, Extra 5 + GScount
GS07	455	Responsible Agency Code	M ID 1/2	Hardcode X
GS08	480	Version/Release/Industry ID	M AN 1/12	Hardcode 004010X098 If using A1 changes, hardcode 004010x098A1

Segment Type: Transaction Set Header (position 005)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
ST	ST	Transaction Set Header	M ID 2/2	Hardcode ST
ST01	143	Transaction Set Identifier Code	M ID 3/3	Hardcode 837
ST02	329	Transaction Set Control Number	M AN 4/9	Calculated NHIC, OHMB & PABS: Do not reset counter in new GS

Segment Type: Beginning of Hierarchical Transaction (position 010)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
BHT	BHT	Beginning of Hierarchical Transaction	M ID 3/3	Hardcode BHT
BHT01	1005	Hierarchical Structure Code	M ID 4/4	Hardcode 0019
BHT02	353	Transaction Set Purpose Code	M ID 2/2	Hardcode 00
BHT03	127	Reference Identification	O AN 1/30	EMC Receiver List, Filename ID + EMC Receiver List, Extra 5 + GScount
BHT04	373	Transaction Set Creation Date	O DT 8/8	System Date
BHT05	337	Transaction Set Creation Time	O TM 4/8	System Time
BHT06	640	Claim or Encounter ID	O ID 2/2	Hardcode CH

Segment Type: Transmission Type Identification (position 015)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Transmission Type Identification	M ID 3/3	Hardcode REF
REF01	128	Transmission Type Code	M ID 2/3	Hardcode 87
REF02	127	Reference ID	X AN 1/30	Hardcode 004010X098 If using A1 changes, hardcode 004010X098A1 HMSA: If testing, hardcode 004010X098DA1
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference Identifier	O	Not used

Segment Type: Submitter Name (position 020, Loop 1000A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode 41
NM102	1065	Entity Type Qualifier	M ID 1/1	EMC Receiver List, Extra 4 If Billing Service information is filled out then outputs 2
NM103	1035	Submitter Name Last/Org	O AN 1/35	If EMC Receiver List, Extra 4 is 2 then Practice Information, Practice Name Else Providers List, Last Name If Billing Service information is filled out then outputs name
NM104	1036	Name First	O AN 1/25	If EMC Receiver List, Extra 4 is not 2 then Providers List, First Name If Billing Service information is filled out then outputs blanks
NM105	1037	Name Middle	O AN 1/25	If EMC Receiver List, Extra 4 is not 2 then Providers List, Middle Initial If Billing Service information is filled out then outputs blanks
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode 46
NM109	67	Submitter ID	X ID 2/80	EMC Receiver List, Submitter ID 1 FLCT: if EMC Receiver List, Dialing Suffix is 'AVAILITY' then EMC Receiver List, Submitter Password 1, Else EMC Receiver List, Submitter ID 2

				PABS: if EMC Receiver List, Extra 2 is 'G' then EMC Receiver List, Submitter ID 2, else EMC Receiver List, Submitter Password 1 NYUM: EMC Receiver List, Submitter Password 1 NDMB: EMC Receiver List, Submitter ID 2
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Submitter Name Information (position 025, Loop 1000A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Submitter EDI Contact Information (position 045, Loop 1000A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PER	PER	Administrative Communications Contact	M ID 3/3	Hardcode PER
PER01	366	Contact Functional Code	M ID 2/2	Hardcode IC
PER02	93	Submitter Contact Name	O AN 1/60	EMC Receiver List, Extra 3
PER03	365	Comm. Number Qualifier	X ID 2/2	Hardcode TE
PER04	364	Comm. Number	X AN 1/80	IF EMC Receiver List, Extra 4 is 1, then Providers List, Office Phone Else Practice Information, Phone If Billing Service information is filled out then outputs Phone
PER05	365	Comm. Number Qualifier	X ID 2/2	GPNT: Hardcode EM
PER06	364	Comm. Number	X AN 1/80	GPNT: If EMC Receiver List, Extra 6 is not blank, then 'V' + EMC Receiver List, Extra 6 Else Hardcode 'V00114'
PER07	365	Comm. Number Qualifier	X ID 2/2	Not used
PER08	364	Comm. Number	X AN 1/80	Not used
PER09	443	Contact Inquiry Ref.	O AN 1/20	Not used

Segment Type: Receiver Name (position 020, Loop 1000B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode 40
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Receiver Name	O AN 1/35	EMC Receiver List, Name If EMC Receiver List, Dialing Suffix is AVAILITY then BCBSF PABS: if EMC Receiver List, Extra 2 is 'C' then HGSA HMSA: hardcode HAWAII MEDICAL SERVICE ASSOCIATION
NM104	1036	Name First	O AN 1/25	Not used
NM105	1037	Name Middle	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode 46
NM109	67	Receiver Primary ID	X ID 2/80	Insurance Carriers List, EMC Payor Number PABS: if EMC Receiver List, Extra 2 is 'G' then 54771 GPNT: EMC Receiver List, Extra 2 + Insurance Carriers List, EMC Payor Number NDMB: EMC Receiver List, Extra 6 HMSA: hardcode 990040115 If EMC Receiver List, Dialing Suffix is AVAILITY and Insurance List, EMC Payer Number is 61101 then output 049944143 If EMC Receiver List, Dialing Suffix is AVAILITY then output 592015694
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Receiver Name Information (position 025, Loop 1000B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
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N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED
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Segment Type: Billing/Pay-to Provider Hierarchical Level (position 001, Loop 2000A)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HL	HL	Hierarchical Level	M ID 2/2	Hardcode HL
HL01	628	Hierarchical ID Number	M AN 1/12	Calculated
HL02	734	Hierarchical Parent ID	O AN 1/12	Not used
HL03	735	Hierarchical Level Code	M ID 1/2	Hardcode 20
HL04	736	Hierarchical Child Code	O ID 1/1	Hardcode 1

Segment Type: Billing/Pay-to Provider Specialty (position 003, Loop 2000A)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PRV	PRV	Provider Information	M ID 3/3	Hardcode PRV
PRV01	1221	Provider Code	M ID 1/3	Hardcode BI
PRV02	128	Reference Id Qualifier	M ID 2/3	Hardcode ZZ
PRV03	127	Provider Specialty Code	M AN 1/30	Providers List, Extra 2 Must be 10 digits with an alpha character in 10 th position
PRV04	156	State or Province Code	O ID 2/2	Not used
PRV05	C035	Provider Specialty Info.	O	Not used
PRV06	1223	Provider Organization Code	O ID 3/3	Not used

Segment Type: Foreign Currency Information (position 010, Loop 2000A)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CUR	CUR	Currency	M ID 3/3	SEGMENT NOT USED

Segment Type: Billing Provider Name (position 015, Loop 2010AA)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode 85
NM102	1065	Entity Type Qualifier	M ID 1/1	EMC Receiver List, Extra 4 Enter 1 for Person Entity (use Provider Information) Enter 2 for Non-Person Entity (use Practice Information)
NM103	1035	Billing Provider Name Last/Org	O AN 1/35	IF EMC Receiver List, Extra 4 is 1, then Providers List, Last Name Else Practice Information, Name
NM104	1036	Billing Provider First Name	O AN 1/25	IF EMC Receiver List, Extra 4 is 1, then Providers List, First Name
NM105	1037	Billing Provider Middle Name	O AN 1/25	IF EMC Receiver List, Extra 4 is 1, then Providers List, Middle Initial
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	IF EMC Receiver List, Extra 4 is 1, then Providers List, Federal Tax ID Indicator 24=Employer's ID Number 34=Social Security Number ELSE Outputs 24
NM109	67	Billing Provider ID	X ID 2/80	IF EMC Receiver List, Extra 4 is 1, then Providers List, SSN or Fed Tax ID ELSE Practice Information, Federal Tax ID
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Billing Provider Name (position 020, Loop 2010AA)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Billing Provider Address (position 025, Loop 2010AA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Billing Provider Address 1	M AN 1/55	IF EMC Receiver List, Extra 4 is 1, then Providers List, Street 1 Else Practice Information, Street 1
N302	166	Billing Provider Address 2	O AN 1/55	Not used

Segment Type: Billing Provider City/State/Zip (position 030, Loop 2010AA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Billing Provider City	O AN 2/30	IF EMC Receiver List, Extra 4 is 1, then Providers List, City Else Practice Information, City
N402	156	Billing Provider State	O ID 2/2	IF EMC Receiver List, Extra 4 is 1, then Providers List, State Else Practice Information, State
N403	116	Billing Provider Postal Code	O ID 3/15	IF EMC Receiver List, Extra 4 is 1, then Providers List, Zip Code Else Practice Information, Zip Code
N404	26	Billing Provider Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Billing Provider Secondary ID (position 035, Loop 2010AA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Calculated –see Provider ID & Reference ID Qualifier Calculation at the end of this crosswalk
REF02	127	Billing Provider Additional ID	X AN 1/30	Calculated –see Provider ID & Reference ID Qualifier Calculation at the end of this crosswalk
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Credit/Debit Card Billing Info (position 035, Loop 2010AA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Billing Provider Contact Info (position 040, Loop 2010AA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PER	PER	Administrative Communications Contact	M ID 3/3	SEGMENT NOT USED

Segment Type: Pay-to Provider Name (position 015, Loop 2010AB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode 87
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Pay-to Provider Name Last/Org	O AN 1/35	Practice Information, Name
NM104	1036	Pay-to Provider First Name	O AN 1/25	Not used
NM105	1037	Pay-to Provider Middle Name	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode 24
NM109	67	Pay-to Provider ID	X ID 2/80	Practice Information, Federal Tax ID

NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Pay-to Provider Name (position 020, Loop 2010AB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Pay-to Provider Address (position 025, Loop 2010AB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Pay-to Provider Address 1	M AN 1/55	Practice Information, Street 1
N302	166	Pay-to Provider Address 2	O AN 1/55	Not used

Segment Type: Pay-to Provider City/State/Zip (position 030, Loop 2010AB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Pay-to Provider City	O AN 2/30	Practice Information, City
N402	156	Pay-to Provider State	O ID 2/2	Practice Information, State
N403	116	Pay-to Provider Postal Code	O ID 3/15	Practice Information, Zip Code
N404	26	Pay-to Provider Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Pay-to Provider Secondary ID (position 035, Loop 2010AB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Calculated –see Provider ID & Reference ID Qualifier Calculation at the end of this crosswalk
REF02	127	Pay-to Provider ID	X AN 1/30	Calculated –see Provider ID & Reference ID Qualifier Calculation at the end of this crosswalk
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Subscriber Hierarchical Level (position 001, Loop 2000B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HL	HL	Hierarchical Level	M ID 2/2	Hardcode HL
HL01	628	Hierarchical ID Number	M AN 1/12	Calculated
HL02	734	Hierarchical Parent ID	O AN 1/12	Hardcode 1
HL03	735	Hierarchical Level Code	M ID 1/2	Hardcode 22
HL04	736	Hierarchical Child Code	O ID 1/1	If Patient is not insured then output 1 Else Output 0

Segment Type: Subscriber Information (position 005, Loop 2000B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
SBR	SBR	Subscriber Information	M ID 3/3	Hardcode SBR
SBR01	1138	Payer Responsibility Sequence Number	M ID 1/1	Hardcode P
SBR02	1069	Individual Relationship	O ID 2/2	If the Patient is the insured, then Hardcode 18
SBR03	127	Group or Policy	O AN 1/30	Patients List, Case Group Number (from Policy 1 or 2)
SBR04	93	Group or Plan Name	O AN 1/60	Insurance Carriers List, Plan Name
SBR05	1336	Insurance Type Code	O ID 1/3	Patients List, Case EMC Notes positions 6-8 (first positions must be @MED
SBR06	1143	Coordination of Benefits	O ID 1/1	Not used
SBR07	1073	Yes/No Condition or Response	O ID 1/1	Not used
SBR08	584	Employment Status Code	O ID 2/2	Not used
SBR09	1032	Claim Filing Indicator	O ID 1/2	Insurance Carriers List, Type FECA = OF

				Medicare = MB Medicaid = MC Blue Cross/Shield = BL Champus = CH ChampsVA = VA Worker's Comp = WC HMO = HM PPO = 12 Default = CI
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Segment Type: Patient Information (position 007, Loop 2000B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PAT	PAT	Patient Information	M ID 3/3	Hardcode PAT
PAT01	1069	Patients Relation to Insured	O ID 2/2	Not used
PAT02	1384	Patient Location Code	O ID 1/1	Not used
PAT03	584	Employment Status Code	O ID 2/2	Not used
PAT04	1220	Student Status Code	O ID 1/1	Not used
PAT05	1250	Date Time Format Qualifier	X ID 2/3	If Patients List, Case Death Indicator is Dead then outputs D8
PAT06	1251	Patient Date of Death	X AN 1/35	If Patients List, Case Death Indicator is Dead then outputs Patients List, Case Date Total Disability from
PAT07	355	Unit or Basis for Measurement Code	X ID 2/2	Patients List, Patient Weight Units
PAT08	81	Patient Weight	X R 1/10	Patients List, Patient Weight
PAT09	1073	Pregnancy Indicator	O ID 1/1	Patients List, Case Pregnancy Indicator

Segment Type: Subscriber Name (position 015, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode IL
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Subscriber Last Name	O AN 1/35	Patients List, Last Name (Insured)
NM104	1036	Subscriber First Name	O AN 1/25	Patients List, First Name (Insured)
NM105	1037	Subscriber Middle Name	O AN 1/25	Patients List, Middle Initial (Insured)
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode MI
NM109	67	Subscriber Primary ID	X ID 2/80	Patients List, Case Policy Number (from Policy 1 or 2)
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Subscriber Name Info (position 020, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Subscriber Address (position 025, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Subscriber Address 1	M AN 1/55	Patients List, Street 1 (Insured)
N302	166	Subscriber Address 2	O AN 1/55	Not used

Segment Type: Subscriber City/State/Zip (position 030, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Subscriber City	O AN 2/30	Patients List, City (Insured)
N402	156	Subscriber State	O ID 2/2	Patients List, State (Insured)
N403	116	Subscriber Postal Code	O ID 3/15	Patients List, Zip Code (Insured)
N404	26	Subscriber Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Subscriber Demographic Info (position 032, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DMG	DMG	Demographic Information	M ID 3/3	Hardcode DMG
DMG01	1250	Date Time Format Qualifier	X ID 2/3	Hardcode D8
DMG02	1251	Date of Birth – Patient	X AN 1/35	Patients List, Date of Birth (Insured)
DMG03	1068	Gender – Patient	O ID 1/1	Patients List, Sex (Insured)
DMG04	1067	Marital Status Code	O ID 1/1	Not used
DMG05	1109	Race or Ethnicity Code	O ID 1/1	Not used
DMG06	1066	Citizenship Status Code	O ID 1/2	Not used
DMG07	26	Country Code	O ID 2/3	Not used
DMG08	659	Basis of Verification Code	O ID 1/2	Not used
DMG09	380	Quantity	O R 1/15	Not used

Segment Type: Subscriber Secondary ID (position 035, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Property and Casualty Claim Number (position 035, Loop 2010BA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode Y4
REF02	127	Payer Additional ID	X AN 1/30	Patient List, Case Claim Number (Policy tab)
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Payer Name (position 015, Loop 2010BB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode PR
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Payer Name	O AN 1/35	Insurance Carriers List, Name PABS: if EMC Receiver List, Extra 2 is 'C' then HGSA HMSA: HAWAII MEDICAL SERVICE ASSOCIATION
NM104	1036	First Name	O AN 1/25	Not used
NM105	1037	Middle Name	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode PI
NM109	67	Payer Primary ID	X ID 2/80	Insurance Carriers List, EMC Payor Number GPNT: EMC Receiver List, Extra 2 + Insurance Carriers List, EMC Payor Number HMSA: 990040115 PABS: if EMC Receiver List, Extra 2 is 'G' then EMC Receiver List, Extra 1
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Payer Name Info (position 020, Loop 2010BB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Info.	M ID 2/2	SEGMENT NOT USED

Segment Type: Payer Address (position 025, Loop 2010BB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Subscriber Address 1	M AN 1/55	Insurance Carriers List, Street 1
N302	166	Subscriber Address 2	O AN 1/55	Not used

Segment Type: Payer City/State/Zip (position 030, Loop 2010BB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Subscriber City	O AN 2/30	Insurance Carriers List, City
N402	156	Subscriber State	O ID 2/2	Insurance Carriers List, State
N403	116	Subscriber Postal Code	O ID 3/15	Insurance Carriers List, Zip Code
N404	26	Subscriber Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Payer Secondary ID (position 035, Loop 2010BB)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode FY
REF02	127	Payer Additional ID	X AN 1/30	Insurance Carriers List, EMC Sub ID
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Responsible Party Name (position 015, Loop 2010BC)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Org. Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode QD
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Responsible Party Last Name	O AN 1/35	Patient List, Last Name (Guarantor)
NM104	1036	First Name	O AN 1/25	Patient List, First Name (Guarantor)
NM105	1037	Middle Name	O AN 1/25	Patient List, Middle Name (Guarantor)
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Not used
NM109	67	ID Code	X ID 2/80	Not used
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Responsible Party Name (position 020, Loop 2010BC)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Info.	M ID 2/2	SEGMENT NOT USED

Segment Type: Responsible Party Address (position 025, Loop 2010BC)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Subscriber Address 1	M AN 1/55	Patients List, Street 1 (Guarantor)
N302	166	Subscriber Address 2	O AN 1/55	Not used

Segment Type: Responsible Party City/State/Zip (position 030, Loop 2010BC)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Subscriber City	O AN 2/30	Patients List, City (Guarantor)
N402	156	Subscriber State	O ID 2/2	Patients List, State (Guarantor)
N403	116	Subscriber Postal Code	O ID 3/15	Patients List, Zip Code (Guarantor)
N404	26	Subscriber Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Credit/Debit Cardholder Name (position 015, Loop 2010BD)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Org. Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Additional Credit/Debit Cardholder Name (position 020, Loop 2010BD)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Info.	M ID 2/2	SEGMENT NOT USED

Segment Type: Credit/Debit Card Info (position 035, Loop 2010BD)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Patient Hierarchical Level (position 001, Loop 2000C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HL	HL	Hierarchical Level	M ID 2/2	Hardcode HL
HL01	628	Hierarchical ID Number	M AN 1/12	Calculated
HL02	734	Hierarchical Parent ID	O AN 1/12	Calculated to match parent (subscriber) Hierarchical ID number
HL03	735	Hierarchical Level Code	M ID 1/2	Hardcode 23
HL04	736	Hierarchical Child Code	O ID 1/1	Hardcode 0

Segment Type: Patient Information (position 007, Loop 2000C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PAT	PAT	Patient Information	M ID 3/3	Hardcode PAT
PAT01	1069	Patients Relation to Insured	O ID 2/2	Patients List, Case Insured Relationship (policy 1) 01=Spouse 19=Child G8=Other 21=Unknown 18=Self (not used because this segment is only sent when the insured and patient are not the same)
PAT02	1384	Patient Location Code	O ID 1/1	Not used
PAT03	584	Employment Status Code	O ID 2/2	Not used
PAT04	1220	Student Status Code	O ID 1/1	Not used
PAT05	1250	Date Time Format Qualifier	X ID 2/3	If Patients List, Case Death Indicator is Dead then outputs D8
PAT06	1251	Patient Date of Death	X AN 1/35	If Patients List, Case Death Indicator is Dead then outputs Patients List, Case Date Total Disability from
PAT07	355	Unit or Basis for Measurement Code	X ID 2/2	Patients List, Patient Weight Units
PAT08	81	Patient Weight	X R 1/10	Patients List, Patient Weight
PAT09	1073	Pregnancy Indicator	O ID 1/1	Patients List, Case Pregnancy Indicator

Segment Type: Patient Name (position 015, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode QC
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Patient Last Name	O AN 1/35	Patients List, Last Name
NM104	1036	Patient First Name	O AN 1/25	Patients List, First Name
NM105	1037	Patient Middle Name	O AN 1/25	Patients List, Middle Initial
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Not used
NM109	67	Patient Primary ID	X ID 2/80	Not used
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Patient Name info (position 020, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Patient Address (position 025, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3

N301	166	Patient Address 1	M AN 1/55	Patients List, Street 1
N302	166	Patient Address 2	O AN 1/55	Patients List, Street 2

Segment Type: Patient City/State/Zip (position 030, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Patient City	O AN 2/30	Patients List, City
N402	156	Patient State	O ID 2/2	Patients List, State
N403	116	Patient Postal Code	O ID 3/15	Patients List, Zip Code
N404	26	Patient Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Patient Demographic Info (position 032, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DMG	DMG	Demographic Information	M ID 3/3	Hardcode DMG
DMG01	1250	Date Time Format Qualifier	X ID 2/3	Hardcode D8
DMG02	1251	Date of Birth – Patient	X AN 1/35	Patients List, Date of Birth
DMG03	1068	Gender – Patient	O ID 1/1	Patients List, Sex
DMG04	1067	Marital Status Code	O ID 1/1	Not used
DMG05	1109	Race or Ethnicity Code	O ID 1/1	Not used
DMG06	1066	Citizenship Status Code	O ID 1/2	Not used
DMG07	26	Country Code	O ID 2/3	Not used
DMG08	659	Basis of Verification Code	O ID 1/2	Not used
DMG09	380	Quantity	O R 1/15	Not used

Segment Type: Patient Secondary ID (position 035, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode SY
REF02	127	Patient ID	X AN 1/30	Patients List, Social Security Number
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Property and Casualty Claim Number (position 035, Loop 2010CA)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Claim Information (position 130, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CLM	CLM	Health Claim	M ID 3/3	Hardcode CLM
CLM01	1028	Patient Account Number	M AN 1/38	Patients List, Chart Number
CLM02	782	Total Claim Charges	O R 1/18	Calculated
CLM03	1032	Claim Filing Indicator	O ID 1/2	Not used
CLM04	1343	Non-Institutional Claim Type	O ID 1/2	Not used
CLM05	C023	Place of Service	O	
CLM05-1	1331	Facility Type Code	M AN 1/2	Claim, Transaction Place of Service
CLM05-2	1332	Facility Code Qualifier	O ID 1/2	Not used
CLM05-3	1325	Claim Submission Reason Code	O ID 1/1	Hardcode 1
CLM06	1073	Provider Signature on File	O ID 1/1	Providers List, Signature on File
CLM07	1359	Provider Accept Assignment	O ID 1/1	Patients List, Case Accept Assignment Patients List, Case Description (enter ACC: starting in position 26, and indicator in position 30)
CLM08	1073	Assignment of Benefits	O ID 1/1	Patients List, Case Accept Assignment (policy 1 or 2)
CLM09	1363	Release of Information	O ID 1/1	Patients List, Signature on File
CLM10	1351	Patient Signature Source	O ID 1/1	If Patients List, Case Accept Assignment (policy 1 or 2) is checked and Patients List, Signature on File is checked Then outputs B, If only Patients List, Signature on File is checked

				Then outputs S, If only Patients List, Case Accept Assignment (policy 1) is checked then outputs M, If only Providers List, Signature on File is checked then Outputs P
CLM11	C024	Accident/Employment Related Causes	O	
CLM11-1	1362	Related Causes Code	M ID 2/3	If Patients List, Case Related to Accident is Auto Then outputs AA, If Patients List, Case Related to Employment is checked Then outputs EM If Patients List, Case Related to Accident is Yes Then outputs OA
CLM11-2	1362	Related Causes Code	O ID 2/3	Not used
CLM11-3	1362	Related Causes Code	O ID 2/3	Not used
CLM11-4	156	Auto Accident State	O ID 2/2	Patient List, Case Accident State
CLM11-5	26	Country Code	O ID 2/3	Not used
CLM12	1366	Special Program Code	O ID 2/3	If Patients List, Case EPSDT is checked Then outputs 01
CLM13	1073	Yes/No Condition or Response	O ID 1/1	Not used
CLM14	1338	Level of Service Code	O ID 1/3	Not used
CLM15	1073	Yes/No Condition or Response	O ID 1/1	Not used
CLM16	1360	Participation Agreement Code	O ID 1/1	Not used
CLM17	1029	Claim Status Code	O ID 1/2	Not used
CLM18	1073	Yes/No Condition or Response	O ID 1/1	Not used
CLM19	1383	Claim Submission Reason	O ID 2/2	Not used
CLM20	1514	Delay Reason Code	O ID 1/2	Not used

Segment Type: Order Date (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Initial Treatment Date (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 454
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Initial Treatment	M AN 1/35	Patients List, Case Date First Consulted

Segment Type: Referral Date (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 330
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Referral	M AN 1/35	Patients List, Case Referral Date

Segment Type: Date Last Seen (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 304
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Last Seen	M AN 1/35	Patients List, Case Date Last Seen (by Primary Care Provider) If blank, then Patients List, Case Date First Consulted

Segment Type: Onset of Current Illness/Symptom (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 431
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date of Manifestation	M AN 1/35	Patients List, Case Date of Injury/Illness

Segment Type: Date of Acute Manifestation (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 453
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date of Manifestation	M AN 1/35	Patients List, Case Date of Manifestation

Segment Type: Date Similar Illness/Symptoms Onset (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 438
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Similar Illness/Symptom Date	M AN 1/35	Patients List, Case Date of Similar Symptoms

Segment Type: Date of Accident (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 439
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date of Accident	M AN 1/35	Patients List, Case Date of Injury/Illness

Segment Type: Date of Last Menstrual Period (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 484
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date LMP	M AN 1/35	Patients List, Case Date of Injury/Illness

Segment Type: Date of Last X-Ray (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 455
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Last X-Ray	M AN 1/35	Patients List, Case Last X-Ray Date

Segment Type: Estimated Date of Birth (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode ABC
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Estimated Date of Birth	M AN 1/35	Patients List, Case Estimated Date of Birth

Segment Type: Hearing & Vision Prescription Date (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 471
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Prescription Date	M AN 1/35	Patients List, Case Prescription Date

Segment Type: Date Disability Begin (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 360
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Disability Begin	M AN 1/35	Patients List, Case Date Tot Disability From If blank, then Patients List, Case Date Part Disability From

Segment Type: Date Disability End (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 361
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Disability End	M AN 1/35	Patients List, Case Date Tot Disability To If blank, then Patients List, Case Date Part Disability To

Segment Type: Date Last Worked (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 297
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Last Worked	M AN 1/35	Patients List, Case Last Worked Date

Segment Type: Date Authorized Return to Work (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 296
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Authorized Return to Work	M AN 1/35	Patients List, Case Date Unable to Work to

Segment Type: Date Admitted (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 435
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Related Hospital Admission Date	M AN 1/35	Patients List, Case Hospital Date From

Segment Type: Date Discharge (position 135, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 096
DTP02	1250	Date/Time Period Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Related Hospital Disch. Date	M AN 1/35	Patients List, Case Hospital Date To

Segment Type: Assumed Care Date (position 135, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 090
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Assumed Care	M AN 1/35	Patients List, Case Date Assumed Care

Segment Type: Relinquished Care Date (position 135, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	Hardcode DTP
DTP01	374	Date/Time Qualifier	M ID 3/3	Hardcode 091
DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	Hardcode D8
DTP03	1251	Date Relinquished Care	M AN 1/35	Patients List, Case Date Relinquished Care

Segment Type: Claim Supplemental Info (position 155, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PWK	PWK	Paperwork	M ID 3/3	Hardcode PWK
PWK01	755	Report Type Code	M ID 2/2	Patients List, Case Report Type Code
PWK02	756	Report Submission Code	O ID 1/2	Patients List, Case Report Transmission Code
PWK03	757	Report Copies Needed	O NO 1/2	Not used
PWK04	98	Entity ID Code	O ID 2/3	Not used
PWK05	66	ID Code Qualifier	X ID 1/2	Hardcode 'AC'
PWK06	67	ID Code	X AN 2/80	Patients List, Case Attachment Control Number
PWK07	352	Description	O AN 1/80	Not used
PWK08	C002	Actions Indicated	O	Not Used
PWK09	1525	Request Category Code	O ID 1/2	Not used

Segment Type: Contract Information (position 160, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CN1	CN1	Contract Information	M ID 3/3	SEGMENT NOT USED

Segment Type: Credit/Debit Card Max. Amount (position 175, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Patient Amount Paid (position 175, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Total Purchased Service Amount (position 175, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	Hardcode AMT
AMT01	522	Amount Qualifier Code	M ID 3/3	Hardcode NE
AMT02	782	Monetary Amount	M R 1/18	Calculated
AMT03	478	Credit/Debit Flag Code	O ID 1/1	Not used

Segment Type: Service Authorization Exception (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode 4N
REF02	127	Service Authorization Exception Number	X AN 1/30	Patients List, Case Service Authorization Exception Code
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Mammography Certification Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode EW
REF02	127	Mammography Certification Number	X AN 1/30	Case, Extra 4 positions 4-13 (first positions must contain MC:) Or Address List, Facility Extra 2 positions 4-13 (positions 1-3 must contain MC:)
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Prior Auth. Or Referral Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode G1
REF02	127	Prior Authorization or Referral Number	X AN 1/30	Patients List, Case Prior Authorization No.
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Original Reference Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode F8
REF02	127	Original Reference Number	X AN 1/30	Patients List, Case Medicaid Original Ref No.
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: CLIA Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode X4
REF02	127	CLIA Number	X AN 1/30	If Patients List, Case Extra 4 positions 1-5 = CLIA: then Patients List, Case Extra 4 positions 6 on ELSE Providers List, CLIA Number
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Repriced Claim Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Adjusted Repriced Claim Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Investigational Device Exemption Number (position 180, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode LX
REF02	127	IDE Number	X AN 1/30	Patient List, Case IDE Number
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Claim ID for Clearinghouses (position 180, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Ambulatory Patient Group (position 180, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Medical Record Number (position 180, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Demonstration Project ID (position 180, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: File Information (position 185, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
K3	K3	File Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Claim Note (position 190, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NTE	NTE	Note/Special Instruction	M ID 3/3	Hardcode NTE
NTE01	363	Note Reference Code	O ID 3/3	Hardcode ADD
NTE02	352	Claim Note Text	M AN 1/80	Patients List, Case EMC Notes position 6-85 (first positions must be @NTE)

Segment Type: Claim Note (position 190, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NTE	NTE	Note/Special Instruction	M ID 3/3	Hardcode NTE
NTE01	363	Note Reference Code	O ID 3/3	Hardcode ADD
NTE02	352	Claim Note Text	M AN 1/80	Patients List, Case EMC Notes position 86-165 (first positions must be @NTE)

Segment Type: Claim Note (position 190, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NTE	NTE	Note/Special Instruction	M ID 3/3	Hardcode NTE
NTE01	363	Note Reference Code	O ID 3/3	Hardcode ADD
NTE02	352	Claim Note Text	M AN 1/80	Patients List, Case EMC Notes position 166-245 (first positions must be @NTE)

Segment Type: Ambulance Transport Information (position 195, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR1	CR1	Ambulance Certification	M ID 3/3	Hardcode CR1
CR101	355	Unit or Basis for Measurement	X ID 2/2	Hardcode LB
CR102	81	Patient Weight	X R 1/10	Patients List, Custom Data Patient Weight
CR103	1316	Ambulance Transport Code	O ID 1/1	Patients List, Custom Data Transport Type
CR104	1317	Ambulance Transport Reason Code	O ID 1/1	Patients List, Custom Data Trans To/For
CR105	355	Unit or Basis for Measurement	X ID 2/2	Hardcode DH
CR106	380	Transport Distance	X R 1/15	Patients List, Custom Data Miles Traveled
CR107	166	Address Information	O AN 1/55	GPNT: Patients List, Custom Data Origin
CR108	166	Address Information	O AN 1/55	GPNT: Patients List, Custom Data Destination

CR109	352	Round Trip Purpose Desc.	O AN 1/80	Patients List, Custom Data Purpose of Round Trip
CR110	352	Stretcher Purpose Desc.	O AN 1/80	Patients List, Custom Data Purpose of Stretcher

Segment Type: Spinal Manipulation Service (position 200, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR2	CR2	Chiropractic Certification	M ID 3/3	Hardcode CR2
CR201	609	Treatment Series Number	X NO 1/9	Patients List, Case Visit Series Counter Addenda 1: Not used
CR202	380	Total Treatments in Series	X R 1/15	Patients List, Case Authorized No of Visits Addenda 1: Not used
CR203	1367	Subluxation Level Code	X ID 2/3	Patients List, Case Level of Subluxation Addenda 1: Not used
CR204	1367	Subluxation Level Code	O ID 2/3	Patients List, Case Level of Subluxation (separate first and last by dash) Addenda 1: Not used
CR205	355	Unit or Basis for Measurement	X ID 2/2	Patients List, Case Treatment Months/Years first position If Y then outputs YR If W then outputs WK If D then outputs DA Else Hardcode MO Addenda 1: Not used
CR206	380	Treatment Series Period	X R 1/15	Patients List, Case Treatment Months/Years If blank, then Patients List, Case Authorized No of Visits Addenda 1: Not used
CR207	380	Treatment Number in Month	O R 1/15	Patients List, Case No Treatments-Month If blank, then Patients List, Case Visit Series Counter Addenda 1: Not used
CR208	1342	Nature of Condition	O ID 1/1	Patients List, Case Nature of Condition (defaults to F)
CR209	1073	Complication Indicator	O ID 1/1	Patients List, Case Complication Indicator (defaults to N) Addenda 1: Not used
CR210	352	Patient Condition Desc.	O AN 1/80	Not used
CR211	352	Patient Condition Desc.	O AN 1/80	Not used
CR212	1073	X-Ray Availability	O ID 1/1	If Patients List, Case Last XRay Date is not blank then Outputs Y Else outputs N

Segment Type: Ambulance Certification (position 220, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	Hardcode CRC
CRC01	1136	Code Category	M ID 2/2	Hardcode 07
CRC02	1073	Certification Condition Ind.	M ID 1/1	Calculated
CRC03	1321	Condition Indicator	M ID 2/2	01- Patients List, Case Hospital Admission 02- Patients List, Case Bed Confined Before 03- Patients List, Case Bed Confined After 04- Patients List, Case Moved by Stretcher 05- Patients List, Case Unconscious/Shock 06- Patients List, Case Emergency 07- Patients List, Case Physical Restraints 08- Patients List, Case Visible Hemorrhaging 09- Patients List, Case Medically Necessary 60- Patients List, Case Services Available
CRC04	1321	Condition Indicator	O ID 2/2	See CRC03
CRC05	1321	Condition Indicator	O ID 2/2	See CRC03
CRC06	1321	Condition Indicator	O ID 2/2	See CRC03
CRC07	1321	Condition Indicator	O ID 2/2	See CRC03

Segment Type: Patient Condition Info –Vision (position 220, Loop 2300)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	Hardcode CRC
CRC01	1136	Code Category	M ID 2/2	Patient List, Case Extra 3 positions 21-22 (first positions must be VI:)
CRC02	1073	Certification Condition Ind.	M ID 1/1	Patient List, Case Extra 3 positions 24 (first positions must be VI:)
CRC03	1321	Condition Indicator	M ID 2/2	Patient List, Case Extra 3 positions 26-27 (first positions must be VI:)
CRC04	1321	Condition Indicator	O ID 2/2	Patient List, Case Extra 3 positions 29-30 (first positions

				must be VI:)
CRC05	1321	Condition Indicator	O ID 2/2	Patient List, Case Extra 3 positions 32-33 (first positions must be VI:)
CRC06	1321	Condition Indicator	O ID 2/2	Patient List, Case Extra 3 positions 35-36 (first positions must be VI:)
CRC07	1321	Condition Indicator	O ID 2/2	Patient List, Case Extra 3 positions 38-39 (first positions must be VI:)

Segment Type: Homebound Indicator (position 220, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	Hardcode CRC
CRC01	1136	Code Category	M ID 2/2	Hardcode 75
CRC02	1073	Certification Condition Ind.	M ID 1/1	Hardcode Y
CRC03	1321	Condition Indicator	M ID 2/2	Hardcode IH
CRC04	1321	Condition Indicator	O ID 2/2	Not used
CRC05	1321	Condition Indicator	O ID 2/2	Not used
CRC06	1321	Condition Indicator	O ID 2/2	Not used
CRC07	1321	Condition Indicator	O ID 2/2	Not used

Segment Type: EPSDT Referral (position 220, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	Hardcode CRC
CRC01	1136	Code Category	M ID 2/2	Hardcode ZZ
CRC02	1073	Certification Condition Ind.	M ID 1/1	If Patient List, Case Extra 3 is EPSDT: then Hardcode Y Else Hardcode N
CRC03	1321	Condition Indicator	M ID 2/2	If Patient List, Case Extra 3 is EPSDT: then Patient List, Case Extra 3 positions 7-8 Else Hardcode NU
CRC04	1321	Condition Indicator	O ID 2/2	If Patient List, Case Extra 3 is EPSDT: then Patient List, Case Extra 3 positions 9-10
CRC05	1321	Condition Indicator	O ID 2/2	Not used
CRC06	1321	Condition Indicator	O ID 2/2	Not used
CRC07	1321	Condition Indicator	O ID 2/2	Not used

Segment Type: Health Care Diagnosis Code (position 231, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HI	HI	Health Care Info Codes	M ID 2/2	Hardcode HI
HI01	C022	Principal Diagnosis	M	
HI01-1	1270	Diagnosis Type Code	M ID 1/3	Hardcode BK
HI01-2	1271	Diagnosis Code	M AN 1/30	Claim, Diagnosis 1 (based on Insurance Diagnosis Code Set)
HI01-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI01-4	1251	Date Time Period	X AN 1/35	Not used
HI01-5	782	Monetary Amount	O R 1/18	Not used
HI01-6	380	Quantity	O R 1/15	Not used
HI01-7	799	Version ID	O AN 1/30	Not used
HI02	C022	Diagnosis	O	
HI02-1	1270	Diagnosis Type Code	M ID 1/3	Hardcode BF
HI02-2	1271	Diagnosis Code	M AN 1/30	Claim, Diagnosis 2 (based on Insurance Diagnosis Code Set)
HI02-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI02-4	1251	Date Time Period	X AN 1/35	Not used
HI02-5	782	Monetary Amount	O R 1/18	Not used
HI02-6	380	Quantity	O R 1/15	Not used
HI02-7	799	Version ID	O AN 1/30	Not used
HI03	C022	Diagnosis	O	
HI03-1	1270	Diagnosis Type Code	M ID 1/3	Hardcode BF
HI03-2	1271	Diagnosis Code	M AN 1/30	Claim, Diagnosis 3 (based on Insurance Diagnosis Code Set)
HI03-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI03-4	1251	Date Time Period	X AN 1/35	Not used
HI03-5	782	Monetary Amount	O R 1/18	Not used
HI03-6	380	Quantity	O R 1/15	Not used

HI03-7	799	Version ID	O AN 1/30	Not used
HI04	C022	Diagnosis	O	
HI04-1	1270	Diagnosis Type Code	M ID 1/3	Hardcode BF
HI04-2	1271	Diagnosis Code	M AN 1/30	Claim, Diagnosis 4 (based on Insurance Diagnosis Code Set)
HI04-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI04-4	1251	Date Time Period	X AN 1/35	Not used
HI04-5	782	Monetary Amount	O R 1/18	Not used
HI04-6	380	Quantity	O R 1/15	Not used
HI04-7	799	Version ID	O AN 1/30	Not used
HI05	C022	Diagnosis	O	
HI05-1	1270	Diagnosis Type Code	M ID 1/3	Not used
HI05-2	1271	Diagnosis Code	M AN 1/30	Not used
HI05-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI05-4	1251	Date Time Period	X AN 1/35	Not used
HI05-5	782	Monetary Amount	O R 1/18	Not used
HI05-6	380	Quantity	O R 1/15	Not used
HI05-7	799	Version ID	O AN 1/30	Not used
HI06	C022	Diagnosis	O	
HI06-1	1270	Diagnosis Type Code	M ID 1/3	Not used
HI06-2	1271	Diagnosis Code	M AN 1/30	Not used
HI06-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI06-4	1251	Date Time Period	X AN 1/35	Not used
HI06-5	782	Monetary Amount	O R 1/18	Not used
HI06-6	380	Quantity	O R 1/15	Not used
HI06-7	799	Version ID	O AN 1/30	Not used
HI07	C022	Diagnosis	O	
HI07-1	1270	Diagnosis Type Code	M ID 1/3	Not used
HI07-2	1271	Diagnosis Code	M AN 1/30	Not used
HI07-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI07-4	1251	Date Time Period	X AN 1/35	Not used
HI07-5	782	Monetary Amount	O R 1/18	Not used
HI07-6	380	Quantity	O R 1/15	Not used
HI07-7	799	Version ID	O AN 1/30	Not used
HI08	C022	Diagnosis	O	
HI08-1	1270	Diagnosis Type Code	M ID 1/3	Not used
HI08-2	1271	Diagnosis Code	M AN 1/30	Not used
HI08-3	1250	Date Time Format Qualifier	X ID 2/3	Not used
HI08-4	1251	Date Time Period	X AN 1/35	Not used
HI08-5	782	Monetary Amount	O R 1/18	Not used
HI08-6	380	Quantity	O R 1/15	Not used
HI08-7	799	Version ID	O AN 1/30	Not used
HI09	C022	Health Care Code Info.	O	Not used
HI10	C022	Health Care Code Info.	O	Not used
HI11	C022	Health Care Code Info.	O	Not used
HI12	C022	Health Care Code Info.	O	Not used

Segment Type: Claim Pricing/Repricing Info (position 241, Loop 2300)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HCP	HCP	Health Care Pricing	M ID 3/3	SEGMENT NOT USED

Segment Type: Home Health Care Plan Info (position 242, Loop 2305)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR7	CR7	Home Health Treatment Plan Certification	M ID 3/3	Hardcode CR7
CR701	921	Discipline Type Code	M ID 2/2	Patient List, Case Extra 3 positions 6-7 (first positions must be CR7:)
CR702	1470	Total Visits Rendered	M N0 1/9	Patient List, Case Extra 3 positions 9-11 (first positions must be CR7:)
CR703	1470	Total Visits Projected	M N0 1/9	Patient List, Case Extra 3 positions 13-15 (first positions must be CR7:)

Segment Type: Health Care Services Delivery (position 243, Loop 2305)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HSD	HSD	Health Care Services Delivery	M ID 3/3	Hardcode HSD

HSD01	673	Quality Identifier	X ID 2/2	Hardcode VI
HSD02	380	Number of Visits	X R 1/15	Patient List, Case Extra 3 positions 17-19 (first positions must be CR7:)
HSD03	355	Frequency Period	O ID 2/2	Patient List, Case Extra 3 positions 21-22 (first positions must be CR7:)
HSD04	1167	Frequency Count	O R 1/6	Patient List, Case Extra 3 positions 24-29 (first positions must be CR7:)
HSD05	615	Duration of Visits	X ID 1/2	Patient List, Case Extra 3 positions 31-32 (first positions must be CR7:)
HSD06	616	Number of Units	O N0 1/3	Patient List, Case Extra 3 positions 34-36 (first positions must be CR7:)
HSD07	678	Ship, Delivery or Calendar Pattern Code	O ID 1/2	Patient List, Case Extra 3 positions 38-39 (first positions must be CR7:)
HSD08	679	Ship, Delivery Pattern Time Code	O ID 1/1	Patient List, Case Extra 3 position 40 (first positions must be CR7:)

Segment Type: Referring Provider Name (position 250, Loop 2310A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode DN
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Referring Provider Last Name	O AN 1/35	Referring Providers List, Last Name
NM104	1036	Referring Provider First Name	O AN 1/25	Referring Providers List, First Name
NM105	1037	Referring Provider Middle Name	O AN 1/25	Referring Providers List, Middle Initial
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Referring Providers List, Federal Tax ID Indicator if checked, Then '24' Else '34'
NM109	67	Referring Provider Primary ID	X ID 2/80	Referring Providers List, SSN or Federal Tax ID
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Referring Provider Specialty Info (position 255, Loop 2310A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PRV	PRV	Provider Information	M ID 3/3	Hardcode PRV
PRV01	1221	Provider Code	M ID 1/3	Hardcode RF
PRV02	128	Reference Id Qualifier	M ID 2/3	Hardcode ZZ
PRV03	127	Provider Specialty Code	M AN 1/30	Referring Providers List, Extra 2 Must be 10 digits with alpha character in 10 th position
PRV04	156	State or Province Code	O ID 2/2	Not used
PRV05	C035	Provider Specialty Info.	O	Not used
PRV06	1223	Provider Organization Code	O ID 3/3	Not used

Segment Type: Additional Referring Provider Name Info (position 260, Loop 2310A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Referring Provider Secondary ID (position 271, Loop 2310A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode 1G HMSA: Hardcode G2
REF02	127	Referring Provider Secondary ID	X AN 1/30	Referring Providers List, UPIN
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Rendering Provider Name (position 250, Loop 2310B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode 82
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Rendering Provider Last Name	O AN 1/35	Providers List, Last Name
NM104	1036	Rendering Provider First Name	O AN 1/25	Providers List, First Name
NM105	1037	Rendering Provider Middle Name	O AN 1/25	Providers List, Middle Initial
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Providers List, Federal Tax ID Indicator if checked, Then '24' Else '34'
NM109	67	Rendering Provider Primary ID	X ID 2/80	Providers List, SSN/Federal Tax ID
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Rendering Provider Specialty Info (position 255, Loop 2310B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PRV	PRV	Provider Information	M ID 3/3	Hardcode PRV
PRV01	1221	Provider Code	M ID 1/3	Hardcode PE
PRV02	128	Reference ID Qualifier	M ID 2/3	Hardcode ZZ
PRV03	127	Provider Specialty Code	M AN 1/30	Providers List, Extra 2 Must be 10 digits with alpha character in 10 th position
PRV04	156	State	O ID 2/2	Not used
PRV05	C035	Provider Specialty Information	O	Not used
PRV06	1223	Provider Organization Code	O ID 3/3	Not used

Segment Type: Additional Rendering Provider Name (position 260, Loop 2310B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Rendering Provider Secondary ID (position 271, Loop 2310B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Calculated –see Provider ID & Reference ID Qualifier Calculation at the end of this crosswalk HMSA: hardcode G2
REF02	127	Rendering Provider Secondary ID	X AN 1/30	Calculated –see Provider ID & Reference ID Qualifier Calculation at the end of this crosswalk (this data element will not use the group id codes when entity type is 2)
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Purchased Service Provider Name (position 250, Loop 2310C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode QB
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Provider Last Name	O AN 1/35	Not used
NM104	1036	Provider First Name	O AN 1/25	Not used
NM105	1037	Provider Middle Name	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode 24
NM109	67	Provider Primary ID	X ID 2/80	Address List, Identifier (Facility)

NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Purchased Service Provider Secondary ID (position 271, Loop 2310C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Service Facility Location (position 250, Loop 2310D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	If Address List, Type is Laboratory then Hardcode LI ELSE If Address List, Type is Miscellaneous then Hardcode 77 Else If Address List, Contact contains ENTITY: in first 7 positions then Address List, Contact positions 8-9 Else Hardcode FA
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Provider Last Name	O AN 1/35	Address List, Name (Facility)
NM104	1036	Provider First Name	O AN 1/25	Not used
NM105	1037	Provider Middle Name	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode 24
NM109	67	Provider Primary ID	X ID 2/80	Address List, Identifier
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Service Facility Location Name (position 260, Loop 2310D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Service Facility Location Address (position 265, Loop 2310D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Facility Address 1	M AN 1/55	Address List, Street 1 (Facility)
N302	166	Facility Address 2	O AN 1/55	Not used

Segment Type: Service Facility Location City/State/Zip (position 270, Loop 2310D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Facility City	O AN 2/30	Address List, City (Facility)
N402	156	Facility State	O ID 2/2	Address List, State (Facility)
N403	116	Facility Postal Code	O ID 3/15	Address List, Zip Code (Facility)
N404	26	Facility Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Service Facility Location Secondary ID (position 271, Loop 2310D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode LU
REF02	127	Lab or Facility Second ID	X AN 1/30	Patients List, Case Extra 1 positions 5 on (first positions must be CPO: or HOS:)

REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference Identifier	O	Not used

Segment Type: Supervising Provider Name (position 250, Loop 2310E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode DQ
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Provider Last Name	O AN 1/35	Referring Providers List, Last Name (Supervising Provider or Primary Care Provider)
NM104	1036	Provider First Name	O AN 1/25	Referring Providers List, First Name (Supervising Provider or Primary Care Provider)
NM105	1037	Provider Middle Name	O AN 1/25	Referring Providers List, Middle Initial (Supervising Provider or Primary Care Provider)
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	If Referring Providers List, Federal Tax ID Indicator is true, then Hardcode 24 ELSE Hardcode 34
NM109	67	Provider Primary ID	X ID 2/80	Referring Providers List, SSN or Fed Tax ID
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Additional Supervising Provider Name (position 260, Loop 2310E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Supervising Provider Secondary ID (position 271, Loop 2310E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode 1G
REF02	127	Supervising Provider Second ID	X AN 1/30	Referring Providers List, UPIN (Supervising Provider or Primary Care Provider)
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference Identifier	O	Not used

Segment Type: Other Subscriber Information (position 290, Loop 2320)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
SBR	SBR	Subscriber Information	M ID 3/3	Hardcode SBR
SBR01	1138	Payer Responsibility Sequence Number	M ID 1/1	Hardcode S (P when billing secondary claims)
SBR02	1069	Individual Relationship Code	O ID 2/2	Patients List, Case Relationship to Insured (policy 1 or 2)
SBR03	127	Insured Group or Policy No.	O AN 1/30	Patients List, Case Policy Number (policy 1 or 2)
SBR04	93	Group or Plan Name	O AN 1/60	Not used
SBR05	1336	Insurance Type Code	O ID 1/3	Primary: If Secondary is Medicaid then outputs MC Else Hardcode MI Secondary: If Primary is Medicare then MP Else If Primary is Medicaid then MC Else if Primary is HMO then HM Else If Primary is Group then GP Else OT
SBR06	1134	Coordination of Benefits	O ID 1/1	Not used
SBR07	1073	Yes/No Condition or Response Code	O ID 1/1	Not used
SBR08	584	Employment Status Code	O ID 2/2	Not used
SBR09	1032	Claim Filing Indicator Code	O ID 1/2	Insurance Carriers List, Type FECA = OF Medicare = MB Medicaid = MC Blue Cross/Shield = BL Champus = CH

				ChampsVA = VA Worker's Comp = WC HMO = HM PPO = 12 Default = CI NHIC: if Receiver State is NE then outputs ZZ
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Segment Type: Claim Level Adjustments (position 295, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CAS	CAS	Claims Adjustment	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Payer Paid Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Approved Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Allowed Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Patient Responsibility Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Covered Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Discount Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Per Day Limit Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Patient Paid Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Tax Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Coordination of Benefits Total Claim Before Taxes Amount (position 300, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Subscriber Demographic Info (position 305, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DMG	DMG	Demographic Information	M ID 3/3	Hardcode DMG
DMG01	1250	Date Time Format Qualifier	X ID 2/3	Hardcode D8
DMG02	1251	Date of Birth – Patient	X AN 1/35	Patients List, Date of Birth (Other Insured)
DMG03	1068	Gender – Patient	O ID 1/1	Patients List, Sex (Other Insured)
DMG04	1067	Marital Status Code	O ID 1/1	Not used
DMG05	1109	Race or Ethnicity Code	O ID 1/1	Not used
DMG06	1066	Citizenship Status Code	O ID 1/2	Not used
DMG07	26	Country Code	O ID 2/3	Not used
DMG08	659	Basis of Verification Code	O ID 1/2	Not used
DMG09	380	Quantity	O R 1/15	Not used

Segment Type: Other Insurance Coverage Info (position 310, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
OI	OI	Other Health Insurance Info	M ID 2/2	Hardcode OI
OI01	1032	Claim Filing Indicator Code	O ID 1/2	Not used
OI02	1383	Claim Submission Reason Code	O ID 2/2	Not used
OI03	1073	Assignment of Benefits	O ID 1/1	If Patients List, Case Accept Assignment (Policy 1 or 2) is true then outputs Y ELSE Output N
OI04	1351	Patient Signature Source	O ID 1/1	If Patients List, Case Accept Assignment (Policy 1 or 2) is true and Patients List, Signature on File is True then outputs B ELSE If Patients List, Signature on File is True then Outputs S ELSE If Patients List, Case Accept Assignment (policy 1 or 2) is true then Outputs M ELSE If Providers List, Signature on File is true then Outputs P
OI05	1360	Provider Agreement Code	O ID 1/1	Not used
OI06	1363	Release of Information Code	O ID 1/1	If Patients List, Signature on File is true then outputs Y ELSE Output N

Segment Type: Medicare Outpatient Adjudication Info (position 320, Loop 2320)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
MOA	MOA	Medicare Outpatient Adjudication	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Subscriber Name (position 325, Loop 2330A)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1

NM101	98	Entity ID Code	M ID 2/3	Hardcode IL
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 1
NM103	1035	Subscriber Last Name	O AN 1/35	Patients List, Last Name (Other Insured)
NM104	1036	Subscriber First Name	O AN 1/25	Patients List, First Name (Other Insured)
NM105	1037	Subscriber Middle Name	O AN 1/25	Patients List, Middle Initial (Other Insured)
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode MI
NM109	67	Other Subscriber Primary ID	X ID 2/80	Patients List, Case Policy Number (policy 1 or 2)
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Other Subscriber Name (position 330, Loop 2330A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Other Subscriber Address (position 332, Loop 2330A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	Hardcode N3
N301	166	Subscriber Address 1	M AN 1/55	Patient List, Street 1 (Other Insured)
N302	166	Subscriber Address 2	O AN 1/55	Not used

Segment Type: Other Subscriber City/State/Zip (position 340, Loop 2330A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	Hardcode N4
N401	19	Subscriber City	O AN 2/30	Patient List, City (Other Insured)
N402	156	Subscriber State	O ID 2/2	Patient List, State (Other Insured)
N403	116	Subscriber Postal Code	O ID 3/15	Patient List, Zip Code (Other Insured)
N404	26	Subscriber Country Code	O ID 2/3	Not used
N405	309	Location Qualifier	X ID 1/2	Not used
N406	310	Location Identifier	O AN 1/30	Not used

Segment Type: Other Subscriber Secondary ID (position 355, Loop 2330A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Name (position 325, Loop 2330B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode PR
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Payer Name	O AN 1/35	Insurance Carriers List, Name
NM104	1036	First Name	O AN 1/25	Not used
NM105	1037	Middle Name	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode PI
NM109	67	Other Payer Primary ID	X ID 2/80	If Insurance Carriers List, EMC Extra 1/Medigap is not blank Then use Insurance Carriers List, EMC Extra 1/Medigap ELSE Insurance Carriers List, EMC Payor Number GPNT: If Insurance Carriers List, Type is Medicare then Add 'C' to beginning of number Else if Type is Medicaid then Add 'D' to beginning of number Else if Type is Blue Shield then Add 'G' to beginning of number Else Add 'F' to beginning of number
NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Other Payer Name (position 330, Loop 2330B)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Other Payer Contact Info (position 345, Loop 2330B)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PER	PER	Administrative Communications Contact	M ID 3/3	SEGMENT NOT USED

Segment Type: Claim Adjudication Date (position 345, Loop 2330B)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Secondary ID (position 355, Loop 2330B)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode FY
REF02	127	Other Payer Secondary ID	X AN 1/30	Insurance Carriers List, EMC Sub ID (Other Insurance)
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Other Payer Prior Authorization or Referral Number (position 355, Loop 2330B)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	Hardcode REF
REF01	128	Reference ID Qualifier	M ID 2/3	Hardcode G1
REF02	127	Other Payer Prior Auth.	X AN 1/30	Patients List, Case Visit Authorization Number
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference ID	O	Not used

Segment Type: Other Payer Claim Adjustment Indicator (position 355, Loop 2330B)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Patient Information (position 325, Loop 2330C)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Patient ID (position 355, Loop 2330C)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Referring Provider (position 325, Loop 2330D)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Referring Provider ID (position 355, Loop 2330D)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Rendering Provider (position 325, Loop 2330E)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Rendering Provider Secondary ID (position 355, Loop 2330E)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Purchased Service Provider (position 325, Loop 2330F)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Purchased Service Provider ID (position 355, Loop 2330F)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Service Facility Location (position 325, Loop 2330G)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Service Facility Location (position 355, Loop 2330G)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Supervising Provider (position 325, Loop 2330H)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Supervising Provider ID (position 355, Loop 2330H)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Service Line (position 365, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
LX	LX	Assigned Number	M ID 2/2	Hardcode LX
LX01	554	Line Counter	M NO 1/6	Calculated

Segment Type: Professional Service (position 370, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
SV1	SV1	Professional Service	M ID 3/3	Hardcode SV1
SV101	C003	Procedure Identifier	M	
SV101-1	235	Product or Service ID Qualifier	M ID 2/2	Hardcode HC
SV101-2	234	Procedure Code	M AN 1/48	Claim, Transaction Procedure Code (based on Insurance

				Procedure Code Set)
SV101-3	1339	Procedure Modifier 1	O AN 2/2	Claim, Transaction Modifier 1
SV101-4	1339	Procedure Modifier 2	O AN 2/2	Claim, Transaction Modifier 2
SV101-5	1339	Procedure Modifier 3	O AN 2/2	Claim, Transaction Modifier 3
SV101-6	1339	Procedure Modifier 4	O AN 2/2	Claim, Transaction Modifier 4
SV101-7	352	Description	O AN 1/80	Not used
SV102	782	Line Item Charge Amount	O R 1/18	Claim, Transaction Amount
SV103	355	Unit or Basis for Measurement Code	X ID 2/2	If Claim, Transaction Minutes is not blank or 0 then Hardcode MJ Else Hardcode UN
SV104	380	Units or Minutes	X R 1/15	Use Claim, Transaction Minutes if not blank or 0 Else Claim, Transaction Units
SV105	1331	Place of Service Code	O AN 1/2	Claim, Transaction Place of Service (only sent if different from POS on first transaction)
SV106	1365	Service Type Code	O ID 1/2	Not used GPNT: Claim, Transaction Type of Service
SV107	C004	Diagnosis Code Pointer	O	
SV107-1	1328	Diagnosis Code Pointer	M N0 1/2	Calculated
SV107-2	1328	Diagnosis Code Pointer	O N0 1/2	Calculated
SV107-3	1328	Diagnosis Code Pointer	O N0 1/2	Calculated
SV107-4	1328	Diagnosis Code Pointer	O N0 1/2	Calculated
SV108	782	Monetary Amount	O R 1/18	Not used
SV109	1073	Emergency Indicator	O ID 1/1	Patients List, Case Emergency
SV110	1340	Multiple Procedure Code	O ID 1/2	Not used
SV111	1073	EPSDT Indicator	O ID 1/1	Patients List, Case EPSDT
SV112	1073	Family Planning Indicator	O ID 1/1	Patients List, Case Family Planning
SV113	1364	Review Code	O ID 1/2	Not used
SV114	1341	National or Local Assigned Review Code	O AN 1/2	Not used
SV115	1327	Co-Pay Status Code	O ID 1/1	Not used
SV116	1334	Health Care Professional Shortage Area Code	O ID 1/1	Not used
SV117	127	Reference ID	O AN 1/30	Not used
SV118	116	Postal Code	O ID 3/15	Not used
SV119	782	Monetary Amount	O R 1/18	Not used
SV120	1337	Level of Care Code	O ID 1/1	Not used
SV121	1360	Provider Agreement Code	O ID 1/1	Not used

Segment Type: Prescription Number (position 385, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
SV4	SV4	Drug Service	M ID 3/3	SEGMENT NOT USED

Segment Type: DMERC CMN Indicator (position 420, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PWK	PWK	Paperwork	M ID 3/3	SEGMENT NOT USED

Segment Type: Ambulance Transport Info (position 425, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR1	CR1	Ambulance Certification	M ID 3/3	SEGMENT NOT USED

Segment Type: Spinal Manipulation Service (position 430, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR2	CR2	Chiropractic Certification	M ID 3/3	Hardcode CR2
CR201	609	Treatment Series Number	X N0 1/9	Patients List, Case Visit Series Counter
CR202	380	Treatment Count	X R 1/15	Patients List, Case Authorized No of Visits
CR203	1367	Subluxation Level Code	X ID 2/3	Patients List, Case Level of Subluxation
CR204	1367	Subluxation Level Code	O ID 2/3	
CR205	355	Units or Basis for Measure	X ID 2/2	Patients List, Case Treatments Months/Years first position is Y then outputs YR M then outputs MO D then outputs DA W then outputs WK Defaults to MO

CR206	380	Treatment Period Count	X R 1/15	If Patients List, Case Treatments Months/Years is not blank, then outputs Else outputs Patients List, Case Authorized No of Visits
CR207	380	Monthly Treatment Count	O R 1/15	If Patients List, Case No Treatments-Month is not blank, Then outputs Else outputs Patients List, Case Visit Series Counter
CR208	1342	Nature of Condition	O ID 1/1	If Patients List, Case Nature of Condition is not blank, Then outputs Else outputs F
CR209	1073	Complication Indicator	O ID 1/1	If Patients List, Case Complication Ind is not blank, Then outputs Else outputs N
CR210	352	Patient Condition Description	O AN 1/80	Not used
CR211	352	Patient Condition Description	O AN 1/80	Not used
CR212	1073	X-Ray availability Indicator	O ID 1/1	If Patients List, Case Last Xray date is not blank, Then outputs Y Else outputs N

Segment Type: Durable Medical Equipment Cert. (position 435, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR3	CR3	DME Certification	M ID 3/3	SEGMENT NOT USED

Segment Type: Home Oxygen Therapy Info (position 445, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CR5	CR5	Oxygen Therapy Cert.	M ID 3/3	SEGMENT NOT USED

Segment Type: Ambulance Certification (position 450, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	SEGMENT NOT USED

Segment Type: Hospice Employee Indicator (position 450, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	Hardcode CRC
CRC01	1136	Code Category	M ID 2/2	Hardcode 70
CRC02	1073	Certification Condition Ind.	M ID 1/1	Providers List, Extra 1
CRC03	1321	Condition Indicator	M ID 2/2	Hardcode 65
CRC04	1321	Condition Indicator	O ID 2/2	Not used
CRC05	1321	Condition Indicator	O ID 2/2	Not used
CRC06	1321	Condition Indicator	O ID 2/2	Not used
CRC07	1321	Condition Indicator	O ID 2/2	Not used

Segment Type: DMERC Condition Indicator (position 450, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CRC	CRC	Conditions Indicator	M ID 3/3	SEGMENT NOT USED

Segment Type: Service Date (position 455, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	Hardcode DTP
DTP01	374	Date Time Qualifier	M ID 3/3	Hardcode 472
DTP02	1250	Date Time Period Format	M ID 2/3	If from Date = to date, then output D8 Else Output RD8
DTP03	1251	Service Date	M AN 1/35	If from Date = to date, then Claim, Transaction Date From Else Claim, Transaction Date From – Claim, Transaction Date To

Segment Type: Certification Revision Date (position 455, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Referral Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Begin Therapy Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Last Certification Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Order Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Date Last Seen (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Test Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Oxygen Saturation/Arterial Blood Gas Test Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Shipped Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Onset of Current Symptom/Illness Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Last X-Ray Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Acute Manifestation Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Initial Treatment Date (position 455, Loop 2400)				
Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED
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Segment Type: Similar Symptom/Illness Onset Date (position 455, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Anesthesia Modifying Units (position 460, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
QTY	QTY	Quantity	M ID 3/3	Hardcode QTY
QTY01	673	Quantity Qualifier	M ID 2/2	Claim, Transaction Documentation positions 5-6 (first positions must contain QTY:)
QTY02	380	Anesthesia Modifying Units	X R 1/15	Claim, Transaction Documentation positions 7- (first positions must contain QTY:)
QTY03	C001	Composite Unit of Measure	O	Not used
QTY04	61	Free-Form message	X AN 1/30	Not used

Segment Type: Test Result (position 462, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
MEA	MEA	Measurements	M ID 3/3	SEGMENT NOT USED

Segment Type: Contract Information (position 465, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CN1	CN1	Contract Information	M ID 3/3	SEGMENT NOT USED

Segment Type: Repriced Line Item Reference No. (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Adjusted Repriced Line Item Reference No. (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Prior Authorization or Referral No. (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Line Item Control Number (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Transmission Type Identification	M ID 3/3	Hardcode REF
REF01	128	Transmission Type Code	M ID 2/3	Hardcode 6R
REF02	127	Reference ID	X AN 1/30	Claim, Transaction Entry Number
REF03	352	Description	X AN 1/80	Not used
REF04	C040	Reference Identifier	O	Not used

Segment Type: Mammography Certification No. (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: CLIA ID (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
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REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED
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Segment Type: Referring CLIA Facility ID (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Immunization Batch No. (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Ambulatory Patient Group (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Oxygen Flow Rate (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Universal Product Number (position 470, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Sales Tax Amount (position 475, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Approved Amount (position 475, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: Postage Claimed Amount (position 475, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
AMT	AMT	Monetary Amount	M ID 3/3	SEGMENT NOT USED

Segment Type: File Information (position 480, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
K3	K3	File Information	M ID 3/3	Hardcode K3
K301	449	Fixed Format Information	M AN 1/80	Claim, Transaction Documentation (First positions must be K3:)
K302	1333	Record Format Code	O ID 1/2	Not used
K303	C001	Composite unit of Measure	O	Not used

Segment Type: Line Note (position 485, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NTE	NTE	Note/Special Instruction	M ID 3/3	Hardcode NTE
NTE01	363	Note Reference Code	O ID 3/3	Claim, Transaction Documentation positions 5-7 (First positions must be NTE:)
NTE02	352	Claim Note Text	M AN 1/80	Claim, Transaction Documentation position 8 to end of notes

Segment Type: Purchased Service Info (position 488, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
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PS1	PS1	Purchased Service	M ID 3/3	Hardcode PS1
PS101	127	Purchased Service Provider ID	M AN 1/30	Address List, ID (Facility)
PS102	782	Purchased Service Charge Amount	M R 1/18	Claim, Transaction Amount
PS103	156	State or Province Code	O ID 2/2	Not used

Segment Type: Health Care Services Delivery (position 491, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HSD	HSD	Health Care Services Delivery	M ID 3/3	SEGMENT NOT USED

Segment Type: Line Pricing/Repricing Info (position 492, Loop 2400)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
HCP	HCP	Health Care Pricing	M ID 3/3	SEGMENT NOT USED

Segment Type: Drug Identification (position 494, Loop 2410)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
LIN	LIN	Drug Identification	M ID 3/3	Hardcode LIN
LIN01	350	Assigned Identification	O AN 1/20	Not used
LIN02	235	Product or Service ID Qualifier	M ID 2/2	Hardcode N4
LIN03	234	National Drug Code	M AN 1/48	Claim, Transaction Procedure Code (based on Insurance Procedure Code Set)

Segment Type: Rendering Provider Name (position 500, Loop 2420A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Rendering Provider Specialty Info (position 505, Loop 2420A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PRV	PRV	Provider Information	M ID 3/3	SEGMENT NOT USED

Segment Type: Additional Rendering Provider Name Info (position 510, Loop 2420A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Rendering Provider Secondary ID (position 525, Loop 2420A)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Purchased Service Provider Name (position 500, Loop 2420B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	Hardcode NM1
NM101	98	Entity ID Code	M ID 2/3	Hardcode QB
NM102	1065	Entity Type Qualifier	M ID 1/1	Hardcode 2
NM103	1035	Name Last/Org	O AN 1/35	Not used
NM104	1036	Name First	O AN 1/25	Not used
NM105	1037	Name Middle	O AN 1/25	Not used
NM106	1038	Name Prefix	O AN 1/10	Not used
NM107	1039	Name Suffix	O AN 1/10	Not used
NM108	66	ID Code Qualifier	X ID 1/2	Hardcode 24
NM109	67	Submitter ID	X ID 2/80	Address List, Identifier (Facility)

NM110	706	Entity Relationship Code	X ID 2/2	Not used
NM111	98	Entity ID Code	O ID 2/3	Not used

Segment Type: Purchased Service Provider Secondary ID (position 525, Loop 2420B)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Service Facility Location (position 500, Loop 2420C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Additional Service Facility Location Name (position 510, Loop 2420C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Service Facility Location Address (position 514, Loop 2420C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Service Facility City/State/Zip (position 520, Loop 2420C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	SEGMENT NOT USED

Segment Type: Service Facility Location Secondary ID (position 525, Loop 2420C)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Supervising Provider Name (position 500, Loop 2420D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Additional Supervising Provider Name Info (position 510, Loop 2420D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Supervising Provider Secondary ID (position 525, Loop 2420D)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Ordering Provider Name (position 500, Loop 2420E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Additional Ordering Provider Name (position 510, Loop 2420E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Ordering Provider Address (position 514, Loop 2420E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N3	N3	Address Information	M ID 2/2	SEGMENT NOT USED

Segment Type: Ordering Provider City/State/Zip (position 520, Loop 2420E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N4	N4	Geographic Location	M ID 2/2	SEGMENT NOT USED

Segment Type: Ordering Provider Secondary ID (position 525, Loop 2420E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Ordering Provider Contact Info (position 530, Loop 2420E)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PER	PER	Administrative Communications Contact	M ID 3/3	SEGMENT NOT USED

Segment Type: Referring Provider Name (position 500, Loop 2420F)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Referring Provider Specialty (position 505, Loop 2420F)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
PRV	PRV	Provider Information	M ID 3/3	SEGMENT NOT USED

Segment Type: Additional Referring Provider Name (position 510, Loop 2420F)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
N2	N2	Additional Name	M ID 2/2	SEGMENT NOT USED

Segment Type: Referring Provider Secondary ID (position 525, Loop 2420F)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Prior Auth or Referral No. (position 500, Loop 2420G)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
NM1	NM1	Individual or Organizational Name	M ID 3/3	SEGMENT NOT USED

Segment Type: Other Payer Prior Auth or Referral No. (position 525, Loop 2420G)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
REF	REF	Reference ID	M ID 3/3	SEGMENT NOT USED

Segment Type: Line Adjudication Info (position 540, Loop 2430)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
SVD	SVD	Service Line Adjudication	M ID 3/3	SEGMENT NOT USED

Segment Type: Line Adjustment (position 545, Loop 2430)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
CAS	CAS	Claims Adjustment	M ID 3/3	SEGMENT NOT USED

Segment Type: Line Adjudication Date (position 550, Loop 2430)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
DTP	DTP	Date or Time or Period	M ID 3/3	SEGMENT NOT USED

Segment Type: Form Identification Code (position 551, Loop 2440)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
LQ	LQ	Industry Code	M ID 3/3	SEGMENT NOT USED

Segment Type: Supporting Documentation (position 552, Loop 2440)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
FRM	FRM	Supporting Documentation	M ID 3/3	SEGMENT NOT USED

Segment Type: Transaction Set Trailer (position 555)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
SE	SE	Transaction Set Trailer	M ID 2/2	Hardcode SE
SE1	96	Transaction Segment Count	M NO 1/10	Calculated
SE2	329	Transaction Set Control No.	M AN 4/9	Calculated NHIC, OHMB & PABS: Do not reset counter in new GS

Segment Type: Functional Group Trailer (position 004)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
GE	GE	Functional Group Trailer	M ID 2/2	Hardcode GE
GE01	97	Number of Transaction Sets	M NO 1/6	Hardcode 1
GE02	28	Group Control Number	M NO 1/9	EMC Receiver List, Filename ID + EMC Receiver List, Extra 5 + GScount

Segment Type: Interchange Control Trailer (position 005)

Ref. Des.	Element	Element Name	Attributes	Requirements/Description
IEA	IEA	Interchange Control Trailer	M ID 3/3	Hardcode IEA
IEA01	116	Number of Included Functional Groups	M NO 1/5	Hardcode 1
IEA02	112	Interchange Control Number	M NO 9/9	EMC Receiver List, Filename ID + EMC Receiver List, Extra 5

First, check the PIN matrix.

If found, then use PIN number from the matrix. If the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then use the Group ID number from the matrix.

Note: The rendering provider ID in the 2310B loop will not pull from the group numbers.

If the insurance type is:

- 'Medicare' then use a Reference ID Qualifier of '1C'
- 'Medicaid' then use a Reference ID Qualifier of '1D'
- 'Blue Cross/Shield' then use a Reference ID Qualifier of '1B'
- 'Champus' then use a Reference ID Qualifier of '1H'
- 'ChampsVA' then use a Reference ID Qualifier of '1H'
- 'Worker's Comp' then use a Reference ID Qualifier of 'X5'
- 'HMO' then use a Reference ID Qualifier of 'BQ'
- 'PPO' then use a Reference ID Qualifier of 'B3'
- else use a Reference ID Qualifier of 'G2'

Second, check the NDC Record code.

'PR' will pull the Practice ID from the Insurance and use a Reference ID Qualifier of EI.

'TX' will pull the SSN or Fed Tax ID from the Provider and use a Reference ID Qualifier of EI or SY.

'LI' will pull the License Number from the Provider and use a Reference ID Qualifier of 0B.

'O1' will pull the Other Group ID spaces 1-10 from the Provider and use a Reference ID Qualifier of G2.

'02' will pull the Other Group ID spaces 11-20 from the Provider and use a Reference ID Qualifier of G2.

'G1' will pull the Group PIN spaces 1-10 from the Provider and use a Reference ID Qualifier of G2.

'G2' will pull the Group PIN spaces 11-20 from the Provider and use a Reference ID Qualifier of G2.

'LU' will pull the Practice ID from the Insurance and use a Reference ID Qualifier of LU.

note: The 'LU' only works for the 2010AA Loop.

Third, check the Receiver Type found in EMC Receiver List, Extra 2.

Note: The rendering provider ID in the 2310B loop will not pull from the group numbers.

'G' or '1B' will use a Reference ID Qualifier of '1B' and pull the Blue Cross/Shield PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the BC/BS Group ID

'C' or '1C' will use a Reference ID Qualifier of '1C' and pull the Medicare PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Medicare Group ID

'D' or '1D' will use a Reference ID Qualifier of '1D' and pull the Medicaid PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Medicaid Group ID

'1G' will use a Reference ID Qualifier of '1G' and pull the UPIN from the Provider

'1H' or 'H' will use a Reference ID Qualifier of '1H' and pull the Champus PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'B3' will use a Reference ID Qualifier of 'B3' and pull the PPO PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'BQ' will use a Reference ID Qualifier of 'BQ' and pull the HMO PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'EI' or 'SY' will use a Reference ID Qualifier of 'SY' and pull the SSN or Fed Tax ID from the Provider...

unless the Federal Tax ID indicator is checked, then it will use a Reference ID Qualifier of 'EI'

'G2' or 'I' or 'F' will use a Reference ID Qualifier of 'G2' and pull the Commercial PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'B' or 'X5' will use a Reference ID Qualifier of 'X5' and pull the Commercial PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

Last, check the default PINs.

Note: The rendering provider ID in the 2310B loop will not pull from the group numbers.

If the insurance type is:

'Medicare' then use a Reference ID Qualifier of 'IC' and pull the Medicare PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Medicare Group ID

'Medicaid' then use a Reference ID Qualifier of 'ID' and pull the Medicaid PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Medicaid Group ID

'Blue Cross/Shield' then use a Reference ID Qualifier of 'IB' and pull the Blue Cross/Shield PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the BC/BS Group ID

'Champus' then use a Reference ID Qualifier of 'IH' and pull the Champus PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'ChampsVA' then use a Reference ID Qualifier of 'IH' and pull the Champus PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'Worker's Comp' then use a Reference ID Qualifier of 'X5' and pull the Commercial PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'HMO' then use a Reference ID Qualifier of 'BQ' and pull the HMO PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

'PPO' then use a Reference ID Qualifier of 'B3' and pull the PPO PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID

Else use a Reference ID Qualifier of 'G2' and pull the Commercial PIN from the Provider...

unless the EMC Receiver Extra 4 is not 1 (1=person, 2= non-person entity) then it will use the Other Group ID