

# 837 Health Care Claim

Functional Group ID=**HC**

## Introduction:

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

## Heading:

	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
M	0050	ST	Transaction Set Header	M	1		
M	0100	BHT	Beginning of Hierarchical Transaction	M	1		
Not Used	0150	REF	Reference Information	O	3		
<b>LOOP ID - 1000A</b>						<b>1</b>	
Must Use	0200	NM1	Submitter Name	O	1		n1
Not Used	0250	N2	Additional Name Information	O	2		
Not Used	0300	N3	Party Location	O	2		
Not Used	0350	N4	Geographic Location	O	1		
Not Used	0400	REF	Submitter EDI Contact Name	O	2		
Must Use	0450	PER	Submitter EDI Contact Name	O	2		
<b>LOOP ID - 1000B</b>						<b>1</b>	
Must Use	0200	NM1	Receiver Name	O	1		
Not Used	0250	N2	Additional Name Information	O	2		
Not Used	0300	N3	Party Location	O	2		
Not Used	0350	N4	Geographic Location	O	1		
Not Used	0400	REF	Submitter EDI Contact Name	O	2		
Not Used	0450	PER	Submitter EDI Contact Name	O	2		

## Detail:

	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
<b>LOOP ID - 2000A</b>						<b>&gt;1</b>	
M	0010	HL	Billing Provider Hierarchical Level	M	1		
	0030	PRV	Billing Provider Speciality Information	O	1		
Not Used	0050	SBR	Subscriber Information	O	1		
Not Used	0070	PAT	Patient Information	O	1		

Not Used	0090	DTP	Date or Time or Period	O	5	
	0100	CUR	Foreign Currency Information	O	1	
LOOP ID - 2010AA					1	
Must Use	0150	NM1	Billing Provider Name	O	1	n2
Not Used	0200	N2	Additional Name Information	O	2	
Must Use	0250	N3	Billing Provider Address	O	1	
Must Use	0300	N4	Billing Provider City, State, ZIP Code	O	1	
Not Used	0320	DMG	Demographic Information	O	1	
Must Use	0350	REF	Billing Provider Tax Identification	O	1	
	0350	REF	Billing Provider UPIN/License Information	O	2	
	0400	PER	Billing Provider Contact Information	O	2	
LOOP ID - 2010AB					1	
	0150	NM1	Pay-to Address Name	O	1	
Not Used	0200	N2	Additional Name Information	O	2	
Must Use	0250	N3	Pay-to Address - ADDRESS	O	1	
Must Use	0300	N4	Pay-To Address City, State, ZIP Code	O	1	
Not Used	0320	DMG	Demographic Information	O	1	
Not Used	0350	REF	Reference Information	O	5	
Not Used	0400	PER	Administrative Communications Contact	O	2	
LOOP ID - 2010AC					1	
	0150	NM1	Pay-To Plan Name	O	1	
Not Used	0200	N2	Additional Name Information	O	2	
Must Use	0250	N3	Pay-to Plan Address	O	1	
Must Use	0300	N4	Pay-To Plan City, State, ZIP Code	O	1	
Not Used	0320	DMG	Demographic Information	O	1	
	0350	REF	Pay-to Plan Secondary Identification	O	1	
Must Use	0350	REF	Pay-To Plan Tax Identification Number	O	1	
Not Used	0400	PER	Administrative Communications Contact	O	2	
LOOP ID - 2000B					>1	
M	0010	HL	Subscriber Hierarchical Level	M	1	
Not Used	0030	PRV	Billing Provider Speciality Information	O	1	
Must Use	0050	SBR	Subscriber Information	O	1	
	0070	PAT	Patient Information	O	1	
Not Used	0090	DTP	Date or Time or Period	O	5	
Not Used	0100	CUR	Foreign Currency Information	O	1	
LOOP ID - 2010BA					1	
Must Use	0150	NM1	Subscriber Name	O	1	
Not Used	0200	N2	Additional Name Information	O	2	
	0250	N3	Subscriber Address	O	1	
	0300	N4	Subscriber City, State, ZIP Code	O	1	
	0320	DMG	Subscriber Demographic Information	O	1	
	0350	REF	Subscriber Secondary Identification	O	1	
	0350	REF	Property and Casualty Claim Number	O	1	
	0400	PER	Property and Casualty Subscriber Contact Information	O	1	
LOOP ID - 2010BB					1	
Must Use	0150	NM1	Payer Name	O	1	
Not Used	0200	N2	Additional Name Information	O	2	
	0250	N3	Payer Address	O	1	
	0300	N4	Payer City, State, ZIP Code	O	1	

Not Used	0320	DMG	Demographic Information	O	1
	0350	REF	Payer Secondary Identification	O	3
	0350	REF	Billing Provider Secondary Identification	O	2
Not Used	0400	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2300</b>					<b>100</b>
	1300	CLM	Claim Information	O	1
	1350	DTP	Date - Onset of Current Illness or Symptom	O	1
	1350	DTP	Date - Initial Treatment Date	O	1
	1350	DTP	Date - Last Seen Date	O	1
	1350	DTP	Date - Acute Manifestation	O	1
	1350	DTP	Date - Accident	O	1
	1350	DTP	Date - Last Menstrual Period	O	1
	1350	DTP	Date - Last X-ray Date	O	1
	1350	DTP	Date - Hearing and Vision Prescription Date	O	1
	1350	DTP	Date - Disability Dates	O	1
Not Used	1350	DTP	Date - Disability End	O	1
	1350	DTP	Date - Last Worked	O	1
	1350	DTP	Date - Authorized Return to Work	O	1
	1350	DTP	Date - Admission	O	1
	1350	DTP	Date - Discharge	O	1
	1350	DTP	Date - Assumed and Relinquished Care Dates	O	2
	1350	DTP	Date - Property and Casualty Date of First Contact	O	1
	1350	DTP	Date - Repricer Received Date	O	1
Not Used	1400	CL1	Claim Codes	O	1
Not Used	1450	DN1	Orthodontic Information	O	1
Not Used	1500	DN2	Tooth Summary	O	35
	1550	PWK	Claim Supplemental Information	O	10
	1600	CN1	Contract Information	O	1
Not Used	1650	DSB	Disability Information	O	1
Not Used	1700	UR	Peer Review Organization or Utilization Review	O	1
	1750	AMT	Patient Amount Paid	O	1
Not Used	1750	AMT	Total Purchased Service Amount	O	1
	1800	REF	Service Authorization Exception Code	O	1
	1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1
	1800	REF	Mammography Certification Number	O	1
	1800	REF	Referral Number	O	1
	1800	REF	Prior Authorization	O	1
	1800	REF	Payer Claim Control Number	O	1
	1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1
	1800	REF	Repriced Claim Number	O	1
	1800	REF	Adjusted Repriced Claim Number	O	1
	1800	REF	Investigational Device Exemption Number	O	1
	1800	REF	Claim Identifier For Transmission Intermediaries	O	1
	1800	REF	Medical Record Number	O	1
	1800	REF	Demonstration Project Identifier	O	1
	1800	REF	Care Plan Oversight	O	1
	1850	K3	File Information	O	10
	1900	NTE	Claim Note	O	1
	1950	CR1	Ambulance Transport Information	O	1

	2000	CR2	Spinal Manipulation Service Information	O	1
Not Used	2050	CR3	Durable Medical Equipment Certification	O	1
Not Used	2100	CR4	Enteral or Parenteral Therapy Certification	O	3
Not Used	2150	CR5	Oxygen Therapy Certification	O	1
Not Used	2160	CR6	Home Health Care Certification	O	1
Not Used	2190	CR8	Pacemaker Certification	O	9
	2200	CRC	Ambulance Certification	O	3
	2200	CRC	Patient Condition Information: Vision	O	3
	2200	CRC	Homebound Indicator	O	1
	2200	CRC	EPSDT Referral	O	1
Must Use	2310	HI	Health Care Diagnosis Code	O	1
	2310	HI	Anesthesia Related Procedure	O	1
	2310	HI	Condition Information	O	2
Not Used	2400	QTY	Quantity Information	O	10
	2410	HCP	Claim Pricing/Repricing Information	O	1
<b>LOOP ID - 2305</b>					<b>6</b>
Not Used	2420	CR7	Home Health Treatment Plan Certification	O	1
Not Used	2430	HSD	Health Care Services Delivery	O	12
<b>LOOP ID - 2310A</b>					<b>2</b>
	2500	NM1	Referring Provider Name	O	1
Not Used	2550	PRV	Referring Provider Specialty Information	O	1
Not Used	2600	N2	Additional Name Information	O	2
Not Used	2650	N3	Party Location	O	2
Not Used	2700	N4	Geographic Location	O	1
	2710	REF	Referring Provider Secondary Identification	O	3
Not Used	2750	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2310B</b>					<b>1</b>
	2500	NM1	Rendering Provider Name	O	1
	2550	PRV	Rendering Provider Specialty Information	O	1
Not Used	2600	N2	Additional Name Information	O	2
Not Used	2650	N3	Party Location	O	2
Not Used	2700	N4	Geographic Location	O	1
	2710	REF	Rendering Provider Secondary Identification	O	4
Not Used	2750	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2310C</b>					<b>1</b>
	2500	NM1	Service Facility Location Name	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Must Use	2650	N3	Service Facility Location Address	O	1
Must Use	2700	N4	Service Facility Location City, State, ZIP Code	O	1
	2710	REF	Service Facility Location Secondary Identification	O	3
	2750	PER	Service Facility Contact Information	O	1
<b>LOOP ID - 2310D</b>					<b>1</b>
	2500	NM1	Supervising Provider Name	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Not Used	2650	N3	Service Facility Location Address	O	1
Not Used	2700	N4	Service Facility Location City/State/ZIP	O	1
	2710	REF	Supervising Provider Secondary Identification	O	4

Not Used	2750	PER	Property and Casualty Service Facility Contact Information	O	1
LOOP ID - 2310E					1
	2500	NM1	Ambulance Pick-up Location	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Must Use	2650	N3	Ambulance Pick-up Location Address	O	1
Must Use	2700	N4	Ambulance Pick-up Location City, State, ZIP Code	O	1
Not Used	2710	REF	Supervising Provider Secondary Identification	O	4
Not Used	2750	PER	Property and Casualty Service Facility Contact Information	O	1
LOOP ID - 2310F					1
	2500	NM1	Ambulance Drop-off Location	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Must Use	2650	N3	Ambulance Drop-off Location Address	O	1
Must Use	2700	N4	Ambulance Drop-off Location City, State, ZIP Code	O	1
Not Used	2710	REF	Supervising Provider Secondary Identification	O	4
Not Used	2750	PER	Property and Casualty Service Facility Contact Information	O	1
LOOP ID - 2320					10
	2900	SBR	Other Subscriber Information	O	1
	2950	CAS	Claim Level Adjustments	O	5
	3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1
	3000	AMT	Coordination of Benefits (COB) Total Non-Covered Amount	O	1
	3000	AMT	Remaining Patient Liability	O	1
Not Used	3050	DMG	Other Subscriber Demographic Information	O	1
Must Use	3100	OI	Other Insurance Coverage Information	O	1
Not Used	3150	MIA	Medicare Inpatient Adjudication	O	1
	3200	MOA	Outpatient Adjudication Information	O	1
LOOP ID - 2330A					1
Must Use	3250	NM1	Other Subscriber Name	O	1
Not Used	3300	N2	Additional Name Information	O	2
	3320	N3	Other Subscriber Address	O	1
	3400	N4	Other Subscriber City, State, ZIP Code	O	1
Not Used	3450	PER	Administrative Communications Contact	O	2
Not Used	3500	DTP	Date or Time or Period	O	9
	3550	REF	Other Subscriber Secondary Identification	O	1
LOOP ID - 2330B					1
Must Use	3250	NM1	Other Payer Name	O	1
Not Used	3300	N2	Additional Name Information	O	2
	3320	N3	Other Payer Address	O	1
	3400	N4	Other Payer City, State, ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
	3450	DTP	Claim Check or Remittance Date	O	1
	3550	REF	Other Payer Secondary Identifier	O	2
	3550	REF	Other Payer Prior Authorization Number	O	1
	3550	REF	Other Payer Referral Number	O	1
	3550	REF	Other Payer Claim Adjustment Indicator	O	1
	3550	REF	Other Payer Claim Control Number	O	1

			LOOP ID - 2330C	2
	3250	NM1	Other Payer Referring Provider	O 1
Not Used	3300	N2	Additional Name Information	O 2
Not Used	3320	N3	Other Payer Address	O 1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O 1
Not Used	3450	PER	Other Payer Contact Information	O 2
Not Used	3500	DTP	Claim Adjudication Date	O 9
Must Use	3550	REF	Other Payer Referring Provider Secondary Identification	O 3
			LOOP ID - 2330D	1
	3250	NM1	Other Payer Rendering Provider	O 1
Not Used	3300	N2	Additional Name Information	O 2
Not Used	3320	N3	Other Payer Address	O 1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O 1
Not Used	3450	PER	Other Payer Contact Information	O 2
Not Used	3500	DTP	Claim Adjudication Date	O 9
Must Use	3550	REF	Other Payer Rendering Provider Secondary Identification	O 3
			LOOP ID - 2330E	1
	3250	NM1	Other Payer Service Facility Location	O 1
Not Used	3300	N2	Additional Name Information	O 2
Not Used	3320	N3	Other Payer Address	O 1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O 1
Not Used	3450	PER	Other Payer Contact Information	O 2
Not Used	3500	DTP	Claim Adjudication Date	O 9
Must Use	3550	REF	Other Payer Service Facility Location Secondary Identification	O 3
			LOOP ID - 2330F	1
	3250	NM1	Other Payer Supervising Provider	O 1
Not Used	3300	N2	Additional Name Information	O 2
Not Used	3320	N3	Other Payer Address	O 1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O 1
Not Used	3450	PER	Other Payer Contact Information	O 2
Not Used	3500	DTP	Claim Adjudication Date	O 9
Must Use	3550	REF	Other Payer Supervising Provider Secondary Identification	O 3
			LOOP ID - 2330G	1
	3250	NM1	Other Payer Billing Provider	O 1
Not Used	3300	N2	Additional Name Information	O 2
Not Used	3320	N3	Other Payer Address	O 1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O 1
Not Used	3450	PER	Other Payer Contact Information	O 2
Not Used	3500	DTP	Claim Adjudication Date	O 9
Must Use	3550	REF	Other Payer Billing Provider Secondary Identification	O 2
			LOOP ID - 2400	50
Must Use	3650	LX	Service Line Number	O 1
Must Use	3700	SV1	Professional Service	O 1
Not Used	3750	SV2	Institutional Service	O 1
Not Used	3800	SV3	Dental Service	O 1
Not Used	3820	TOO	Tooth Identification	O 32
Not Used	3850	SV4	Drug Service	O 1

	4000	SV5	Durable Medical Equipment Service	O	1
Not Used	4050	SV6	Anesthesia Service	O	1
Not Used	4100	SV7	Drug Adjudication	O	1
Not Used	4150	HI	Health Care Information Codes	O	25
	4200	PWK	Line Supplemental Information	O	10
	4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1
	4250	CR1	Ambulance Transport Information	O	1
Not Used	4300	CR2	Spinal Manipulation Service Information	O	5
	4350	CR3	Durable Medical Equipment Certification	O	1
Not Used	4400	CR4	Enteral or Parenteral Therapy Certification	O	3
Not Used	4450	CR5	Home Oxygen Therapy Information	O	1
	4500	CRC	Ambulance Certification	O	3
	4500	CRC	Hospice Employee Indicator	O	1
	4500	CRC	Condition Indicator/Durable Medical Equipment	O	1
Not Used	4500	CRC	Condition Indicator/Oxygen Therapy	O	1
Must Use	4550	DTP	Date - Service Date	O	1
	4550	DTP	Date - Prescription Date	O	1
	4550	DTP	DATE - Certification Revision/Recertification Date	O	1
	4550	DTP	Date - Begin Therapy Date	O	1
	4550	DTP	Date - Last Certification Date	O	1
	4550	DTP	Date - Last Seen Date	O	1
	4550	DTP	Date - Test Date	O	2
Not Used	4550	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test Date	O	3
	4550	DTP	Date - Shipped Date	O	1
	4550	DTP	Date - Last X-ray Date	O	1
	4550	DTP	Date - Initial Treatment Date	O	1
	4600	QTY	Ambulance Patient Count	O	1
	4600	QTY	Obstetric Anesthesia Additional Units	O	1
	4620	MEA	Test Result	O	5
	4650	CN1	Contract Information	O	1
	4700	REF	Repriced Line Item Reference Number	O	1
	4700	REF	Adjusted Repriced Line Item Reference Number	O	1
	4700	REF	Prior Authorization	O	5
	4700	REF	Line Item Control Number	O	1
	4700	REF	Mammography Certification Number	O	1
	4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1
	4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1
	4700	REF	Immunization Batch Number	O	1
	4700	REF	Referral Number	O	5
Not Used	4700	REF	Universal Product Number (UPN)	O	1
	4750	AMT	Sales Tax Amount	O	1
Not Used	4750	AMT	Allowed Amount	O	1
	4750	AMT	Postage Claimed Amount	O	1
	4800	K3	File Information	O	10
	4850	NTE	Line Note	O	1
	4850	NTE	Third Party Organization Notes	O	1
	4880	PS1	Purchased Service Information	O	1
Not Used	4900	IMM	Immunization Status	O	>1
Not Used	4910	HSD	Health Care Services Delivery	O	1

	4920	HCP	Line Pricing/Repricing Information	O	1
					1
	4930	LIN	Drug Identification	O	1
Must Use	4940	CTP	Drug Quantity	O	1
	4950	REF	Prescription or Compound Drug Association Number	O	1
					1
	5000	NM1	Rendering Provider Name	O	1
	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Party Location	O	2
Not Used	5200	N4	Geographic Location	O	1
	5250	REF	Rendering Provider Secondary Identification	O	20
Not Used	5300	PER	Administrative Communications Contact	O	2
					1
	5000	NM1	Purchased Service Provider Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Party Location	O	2
Not Used	5200	N4	Geographic Location	O	1
	5250	REF	Purchased Service Provider Secondary Identification	O	20
Not Used	5300	PER	Administrative Communications Contact	O	2
					1
	5000	NM1	Service Facility Location Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Must Use	5140	N3	Service Facility Location Address	O	1
Must Use	5200	N4	Service Facility Location City, State, ZIP Code	O	1
	5250	REF	Service Facility Location Secondary Identification	O	3
Not Used	5300	PER	Administrative Communications Contact	O	2
					1
	5000	NM1	Supervising Provider Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Service Facility Location Address	O	2
Not Used	5200	N4	Service Facility Location City/State/ZIP	O	1
	5250	REF	Supervising Provider Secondary Identification	O	20
Not Used	5300	PER	Administrative Communications Contact	O	2
					1
	5000	NM1	Ordering Provider Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
	5140	N3	Ordering Provider Address	O	1
	5200	N4	Ordering Provider City, State, ZIP Code	O	1
	5250	REF	Ordering Provider Secondary Identification	O	20
	5300	PER	Ordering Provider Contact Information	O	1
					2
	5000	NM1	Referring Provider Name	O	1
Not Used	5050	PRV	Referring Provider Specialty Information	O	1

Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Ordering Provider Address	O	2
Not Used	5200	N4	Ordering Provider City/State/ZIP Code	O	1
	5250	REF	Referring Provider Secondary Identification	O	20
Not Used	5300	PER	Ordering Provider Contact Information	O	1
<b>LOOP ID - 2420G</b>					<b>1</b>
	5000	NM1	Ambulance Pick-up Location	O	1
Not Used	5050	PRV	Referring Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Must Use	5140	N3	Ambulance Pick-up Location Address	O	1
Must Use	5200	N4	Ambulance Pick-up Location City, State, ZIP Code	O	1
Not Used	5250	REF	Other Payer Prior Authorization or Referral Number	O	2
Not Used	5300	PER	Ordering Provider Contact Information	O	1
<b>LOOP ID - 2420H</b>					<b>1</b>
	5000	NM1	Ambulance Drop-off Location	O	1
Must Use	5140	N3	Ambulance Drop-off Location Address	O	1
Must Use	5200	N4	Ambulance Drop-off Location City, State, ZIP Code	O	1
<b>LOOP ID - 2430</b>					<b>15</b>
	5400	SVD	Line Adjudication Information	O	1
	5450	CAS	Line Adjustment	O	5
Must Use	5500	DTP	Line Check or Remittance Date	O	1
	5505	AMT	Remaining Patient Liability	O	1
<b>LOOP ID - 2440</b>					<b>&gt;1</b>
	5510	LQ	Form Identification Code	O	1
M	5520	FRM	Supporting Documentation	M	99
<b>LOOP ID - 2000C</b>					<b>&gt;1</b>
	0010	HL	Patient Hierarchical Level	O	1
Not Used	0030	PRV	Billing Provider Speciality Information	O	1
Not Used	0050	SBR	Patient Information	O	1
Must Use	0070	PAT	Patient Information	O	1
Not Used	0090	DTP	Date or Time or Period	O	5
Not Used	0100	CUR	Foreign Currency Information	O	1
<b>LOOP ID - 2010CA</b>					<b>1</b>
Must Use	0150	NM1	Patient Name	O	1
Not Used	0200	N2	Additional Name Information	O	2
Must Use	0250	N3	Patient Address	O	1
Must Use	0300	N4	Patient City, State, ZIP Code	O	1
Must Use	0320	DMG	Patient Demographic Information	O	1
Not Used	0350	REF	Subscriber Secondary Identification	O	2
	0350	REF	Property and Casualty Claim Number	O	1
	0350	REF	Property and Casualty Patient Identifier	O	1
	0400	PER	Property and Casualty Patient Contact Information	O	1
<b>LOOP ID - 2300</b>					<b>100</b>
Must Use	1300	CLM	Claim Information	O	1
	1350	DTP	Date - Onset of Current Illness or Symptom	O	1
	1350	DTP	Date - Initial Treatment Date	O	1
	1350	DTP	Date - Last Seen Date	O	1
	1350	DTP	Date - Acute Manifestation	O	1

	1350	DTP	Date - Accident	O	1
	1350	DTP	Date - Last Menstrual Period	O	1
	1350	DTP	Date - Last X-ray Date	O	1
	1350	DTP	Date - Hearing and Vision Prescription Date	O	1
	1350	DTP	Date - Disability Dates	O	1
Not Used	1350	DTP	Date - Disability End	O	1
	1350	DTP	Date - Last Worked	O	1
	1350	DTP	Date - Authorized Return to Work	O	1
	1350	DTP	Date - Admission	O	1
	1350	DTP	Date - Discharge	O	1
	1350	DTP	Date - Assumed and Relinquished Care Dates	O	2
	1350	DTP	Date - Property and Casualty Date of First Contact	O	1
	1350	DTP	Date - Repricer Received Date	O	1
Not Used	1400	CL1	Claim Codes	O	1
Not Used	1450	DN1	Orthodontic Information	O	1
Not Used	1500	DN2	Tooth Summary	O	35
	1550	PWK	Claim Supplemental Information	O	10
	1600	CN1	Contract Information	O	1
Not Used	1650	DSB	Disability Information	O	1
Not Used	1700	UR	Peer Review Organization or Utilization Review	O	1
	1750	AMT	Patient Amount Paid	O	1
Not Used	1750	AMT	Total Purchased Service Amount	O	1
	1800	REF	Service Authorization Exception Code	O	1
	1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1
	1800	REF	Mammography Certification Number	O	1
	1800	REF	Referral Number	O	1
	1800	REF	Prior Authorization	O	1
	1800	REF	Payer Claim Control Number	O	1
	1800	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1
	1800	REF	Repriced Claim Number	O	1
	1800	REF	Adjusted Repriced Claim Number	O	1
	1800	REF	Investigational Device Exemption Number	O	1
	1800	REF	Claim Identifier For Transmission Intermediaries	O	1
	1800	REF	Medical Record Number	O	1
	1800	REF	Demonstration Project Identifier	O	1
	1800	REF	Care Plan Oversight	O	1
	1850	K3	File Information	O	10
	1900	NTE	Claim Note	O	1
	1950	CR1	Ambulance Transport Information	O	1
	2000	CR2	Spinal Manipulation Service Information	O	1
Not Used	2050	CR3	Durable Medical Equipment Certification	O	1
Not Used	2100	CR4	Enteral or Parenteral Therapy Certification	O	3
Not Used	2150	CR5	Oxygen Therapy Certification	O	1
Not Used	2160	CR6	Home Health Care Certification	O	1
Not Used	2190	CR8	Pacemaker Certification	O	9
	2200	CRC	Ambulance Certification	O	3
	2200	CRC	Patient Condition Information: Vision	O	3
	2200	CRC	Homebound Indicator	O	1
	2200	CRC	EPSDT Referral	O	1

Must Use	2310	HI	Health Care Diagnosis Code	O	1
	2310	HI	Anesthesia Related Procedure	O	1
	2310	HI	Condition Information	O	2
Not Used	2400	QTY	Quantity Information	O	10
	2410	HCP	Claim Pricing/Repricing Information	O	1
LOOP ID - 2305					6
Not Used	2420	CR7	Home Health Treatment Plan Certification	O	1
Not Used	2430	HSD	Health Care Services Delivery	O	12
LOOP ID - 2310A					2
	2500	NM1	Referring Provider Name	O	1
Not Used	2550	PRV	Referring Provider Specialty Information	O	1
Not Used	2600	N2	Additional Name Information	O	2
Not Used	2650	N3	Party Location	O	2
Not Used	2700	N4	Geographic Location	O	1
	2710	REF	Referring Provider Secondary Identification	O	3
Not Used	2750	PER	Administrative Communications Contact	O	2
LOOP ID - 2310B					1
	2500	NM1	Rendering Provider Name	O	1
	2550	PRV	Rendering Provider Specialty Information	O	1
Not Used	2600	N2	Additional Name Information	O	2
Not Used	2650	N3	Party Location	O	2
Not Used	2700	N4	Geographic Location	O	1
	2710	REF	Rendering Provider Secondary Identification	O	4
Not Used	2750	PER	Administrative Communications Contact	O	2
LOOP ID - 2310C					1
	2500	NM1	Service Facility Location Name	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Must Use	2650	N3	Service Facility Location Address	O	1
Must Use	2700	N4	Service Facility Location City, State, ZIP Code	O	1
	2710	REF	Service Facility Location Secondary Identification	O	3
	2750	PER	Service Facility Contact Information	O	1
LOOP ID - 2310D					1
	2500	NM1	Supervising Provider Name	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Not Used	2650	N3	Service Facility Location Address	O	1
Not Used	2700	N4	Service Facility Location City/State/ZIP	O	1
	2710	REF	Supervising Provider Secondary Identification	O	4
Not Used	2750	PER	Property and Casualty Service Facility Contact Information	O	1
LOOP ID - 2310E					1
	2500	NM1	Ambulance Pick-up Location	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Must Use	2650	N3	Ambulance Pick-up Location Address	O	1
Must Use	2700	N4	Ambulance Pick-up Location City, State, ZIP Code	O	1
Not Used	2710	REF	Supervising Provider Secondary Identification	O	4

Not Used	2750	PER	Property and Casualty Service Facility Contact Information	O	1
LOOP ID - 2310F					1
	2500	NM1	Ambulance Drop-off Location	O	1
Not Used	2550	PRV	Purchased Service Provider Secondary Identification	O	3
Not Used	2600	N2	Additional Name Information	O	2
Must Use	2650	N3	Ambulance Drop-off Location Address	O	1
Must Use	2700	N4	Ambulance Drop-off Location City, State, ZIP Code	O	1
Not Used	2710	REF	Supervising Provider Secondary Identification	O	4
Not Used	2750	PER	Property and Casualty Service Facility Contact Information	O	1
LOOP ID - 2320					10
	2900	SBR	Other Subscriber Information	O	1
	2950	CAS	Claim Level Adjustments	O	5
	3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O	1
	3000	AMT	Coordination of Benefits (COB) Total Non-Covered Amount	O	1
	3000	AMT	Remaining Patient Liability	O	1
Not Used	3050	DMG	Other Subscriber Demographic Information	O	1
Must Use	3100	OI	Other Insurance Coverage Information	O	1
Not Used	3150	MIA	Medicare Inpatient Adjudication	O	1
	3200	MOA	Outpatient Adjudication Information	O	1
LOOP ID - 2330A					1
Must Use	3250	NM1	Other Subscriber Name	O	1
Not Used	3300	N2	Additional Name Information	O	2
	3320	N3	Other Subscriber Address	O	1
	3400	N4	Other Subscriber City, State, ZIP Code	O	1
Not Used	3450	PER	Administrative Communications Contact	O	2
Not Used	3500	DTP	Date or Time or Period	O	9
	3550	REF	Other Subscriber Secondary Identification	O	1
LOOP ID - 2330B					1
Must Use	3250	NM1	Other Payer Name	O	1
Not Used	3300	N2	Additional Name Information	O	2
	3320	N3	Other Payer Address	O	1
	3400	N4	Other Payer City, State, ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
	3450	DTP	Claim Check or Remittance Date	O	1
	3550	REF	Other Payer Secondary Identifier	O	2
	3550	REF	Other Payer Prior Authorization Number	O	1
	3550	REF	Other Payer Referral Number	O	1
	3550	REF	Other Payer Claim Adjustment Indicator	O	1
	3550	REF	Other Payer Claim Control Number	O	1
LOOP ID - 2330C					2
	3250	NM1	Other Payer Referring Provider	O	1
Not Used	3300	N2	Additional Name Information	O	2
Not Used	3320	N3	Other Payer Address	O	1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
Not Used	3500	DTP	Claim Adjudication Date	O	9
Must Use	3550	REF	Other Payer Referring Provider Secondary Identification	O	3

LOOP ID - 2330D			1		
	3250	NM1	Other Payer Rendering Provider	O	1
Not Used	3300	N2	Additional Name Information	O	2
Not Used	3320	N3	Other Payer Address	O	1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
Not Used	3500	DTP	Claim Adjudication Date	O	9
Must Use	3550	REF	Other Payer Rendering Provider Secondary Identification	O	3
LOOP ID - 2330E			1		
	3250	NM1	Other Payer Service Facility Location	O	1
Not Used	3300	N2	Additional Name Information	O	2
Not Used	3320	N3	Other Payer Address	O	1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
Not Used	3500	DTP	Claim Adjudication Date	O	9
Must Use	3550	REF	Other Payer Service Facility Location Secondary Identification	O	3
LOOP ID - 2330F			1		
	3250	NM1	Other Payer Supervising Provider	O	1
Not Used	3300	N2	Additional Name Information	O	2
Not Used	3320	N3	Other Payer Address	O	1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
Not Used	3500	DTP	Claim Adjudication Date	O	9
Must Use	3550	REF	Other Payer Supervising Provider Secondary Identification	O	3
LOOP ID - 2330G			1		
	3250	NM1	Other Payer Billing Provider	O	1
Not Used	3300	N2	Additional Name Information	O	2
Not Used	3320	N3	Other Payer Address	O	1
Not Used	3400	N4	Other Payer City/State/ZIP Code	O	1
Not Used	3450	PER	Other Payer Contact Information	O	2
Not Used	3500	DTP	Claim Adjudication Date	O	9
Must Use	3550	REF	Other Payer Billing Provider Secondary Identification	O	2
LOOP ID - 2400			50		
Must Use	3650	LX	Service Line Number	O	1
Must Use	3700	SV1	Professional Service	O	1
Not Used	3750	SV2	Institutional Service	O	1
Not Used	3800	SV3	Dental Service	O	1
Not Used	3820	TOO	Tooth Identification	O	32
Not Used	3850	SV4	Drug Service	O	1
	4000	SV5	Durable Medical Equipment Service	O	1
Not Used	4050	SV6	Anesthesia Service	O	1
Not Used	4100	SV7	Drug Adjudication	O	1
Not Used	4150	HI	Health Care Information Codes	O	25
	4200	PWK	Line Supplemental Information	O	10
	4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1
	4250	CR1	Ambulance Transport Information	O	1
Not Used	4300	CR2	Spinal Manipulation Service Information	O	5
	4350	CR3	Durable Medical Equipment Certification	O	1

Not Used	4400	CR4	Enteral or Parenteral Therapy Certification	O	3
Not Used	4450	CR5	Home Oxygen Therapy Information	O	1
	4500	CRC	Ambulance Certification	O	3
	4500	CRC	Hospice Employee Indicator	O	1
	4500	CRC	Condition Indicator/Durable Medical Equipment	O	1
Not Used	4500	CRC	Condition Indicator/Oxygen Therapy	O	1
Must Use	4550	DTP	Date - Service Date	O	1
	4550	DTP	Date - Prescription Date	O	1
	4550	DTP	DATE - Certification Revision/Recertification Date	O	1
	4550	DTP	Date - Begin Therapy Date	O	1
	4550	DTP	Date - Last Certification Date	O	1
	4550	DTP	Date - Last Seen Date	O	1
	4550	DTP	Date - Test Date	O	2
Not Used	4550	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test Date	O	3
	4550	DTP	Date - Shipped Date	O	1
	4550	DTP	Date - Last X-ray Date	O	1
	4550	DTP	Date - Initial Treatment Date	O	1
	4600	QTY	Ambulance Patient Count	O	1
	4600	QTY	Obstetric Anesthesia Additional Units	O	1
	4620	MEA	Test Result	O	5
	4650	CN1	Contract Information	O	1
	4700	REF	Repriced Line Item Reference Number	O	1
	4700	REF	Adjusted Repriced Line Item Reference Number	O	1
	4700	REF	Prior Authorization	O	5
	4700	REF	Line Item Control Number	O	1
	4700	REF	Mammography Certification Number	O	1
	4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1
	4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1
	4700	REF	Immunization Batch Number	O	1
	4700	REF	Referral Number	O	5
Not Used	4700	REF	Universal Product Number (UPN)	O	1
	4750	AMT	Sales Tax Amount	O	1
Not Used	4750	AMT	Allowed Amount	O	1
	4750	AMT	Postage Claimed Amount	O	1
	4800	K3	File Information	O	10
	4850	NTE	Line Note	O	1
	4850	NTE	Third Party Organization Notes	O	1
	4880	PS1	Purchased Service Information	O	1
Not Used	4900	IMM	Immunization Status	O	>1
Not Used	4910	HSD	Health Care Services Delivery	O	1
	4920	HCP	Line Pricing/Repricing Information	O	1
			LOOP ID - 2410		1
	4930	LIN	Drug Identification	O	1
Must Use	4940	CTP	Drug Quantity	O	1
	4950	REF	Prescription or Compound Drug Association Number	O	1
			LOOP ID - 2420A		1
	5000	NM1	Rendering Provider Name	O	1
	5050	PRV	Rendering Provider Specialty Information	O	1

Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Party Location	O	2
Not Used	5200	N4	Geographic Location	O	1
	5250	REF	Rendering Provider Secondary Identification	O	20
Not Used	5300	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2420B</b>					<b>1</b>
	5000	NM1	Purchased Service Provider Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Party Location	O	2
Not Used	5200	N4	Geographic Location	O	1
	5250	REF	Purchased Service Provider Secondary Identification	O	20
Not Used	5300	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2420C</b>					<b>1</b>
	5000	NM1	Service Facility Location Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Must Use	5140	N3	Service Facility Location Address	O	1
Must Use	5200	N4	Service Facility Location City, State, ZIP Code	O	1
	5250	REF	Service Facility Location Secondary Identification	O	3
Not Used	5300	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2420D</b>					<b>1</b>
	5000	NM1	Supervising Provider Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Service Facility Location Address	O	2
Not Used	5200	N4	Service Facility Location City/State/ZIP	O	1
	5250	REF	Supervising Provider Secondary Identification	O	20
Not Used	5300	PER	Administrative Communications Contact	O	2
<b>LOOP ID - 2420E</b>					<b>1</b>
	5000	NM1	Ordering Provider Name	O	1
Not Used	5050	PRV	Rendering Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
	5140	N3	Ordering Provider Address	O	1
	5200	N4	Ordering Provider City, State, ZIP Code	O	1
	5250	REF	Ordering Provider Secondary Identification	O	20
	5300	PER	Ordering Provider Contact Information	O	1
<b>LOOP ID - 2420F</b>					<b>2</b>
	5000	NM1	Referring Provider Name	O	1
Not Used	5050	PRV	Referring Provider Specialty Information	O	1
Not Used	5100	N2	Additional Name Information	O	2
Not Used	5140	N3	Ordering Provider Address	O	2
Not Used	5200	N4	Ordering Provider City/State/ZIP Code	O	1
	5250	REF	Referring Provider Secondary Identification	O	20
Not Used	5300	PER	Ordering Provider Contact Information	O	1
<b>LOOP ID - 2420G</b>					<b>1</b>
	5000	NM1	Ambulance Pick-up Location	O	1
Not Used	5050	PRV	Referring Provider Specialty Information	O	1

Not Used	5100	N2	Additional Name Information	O	2
Must Use	5140	N3	Ambulance Pick-up Location Address	O	1
Must Use	5200	N4	Ambulance Pick-up Location City, State, ZIP Code	O	1
Not Used	5250	REF	Other Payer Prior Authorization or Referral Number	O	2
Not Used	5300	PER	Ordering Provider Contact Information	O	1
<b>LOOP ID - 2420H</b>					<b>1</b>
	5000	NM1	Ambulance Drop-off Location	O	1
Must Use	5140	N3	Ambulance Drop-off Location Address	O	1
Must Use	5200	N4	Ambulance Drop-off Location City, State, ZIP Code	O	1
<b>LOOP ID - 2430</b>					<b>15</b>
	5400	SVD	Line Adjudication Information	O	1
	5450	CAS	Line Adjustment	O	5
Must Use	5500	DTP	Line Check or Remittance Date	O	1
	5505	AMT	Remaining Patient Liability	O	1
<b>LOOP ID - 2440</b>					<b>&gt;1</b>
	5510	LQ	Form Identification Code	O	1
M	5520	FRM	Supporting Documentation	M	99
M	5550	SE	Transaction Set Trailer	M	1

## Transaction Set Notes

1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
2. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

**Segment:** **ST** Transaction Set Header  
**Position:** 0050  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the start of a transaction set and to assign a control number  
**Syntax Notes:**  
**Semantic Notes:**

- 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).
- 2 The implementation convention reference (ST03) is used by the translation routines of the interchange partners to select the appropriate implementation convention to match the transaction set definition. When used, this implementation convention reference takes precedence over the implementation reference specified in the GS08.

**Comments:**  
**Notes:** TR3 Example: ST\*837\*987654\*005010X222A1~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	ST01	143	<b>Transaction Set Identifier Code</b> Code uniquely identifying a Transaction Set SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set). 837 Health Care Claim	M 1 ID 3/3
M	ST02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.	M 1 AN 4/9
>>	ST03	1705	<b>Implementation Convention Reference</b> Reference assigned to identify Implementation Convention IMPLEMENTATION NAME: Implementation Guide Version Name This element must be populated with the guide identifier named in Section 1.2. This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (ST-SE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is used at translation time.	O 1 AN 1/35

**Segment:** **BHT** **Beginning of Hierarchical Transaction**  
**Position:** 0100  
**Loop:**  
**Level:** Heading  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

**Syntax Notes:**  
**Semantic Notes:**

- 1 BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.
- 2 BHT04 is the date the transaction was created within the business application system.
- 3 BHT05 is the time the transaction was created within the business application system.

**Comments:**  
**Notes:** TR3 Notes: 1. The second example denotes the case where the entire transaction set contains ENCOUNTERS.  
 TR3 Example: BHT\*0019\*00\*0123\*20040618\*0932\*CH~  
 TR3 Example: BHT\*0019\*00\*44445\*20040213\*0345\*RP~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	BHT01	1005	<b>Hierarchical Structure Code</b> Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set 0019 Information Source, Subscriber, Dependent	M 1 ID 4/4
M	BHT02	353	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.	M 1 ID 2/2
			00 Original Original transmissions are claims which have never been sent to the receiver.	
			18 Reissue If a transmission was disrupted and the receiver requests a retransmission, the sender uses "Reissue" to indicate the transmission has been previously sent.	
>>	BHT03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Originator Application Transaction Identifier The inventory file number of the transmission assigned by the submitter's system. This number operates as a batch control number. This field is limited to 30 characters.	O 1 AN 1/50
>>	BHT04	373	<b>Date</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year IMPLEMENTATION NAME: Transaction Set Creation Date This is the date that the original submitter created the claim file from their business application system.	O 1 DT 8/8

>>	<b>BHT05</b>	<b>337</b>	<b>Time</b>	<b>O 1 TM 4/8</b>
			Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	
			IMPLEMENTATION NAME: Transaction Set Creation Time	
			This is the time that the original submitter created the claim file from their business application system.	
>>	<b>BHT06</b>	<b>640</b>	<b>Transaction Type Code</b>	<b>O 1 ID 2/2</b>
			Code specifying the type of transaction	
			IMPLEMENTATION NAME: Claim or Encounter Identifier	
		31	Subrogation Demand	
				The subrogation demand code is only for use by state Medicaid agencies performing post payment recovery claiming with willing trading partners. NOTE: At the time of this writing, Subrogation Demand is not a HIPAA mandated use of the 837 transaction.
		CH	Chargeable	
				Use CH when the transaction contains only fee for service claims or claims with at least one chargeable line item. If it is not clear whether a transaction contains claims or capitated encounters, or if the transaction contains a mix of claims and capitated encounters, use CH.
		RP	Reporting	
				Use RP when the entire ST-SE envelope contains only capitated encounters. Use RP when the transaction is being sent to an entity (usually not a payer or a normal provider payer transmission intermediary) for purposes other than adjudication of a claim. Such an entity could be a state health data agency which is using the 837 for health data reporting purposes.

**Segment:** **NM1** Submitter Name  
**Position:** 0200  
**Loop:** 1000A Optional (Must Use)  
**Level:** Heading  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** TR3 Notes: 1. The submitter is the entity responsible for the creation and formatting of this transaction.

TR3 Example: NM1\*41\*2\*ABC SUBMITTER\*\*\*\*\*46\*99999999~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 41 Submitter Entity transmitting transaction set	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Submitter Last or Organization Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Submitter First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Submitter Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
>>	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) 46 Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer Established by trading partner agreement	X 1 ID 1/2
>>	NM109	67	<b>Identification Code</b>	X 1 AN 2/80

Code identifying a party or other code

IMPLEMENTATION NAME: Submitter Identifier

X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** **PER** Submitter EDI Contact Name  
**Position:** 0450  
**Loop:** 1000A Optional (Must Use)  
**Level:** Heading  
**Usage:** Optional (Must Use)  
**Max Use:** 2  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

2. The contact information in this segment identifies the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.

3. There are 2 repetitions of the PER segment to allow for six possible combinations of communication numbers including extensions.

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	PER01	366 Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93 Name Free-form name SITUATIONAL RULE: Required when the contact name is different than the name contained in the Submitter Name (NM1) segment of this loop AND it is the first iteration of the Submitter EDI Contact Information (PER) segment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Submitter Contact Name	O 1 AN 1/60
>>	PER03	365 Communication Number Qualifier Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X 1 ID 2/2
>>	PER04	364 Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
	PER05	365 Communication Number Qualifier Code identifying the type of communication number	X 1 ID 2/2

SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.

EM Electronic Mail

EX Telephone Extension

FX Facsimile

TE Telephone

**PER06 364 Communication Number X 1 AN 1/256**

Complete communications number including country or area code when applicable

SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.

**PER07 365 Communication Number Qualifier X 1 ID 2/2**

Code identifying the type of communication number

SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.

EM Electronic Mail

EX Telephone Extension

FX Facsimile

TE Telephone

**PER08 364 Communication Number X 1 AN 1/256**

Complete communications number including country or area code when applicable

SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.

**X PER09 443 Contact Inquiry Reference O 1 AN 1/20**

**Segment:** **NM1** Receiver Name  
**Position:** 0200  
**Loop:** 1000B Optional (Must Use)  
**Level:** Heading  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** TR3 Example: NM1\*40\*2\*XYZ RECEIVER\*\*\*\*\*46\*111222333~

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 40 Receiver Entity to accept transmission	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Receiver Name	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
>>	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) 46 Electronic Transmitter Identification Number (ETIN) A unique number assigned to each transmitter and software developer	X 1 ID 1/2
>>	NM109	67	<b>Identification Code</b> Code identifying a party or other code IMPLEMENTATION NAME: Receiver Primary Identifier	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** **HL Billing Provider Hierarchical Level**  
**Position:** 0010  
**Loop:** 2000A Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

- Comments:**
- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
  - 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
  - 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
  - 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
  - 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:** TR3 Example: HL\*1\*\*20\*1~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	HL01	628	<b>Hierarchical ID Number</b>	M 1 AN 1/12
			A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	
			The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.	
X	HL02	734	<b>Hierarchical Parent ID Number</b>	O 1 AN 1/12
M	HL03	735	<b>Hierarchical Level Code</b>	M 1 ID 1/2
			Code defining the characteristic of a level in a hierarchical structure	
		20	Information Source	
			Identifies the payor, maintainer, or source of the information	
>>	HL04	736	<b>Hierarchical Child Code</b>	O 1 ID 1/1
			Code indicating if there are hierarchical child data segments subordinate to the level being described	
		1	Additional Subordinate HL Data Segment in This Hierarchical Structure.	

**Segment:** **PRV** Billing Provider Speciality Information  
**Position:** 0030  
**Loop:** 2000A Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:** 1 If either PRV02 or PRV03 is present, then the other is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the payer's adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.  
 TR3 Example: PRV\*BI\*PXC\*207Q00000X~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PRV01	1221	<b>Provider Code</b> Code identifying the type of provider BI Billing	M 1 ID 1/3
>>	PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification CODE SOURCE 682: Health Care Provider Taxonomy PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	X 1 ID 2/3
>>	PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Provider Taxonomy Code	X 1 AN 1/50
X	PRV04	156	<b>State or Province Code</b>	O 1 ID 2/2
X	PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	O 1
X	C03501	1222	<b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M AN 1/3
X	C03502	559	<b>Agency Qualifier Code</b> Code identifying the agency assigning the code values Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C03503	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 1/1
X	PRV06	1223	<b>Provider Organization Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 3/3

**Segment:** **CUR Foreign Currency Information**  
**Position:** 0100  
**Loop:** 2000A Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the currency (dollars, pounds, francs, etc.) used in a transaction  
**Syntax Notes:**

- 1 If CUR08 is present, then CUR07 is required.
- 2 If CUR09 is present, then CUR07 is required.
- 3 If CUR10 is present, then at least one of CUR11 or CUR12 is required.
- 4 If CUR11 is present, then CUR10 is required.
- 5 If CUR12 is present, then CUR10 is required.
- 6 If CUR13 is present, then at least one of CUR14 or CUR15 is required.
- 7 If CUR14 is present, then CUR13 is required.
- 8 If CUR15 is present, then CUR13 is required.
- 9 If CUR16 is present, then at least one of CUR17 or CUR18 is required.
- 10 If CUR17 is present, then CUR16 is required.
- 11 If CUR18 is present, then CUR16 is required.
- 12 If CUR19 is present, then at least one of CUR20 or CUR21 is required.
- 13 If CUR20 is present, then CUR19 is required.
- 14 If CUR21 is present, then CUR19 is required.

**Semantic Notes:**

**Comments:** 1 See Figures Appendix for examples detailing the use of the CUR segment.

**Notes:** Situational Rule: Required when the amounts represented in this transaction are currencies other than the United States dollar. If not required by this implementation guide, do not send.

TR3 Notes:

1. It is REQUIRED that all amounts reported within the transaction are of the currency named in this segment. If this segment is not used, then it is required that all amounts in this transaction be expressed in US dollars.

TR3 Example: CUR\*85\*CAD~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	CUR01	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 85 Billing Provider	M 1 ID 2/3
M	CUR02	100	Currency Code Code (Standard ISO) for country in whose currency the charges are specified The submitter must use the Currency Code, not the Country Code, for this element. For example the Currency Code CAD = Canadian dollars would be valid, while CA = Canada would be invalid. CODE SOURCE 5: Countries, Currencies and Funds	M 1 ID 3/3
X	CUR03	280	Exchange Rate	O 1 R 4/10
X	CUR04	98	Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CUR05	100	Currency Code	O 1 ID 3/3
X	CUR06	669	Currency Market/Exchange Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 3/3
X	CUR07	374	Date/Time Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 3/3
X	CUR08	373	Date	O 1 DT 8/8
X	CUR09	337	Time	O 1 TM 4/8
X	CUR10	374	Date/Time Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 3/3

X	<b>CUR11</b>	<b>373</b>	<b>Date</b>	X	<b>1 DT 8/8</b>
X	<b>CUR12</b>	<b>337</b>	<b>Time</b>	X	<b>1 TM 4/8</b>
X	<b>CUR13</b>	<b>374</b>	<b>Date/Time Qualifier</b>	X	<b>1 ID 3/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	<b>CUR14</b>	<b>373</b>	<b>Date</b>	X	<b>1 DT 8/8</b>
X	<b>CUR15</b>	<b>337</b>	<b>Time</b>	X	<b>1 TM 4/8</b>
X	<b>CUR16</b>	<b>374</b>	<b>Date/Time Qualifier</b>	X	<b>1 ID 3/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	<b>CUR17</b>	<b>373</b>	<b>Date</b>	X	<b>1 DT 8/8</b>
X	<b>CUR18</b>	<b>337</b>	<b>Time</b>	X	<b>1 TM 4/8</b>
X	<b>CUR19</b>	<b>374</b>	<b>Date/Time Qualifier</b>	X	<b>1 ID 3/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	<b>CUR20</b>	<b>373</b>	<b>Date</b>	X	<b>1 DT 8/8</b>
X	<b>CUR21</b>	<b>337</b>	<b>Time</b>	X	<b>1 TM 4/8</b>

**Segment:** **NM1 Billing Provider Name**

**Position:** 0150

**Loop:** 2010AA Optional (Must Use)

**Level:** Detail

**Usage:** Optional (Must Use)

**Max Use:** 1

**Purpose:** To supply the full name of an individual or organizational entity

**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** TR3 Notes:

1. Beginning on the NPI compliance date: When the Billing Provider is an organization health care provider, the organization health care provider's NPI or its subpart's NPI is reported in NM109. When a health care provider organization has determined that it needs to enumerate its subparts, it will report the NPI of a subpart as the Billing Provider. The subpart reported as the Billing Provider MUST always represent the most detailed level of enumeration as determined by the organization health care provider and MUST be the same identifier sent to any trading partner. For additional explanation, see section 1.10.3 Organization Health Care Provider Subpart Presentation.
2. Prior to the NPI compliance date, proprietary identifiers necessary for the receiver to identify the Billing Provider entity are to be reported in the REF segment of Loop ID-2010BB.
3. The Taxpayer Identifying Number (TIN) of the Billing Provider to be used for 1099 purposes must be reported in the REF segment of this loop.
4. The Billing Provider may be an individual only when the health care provider performing services is an independent, unincorporated entity. In these cases, the Billing Provider is the individual whose social security number is used for 1099 purposes. That individual's NPI is reported in NM109, and the individual's Tax Identification Number must be reported in the REF segment of this loop. The individual's NPI must be reported when the individual provider is eligible for an NPI. See section 1.10.1 (Providers who are Not Eligible for Enumeration).
5. When the individual or the organization is not a health care provider and, thus, not eligible to receive an NPI (For example, personal care services, carpenters, etc), the Billing Provider should be the legal entity. However, willing trading partners may agree upon varying definitions. Proprietary identifiers necessary for the receiver to identify the entity are to be reported in the Loop ID-2010BB REF, Billing Provider Secondary Identification segment. The TIN to be used for 1099 purposes must be reported in the REF (Tax Identification Number) segment of this loop.  
TR3 Example: NM1\*85\*2\*ABC Group Practice\*\*\*\*\*XX\*1234567890~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 85 Billing Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1

>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Billing Provider Last or Organizational Name	X	1	AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Billing Provider First Name	O	1	AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Billing Provider Middle Name or Initial	O	1	AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O	1	AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Billing Provider Name Suffix	O	1	AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. XX                      Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X	1	ID 1/2
	NM109	67	<b>Identification Code</b> Code identifying a party or other code SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Billing Provider Identifier	X	1	AN 2/80
X	NM110	706	<b>Entity Relationship Code</b>	X	1	ID 2/2

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	NM111	98	<b>Entity Identifier Code</b>	O	1 ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1 AN 1/60

**Segment:** N3 Billing Provider Address  
**Position:** 0250  
**Loop:** 2010AA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. The Billing Provider Address must be a street address. Post Office Box or Lock Box addresses are to be sent in the Pay-To Address Loop (Loop ID-2010AB), if necessary.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Billing Provider Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Billing Provider Address Line	

**Segment:** **N4** Billing Provider City, State, ZIP Code  
**Position:** 0300  
**Loop:** 2010AA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Billing Provider City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Billing Provider State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Billing Provider Postal Zone or ZIP Code	
		When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided.	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
		CODE SOURCE 5: Countries, Currencies and Funds	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

Use the country subdivision codes from Part 2 of ISO 3166.

**CODE SOURCE 5:** Countries, Currencies and Funds

**Segment:** **REF** **Billing Provider Tax Identification**  
**Position:** 0350  
**Loop:** 2010AA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

TR3 Notes:

1. This is the tax identification number (TIN) of the entity to be paid for the submitted services.

TR3 Example: REF\*EI\*123456789~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification EI Employer's Identification Number The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid. SY Social Security Number The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Billing Provider Tax Identification Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** **Billing Provider UPIN/License Information**  
**Position:** 0350  
**Loop:** 2010AA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when a UPIN and/or license number is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI implementation date when NM109 of this loop is not used and a UPIN or license number is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Payer specific secondary identifiers are reported in the Loop ID- 2010BB REF, Billing Provider Secondary Identification.  
TR3 Example: REF\*0B\*654321~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Billing Provider License and/or UPIN Information	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

**Reference Identification**

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **PER** Billing Provider Contact Information  
**Position:** 0400  
**Loop:** 2010AA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Required when this information is different than that contained in the Loop ID-1000A - Submitter PER segment. If not required by this implementation guide, do not send.

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

2. There are 2 repetitions of the PER segment to allow for six possible combinations of communication numbers including extensions.

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	PER01	366 Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93 Name Free-form name SITUATIONAL RULE: Required in the first iteration of the Billing Provider Contact Information segment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Billing Provider Contact Name	O 1 AN 1/60
>>	PER03	365 Communication Number Qualifier Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X 1 ID 2/2
>>	PER04	364 Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
	PER05	365 Communication Number Qualifier Code identifying the type of communication number SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send. EM Electronic Mail EX Telephone Extension	X 1 ID 2/2

		FX	Facsimile		
		TE	Telephone		
<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>1 AN 1/256</b>
		Complete communications number including country or area code when applicable			
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send			
<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>1 ID 2/2</b>
		Code identifying the type of communication number			
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.			
		EM	Electronic Mail		
		EX	Telephone Extension		
		FX	Facsimile		
		TE	Telephone		
<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>1 AN 1/256</b>
		Complete communications number including country or area code when applicable			
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.			
<b>X</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O</b>	<b>1 AN 1/20</b>

**Segment:** **NM1** Pay-to Address Name  
**Position:** 0150  
**Loop:** 2010AB Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** Required when the address for payment is different than that of the Billing Provider. If not required by this implementation guide, do not send.

TR3 Notes:

1. The purpose of Loop ID-2010AB has changed from previous versions. Loop ID-2010AB only contains address information when different from the Billing Provider Address. There are no applicable identifiers for Pay-To Address information.  
 TR3 Example: NM1\*87\*2~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 87 Pay-to Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Pay-to Address - ADDRESS  
**Position:** 0250  
**Loop:** 2010AB Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
M	N301	166 Address Information	M	1 AN 1/55
		Address information		
		IMPLEMENTATION NAME: Pay-To Address Line		
	N302	166 Address Information	O	1 AN 1/55
		Address information		
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Pay-To Address Line		

**Segment:** N4 Pay-To Address City, State, ZIP Code  
**Position:** 0300  
**Loop:** 2010AB Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Pay-to Address City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Pay-to Address State Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Pay-to Address Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
		CODE SOURCE 5: Countries, Currencies and Funds	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

Use the country subdivision codes from Part 2 of ISO 3166.

CODE SOURCE 5: Countries, Currencies and Funds

**Segment:** **NM1** Pay-To Plan Name  
**Position:** 0150  
**Loop:** 2010AC Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when willing trading partners agree to use this implementation for their subrogation payment requests.

TR3 Notes:  
1. This loop may only be used when BHT06 = 31.  
TR3 Example: NM1\*PE\*2\*ANY STATE MEDICAID\*\*\*\*\*PI\*12345~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual PE Payee PE is used to indicate the subrogated payee.	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Pay-To Plan Organizational Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
>>	NM108	66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) On or after the mandated implementation date for the HIPAA National Plan Identifier (National Plan ID), XV must be sent. Prior to the mandated implementation date and prior to any phase-in period identified by Federal regulation, PI must be sent. If a phase-in period is designated, PI must be sent unless: 1. Both the sender and receiver agree to use the National Plan ID, 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the National Plan ID. If all of the above conditions are true, XV must be sent. In this case the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U. PI Payor Identification XV Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and	X 1 ID 1/2

Medicaid Services PlanID

>>	NM109	67	<b>Identification Code</b> Code identifying a party or other code	X	1	AN 2/80
IMPLEMENTATION NAME: Pay-To Plan Primary Identifier						
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Pay-to Plan Address  
**Position:** 0250  
**Loop:** 2010AC Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
M	N301	166 Address Information	M	1 AN 1/55
		Address information		
		IMPLEMENTATION NAME: Pay-To Plan Address Line		
	N302	166 Address Information	O	1 AN 1/55
		Address information		
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Pay-To Plan Address Line		

**Segment:** **N4** Pay-To Plan City, State, ZIP Code  
**Position:** 0300  
**Loop:** 2010AC Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Pay-To Plan City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Pay-To Plan State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Pay-To Plan Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Pay-to Plan Secondary Identification  
**Position:** 0350  
**Loop:** 2010AC Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*2U\*98765~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number This code is only allowed when the National Plan Identifier is reported in NM109 of this loop. FY Claim Office Number The identification of the specific payer's location designated as responsible for the submitted claim NF National Association of Insurance Commissioners (NAIC) Code A unique number assigned to each insurance company CODE SOURCE 245: National Association of Insurance Commissioners (NAIC) Code	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Pay-to Plan Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

**Reference Identification**

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** REF Pay-To Plan Tax Identification Number  
**Position:** 0350  
**Loop:** 2010AC Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** TR3 Example: REF\*EI\*123456789~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification EI Employer's Identification Number The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Pay-To Plan Tax Identification Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **HL** **Subscriber Hierarchical Level**  
**Position:** 0010  
**Loop:** 2000B Mandatory  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:**

TR3 Notes:  
1. If a patient can be uniquely identified to the destination payer in Loop ID-2010BB by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified at this level, and the patient HL in Loop ID-2000C is not used.  
2. If the patient is not the subscriber and cannot be identified to the destination payer by a unique Member Identification Number or it is not known to the sender if the Member Identification number is unique, both this HL and the patient HL in Loop ID- 2000C are required.  
TR3 Example: HL\*2\*1\*22\*1~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.	M 1 AN 1/12
>>	HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O 1 AN 1/12
M	HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure 22 Subscriber Identifies the employee or group member who is covered for insurance and to whom, or on behalf of whom, the insurer agrees to pay benefits	M 1 ID 1/2
>>	HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described	O 1 ID 1/1

The claim (Loop ID-2300) can be used when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).

In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims.

The second case (HL04 = 1) happens when claims for one or more dependents of the subscriber are being sent under the same billing provider HL (for example, a spouse and son are both treated by the same provider). In that case, the subscriber HL04 = 1 because there is at least one dependent to this subscriber. The dependent HL (spouse) would then be sent followed by the Loop ID-2300 for the spouse. The next HL would be the dependent HL for the son followed by the Loop ID-2300 for the son.

In order to send claims for the subscriber and one or more dependents, the Subscriber HL, with Relationship Code SBR02=18 (Self), would be followed by the Subscriber's Loop ID-2300 for the Subscriber's claims. Then the Subscriber HL would be repeated, followed by one or more Patient HL loops for the dependents, with the proper Relationship Code in PAT01, each followed by their respective Loop ID-2300 for each dependent's claims. Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**Segment:** **SBR** **Subscriber Information**  
**Position:** 0050  
**Loop:** 2000B Mandatory  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To record information specific to the primary insured and the insurance carrier for that insured

**Syntax Notes:**  
**Semantic Notes:**

- 1 SBR02 specifies the relationship to the person insured.
- 2 SBR03 is policy or group number.
- 3 SBR04 is plan name.
- 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:**

**Notes:** TR3 Example: SBR\*P\*\*GRP01020102\*\*\*\*\*CI~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>		
M	SBR01	<b>1138 Payer Responsibility Sequence Number Code</b>	<b>M 1 ID 1/1</b>
Code identifying the insurance carrier's level of responsibility for a payment of a claim			
Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.			
		A Payer Responsibility Four	
		B Payer Responsibility Five	
		C Payer Responsibility Six	
		D Payer Responsibility Seven	
		E Payer Responsibility Eight	
		F Payer Responsibility Nine	
		G Payer Responsibility Ten	
		H Payer Responsibility Eleven	
		P Primary	
		S Secondary	
		T Tertiary	
		U Unknown	
This code may only be used in payer to payer COB claims when the original payer determined the presence of this coverage from eligibility files received from this payer or when the original claim did not provide the responsibility sequence for this payer.			
SBR02	1069	<b>Individual Relationship Code</b>	<b>O 1 ID 2/2</b>
Code indicating the relationship between two individuals or entities			
SITUATIONAL RULE: Required when the patient is the subscriber or is considered to be the subscriber. If not required by this implementation guide, do not send.			
		18 Self	
SBR03	127	<b>Reference Identification</b>	<b>O 1 AN 1/50</b>
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
SITUATIONAL RULE: Required when the subscriber's identification card for the destination payer (Loop ID-2010BB) shows a group number. If not required by this implementation guide, do not send.			
IMPLEMENTATION NAME: Subscriber Group or Policy Number			

This is not the number uniquely identifying the subscriber. The unique subscriber number is submitted in Loop ID-2010BA-NM109.

	<b>SBR04</b>	<b>93</b>	<b>Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>
			Free-form name			
			SITUATIONAL RULE: Required when SBR03 is not used and the group name is available. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Subscriber Group Name			
	<b>SBR05</b>	<b>1336</b>	<b>Insurance Type Code</b>	<b>O</b>	<b>1</b>	<b>ID 1/3</b>
			Code identifying the type of insurance policy within a specific insurance program			
			SITUATIONAL RULE: Required when the destination payer (Loop ID-2010BB) is Medicare and Medicare is not the primary payer (SBR01 does not equal "P"). If not required by this implementation guide, do not send.			
			12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan		
			13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan		
			14	Medicare Secondary, No-fault Insurance including Auto is Primary		
			15	Medicare Secondary Worker's Compensation		
			16	Medicare Secondary Public Health Service (PHS) or Other Federal Agency		
			41	Medicare Secondary Black Lung		
			42	Medicare Secondary Veteran's Administration		
			43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)		
			47	Medicare Secondary, Other Liability Insurance is Primary		
<b>X</b>	<b>SBR06</b>	<b>1143</b>	<b>Coordination of Benefits Code</b>	<b>O</b>	<b>1</b>	<b>ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>SBR07</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1</b>	<b>ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b>	<b>O</b>	<b>1</b>	<b>ID 1/2</b>
			Code identifying type of claim			
			SITUATIONAL RULE: Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.			
			11	Other Non-Federal Programs		
			12	Preferred Provider Organization (PPO)		
			13	Point of Service (POS)		
			14	Exclusive Provider Organization (EPO)		
			15	Indemnity Insurance		
			16	Health Maintenance Organization (HMO) Medicare Risk		
			17	Dental Maintenance Organization		
			AM	Automobile Medical		
			BL	Blue Cross/Blue Shield		
			CH	Champus		
			CI	Commercial Insurance Co.		
			DS	Disability		
			FI	Federal Employees Program		
			HM	Health Maintenance Organization		
			LM	Liability Medical		
			MA	Medicare Part A		

MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
	Use code OF when submitting Medicare Part D claims.
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined
	Use Code ZZ when Type of Insurance is not known.

**Segment:** **PAT** Patient Information  
**Position:** 0070  
**Loop:** 2000B Mandatory  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply patient information  
**Syntax Notes:** 1 If either PAT05 or PAT06 is present, then the other is required.  
 2 If either PAT07 or PAT08 is present, then the other is required.  
**Semantic Notes:** 1 PAT06 is the date of death.  
 2 PAT08 is the patient's weight.  
 3 PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.

**Comments:**

**Notes:** Situational Rule: Required when the patient is the subscriber or considered to be the subscriber and at least one of the element requirements are met. If not required by this implementation guide, do not send.  
 TR3 Example:  
 PAT\*\*\*\*\*D8\*19970314~  
 PAT\*\*\*\*\*01\*146~

**Data Element Summary**

Ref.	Data				Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>			
X	PAT01	1069	<b>Individual Relationship Code</b>	O	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PAT02	1384	<b>Patient Location Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PAT03	584	<b>Employment Status Code</b>	O	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PAT04	1220	<b>Student Status Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	PAT05	1250	<b>Date Time Period Format Qualifier</b>	X	1 ID 2/3
			Code indicating the date format, time format, or date and time format		
			SITUATIONAL RULE: Required when patient is known to be deceased and the date of death is available to the provider billing system. If not required by this implementation guide, do not send.		
			D8 Date Expressed in Format CCYYMMDD		
	PAT06	1251	<b>Date Time Period</b>	X	1 AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
			SITUATIONAL RULE: Required when patient is known to be deceased and the date of death is available to the provider billing system. If not required by this implementation guide, do not send.		
			IMPLEMENTATION NAME: Patient Death Date		
	PAT07	355	<b>Unit or Basis for Measurement Code</b>	X	1 ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
			SITUATIONAL RULE: Required when claims involve Medicare Durable Medical Equipment Regional Carriers Certificate of Medical Necessity (DMERC CMN) 02.03, 10.02, or DME MAC 10.03. If not required by this implementation guide, do not send.		
			01 Actual Pounds		
	PAT08	81	<b>Weight</b>	X	1 R 1/10
			Numeric value of weight		
			SITUATIONAL RULE: Required when claims involve Medicare Durable Medical Equipment Regional Carriers Certificate of Medical Necessity (DMERC CMN) 02.03, 10.02, or DME MAC 10.03. If not required by this		

implementation guide, do not send.

**PAT09**

**1073**

IMPLEMENTATION NAME: Patient Weight

**Yes/No Condition or Response Code**

**O**

**1 ID 1/1**

Code indicating a Yes or No condition or response

SITUATIONAL RULE: Required when mandated by law. The determination of pregnancy shall be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used, it means that the patient is not pregnant or that the pregnancy indicator is not mandated by law. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Pregnancy Indicator

For this implementation, the listed value takes precedence over the semantic note.

Y

Yes

**Segment:** **NM1** Subscriber Name  
**Position:** 0150  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** TR3 Notes:  
1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (for example, the employer). However, this varies by state.  
TR3 Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*123456~

### Data Element Summary

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual IL Insured or Subscriber	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Subscriber Last Name	X 1 AN 1/60
	NM104	1036 Name First Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Subscriber First Name	O 1 AN 1/35
	NM105	1037 Name Middle Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Subscriber Middle Name or Initial	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
	NM107	1039 Name Suffix Suffix to individual name SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Subscriber Name Suffix Examples: I, II, III, IV, Jr, Sr This data element is used only to indicate generation or patronymic.	O 1 AN 1/10
	NM108	66 Identification Code Qualifier	X 1 ID 1/2

Code designating the system/method of code structure used for Identification Code (67)

**Situational Rule:**

Required when the NM102=1 (person). If not required by this implementation guide, do not send.

II Standard Unique Health Identifier for each Individual in the United States

Required if the HIPAA Individual Patient Identifier is mandated use. If not required, use value 'MI' instead.

MI Member Identification Number

The code MI is intended to be the subscriber's identification number as assigned by the payer. (For example, Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.)

MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number (SSN) is also available on an IHS/CHS claim, put the SSN in REF02.

When sending the Social Security Number as the Member ID, it must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.

	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			IMPLEMENTATION NAME: Subscriber Primary Identifier			
			Situational Rule: Required when the NM102=1 (person). If not required by this implementation guide, do not send.			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** N3 Subscriber Address  
**Position:** 0250  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Notes:** Situational Rule: Required when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Subscriber Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Subscriber Address Line	

**Segment:** N4 Subscriber City, State, ZIP Code  
**Position:** 0300  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send.  
 TR3 Example: N4\*KANSAS CITY\*MO\*64108~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name Free-form text for city name IMPLEMENTATION NAME: Subscriber City Name	O 1 AN 2/3
	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Subscriber State Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2
	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Subscriber Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1 ID 3/15
	N404	26 Country Code Code identifying the country SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1 ID 2/3
X	N405	309 Location Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code Code identifying the country subdivision	X 1 ID 1/3

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment: DMG Subscriber Demographic Information**

**Position:** 0320  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1

**Purpose:** To supply demographic information  
**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.  
 2 If either DMG10 or DMG11 is present, then the other is required.  
 3 If DMG11 is present, then DMG05 is required.  
 4 If either C05602 or C05603 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.  
 2 DMG07 is the country of citizenship.  
 3 DMG09 is the age in years.  
 4 DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

**Comments:**  
**Notes:** Situational Rule: Required when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send.  
 TR3 Example: DMG\*D8\*19690815\*M~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	DMG01	1250 <b>Date Time Period Format Qualifier</b>	X 1 ID 2/3
		Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	
>>	DMG02	1251 <b>Date Time Period</b>	X 1 AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Subscriber Birth Date	
>>	DMG03	1068 <b>Gender Code</b>	O 1 ID 1/1
		Code indicating the sex of the individual IMPLEMENTATION NAME: Subscriber Gender Code F Female M Male U Unknown	
X	DMG04	1067 <b>Marital Status Code</b>	O 1 ID 1/1
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	DMG05	C056 <b>Composite Race or Ethnicity Information</b>	X 10
		To send general and detailed information on race or ethnicity	
X	C05601	1109 <b>Race or Ethnicity Code</b>	O ID 1/1
		Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C05602	1270 <b>Code List Qualifier Code</b>	X ID 1/3
		Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C05603	1271 <b>Industry Code</b>	X AN 1/30
		Code indicating a code from a specific industry code list	
X	DMG06	1066 <b>Citizenship Status Code</b>	O 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	DMG07	26 <b>Country Code</b>	O 1 ID 2/3
X	DMG08	659 <b>Basis of Verification Code</b>	O 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	DMG09	380 <b>Quantity</b>	O 1 R 1/15

<b>X</b>	<b>DMG10</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	<b>X</b>	<b>1</b>	<b>ID 1/3</b>
<b>X</b>	<b>DMG11</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>1</b>	<b>AN 1/30</b>

**Segment:** **REF** **Subscriber Secondary Identification**  
**Position:** 0350  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*SY\*123456789~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification SY Social Security Number The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Subscriber Supplemental Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Property and Casualty Claim Number**  
**Position:** 0350  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the services included in this claim are to be considered as part of a property and casualty claim. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 1.4.2, Property and Casualty, for additional information about property and casualty claims.

2. This segment is not a HIPAA requirement as of this writing.

TR3 Example: REF\*Y4\*4445555~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Y4 Agency Claim Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Property Casualty Claim Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **PER** Property and Casualty Subscriber Contact Information  
**Position:** 0400  
**Loop:** 2010BA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required for Property and Casualty claims when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data	Attributes	
Des.	Element	Name	
M	PER01	366 Contact Function Code	M 1 ID 2/2
		IC Information Contact	
	PER02	93 Name	O 1 AN 1/60
		Free-form name	
		SITUATIONAL RULE: Required when the Subscriber contact is a person other than the person identified in the Subscriber Name NM1 (Loop ID-2000BA). If not required by this implementation guide, do not send.	
>>	PER03	365 Communication Number Qualifier	X 1 ID 2/2
		TE Telephone	
>>	PER04	364 Communication Number	X 1 AN 1/256
		Complete communications number including country or area code when applicable	
	PER05	365 Communication Number Qualifier	X 1 ID 2/2
		Code identifying the type of communication number	
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	
		EX Telephone Extension	
	PER06	364 Communication Number	X 1 AN 1/256
		Complete communications number including country or area code when applicable	
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	
X	PER07	365 Communication Number Qualifier	X 1 ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	

<b>X</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>	<b>X</b>	<b>1 AN 1/256</b>
<b>X</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O</b>	<b>1 AN 1/20</b>

**Segment:** **NM1** Payer Name  
**Position:** 0150  
**Loop:** 2010BB Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** TR3 Notes:  
1. This is the destination payer.  
2. For the purposes of this implementation the term payer is synonymous with several other terms, such as, repricer and third party administrator.  
TR3 Example: NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*11122333~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual PR Payer	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Payer Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
>>	NM108	66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) On or after the mandated implementation date for the HIPAA National Plan Identifier (National Plan ID), XV must be sent.  Prior to the mandated implementation date and prior to any phase-in period identified by Federal regulation, PI must be sent.  If a phase-in period is designated, PI must be sent unless: 1. Both the sender and receiver agree to use the National Plan ID, 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the National Plan ID.  If all of the above conditions are true, XV must be sent. In this case the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U. PI Payor Identification XV Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	X 1 ID 1/2
>>	NM109	67 Identification Code	X 1 AN 2/80

Code identifying a party or other code

IMPLEMENTATION NAME: Payer Identifier

X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Payer Address  
**Position:** 0250  
**Loop:** 2010BB Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Payer Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Payer Address Line	

**Segment:** N4 Payer City, State, ZIP Code  
**Position:** 0300  
**Loop:** 2010BB Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation, do not send.

TR3 Example: N4\*KANSAS CITY\*MO\*64108~

#### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>> N401	19	City Name Free-form text for city name IMPLEMENTATION NAME: Payer City Name	O 1 AN 2/30
N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Payer State or Province Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2
N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Payer Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1 ID 3/15
N404	26	Country Code Code identifying the country SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1 ID 2/3
X N405	309	Location Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X N406	310	Location Identifier	O 1 AN 1/30

**N407**      **1715**      **Country Subdivision Code**      **X**      **1 ID 1/3**

Code identifying the country subdivision

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** REF Payer Secondary Identification  
**Position:** 0350  
**Loop:** 2010BB Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*FY\*435261708~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1 ID 2/3
		2U	Payer Identification Number This code is only allowed when the National Plan Identifier is reported in NM109 of this loop.	
		EI	Employer's Identification Number The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid.	
		FY	Claim Office Number The identification of the specific payer's location designated as responsible for the submitted claim	
		NF	National Association of Insurance Commissioners (NAIC) Code A unique number assigned to each insurance company CODE SOURCE 245: National Association of Insurance Commissioners (NAIC) Code	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Payer Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** **Billing Provider Secondary Identification**  
**Position:** 0350  
**Loop:** 2010BB Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated NPI Implementation Date when an additional identification number is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in Loop 2010AA is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	REF01 128	Reference Identification Qualifier Code qualifying the Reference Identification G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number Required by ODA	M 1 ID 2/3
>>	REF02 127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Billing Provider Secondary Identifier ODA's Billing Provider Location ID/Pay To Provider Location ID when REF01 = LU Columns 1-9 ODA's Billing Provider Location ID, REQUIRED BY ODA Columns 10-18 ODA's Pay To Provider Location ID, REQUIRED BY ODA Example of both IDs: REF*LU*999999 555555 ~ Example of only Billing Provider Location ID: REF*LU*999999 ~ where 999999 = Billing Provider Location ID and 555555 = Pay To Provider Location ID each ID number is up to 9-digits, left-justified with spaces for filler	X 1 AN 1/50

X	REF03	352	<b>Description</b>	X	1	AN 1/80
X	REF04	C040	<b>Reference Identifier</b>	O	1	
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier			
X	C04001	128	<b>Reference Identification Qualifier</b>	M		ID 2/3
			Code qualifying the Reference Identification			
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04002	127	<b>Reference Identification</b>	M		AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
X	C04003	128	<b>Reference Identification Qualifier</b>	X		ID 2/3
			Code qualifying the Reference Identification			
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>	X		AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
X	C04005	128	<b>Reference Identification Qualifier</b>	X		ID 2/3
			Code qualifying the Reference Identification			
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>	X		AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			

**Segment:** **CLM Claim Information**  
**Position:** 1300  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify basic data about the claim  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CLM02 is the total amount of all submitted charges of service segments for this claim.
- 2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
- 3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
- 4 CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.
- 5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
- 6 CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

**Comments:**  
**Notes:**

TR3 Notes:

1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.

2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this, the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, Loop ID-2300, is placed following Loop ID-2010BB in the Subscriber Hierarchical Level (HL) when patient information is sent in Loop ID-2010BA of the Subscriber HL. Claim information is placed in the Patient HL when the patient information is sent in Loop ID-2010CA of the Patient HL. When the patient is the subscriber or is considered to be the subscriber, Loop ID-2000C and Loop ID-2010CA are not sent. See Subscriber/Patient HL Segment explanation in section 1.4.3.2.2.1 for details.

TR3 Example: CLM\*A37YH556\*500\*\*\*11:B:1\*Y\*A\*Y\*I\*P~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	CLM01	1028 Claim Submitter's Identifier	M I AN 1/38
Identifier used to track a claim from creation by the health care provider through payment			
IMPLEMENTATION NAME: Patient Control Number			
The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use unique numbers for this field for each individual claim.			

When Loop ID-2010AC is present, CLM01 represents the subrogated Medicaid agency's claim number (ICN/DCN) from their original 835 CLP07 - Payer Claim Control Number. See Section 1.4.1.4 of the front matter for a description of post payment recovery claims for subrogated Medicaid agencies.

The maximum number of characters to be supported for this field is '20'. Characters beyond the maximum are not required to be stored nor returned by any 837-receiving system.

>> **CLM02** **782** **Monetary Amount** **O** **1 R 1/18**  
 Monetary amount

IMPLEMENTATION NAME: Total Claim Charge Amount

The Total Claim Charge Amount must be greater than or equal to zero.

The total claim charge amount must balance to the sum of all service line charge amounts reported in the Professional Service (SV1) segments for this claim.

X **CLM03** **1032** **Claim Filing Indicator Code** **O** **1 ID 1/2**  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X **CLM04** **1343** **Non-Institutional Claim Type Code** **O** **1 ID 1/2**  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

>> **CLM05** **C023** **Health Care Service Location Information** **O** **1**

To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

CLM05 applies to all service lines unless it is over written at the line level.

M **C02301** **1331** **Facility Code Value** **M** **AN 1/2**

Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.

IMPLEMENTATION NAME: Place of Service Code

>> **C02302** **1332** **Facility Code Qualifier** **O** **ID 1/2**

Code identifying the type of facility referenced

B Place of Service Codes for Professional or Dental Services

CODE SOURCE 237: Place of Service Codes for Professional Claims

>> **C02303** **1325** **Claim Frequency Type Code** **O** **ID 1/1**

Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type

IMPLEMENTATION NAME: Claim Frequency Code

CODE SOURCE 235: Claim Frequency Type Code

>> **CLM06** **1073** **Yes/No Condition or Response Code** **O** **1 ID 1/1**  
 Code indicating a Yes or No condition or response

IMPLEMENTATION NAME: Provider or Supplier Signature Indicator

N No  
 Y Yes

>> **CLM07** **1359** **Provider Accept Assignment Code** **O** **1 ID 1/1**  
 Code indicating whether the provider accepts assignment

IMPLEMENTATION NAME: Assignment or Plan Participation Code

Within this element the context of the word assignment is related to the relationship between the provider and the payer. This is NOT the field for reporting whether the patient has or has not assigned benefits to the provider. The benefit assignment indicator is in CLM08.

A Assigned  
 Required when the provider accepts assignment and/or has a participation agreement with the

			destination payer. OR Required when the provider does not accept assignment and/or have a participation agreement, but is advising the payer to adjudicate this specific claim under participating provider benefits as allowed under certain plans.		
		B	Assignment Accepted on Clinical Lab Services Only Required when the provider accepts assignment for Clinical Lab Services only.		
		C	Not Assigned Required when neither codes 'A' nor 'B' apply.		
>>	CLM08	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Benefits Assignment Certification Indicator This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider.	O	1 ID 1/1
		N	No		
		W	Not Applicable Use code 'W' when the patient refuses to assign benefits.		
		Y	Yes		
>>	CLM09	1363	<b>Release of Information Code</b> Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations The Release of Information response is limited to the information carried in this claim.	O	1 ID 1/1
		I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Required when the provider has not collected a signature AND state or federal laws do not require a signature be collected.		
		Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim Required when the provider has collected a signature. OR Required when state or federal laws require a signature be collected.		
	CLM10	1351	<b>Patient Signature Source Code</b> Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider SITUATIONAL RULE: Required when a signature was executed on the patient's behalf under state or federal law. If not required by this implementation guide, do not send.	O	1 ID 1/1
		P	Signature generated by provider because the patient was not physically present for services Signature generated by an entity other than the patient according to State or Federal law.		
	CLM11	C024	<b>Related Causes Information</b> To identify one or more related causes and associated state or country information SITUATIONAL RULE: Required when the services provided are employment related or the result of an accident. If not required by this implementation guide, do not send. If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.	O	1
M	C02401	1362	<b>Related-Causes Code</b> Code identifying an accompanying cause of an illness, injury or an accident	M	ID 2/3

		IMPLEMENTATION NAME: Related Causes Code	
		AA	Auto Accident
		EM	Employment
		OA	Other Accident
	<b>C02402</b>	<b>1362</b>	<b>Related-Causes Code</b> <b>O</b> <b>ID 2/3</b>
		Code identifying an accompanying cause of an illness, injury or an accident	
		SITUATIONAL RULE: Required when more than one related cause code applies. See CLM11-1 for valid values. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Related Causes Code	
		AA	Auto Accident
		EM	Employment
		OA	Other Accident
X	<b>C02403</b>	<b>1362</b>	<b>Related-Causes Code</b> <b>O</b> <b>ID 2/3</b>
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
	<b>C02404</b>	<b>156</b>	<b>State or Province Code</b> <b>O</b> <b>ID 2/2</b>
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when CLM11-1 or CLM11-2 has a value of 'AA' to identify the state, province or sub-country code in which the automobile accident occurred. If accident occurred in a country or location that does not have states, provinces or sub-country codes named in Code Source 22, do not use. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Auto Accident State or Province Code	
		CODE SOURCE 22: States and Provinces	
	<b>C02405</b>	<b>26</b>	<b>Country Code</b> <b>O</b> <b>ID 2/3</b>
		Code identifying the country	
		SITUATIONAL RULE: Required when CLM11-1 or CLM11-2 = AA and the accident occurred in a country other than US or Canada. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
	<b>CLM12</b>	<b>1366</b>	<b>Special Program Code</b> <b>O</b> <b>1 ID 2/3</b>
		Code indicating the Special Program under which the services rendered to the patient were performed	
		SITUATIONAL RULE: Required when the services were rendered under one of the following circumstances, programs, or projects. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Special Program Indicator	
		02	Physically Handicapped Children's Program This code is used for Medicaid claims only.
		03	Special Federal Funding This code is used for Medicaid claims only.
		05	Disability This code is used for Medicaid claims only.
		09	Second Opinion or Surgery This code is used for Medicaid claims only.
X	<b>CLM13</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> <b>O</b> <b>1 ID 1/1</b>
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>CLM14</b>	<b>1338</b>	<b>Level of Service Code</b> <b>O</b> <b>1 ID 1/3</b>
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>CLM15</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> <b>O</b> <b>1 ID 1/1</b>

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM16	1360	<b>Provider Agreement Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM17	1029	<b>Claim Status Code</b>	O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM18	1073	<b>Yes/No Condition or Response Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM19	1383	<b>Claim Submission Reason Code</b>	O	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	CLM20	1514	<b>Delay Reason Code</b>	O	1 ID 1/2
			Code indicating the reason why a request was delayed		
			SITUATIONAL RULE: Required when the claim is submitted late (past contracted date of filing limitations). If not required by this implementation guide, do not send.		
		1	Proof of Eligibility Unknown or Unavailable		
		2	Litigation		
		3	Authorization Delays		
		4	Delay in Certifying Provider		
		5	Delay in Supplying Billing Forms		
		6	Delay in Delivery of Custom-made Appliances		
		7	Third Party Processing Delay		
		8	Delay in Eligibility Determination		
		9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules		
		10	Administration Delay in the Prior Approval Process		
		11	Other		
		15	Natural Disaster		

**Segment:** **DTP** Date - Onset of Current Illness or Symptom  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required for the initial medical service or visit performed in response to a medical emergency when the date is available and is different than the date of service. If not required by this implementation guide, do not send.

TR3 Notes: 1. This date is the onset of acute symptoms for the current illness or condition.

TR3 Example: DTP\*431\*D8\*20050108~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 431 Onset of Current Symptoms or Illness Date first symptoms appeared	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Onset of Current Illness or Injury Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Initial Treatment Date**  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, speech language pathology, dialysis, optical refractions, or pregnancy. If not required by this implementation guide, do not send.

TR3 Notes:

1. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.  
 TR3 Example: DTP\*454\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
			454 Initial Treatment Date medical treatment first began	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Initial Treatment Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Last Seen Date**  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required when claims involve services for routine foot care and it is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is the date that the patient was seen by the attending or supervising physician for the qualifying medical condition related to the services performed.

2. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

TR3 Example: DTP\*304\*D8\*20050108~

**Data Element Summary**

<u>Ref.</u>	<u>Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
			304 Latest Visit or Consultation Date subscriber or dependent last visited or consulted with a physician	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Seen Date	M 1 AN 1/35

**Segment:** **DTP** Date - Acute Manifestation  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when Loop ID-2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare. If not required by this implementation guide, do not send.

TR3 Example: DTP\*453\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 453 Acute Manifestation of a Chronic Condition Date serious symptoms were exhibited for a long term illness	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Acute Manifestation Date	M 1 AN 1/35

**Segment:** **DTP** Date - Accident  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when CLM11-1 or CLM11-2 has a value of 'AA' or 'OA'.  
OR  
Required when CLM11-1 or CLM11-2 has a value of 'EM' and this claim is the result of an accident. If not required by this implementation guide, do not send.  
TR3 Example: DTP\*439\*D8\*20060108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 439 Accident Date mishap occurred	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Accident Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last Menstrual Period  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when, in the judgment of the provider, the services on this claim are related to the patient's pregnancy. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*484\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 484 Last Menstrual Period	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Menstrual Period Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last X-ray Date  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when claim involves spinal manipulation and an x-ray was taken. If not required by this implementation guide, do not send.

TR3 Notes:  
 1. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.  
 TR3 Example: DTP\*455\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 455 Last X-Ray Date of the most recent x-ray	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last X-Ray Date	M 1 AN 1/35

**Segment:** **DTP** Date - Hearing and Vision Prescription Date  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*471\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		471	Prescription Date on which prescription was written	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Prescription Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Disability Dates**  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required on claims involving disability where, in the judgment of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.  
OR  
Required on non-HIPAA claims (for example workers compensation or property and casualty) when required by the claims processor. If not required by this implementation guide, do not send.  
TR3 Example: DTP\*360\*D8\*20050108~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374 <b>Date/Time Qualifier</b>	M 1 ID 3/3
Code specifying type of date or time, or both date and time			
IMPLEMENTATION NAME: Date Time Qualifier			
		314 Disability	
		Range of dates on which the physical or mental condition rendered the subscriber or dependent disabled	
		Use code 314 when both disability start and end date are being reported.	
		360 Initial Disability Period Start	
		Date on which the disability begins	
		Use code 360 if patient is currently disabled and disability end date is unknown.	
		361 Initial Disability Period End	
		Date on which the disability ends	
		Use code 361 if patient is no longer disabled and the start date is unknown.	
M	DTP02	1250 <b>Date Time Period Format Qualifier</b>	M 1 ID 2/3
Code indicating the date format, time format, or date and time format			
		D8 Date Expressed in Format CCYYMMDD	
		Use code D8 when DTP01 is 360 or 361.	
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31); the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	
		Use code RD8 when DTP01 is 314.	
M	DTP03	1251 <b>Date Time Period</b>	M 1 AN 1/35
Expression of a date, a time, or range of dates, times or dates and times			
IMPLEMENTATION NAME: Disability From Date			

**Segment:** **DTP** Date - Last Worked  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*297\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 297 Initial Disability Period Last Day Worked	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Worked Date	M 1 AN 1/35

**Segment:** **DTP** Date - Authorized Return to Work  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*296\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		296	Initial Disability Period Return To Work This is the date the provider has authorized the patient to return to work.	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Work Return Date	M 1 AN 1/35

**Segment:** **DTP** Date - Admission  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on all ambulance claims when the patient was known to be admitted to the hospital.  
OR  
Required on all claims involving inpatient medical visits. If not required by this implementation guide, do not send.  
TR3 Example: DTP\*435\*D8\*20030108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 435 Admission Date of entrance to a health care establishment	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Related Hospitalization Admission Date	M 1 AN 1/35

**Segment:** **DTP** Date - Discharge  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required for inpatient claims when the patient was discharged from the facility and the discharge date is known. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*096\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 096 Discharge	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Related Hospitalization Discharge Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Assumed and Relinquished Care Dates**  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required to indicate "assumed care date" or "relinquished care date" when providers share post-operative care (global surgery claims). If not required by this implementation guide, do not send.

TR3 Notes: 1. Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.

Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim, "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim, "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".

TR3 Example: DTP\*090\*D8\*20050108~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		090	Report Start Assumed Care Date - Use code "090" to indicate the date the provider filing this claim assumed care from another provider during post-operative care.	
		091	Report End Relinquished Care Date - Use code "091" to indicate the date the provider filing this claim relinquished post-operative care to another provider.	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Assumed or Relinquished Care Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Property and Casualty Date of First Contact**  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required for Property and Casualty claims when state mandated. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is the date the patient first consulted the service provider for this condition. The date of first contact is the date the patient first consulted the provider by any means. It is not necessarily the Initial Treatment Date.

TR3 Example: DTP\*444\*D8\*20041013~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		444	First Visit or Consultation Date patient first sought medical assistance	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35

**Segment:** **DTP** Date - Repricer Received Date  
**Position:** 1350  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a repricer is passing the claim onto the payer. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*050\*D8\*20051030~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 050 Received	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Repricer Received Date	M 1 AN 1/35

**Segment:** **PWK** Claim Supplemental Information

**Position:** 1550

**Loop:** 2300 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 10

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

**Syntax Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.

**Semantic Notes:**

**Comments:**

- 1 PWK05 and PWK06 may be used to identify the addressee by a code number.
- 2 PWK07 may be used to indicate special information to be shown on the specified report.
- 3 PWK08 may be used to indicate action pertaining to a report.

**Notes:** Situational Rule: Required when there is a paper attachment following this claim.  
OR  
Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.  
OR  
Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send.  
TR3 Example: PWK\*OZ\*BM\*\*\*AC\*DMN0012~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	PWK01	755 Report Type Code	M 1 ID 2/2
		Code indicating the title or contents of a document, report or supporting item	
		IMPLEMENTATION NAME: Attachment Report Type Code	
		03	Report Justifying Treatment Beyond Utilization Guidelines
		04	Drugs Administered
		05	Treatment Diagnosis
		06	Initial Assessment
		07	Functional Goals
			Expected outcomes of rehabilitative services
		08	Plan of Treatment
		09	Progress Report
		10	Continued Treatment
		11	Chemical Analysis
		13	Certified Test Report
		15	Justification for Admission
		21	Recovery Plan
		A3	Allergies/Sensitivities Document
		A4	Autopsy Report
		AM	Ambulance Certification
			Information to support necessity of ambulance trip
		AS	Admission Summary
			A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital
		B2	Prescription

B3	Physician Order
B4	Referral Form
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment
CK	Consent Form(s)
CT	Certification
D2	Drug Profile Document
DA	Dental Models Cast of the teeth; they are usually taken before partial dentures or braces are placed
DB	Durable Medical Equipment Prescription Prescription describing the need for durable medical equipment; it usually includes the diagnosis and possible time period the equipment will be needed
DG	Diagnostic Report Report describing the results of lab tests x-rays or radiology films
DJ	Discharge Monitoring Report
DS	Discharge Summary Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Summary of benefits paid on the claim
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
OB	Operative Note Step-by-step notes of exactly what takes place during an operation
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
OZ	Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification

PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
	X-rays, videos, and other radiology diagnostic tests
RR	Radiology Reports
	Reports prepared by a radiologists after the films or x-rays have been reviewed
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

>>      **PWK02**      **756**      **Report Transmission Code**      **O**      **1**      **ID 1/2**  
Code defining timing, transmission method or format by which reports are to be sent

**IMPLEMENTATION NAME: Attachment Transmission Code**

AA	Available on Request at Provider Site
	This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
BM	By Mail
EL	Electronically Only
	Indicates that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail
FT	File Transfer
	Required when the actual attachment is maintained by an attachment warehouse or similar vendor.
FX	By Fax

**X**      **PWK03**      **757**      **Report Copies Needed**      **O**      **1**      **N0 1/2**

**X**      **PWK04**      **98**      **Entity Identifier Code**      **O**      **1**      **ID 2/3**  
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**PWK05**      **66**      **Identification Code Qualifier**      **X**      **1**      **ID 1/2**

Code designating the system/method of code structure used for Identification Code (67)

**SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.**

AC	Attachment Control Number
	Means of associating electronic claim with documentation forwarded by other means

**PWK06**      **67**      **Identification Code**      **X**      **1**      **AN 2/80**

Code identifying a party or other code

**SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.**

**IMPLEMENTATION NAME: Attachment Control Number**

PWK06 is used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.

For the purpose of this implementation, the maximum field length is 50.

**X**      **PWK07**      **352**      **Description**      **O**      **1**      **AN 1/80**

**X**      **PWK08**      **C002**      **Actions Indicated**      **O**      **1**

X	C00201	704	<p>Actions to be performed on the piece of paperwork identified</p> <p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	M	ID 1/2
X	C00202	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	C00203	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	C00204	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	C00205	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	PWK09	1525	<p><b>Request Category Code</b></p> <p>Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	1 ID 1/2

**Segment:** **CN1 Contract Information**  
**Position:** 1600  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify basic data about the contract or contract line item  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CN102 is the contract amount.
- 2 CN103 is the allowance or charge percent.
- 3 CN104 is the contract code.
- 4 CN106 is an additional identifying number for the contract.

**Comments:**

**Notes:** Situational Rule: Required when the submitter is contractually obligated to supply this information on post-adjudicated claims. If not required by this implementation guide, do not send.

TR3 Notes:

1. The developers of this implementation guide note that the CN1 segment is for use only for post-adjudicated claims, which do not meet the definition of a health care claim under HIPAA. Consequently, at the time of this writing, the CN1 segment is for non-HIPAA use only.

TR3 Example: CN1\*02\*550~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CN101	<b>Contract Type Code</b> Code identifying a contract type	M 1 ID 2/2
		01 Diagnosis Related Group (DRG) A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting	
		02 Per Diem A contract which allows certain charges to be on a rate per day basis	
		03 Variable Per Diem A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
		04 Flat A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
		05 Capitated A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
		06 Percent	
		09 Other	
	CN102	<b>Monetary Amount</b> Monetary amount	O 1 R 1/18
		SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Contract Amount	
	CN103	<b>Percent, Decimal Format</b>	O 1 R 1/6

Percent given in decimal format (e.g., 0.0 through 100.0 represents 0% through 100%)

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Percentage

**CN104**      **127**      **Reference Identification**      **O**      **1**      **AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Code

**CN105**      **338**      **Terms Discount Percent**      **O**      **1**      **R 1/6**

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Terms Discount Percentage

**CN106**      **799**      **Version Identifier**      **O**      **1**      **AN 1/30**

Revision level of a particular format, program, technique or algorithm

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Version Identifier

**Segment:** **AMT Patient Amount Paid**  
**Position:** 1750  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when patient has made payment specifically toward this claim. If not required by this implementation guide, do not send.

TR3 Notes:

1. Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his or her representative(s).

TR3 Example: AMT\*F5\*152.45~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Patient Amount Paid				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **REF** Service Authorization Exception Code  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mandated by government law or regulation to obtain authorization for specific service(s) but, for the reasons listed in REF02, the service was performed without obtaining the authorization. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*4N\*1~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 4N Special Payment Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Service Authorization Exception Code  Allowable values for this element are: 1 Immediate/Urgent Care 2 Services Rendered in a Retroactive Period 3 Emergency Care 4 Client has Temporary Medicaid 5 Request from County for Second Opinion to Determine if Recipient Can Work 6 Request for Override Pending 7 Special Handling	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

**Reference Identification**

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** **Mandatory Medicare (Section 4081) Crossover Indicator**  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the submitter is Medicare and the claim is a Medigap or COB crossover claim. If not required by this implementation guide, do not send.  
TR3 Example: REF\*F5\*N~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F5 Medicare Version Code Identifies the release of a set of information or requirements to distinguish from previous or future sets that may differ; the version in question is that which is being used by Medicare	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Medicare Section 4081 Indicator The allowed values for this element are: Y - 4081 N - Regular crossover	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** REF Mammography Certification Number  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when mammography services are rendered by a certified mammography provider. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*EW\*T554~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Mammography Certification Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Referral Number  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when a referral number is assigned by the payer or Utilization Management Organization (UMO)  
AND  
a referral is involved. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.  
TR3 Example: REF\*9F\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9F Referral Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referral Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	X AN 1/50

specified by the Reference Identification Qualifier

**Segment:** **REF** **Prior Authorization**  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

**Situational Rule:** Required when an authorization number is assigned by the payer or UMO  
AND  
the services on this claim were preauthorized. If not required by this implementation guide, do not send.

**TR3 Notes:**  
1. Generally, preauthorization numbers are assigned by the payer or UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The prior authorization number carried in this REF is specific to the destination payer reported in the Loop ID-2010BB. If other payers have similar numbers for this claim, report that information in the Loop ID-2330 loop REF which holds that payer's information.

2. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.

TR3 Example: REF\*G1\*13579~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>IMPLEMENTATION NAME:</b> Prior Authorization Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** Payer Claim Control Number  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. If not required by this implementation guide, do not send.

TR3 Notes:  
 1. This information is specific to the destination payer reported in Loop ID-2010BB.  
 TR3 Example: REF\*F8\*R555588~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F8 Original Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Payer Claim Control Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** REF Clinical Laboratory Improvement Amendment (CLIA) Number  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required for all CLIA certified facilities performing CLIA covered laboratory services. If not required by this implementation guide, do not send.

TR3 Notes:

1. If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.
2. In cases where this claim contains both in-house and outsourced laboratory services, the CLIA Number for laboratory services performed by the Billing or Rendering Provider is reported in this loop. The CLIA number for laboratory services which were outsourced is reported in Loop ID-2400.  
 TR3 Example: REF\*X4\*12D4567890~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification X4 Clinical Laboratory Improvement Amendment Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Clinical Laboratory Improvement Amendment Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** Repriced Claim Number  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

TR3 Notes:  
 1. This information is specific to the destination payer reported in Loop ID-2010BB.  
 TR3 Example: REF\*9A\*RJ5555~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9A Repriced Claim Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Repriced Claim Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Adjusted Repriced Claim Number  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

TR3 Notes:  
1. This information is specific to the destination payer reported in Loop ID-2010BB.  
TR3 Example: REF\*9C\*RP44444444~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9C Adjusted Repriced Claim Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Adjusted Repriced Claim Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Investigational Device Exemption Number**  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when claim involves a Food and Drug Administration (FDA) assigned investigational device exemption (IDE) number. When more than one IDE applies, they must be split into separate claims. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*LX\*432907~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification LX Qualified Products List	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Investigational Device Exemption Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Claim Identifier For Transmission Intermediaries**  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when this information is deemed necessary by transmission intermediaries (Automated Clearinghouses, and others) who need to attach their own unique claim number. If not required by this implementation guide, do not send.

TR3 Notes:

1. Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

TR3 Example: REF\*D9\*TJ98UU321~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Number assigned by clearinghouse, van, etc. D9 Claim Number Sequence number to track the number of claims opened within a particular line of business	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Value Added Network Trace Number The value carried in this element is limited to a maximum of 20 positions.	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

**Reference Identification**

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** **Medical Record Number**  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the provider needs to identify for future inquiries, the actual medical record of the patient identified in either Loop ID-2010BA or Loop ID-2010CA for this episode of care. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*EA\*44444TH56~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M 1 ID 2/3
IMPLEMENTATION NAME: Medical Record Number				
		EA	Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X 1 AN 1/50
IMPLEMENTATION NAME: Medical Record Number				
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Demonstration Project Identifier**  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when it is necessary to identify claims which are atypical in ways such as content, purpose, and/or payment, as could be the case for a demonstration or other special project, or a clinical trial. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*P4\*THJ1222~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification P4 Project Code	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Demonstration Project Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Care Plan Oversight  
**Position:** 1800  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the physician is billing Medicare for Care Plan Oversight (CPO). If not required by this implementation guide, do not send.

**TR3 Notes:**

1. This is the number of the home health agency or hospice providing Medicare covered services to the patient for the period during which CPO services were furnished. Prior to the mandated HIPAA National Provider Identifier (NPI) implementation date this number is the Medicare Number. On or after the mandated HIPAA National Provider Identifier (NPI) implementation date this is the NPI.  
 TR3 Example: REF\*1J\*12345678~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 1J Facility ID Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Care Plan Oversight Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **K3 File Information**  
**Position:** 1850  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 10  
**Purpose:** To transmit a fixed-format record or matrix contents  
**Syntax Notes:**  
**Semantic Notes:** 1 K303 identifies the value of the index.  
**Comments:** 1 The default for K302 is content.  
**Notes:**

Situational Rule: Required when ALL of the following conditions are met:

- A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement;
- The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement
- X12N determines that there is no method to meet the requirement. If not required by this implementation guide, do not send.

TR3 Notes:

1. At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used :
  - The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement.
  - The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request. Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations.
2. Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment.
3. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s).

TR3 Example: K3\*STATE DATA REQUIREMENT~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	K301	449 Fixed Format Information Data in fixed format agreed upon by sender and receiver	M 1 AN 1/80
X	K302	1333 Record Format Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	K303	C001 Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2

X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10

**Segment:** **NTE** Claim Note  
**Position:** 1900  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**1** The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Situational Rule: Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. If not required by this implementation guide, do not send.

TR3 Notes:

1. Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID- 2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID- 2300.

2. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who use narrative information with claims are strongly encouraged to codify that information within the X12 environment.

TR3 Example: NTE\*ADD\*SURGERY WAS UNUSUALLY LONG BECAUSE [FILL IN REASON]~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	NTE01	363 Note Reference Code	O 1 ID 3/3
		Code identifying the functional area or purpose for which the note applies	
		ADD Additional Information	
		CER Certification Narrative	
		Any notes associated with the certification involved	
		DCP Goals, Rehabilitation Potential, or Discharge Plans	
		DGN Diagnosis Description	
		Verbal description of the condition involved	
		TPO Third Party Organization Notes	
M	NTE02	352 Description	M 1 AN 1/80
		A free-form description to clarify the related data elements and their content	
		IMPLEMENTATION NAME: Claim Note Text	

**Segment:** **CR1** **Ambulance Transport Information**  
**Position:** 1950  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information related to the ambulance service rendered to a patient  
**Syntax Notes:** 1 If either CR101 or CR102 is present, then the other is required.  
2 If either CR105 or CR106 is present, then the other is required.  
**Semantic Notes:** 1 CR102 is the weight of the patient at time of transport.  
2 CR106 is the distance traveled during transport.  
3 CR107 is the address of origin.  
4 CR108 is the address of destination.  
5 CR109 is the purpose for the round trip ambulance service.  
6 CR110 is the purpose for the usage of a stretcher during ambulance service.  
**Comments:**  
**Notes:** Situational Rule: Required on all claims involving ambulance transport services. If not required by this implementation guide, do not send.

TR3 Notes:

1. The CR1 segment in Loop ID-2300 applies to the entire claim unless overridden by a CR1 segment at the service line level in Loop ID-2400 with the same value in CR101.  
TR3 Example: CR1\*LB\*140\*\*A\*DH\*12\*\*\*\*UNCONSCIOUS~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
		<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.	
			LB Pound	
		<b>81</b>	<b>Weight</b>	<b>X 1 R 1/10</b>
			Numeric value of weight SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Patient Weight	
<b>X</b>		<b>1316</b>	<b>Ambulance Transport Code</b>	<b>O 1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
<b>&gt;&gt;</b>		<b>1317</b>	<b>Ambulance Transport Reason Code</b>	<b>O 1 ID 1/1</b>
			Code indicating the reason for ambulance transport	
			A Patient was transported to nearest facility for care of symptoms, complaints, or both Can be used to indicate that the patient was transferred to a residential facility.	
			B Patient was transported for the benefit of a preferred physician	
			C Patient was transported for the nearness of family members	
			D Patient was transported for the care of a specialist or for availability of specialized equipment	
			E Patient Transferred to Rehabilitation Facility	
<b>&gt;&gt;</b>		<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	

			DH	Miles			
>>	<b>CR106</b>	<b>380</b>	<b>Quantity</b>			<b>X</b>	<b>1 R 1/15</b>
			Numeric value of quantity				
			IMPLEMENTATION NAME: Transport Distance				
			0 (zero) is a valid value when ambulance services do not include a charge for mileage.				
<b>X</b>	<b>CR107</b>	<b>166</b>	<b>Address Information</b>			<b>O</b>	<b>1 AN 1/55</b>
<b>X</b>	<b>CR108</b>	<b>166</b>	<b>Address Information</b>			<b>O</b>	<b>1 AN 1/55</b>
	<b>CR109</b>	<b>352</b>	<b>Description</b>			<b>O</b>	<b>1 AN 1/80</b>
			A free-form description to clarify the related data elements and their content				
			SITUATIONAL RULE: Required when the ambulance service is for a round trip. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Round Trip Purpose Description				
	<b>CR110</b>	<b>352</b>	<b>Description</b>			<b>O</b>	<b>1 AN 1/80</b>
			A free-form description to clarify the related data elements and their content				
			SITUATIONAL RULE: Required when needed to justify usage of stretcher. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Stretcher Purpose Description				

<b>Segment:</b>	<b>CR2 Spinal Manipulation Service Information</b>
<b>Position:</b>	2000
<b>Loop:</b>	2300          Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the chiropractic service rendered to a patient
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either CR201 or CR202 is present, then the other is required.</li> <li>2 If CR204 is present, then CR203 is required.</li> <li>3 If either CR205 or CR206 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CR201 is the number this treatment is in the series.</li> <li>2 CR202 is the total number of treatments in the series.</li> <li>3 CR206 is the time period involved in the treatment series.</li> <li>4 CR207 is the number of treatments rendered in the month of service.</li> <li>5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.</li> <li>6 CR210 is a description of the patient's condition.</li> <li>7 CR211 is an additional description of the patient's condition.</li> <li>8 CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.</li> </ol>
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.</li> </ol>
<b>Notes:</b>	<p>Situational Rule: Required on chiropractic claims involving spinal manipulation when the information is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.</p> <p>TR3 Example: CR2*****M~</p>

**Data Element Summary**

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element Name</b>	
X	CR201    609    Count	X    1    N0 1/9
X	CR202    380    Quantity	X    1    R 1/15
X	CR203    1367    Subluxation Level Code	X    1    ID 2/3
	Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR204    1367    Subluxation Level Code	O    1    ID 2/3
	Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR205    355    Unit or Basis for Measurement Code	X    1    ID 2/2
	Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR206    380    Quantity	X    1    R 1/15
X	CR207    380    Quantity	O    1    R 1/15
>>	CR208    1342    Nature of Condition Code	O    1    ID 1/1
	Code indicating the nature of a patient's condition	
	IMPLEMENTATION NAME: Patient Condition Code	
	Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR209    1073    Yes/No Condition or Response Code	O    1    ID 1/1
	Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
	CR210    352    Description	O    1    AN 1/80
	A free-form description to clarify the related data elements and their content	
	SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	
	IMPLEMENTATION NAME: Patient Condition Description	
	CR211    352    Description	O    1    AN 1/80
	A free-form description to clarify the related data elements and their content	
	SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	

<b>X</b>	<b>CR212</b>	<b>1073</b>	<b>IMPLEMENTATION NAME: Patient Condition Description</b>		
			<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **CRC** Ambulance Certification  
**Position:** 2200  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required when the claim involves ambulance transport services AND when reporting condition codes in any of CRC03 through CRC07. If not required by this implementation guide, do not send.

TR3 Notes:  
1. The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.  
2. Repeat this segment only when it is necessary to report additional unique values to those reported in CRC03 thru CRC07.  
TR3 Example: CRC\*07\*Y\*01~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 07 Ambulance Certification	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator N No Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition IMPLEMENTATION NAME: Condition Code The codes for CRC03 also can be used for CRC04 through CRC07. 01 Patient was admitted to a hospital 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 12 Patient is confined to a bed or chair Use code 12 to indicate patient was bedridden during transport.	M 1 ID 2/3
	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.	O 1 ID 2/3



IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

01	Patient was admitted to a hospital
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
12	Patient is confined to a bed or chair
	Use code 12 to indicate patient was bedridden during transport.

**Segment:** **CRC** **Patient Condition Information: Vision**  
**Position:** 2200  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**

**Notes:** Situational Rule: Required on vision claims involving replacement lenses or frames when this information is known to impact reimbursement. If not required by this implementation guide, do not send.  
 TR3 Example: CRC\*E1\*Y\*L1~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies	M 1 ID 2/2
		E1	Spectacle Lenses	
		E2	Contact Lenses	
		E3	Spectacle Frames	
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	M 1 ID 1/1
IMPLEMENTATION NAME: Certification Condition Indicator				
		N	No	
		Y	Yes	
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition	M 1 ID 2/3
IMPLEMENTATION NAME: Condition Code				
		L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met	
		L2	Replacement Due to Loss or Theft	
		L3	Replacement Due to Breakage or Damage	
		L4	Replacement Due to Patient Preference	
		L5	Replacement Due to Medical Reason	
	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition	O 1 ID 2/3
SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.				
IMPLEMENTATION NAME: Condition Code				
Use the codes listed in CRC03.				
		L1	General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met	
		L2	Replacement Due to Loss or Theft	
		L3	Replacement Due to Breakage or Damage	
		L4	Replacement Due to Patient Preference	
		L5	Replacement Due to Medical Reason	
	CRC05	1321	<b>Condition Indicator</b> Code indicating a condition	O 1 ID 2/3

SITUATIONAL RULE: Required when a third condition code is necessary. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

- L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
- L2 Replacement Due to Loss or Theft
- L3 Replacement Due to Breakage or Damage
- L4 Replacement Due to Patient Preference
- L5 Replacement Due to Medical Reason

**CRC06 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

SITUATIONAL RULE: Required when a fourth condition code is necessary. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

- L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
- L2 Replacement Due to Loss or Theft
- L3 Replacement Due to Breakage or Damage
- L4 Replacement Due to Patient Preference
- L5 Replacement Due to Medical Reason

**CRC07 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

SITUATIONAL RULE: Required when a fifth condition code is necessary. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

- L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
- L2 Replacement Due to Loss or Theft
- L3 Replacement Due to Breakage or Damage
- L4 Replacement Due to Patient Preference
- L5 Replacement Due to Medical Reason

**Segment:** **CRC** Homebound Indicator  
**Position:** 2200  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**

**Notes:**

Situational Rule: Required for Medicare claims when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient. If not required by this implementation guide, do not send.  
 TR3 Example: CRC\*75\*Y\*IH~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 75 Functional Limitations	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition IMPLEMENTATION NAME: Homebound Indicator IH Independent at Home	M 1 ID 2/3
X	CRC04	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC05	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC06	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC07	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3

**Segment:** **CRC** EPSDT Referral  
**Position:** 2200  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**

**Notes:** Situational Rule: Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims when the screening service is being billed in this claim. If not required by this implementation guide, do not send.  
 TR3 Example: CRC\*ZZ\*Y\*ST~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CRC01	1136 Code Category	M 1 ID 2/2
Specifies the situation or category to which the code applies IMPLEMENTATION NAME: Code Qualifier ZZ Mutually Defined EPSDT Screening referral information.			
M	CRC02	1073 Yes/No Condition or Response Code	M 1 ID 1/1
Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Code Applies Indicator The response answers the question: Was an EPSDT referral given to the patient? N No If no, then choose "NU" in CRC03 indicating no referral given. Y Yes			
M	CRC03	1321 Condition Indicator	M 1 ID 2/3
Code indicating a condition The codes for CRC03 also can be used for CRC04 through CRC05. AV Available - Not Used Patient refused referral. NU Not Used This conditioner indicator must be used when the submitter answers "N" in CRC02. S2 Under Treatment Patient is currently under treatment for referred diagnostic or corrective health problem. ST New Services Requested Patient is referred to another provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals). OR Patient is scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including			

			dental referrals).		
	<b>CRC04</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Code indicating a condition		
			SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.		
			Use the codes listed in CRC03.		
			AV Available - Not Used		
			Patient refused referral.		
			NU Not Used		
			This conditioner indicator must be used when the submitter answers "N" in CRC02.		
			S2 Under Treatment		
			Patient is currently under treatment for referred diagnostic or corrective health problem.		
			ST New Services Requested		
			Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).		
	<b>CRC05</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Code indicating a condition		
			SITUATIONAL RULE: Required when a third condition code is necessary. If not required by this implementation guide, do not send.		
			Use the codes listed in CRC03.		
			AV Available - Not Used		
			Patient refused referral.		
			NU Not Used		
			This conditioner indicator must be used when the submitter answers "N" in CRC02.		
			S2 Under Treatment		
			Patient is currently under treatment for referred diagnostic or corrective health problem.		
			ST New Services Requested		
			Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).		
X	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **HI** Health Care Diagnosis Code  
**Position:** 2310  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 Only one of C02208 or C02209 may be present.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 Only one of C02208 or C02209 may be present.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 Only one of C02208 or C02209 may be present.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 Only one of C02208 or C02209 may be present.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 Only one of C02208 or C02209 may be present.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 Only one of C02208 or C02209 may be present.
- 13 If either C02203 or C02204 is present, then the other is required.
- 14 Only one of C02208 or C02209 may be present.
- 15 If either C02203 or C02204 is present, then the other is required.
- 16 Only one of C02208 or C02209 may be present.
- 17 If either C02203 or C02204 is present, then the other is required.
- 18 Only one of C02208 or C02209 may be present.
- 19 If either C02203 or C02204 is present, then the other is required.
- 20 Only one of C02208 or C02209 may be present.
- 21 If either C02203 or C02204 is present, then the other is required.
- 22 Only one of C02208 or C02209 may be present.
- 23 If either C02203 or C02204 is present, then the other is required.
- 24 Only one of C02208 or C02209 may be present.

**Semantic Notes:**

**Comments:**

**Notes:**

TR3 Notes:  
 1. Do not transmit the decimal point for ICD codes. The decimal point is implied.  
 TR3 Example: HI\*BK:8901\*BF:87200\*BF:5559~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	HI01	C022		Health Care Code Information	M 1
				To send health care codes and their associated dates, amounts and quantities	
				The diagnosis listed in this element is assumed to be the principal diagnosis.	
M	C02201	1270		Code List Qualifier Code	M ID 1/3
				Code identifying a specific industry code list	
				IMPLEMENTATION NAME: Diagnosis Type Code	
				ABK International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis	
				This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,	
				OR	
				The Secretary grants an exception to use the code set as a pilot project as allowed under the law,	
				OR	
				For claims which are not covered under HIPAA.	
				CODE SOURCE 897: International Classification of	

			BK	Diseases, 10th Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>		M	AN 1/30
				Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>		X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O	R 1/18
X	C02206	380	<b>Quantity</b>		O	R 1/15
X	C02207	799	<b>Version Identifier</b>		O	AN 1/30
X	C02208	1271	<b>Industry Code</b>		X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>		X	ID 1/1
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI02	C022	<b>Health Care Code Information</b>		O	1
				To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>		M	ID 1/3
				Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code		
			ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.  CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>		M	AN 1/30
				Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>		X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O	R 1/18
X	C02206	380	<b>Quantity</b>		O	R 1/15
X	C02207	799	<b>Version Identifier</b>		O	AN 1/30

X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
	HI03	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.  CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI04	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code		

set under HIPAA,  
 OR  
 The Secretary grants an exception to use the code set as  
 a pilot project as allowed under the law,  
 OR  
 For claims which are not covered under HIPAA.

CODE SOURCE 897: International Classification of  
 Diseases, 10th Revision, Clinical Modification  
 (ICD-10-CM)

BF  
 International Classification of Diseases Clinical  
 Modification (ICD-9-CM) Diagnosis  
 CODE SOURCE 131: International Classification of  
 Diseases, 9th Revision, Clinical Modification  
 (ICD-9-CM)

M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI05	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		

IMPLEMENTATION NAME: Diagnosis Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI06	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
IMPLEMENTATION NAME: Diagnosis Type Code					
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,					
OR					
The Secretary grants an exception to use the code set as a pilot project as allowed under the law,					
OR					
For claims which are not covered under HIPAA.					
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)					
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Diagnosis Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI07	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.					

M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code	M	ID 1/3
			ABF International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.  CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
			BF International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis ICD-9 Codes  CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI08	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code	M	ID 1/3
			ABF International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.		

				CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	
				CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	
M	C02202	1271	<b>Industry Code</b>		M AN 1/30
				Code indicating a code from a specific industry code list	
				IMPLEMENTATION NAME: Diagnosis Code	
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C02204	1251	<b>Date Time Period</b>		X AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O R 1/18
X	C02206	380	<b>Quantity</b>		O R 1/15
X	C02207	799	<b>Version Identifier</b>		O AN 1/30
X	C02208	1271	<b>Industry Code</b>		X AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>		X ID 1/1
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
	HI09	C022	<b>Health Care Code Information</b>		O 1
				To send health care codes and their associated dates, amounts and quantities	
				SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.	
M	C02201	1270	<b>Code List Qualifier Code</b>		M ID 1/3
				Code identifying a specific industry code list	
				IMPLEMENTATION NAME: Diagnosis Type Code	
			ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis	
				This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,	
				OR	
				The Secretary grants an exception to use the code set as a pilot project as allowed under the law,	
				OR	
				For claims which are not covered under HIPAA.	
				CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	
				CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	
M	C02202	1271	<b>Industry Code</b>		M AN 1/30
				Code indicating a code from a specific industry code list	
				IMPLEMENTATION NAME: Diagnosis Code	
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C02204	1251	<b>Date Time Period</b>		X AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O R 1/18
X	C02206	380	<b>Quantity</b>		O R 1/15

X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI10	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI11	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a		

new rule names the ICD-10-CM as an allowable code set under HIPAA,  
 OR  
 The Secretary grants an exception to use the code set as a pilot project as allowed under the law,  
 OR  
 For claims which are not covered under HIPAA.

CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

BF  
 International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis  
 CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI12	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
			CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30

Code indicating a code from a specific industry code list

IMPLEMENTATION NAME: Diagnosis Code

X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	<b>ID 2/3</b>
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	C02204	1251	<b>Date Time Period</b>	X	<b>AN 1/35</b>
X	C02205	782	<b>Monetary Amount</b>	O	<b>R 1/18</b>
X	C02206	380	<b>Quantity</b>	O	<b>R 1/15</b>
X	C02207	799	<b>Version Identifier</b>	O	<b>AN 1/30</b>
X	C02208	1271	<b>Industry Code</b>	X	<b>AN 1/30</b>
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	<b>ID 1/1</b>
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**Segment:** **HI Anesthesia Related Procedure**  
**Position:** 2310  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 Only one of C02208 or C02209 may be present.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 Only one of C02208 or C02209 may be present.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 Only one of C02208 or C02209 may be present.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 Only one of C02208 or C02209 may be present.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 Only one of C02208 or C02209 may be present.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 Only one of C02208 or C02209 may be present.
- 13 If either C02203 or C02204 is present, then the other is required.
- 14 Only one of C02208 or C02209 may be present.
- 15 If either C02203 or C02204 is present, then the other is required.
- 16 Only one of C02208 or C02209 may be present.
- 17 If either C02203 or C02204 is present, then the other is required.
- 18 Only one of C02208 or C02209 may be present.
- 19 If either C02203 or C02204 is present, then the other is required.
- 20 Only one of C02208 or C02209 may be present.
- 21 If either C02203 or C02204 is present, then the other is required.
- 22 Only one of C02208 or C02209 may be present.
- 23 If either C02203 or C02204 is present, then the other is required.
- 24 Only one of C02208 or C02209 may be present.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required on claims where anesthesiology services are being billed or reported when the provider knows the surgical code and knows the adjudication of the claim will depend on provision of the surgical code. If not required by this implementation guide, do not send.  
 TR3 Example: HI\*BP:33414~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	HI01	C022	Health Care Code Information	M 1
			To send health care codes and their associated dates, amounts and quantities	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
			BP Health Care Financing Administration Common Procedural Coding System Principal Procedure CODE SOURCE 130: Healthcare Common Procedural Coding System	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list	
			IMPLEMENTATION NAME: Anesthesia Related Surgical Procedure	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C02204	1251	Date Time Period	X AN 1/35
X	C02205	782	Monetary Amount	O R 1/18
X	C02206	380	Quantity	O R 1/15

X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI02	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional procedure and the preceding HI data elements have been used to report other procedures. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BO Health Care Financing Administration Common Procedural Coding System CODE SOURCE 130: Healthcare Common Procedural Coding System		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI03	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
X	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
X	C02208	1271	Industry Code	X	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Code indicating a Yes or No condition or response		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI04	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	Code List Qualifier Code	M	ID 1/3

			Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI05	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI06	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3

			Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI07	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI08	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18

			Monetary amount		
X	C02206	380	<b>Quantity</b>	O	R 1/15
			Numeric value of quantity		
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Code indicating a Yes or No condition or response		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI09	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
			Monetary amount		
X	C02206	380	<b>Quantity</b>	O	R 1/15
			Numeric value of quantity		
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Code indicating a Yes or No condition or response		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI10	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
			Monetary amount		
X	C02206	380	<b>Quantity</b>	O	R 1/15
			Numeric value of quantity		
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		

X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI11	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI12	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1

**Segment:** **HI** **Condition Information**  
**Position:** 2310  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 Only one of C02208 or C02209 may be present.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 Only one of C02208 or C02209 may be present.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 Only one of C02208 or C02209 may be present.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 Only one of C02208 or C02209 may be present.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 Only one of C02208 or C02209 may be present.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 Only one of C02208 or C02209 may be present.
- 13 If either C02203 or C02204 is present, then the other is required.
- 14 Only one of C02208 or C02209 may be present.
- 15 If either C02203 or C02204 is present, then the other is required.
- 16 Only one of C02208 or C02209 may be present.
- 17 If either C02203 or C02204 is present, then the other is required.
- 18 Only one of C02208 or C02209 may be present.
- 19 If either C02203 or C02204 is present, then the other is required.
- 20 Only one of C02208 or C02209 may be present.
- 21 If either C02203 or C02204 is present, then the other is required.
- 22 Only one of C02208 or C02209 may be present.
- 23 If either C02203 or C02204 is present, then the other is required.
- 24 Only one of C02208 or C02209 may be present.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required when condition information applies to the claim. If not required by this implementation guide, do not send.  
 TR3 Example: HI\*BG:17\*BG:67~

**Data Element Summary**

Ref.	Data	Element	Name	Attributes
M	HI01	C022	Health Care Code Information	M 1
			To send health care codes and their associated dates, amounts and quantities	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
		BG	Condition	
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list	
			IMPLEMENTATION NAME: Condition Code	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C02204	1251	Date Time Period	X AN 1/35
X	C02205	782	Monetary Amount	O R 1/18
X	C02206	380	Quantity	O R 1/15
X	C02207	799	Version Identifier	O AN 1/30
X	C02208	1271	Industry Code	X AN 1/30

X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI02	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI03	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI04	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1

M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI05	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI06	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30

IMPLEMENTATION NAME: Condition Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI07	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
			BG	Condition	
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Condition Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI08	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
			BG	Condition	
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Condition Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30

X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI09	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
		BG	Condition		
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Condition Code		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI10	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
		BG	Condition		
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Condition Code		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI11	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report		

other condition codes. If not required by this implementation guide, do not send.

M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			BG Condition		
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Condition Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI12	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			BG Condition		
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Condition Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **HCP** Claim Pricing/Repricing Information  
**Position:** 2410  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify pricing or repricing information about a health care claim or line item  
**Syntax Notes:** 1 At least one of HCP01 or HCP13 is required.  
2 If either HCP09 or HCP10 is present, then the other is required.  
3 If either HCP11 or HCP12 is present, then the other is required.  
**Semantic Notes:** 1 HCP02 is the allowed amount.  
2 HCP03 is the savings amount.  
3 HCP04 is the repricing organization identification number.  
4 HCP05 is the pricing rate associated with per diem or flat rate repricing.  
5 HCP06 is the approved DRG code.  
6 HCP07 is the approved DRG amount.  
7 HCP08 is the approved revenue code.  
8 HCP10 is the approved procedure code.  
9 HCP12 is the approved service units or inpatient days.  
10 HCP13 is the rejection message returned from the third party organization.  
11 HCP15 is the exception reason generated by a third party organization.  
**Comments:** 1 HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

TR3 Notes:

1. This information is specific to the destination payer reported in Loop ID-2010BB.
  2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.
- TR3 Example: HCP\*03\*100\*10\*RPO12345~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	HCP01	1473 Pricing Methodology	X 1 ID 2/2
		Code specifying pricing methodology at which the claim or line item has been priced or repriced	
		Specific code use is determined by Trading Partner Agreement due to the variances in contracting policies in the industry.	
		00 Zero Pricing (Not Covered Under Contract)	
		01 Priced as Billed at 100%	
		02 Priced at the Standard Fee Schedule	
		03 Priced at a Contractual Percentage	
		04 Bundled Pricing	
		05 Peer Review Pricing	
		07 Flat Rate Pricing	
		08 Combination Pricing	
		09 Maternity Pricing	
		10 Other Pricing	
		11 Lower of Cost	
		12 Ratio of Cost	
		13 Cost Reimbursed	
		14 Adjustment Pricing	
>>	HCP02	782 Monetary Amount	O 1 R 1/18

		Monetary amount			
		IMPLEMENTATION NAME: Repriced Allowed Amount			
HCP03	782	<b>Monetary Amount</b>	O	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
		IMPLEMENTATION NAME: Repriced Saving Amount			
		This information is specific to the destination payer reported in Loop ID-2010BB.			
HCP04	127	<b>Reference Identification</b>	O	1	AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
		IMPLEMENTATION NAME: Repricing Organization Identifier			
		This information is specific to the destination payer reported in Loop ID-2010BB.			
HCP05	118	<b>Rate</b>	O	1	R 1/9
		Rate expressed in the standard monetary denomination for the currency specified			
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
		IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount			
		This information is specific to the destination payer reported in Loop ID-2010BB.			
HCP06	127	<b>Reference Identification</b>	O	1	AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
		IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Code			
		This information is specific to the destination payer reported in Loop ID-2010BB.			
HCP07	782	<b>Monetary Amount</b>	O	1	R 1/18
		Monetary amount			
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
		IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Amount			

			This information is specific to the destination payer reported in Loop ID-2010BB.		
X	HCP08	234	<b>Product/Service ID</b>	O	1 AN 1/48
X	HCP09	235	<b>Product/Service ID Qualifier</b>	X	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HCP10	234	<b>Product/Service ID</b>	X	1 AN 1/48
X	HCP11	355	<b>Unit or Basis for Measurement Code</b>	X	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HCP12	380	<b>Quantity</b>	X	1 R 1/15
	HCP13	901	<b>Reject Reason Code</b>	X	1 ID 2/2
			Code assigned by issuer to identify reason for rejection		
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.		
			This information is specific to the destination payer reported in Loop ID-2010BB.		
			T1	Cannot Identify Provider as TPO (Third Party Organization) Participant	
			T2	Cannot Identify Payer as TPO (Third Party Organization) Participant	
			T3	Cannot Identify Insured as TPO (Third Party Organization) Participant	
			T4	Payer Name or Identifier Missing	
			T5	Certification Information Missing	
			T6	Claim does not contain enough information for re-pricing	
	HCP14	1526	<b>Policy Compliance Code</b>	O	1 ID 1/2
			Code specifying policy compliance		
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.		
			This information is specific to the destination payer reported in Loop ID-2010BB.		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HCP15	1527	<b>Exception Code</b>	O	1 ID 1/2
			Code specifying the exception reason for consideration of out-of-network health care services		
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.		
			This information is specific to the destination payer reported in Loop ID-2010BB.		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **NM1** Referring Provider Name  
**Position:** 2500  
**Loop:** 2310A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when this claim involves a referral. If not required by this implementation guide, do not send.

TR3 Notes:

- When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A at the claim level. For ordered services such as Durable Medical Equipment, use Loop ID-2420E at the line level.
- When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.
- Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*DN\*1\*WELBY\*MARCUS\*W\*\*JR\*XX\*1234567891~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual DN Referring Provider Use on the first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Referring Provider Last Name	X 1 AN 1/60
	NM104	1036	Name First Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.	O 1 AN 1/35

			<b>IMPLEMENTATION NAME: Referring Provider First Name</b>			
	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O</b>	<b>1</b>	<b>AN 1/25</b>
			Individual middle name or initial			
			<b>SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.</b>			
<b>X</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O</b>	<b>1</b>	<b>AN 1/10</b>
	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>1</b>	<b>AN 1/10</b>
			Suffix to individual name			
			<b>SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.</b>			
			<b>IMPLEMENTATION NAME: Referring Provider Name Suffix</b>			
	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X</b>	<b>1</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)			
			<b>SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter.</b>			
			<b>OR</b>			
			Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.			
			XX Centers for Medicare and Medicaid Services National Provider Identifier			
			CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier			
	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			<b>SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter.</b>			
			<b>OR</b>			
			Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.			
			<b>IMPLEMENTATION NAME: Referring Provider Identifier</b>			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 2710  
**Loop:** 2310A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referring Provider Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **NM1** **Rendering Provider Name**  
**Position:** 2500  
**Loop:** 2310B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the Rendering Provider information is different than that carried in Loop ID-2010AA - Billing Provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here.  
2. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 82 Rendering Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Rendering Provider Last or Organization Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O 1 AN 1/10

			SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Name Suffix	
	NM108	66	<b>Identification Code Qualifier</b>	<b>X 1 ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			XX	Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier
	NM109	67	<b>Identification Code</b>	<b>X 1 AN 2/80</b>
			Code identifying a party or other code	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Identifier	
X	NM110	706	<b>Entity Relationship Code</b>	<b>X 1 ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	NM111	98	<b>Entity Identifier Code</b>	<b>O 1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	NM112	1035	<b>Name Last or Organization Name</b>	<b>O 1 AN 1/60</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**  
**Position:** 2550  
**Loop:** 2310B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:** 1 If either PRV02 or PRV03 is present, then the other is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.

TR3 Notes: 1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

TR3 Example: PRV\*PE\*PXC\*1223G0001X~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PRV01	1221	<b>Provider Code</b> Code identifying the type of provider PE Performing	M 1 ID 1/3
>>	PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	X 1 ID 2/3
>>	PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Provider Taxonomy Code	X 1 AN 1/50
X	PRV04	156	<b>State or Province Code</b>	O 1 ID 2/2
X	PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	O 1
X	C03501	1222	<b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M AN 1/3
X	C03502	559	<b>Agency Qualifier Code</b> Code identifying the agency assigning the code values Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C03503	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 1/1
X	PRV06	1223	<b>Provider Organization Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 3/3

**Segment:** **REF** **Rendering Provider Secondary Identification**  
**Position:** 2710  
**Loop:** 2310B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Rendering Provider Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b>	X ID 2/3

			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **NM1** Service Facility Location Name  
**Position:** 2500  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
 3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
 2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider). If not required by this implementation guide, do not send.

TR3 Notes:  
 1. When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider.  
 2. The purpose of this loop is to identify specifically where the service was rendered. When reporting ambulance services, do not use this loop. Use Loop ID-2310E - Ambulance Pick-up Location and Loop ID- 2310F - Ambulance Drop-off Location.  
 3. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
 TR3 Example: NM1\*77\*2\*ABC CLINIC\*\*\*\*\*XX\*1234567891~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 77 Service Location	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Laboratory or Facility Name	X 1 AN 1/60
X	NM104	1036	Name First	O 1 AN 1/35
X	NM105	1037	Name Middle	O 1 AN 1/25
X	NM106	1038	Name Prefix	O 1 AN 1/10
X	NM107	1039	Name Suffix	O 1 AN 1/10
	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and	X 1 ID 1/2

Medicaid Services National Provider Identifier

	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Laboratory or Facility Primary Identifier			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** N3 Service Facility Location Address  
**Position:** 2650  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes: 1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	

**Segment:** N4 Service Facility Location City, State, ZIP Code  
**Position:** 2700  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Laboratory or Facility City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
		When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided.	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Service Facility Location Secondary Identification  
**Position:** 2710  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
 OR  
 Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*G2\*12345~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Laboratory or Facility Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **PER** Service Facility Contact Information  
**Position:** 2750  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required for Property and Casualty claims when this information is different than the information provided in Loop ID-1000A Submitter EDI Contact Information PER Segment, and Loop ID-2010AA Billing Provider Contact Information PER segment and when deemed necessary by the submitter. If not required by this implementation guide, do not send.

TR3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	PER01	366 Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93 Name Free-form name SITUATIONAL RULE: Required when the name is different than the name in the Loop ID-1000A Submitter EDI Contact Information PER segment and in the Loop ID-2010AA Billing Provider Contact Information PER. If not required by this implementation guide, do not send.	O 1 AN 1/60
>>	PER03	365 Communication Number Qualifier Code identifying the type of communication number TE Telephone	X 1 ID 2/2
>>	PER04	364 Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
	PER05	365 Communication Number Qualifier Code identifying the type of communication number SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	X 1 ID 2/2
	PER06	364 Communication Number Complete communications number including country or area code when applicable SITUATIONAL RULE: Required when this information is deemed necessary	X 1 AN 1/256

by the submitter. If not required by this implementation guide, do not send.					
X	PER07	365	Communication Number Qualifier	X	1 ID 2/2
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	PER08	364	Communication Number	X	1 AN 1/256
X	PER09	443	Contact Inquiry Reference	O	1 AN 1/20

**Segment:** **NM1** **Supervising Provider Name**  
**Position:** 2500  
**Loop:** 2310D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the rendering provider is supervised by a physician. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*DQ\*1\*DOE\*JOHN\*B\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual DQ Supervising Physician	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Supervising Provider Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Name Suffix	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	X 1 ID 1/2

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.  
 OR  
 Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.  
 OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

XX Centers for Medicare and Medicaid Services National Provider Identifier  
 CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier

NM109 67 Identification Code X 1 AN 2/80

Code identifying a party or other code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.  
 OR  
 Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.  
 OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Supervising Provider Identifier

X NM110 706 Entity Relationship Code X 1 ID 2/2  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.  
 X NM111 98 Entity Identifier Code O 1 ID 2/3  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.  
 X NM112 1035 Name Last or Organization Name O 1 AN 1/60

**Segment:** **REF** **Supervising Provider Secondary Identification**  
**Position:** 2710  
**Loop:** 2310D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity. If not required by this implementation guide, do not send.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Supervising Provider Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50

			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **NM1** Ambulance Pick-up Location  
**Position:** 2500  
**Loop:** 2310E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when billing for ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*PW\*2~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual PW Pickup Address	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Pick-up Location Address  
**Position:** 2650  
**Loop:** 2310E Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	

**Segment:** **N4** Ambulance Pick-up Location City, State, ZIP Code  
**Position:** 2700  
**Loop:** 2310E Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Pick-up City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **NM1 Ambulance Drop-off Location**  
**Position:** 2500  
**Loop:** 2310F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when billing for ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*45\*2~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 45 Drop-off Location	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name SITUATIONAL RULE: Required when drop-off location name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ambulance Drop-off Location	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Drop-off Location Address  
**Position:** 2650  
**Loop:** 2310F Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Ambulance Drop-off Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Address Line	

**Segment:** **N4** Ambulance Drop-off Location City, State, ZIP Code  
**Position:** 2700  
**Loop:** 2310F Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Drop-off City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **SBR** Other Subscriber Information  
**Position:** 2900  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To record information specific to the primary insured and the insurance carrier for that insured

**Syntax Notes:**

- Semantic Notes:**
- 1 SBR02 specifies the relationship to the person insured.
  - 2 SBR03 is policy or group number.
  - 3 SBR04 is plan name.
  - 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:**

**Notes:** Situational Rule: Required when other payers are known to potentially be involved in paying on this claim. If not required by this implementation guide, do not send.

TR3 Notes:

1. All information contained in Loop ID-2320 applies only to the payer identified in Loop ID-2330B of this iteration of Loop ID-2320. It is specific only to that payer. If information for an additional payer is necessary, repeat Loop ID-2320 with its respective 2330 Loops.

2. See Crosswalking COB Data Elements section for more information on handling COB in the 837.

TR3 Example: SBR\*S\*01\*GR00786\*\*\*\*\*13~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	SBR01	1138 Payer Responsibility Sequence Number Code	M 1 ID 1/1
		Code identifying the insurance carrier's level of responsibility for a payment of a claim	
		Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.	
		A Payer Responsibility Four	
		B Payer Responsibility Five	
		C Payer Responsibility Six	
		D Payer Responsibility Seven	
		E Payer Responsibility Eight	
		F Payer Responsibility Nine	
		G Payer Responsibility Ten	
		H Payer Responsibility Eleven	
		P Primary	
		S Secondary	
		T Tertiary	
		U Unknown	
		This code may only be used in payer to payer COB claims when the original payer determined the presence of this coverage from eligibility files received from this payer or when the original claim did not provide the responsibility sequence for this payer.	
>>	SBR02	1069 Individual Relationship Code	O 1 ID 2/2
		Code indicating the relationship between two individuals or entities	
		01 Spouse	
		18 Self	

- 19 Child  
Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
- 20 Employee
- 21 Unknown
- 39 Organ Donor  
Individual receiving medical service in order to donate organs for a transplant
- 40 Cadaver Donor  
Deceased individual donating body to be used for research or transplants
- 53 Life Partner
- G8 Other Relationship

**SBR03 127 Reference Identification O 1 AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when the subscriber's identification card for the non-destination payer identified in Loop ID-2330B of this iteration of Loop ID-2320 shows a group number. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Insured Group or Policy Number

This is not the number uniquely identifying the subscriber. The unique subscriber number is submitted in Loop 2330A-NM109 for this iteration of Loop ID-2320.

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

Free-form name

SITUATIONAL RULE: Required when SBR03 is not used and the group name is available. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Other Insured Group Name

**SBR05 1336 Insurance Type Code O 1 ID 1/3**

Code identifying the type of insurance policy within a specific insurance program

SITUATIONAL RULE: Required when the payer identified in Loop ID-2330B for this iteration of Loop ID-2320 is Medicare and Medicare is not the primary payer (Loop ID-2320 SBR01 is not P). If not required by this implementation guide, do not send.

- 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
- 14 Medicare Secondary, No-fault Insurance including Auto is Primary
- 15 Medicare Secondary Worker's Compensation
- 16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- 41 Medicare Secondary Black Lung
- 42 Medicare Secondary Veteran's Administration
- 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- 47 Medicare Secondary, Other Liability Insurance is Primary

**X SBR06 1143 Coordination of Benefits Code O 1 ID 1/1**

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**X SBR07 1073 Yes/No Condition or Response Code O 1 ID 1/1**

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b>	<b>O 1 ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b>	<b>O 1 ID 1/2</b>
			Code identifying type of claim	
			SITUATIONAL RULE: Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.	
		11	Other Non-Federal Programs	
		12	Preferred Provider Organization (PPO)	
		13	Point of Service (POS)	
		14	Exclusive Provider Organization (EPO)	
		15	Indemnity Insurance	
		16	Health Maintenance Organization (HMO) Medicare Risk	
		17	Dental Maintenance Organization	
		AM	Automobile Medical	
		BL	Blue Cross/Blue Shield	
		CH	Champus	
		CI	Commercial Insurance Co.	
		DS	Disability	
		FI	Federal Employees Program	
		HM	Health Maintenance Organization	
		LM	Liability Medical	
		MA	Medicare Part A	
		MB	Medicare Part B	
		MC	Medicaid	
		OF	Other Federal Program	
			Use code OF when submitting Medicare Part D claims.	
		TV	Title V	
		VA	Veterans Affairs Plan	
		WC	Workers' Compensation Health Claim	
		ZZ	Mutually Defined	
			Use Code ZZ when Type of Insurance is not known.	

**Segment:** **CAS** Claim Level Adjustments

**Position:** 2950

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

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

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

- Comments:**
- 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

**Notes:** Situational Rule: Required when the claim has been adjudicated by the payer identified in this loop, and the claim has claim level adjustment information. If not required by this implementation guide, do not send.

TR3 Notes:

1. Submitters must use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.
2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment.
3. Codes and associated amounts must come from either paper remittance advice or 835s (Electronic Remittance Advice) received on the claim. When the information originates from a paper remittance advice that does not use the standard Claim Adjustment Reason Codes, the paper values must be converted to standard Claim Adjustment Reason Codes.
4. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05- CAS07), and so on through the sixth adjustment

trio (CAS17-CAS19).  
 TR3 Example: CAS\*PR\*1\*7.93~  
 TR3 Example: CAS\*OA\*93\*15.06~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	CAS01	1033	<b>Claim Adjustment Group Code</b> Code identifying the general category of payment adjustment CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	M 1 ID 1/2
M	CAS02	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code	M 1 ID 1/5
M	CAS03	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Adjustment Amount	M 1 R 1/18
	CAS04	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when the number of service units has been adjusted. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	O 1 R 1/15
	CAS05	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code	X 1 ID 1/5
	CAS06	782	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when CAS05 is present. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Amount	X 1 R 1/18
	CAS07	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when CAS05 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	X 1 R 1/15
	CAS08	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for	X 1 ID 1/5

		the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
<b>CAS09</b>	<b>782</b>	<b>Monetary Amount</b>	<b>X</b>	<b>1 R 1/18</b>
		Monetary amount		
		SITUATIONAL RULE: Required when CAS08 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		
<b>CAS10</b>	<b>380</b>	<b>Quantity</b>	<b>X</b>	<b>1 R 1/15</b>
		Numeric value of quantity		
		SITUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Quantity		
<b>CAS11</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>1 ID 1/5</b>
		Code identifying the detailed reason the adjustment was made		
		SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
<b>CAS12</b>	<b>782</b>	<b>Monetary Amount</b>	<b>X</b>	<b>1 R 1/18</b>
		Monetary amount		
		SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		
<b>CAS13</b>	<b>380</b>	<b>Quantity</b>	<b>X</b>	<b>1 R 1/15</b>
		Numeric value of quantity		
		SITUATIONAL RULE: Required when CAS11 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Quantity		
<b>CAS14</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>1 ID 1/5</b>
		Code identifying the detailed reason the adjustment was made		
		SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
<b>CAS15</b>	<b>782</b>	<b>Monetary Amount</b>	<b>X</b>	<b>1 R 1/18</b>
		Monetary amount		
		SITUATIONAL RULE: Required when CAS14 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		

<b>CAS16</b>	<b>380</b>	<b>Quantity</b>	<b>X</b>	<b>1 R 1/15</b>
		Numeric value of quantity		
		SITUATIONAL RULE: Required when CAS14 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Quantity		
<b>CAS17</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b>	<b>X</b>	<b>1 ID 1/5</b>
		Code identifying the detailed reason the adjustment was made		
		SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
<b>CAS18</b>	<b>782</b>	<b>Monetary Amount</b>	<b>X</b>	<b>1 R 1/18</b>
		Monetary amount		
		SITUATIONAL RULE: Required when CAS17 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		
<b>CAS19</b>	<b>380</b>	<b>Quantity</b>	<b>X</b>	<b>1 R 1/15</b>
		Numeric value of quantity		
		SITUATIONAL RULE: Required when CAS17 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Quantity		

**Segment:** **AMT** Coordination of Benefits (COB) Payer Paid Amount  
**Position:** 3000  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the claim has been adjudicated by the payer identified in Loop ID-2330B of this loop.  
 OR  
 Required when Loop ID-2010AC is present. In this case, the claim is a post payment recovery claim submitted by a subrogated Medicaid agency. If not required by this implementation guide, do not send.  
 TR3 Example: AMT\*D\*411~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount D Payor Amount Paid	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Payer Paid Amount It is acceptable to show "0" as the amount paid. When Loop ID-2010AC is present, this is the amount the Medicaid agency actually paid.	M 1 R 1/18
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **AMT** **Coordination of Benefits (COB) Total Non-Covered Amount**  
**Position:** 3000  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the destination payer's cost avoidance policy allows providers to bypass claim submission to the otherwise prior payer identified in Loop ID-2330B. If not required by this implementation guide, do not send.

TR3 Notes:

1. When this segment is used, the amount reported in AMT02 must equal the total claim charge amount reported in CLM02. Neither the prior payer paid AMT, nor any CAS segments are used as this claim has not been adjudicated by this payer.

TR3 Example: AMT\*A8\*273~

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount A8 Noncovered Charges - Actual Calculated value not covered by the benefit plan	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Non-Covered Charge Amount				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **AMT** **Remaining Patient Liability**  
**Position:** 3000  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the Other Payer identified in Loop ID-2330B (of this iteration of Loop ID-2320) has adjudicated this claim and provided claim level information only.  
 OR  
 Required when the Other Payer identified in Loop ID-2330B (of this iteration of Loop ID-2320) has adjudicated this claim and the provider received a paper remittance advice and the provider does not have the ability to report line item information. If not required by this implementation guide, do not send.

**TR3 Notes:**  
 1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer identified in Loop ID-2330B of this iteration of Loop ID-2320.  
 2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB).  
 3. This segment is not used if the line level (Loop ID-2430) Remaining Patient Liability AMT segment is used for this Other Payer.  
 TR3 Example: AMT\*EAF\*75~

#### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount EAF Amount Owed	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
<b>IMPLEMENTATION NAME: Remaining Patient Liability</b>				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **OI Other Insurance Coverage Information**  
**Position:** 3100  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify information associated with other health insurance coverage  
**Syntax Notes:**  
**Semantic Notes:** 1 OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.

**Comments:**  
**Notes:**

TR3 Notes:  
 1. All information contained in the OI segment applies only to the payer identified in Loop ID-2330B in this iteration of Loop ID-2320.  
 TR3 Example: OI\*\*\*Y\*B\*\*Y~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
X	OI01	1032	<b>Claim Filing Indicator Code</b>	O 1 ID 1/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	OI02	1383	<b>Claim Submission Reason Code</b>	O 1 ID 2/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
>>	OI03	1073	<b>Yes/No Condition or Response Code</b>	O 1 ID 1/1 Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Benefits Assignment Certification Indicator  This is a crosswalk from CLM08 when doing COB.  This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider. N No W Not Applicable Use code 'W' when the patient refuses to assign benefits. Y Yes
	OI04	1351	<b>Patient Signature Source Code</b>	O 1 ID 1/1 Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider SITUATIONAL RULE: Required when a signature was executed on the patient's behalf under state or federal law. If not required by this implementation guide, do not send.  This is a crosswalk from CLM10 when doing COB. P Signature generated by provider because the patient was not physically present for services Signature generated by an entity other than the patient according to State or Federal law.
X	OI05	1360	<b>Provider Agreement Code</b>	O 1 ID 1/1 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
>>	OI06	1363	<b>Release of Information Code</b>	O 1 ID 1/1 Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations This is a crosswalk from CLM09 when doing COB.  The Release of Information response is limited to the information carried in this claim.

- I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Required when the provider has not collected a signature AND state or federal laws do not require a signature be collected.
- Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim Required when the provider has collected a signature.  
OR  
Required when state or federal laws require a signature be collected.

**Segment:** **MOA** **Outpatient Adjudication Information**  
**Position:** 3200  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

- Syntax Notes:**  
**Semantic Notes:**
- 1 MOA01 is the reimbursement rate.
  - 2 MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.
  - 3 MOA03 is the Claim Payment Remark Code. See Code Source 411.
  - 4 MOA04 is the Claim Payment Remark Code. See Code Source 411.
  - 5 MOA05 is the Claim Payment Remark Code. See Code Source 411.
  - 6 MOA06 is the Claim Payment Remark Code. See Code Source 411.
  - 7 MOA07 is the Claim Payment Remark Code. See Code Source 411.
  - 8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.
  - 9 MOA09 is the professional component amount billed but not payable.

**Comments:**  
**Notes:** Situational Rule: Required when outpatient adjudication information is reported in the remittance advice  
OR  
Required when it is necessary to report remark codes. If not required by this implementation guide, do not send.  
TR3 Example: MOA\*\*\*A4~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
MOA01	954	<b>Percentage as Decimal</b>	O 1 R 1/10
		Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents 0% through 100%) SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Reimbursement Rate	
MOA02	782	<b>Monetary Amount</b>	O 1 R 1/18
		Monetary amount SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: HCPCS Payable Amount	
MOA03	127	<b>Reference Identification</b>	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Claim Payment Remark Code	
MOA04	127	<b>Reference Identification</b>	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Claim Payment Remark Code	
MOA05	127	<b>Reference Identification</b>	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as	



**Segment:** **NM1 Other Subscriber Name**  
**Position:** 3250  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** TR3 Notes:  
1. If the patient can be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified in this Other Subscriber's Name Loop ID-2330A.  
2. If the patient is a dependent of the subscriber for this other coverage and cannot be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the subscriber for this other coverage is identified in this Other Subscriber's Name Loop ID-2330A.  
3. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*123456~

#### Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual IL Insured or Subscriber	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Other Insured Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Insured First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Insured Middle Name	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10

Suffix to individual name

**SITUATIONAL RULE:** Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Other Insured Name Suffix

>>	NM108	66	<b>Identification Code Qualifier</b>	X	1	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)			
			II			Standard Unique Health Identifier for each Individual in the United States Required if the HIPAA Individual Patient Identifier is mandated use. If not required, use value 'MI' instead.
			MI			Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. (For example, Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.)  MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number (SSN) is also available on an IHS/CHS claim, put the SSN in REF02.  When sending the Social Security Number as the Member ID, it must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.
>>	NM109	67	<b>Identification Code</b>	X	1	AN 2/80
			Code identifying a party or other code			
			<b>IMPLEMENTATION NAME:</b> Other Insured Identifier			
X	NM110	706	<b>Entity Relationship Code</b>	X	1	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	NM111	98	<b>Entity Identifier Code</b>	O	1	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Other Subscriber Address  
**Position:** 3320  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Notes:** Situational Rule: Required when the information is available. If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Other Subscriber Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Insured Address Line	

**Segment:** N4 Other Subscriber City, State, ZIP Code  
**Position:** 3400  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when the information is available. If not required by this implementation guide, do not send.  
 TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name Free-form text for city name IMPLEMENTATION NAME: Other Subscriber City Name	O 1 AN 2/3
	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Subscriber State or Province Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2
	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Subscriber Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1 ID 3/15
	N404	26 Country Code Code identifying the country SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1 ID 2/3
X	N405	309 Location Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code Code identifying the country subdivision	X 1 ID 1/3

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Other Subscriber Secondary Identification  
**Position:** 3550  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*SY\*123456789~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification SY Social Security Number The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Insured Additional Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **NM1** Other Payer Name  
**Position:** 3250  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*11122333~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual PR Payer	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Other Payer Organization Name	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
>>	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) On or after the mandated implementation date for the HIPAA National Plan Identifier (National Plan ID), XV must be sent.  Prior to the mandated implementation date and prior to any phase-in period identified by Federal regulation, PI must be sent.  If a phase-in period is designated, PI must be sent unless: 1. Both the sender and receiver agree to use the National Plan ID, 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the National Plan ID.  If all of the above conditions are true, XV must be sent. In this case the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U. PI Payor Identification XV Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	X 1 ID 1/2
>>	NM109	67	<b>Identification Code</b> Code identifying a party or other code IMPLEMENTATION NAME: Other Payer Primary Identifier	X 1 AN 2/80

When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value.

X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Other Payer Address  
**Position:** 3320  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**Notes:** Situational Rule: Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Other Payer Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Payer Address Line	

**Segment:** N4 Other Payer City, State, ZIP Code  
**Position:** 3400  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation, do not send.

TR3 Example: N4\*KANSAS CITY\*MO\*64108~

#### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Other Payer City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Payer State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Payer Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30

**N407**      **1715**      **Country Subdivision Code**      **X**      **1 ID 1/3**

Code identifying the country subdivision

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **DTP** Claim Check or Remittance Date  
**Position:** 3450  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when the payer identified in this loop has previously adjudicated the claim and Loop ID-2430, Line Check or Remittance Date, is not used. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*573\*D8\*20040203~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 573 Date Claim Paid	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Adjudication or Payment Date	M 1 AN 1/35

**Segment:** **REF** Other Payer Secondary Identifier  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*2U\*98765~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number EI Employer's Identification Number The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid. FY Claim Office Number The identification of the specific payer's location designated as responsible for the submitted claim NF National Association of Insurance Commissioners (NAIC) Code A unique number assigned to each insurance company CODE SOURCE 245: National Association of Insurance Commissioners (NAIC) Code	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b>	O 1
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50

			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** Other Payer Prior Authorization Number  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the payer identified in this loop has assigned a prior authorization number to this claim. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*G1\*AB333-Y5~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Prior Authorization Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Other Payer Referral Number  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the payer identified in this loop has assigned a referral number to this claim. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*9F\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9F Referral Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Prior Authorization or Referral Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** REF Other Payer Claim Adjustment Indicator  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the claim is being sent in the payer-to-payer COB model,  
AND  
the destination payer is secondary to the payer identified in this Loop ID-2330B,  
AND  
the payer identified in this Loop ID-2330B has re-adjudicated the claim. If not required by this implementation guide, do not send.  
  
TR3 Example: REF\*T4\*Y~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification T4 Signal Code Defense Fuel Supply Center to bill back fuel purchases to the appropriate service or agency account fund	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Claim Adjustment Indicator The only valid value for this element is 'Y'.	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** Other Payer Claim Control Number  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when it is necessary to identify the Other Payer's Claim Control Number in a payer-to-payer COB situation.  
OR  
Required when the Other Payer's Claim Control Number is available. If not required by this implementation guide, do not send.  
TR3 Example: REF\*F8\*R555588~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F8 Original Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer's Claim Control Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **NM1 Other Payer Referring Provider**  
**Position:** 3250  
**Loop:** 2330C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.  
OR  
Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*DN\*1~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual DN Referring Provider Use on the first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
X	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
X	NM108	66 Identification Code Qualifier	X 1 ID 1/2
X	NM109	67 Identification Code	X 1 AN 2/80
X	NM110	706 Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 Name Last or Organization Name	O 1 AN 1/60

**Segment:** **REF** Other Payer Referring Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

**TR3 Notes:**  
1. Non-destination (COB) payer's provider identification number(s).  
2. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Referring Provider Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b>	O 1
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **NM1 Other Payer Rendering Provider**  
**Position:** 3250  
**Loop:** 2330D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.  
OR  
Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*82\*1~

#### Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 82 Rendering Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** **REF** Other Payer Rendering Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330D Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Rendering Provider Secondary Identifier LU Location Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>NM1 Other Payer Service Facility Location</b>
<b>Position:</b>	3250
<b>Loop:</b>	2330E          Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either NM108 or NM109 is present, then the other is required.</li> <li>2 If NM111 is present, then NM110 is required.</li> <li>3 If NM112 is present, then NM103 is required.</li> </ol>
<b>Semantic Notes:</b>	1 NM102 qualifies NM103.
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1 NM110 and NM111 further define the type of entity in NM101.</li> <li>2 NM112 can identify a second surname.</li> </ol>
<b>Notes:</b>	<p>Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.</p> <p>OR</p> <p>Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.</p> <p>TR3 Notes:</p> <p>1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.</p> <p>TR3 Example: NM1*77*2~</p>

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 77 Service Location	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
X	NM108	66 Identification Code Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67 Identification Code	X 1 AN 2/80
X	NM110	706 Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 Name Last or Organization Name	O 1 AN 1/60

**Segment:** **REF** Other Payer Service Facility Location Secondary Identification  
**Position:** 3550  
**Loop:** 2330E Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
			LU Location Number	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Service Facility Location Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

<b>Segment:</b>	<b>NM1 Other Payer Supervising Provider</b>
<b>Position:</b>	3250
<b>Loop:</b>	2330F          Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either NM108 or NM109 is present, then the other is required.</li> <li>2 If NM111 is present, then NM110 is required.</li> <li>3 If NM112 is present, then NM103 is required.</li> </ol>
<b>Semantic Notes:</b>	1 NM102 qualifies NM103.
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1 NM110 and NM111 further define the type of entity in NM101.</li> <li>2 NM112 can identify a second surname.</li> </ol>
<b>Notes:</b>	<p>Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.</p> <p>OR</p> <p>Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.</p> <p>TR3 Notes:</p> <p>1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.</p> <p>TR3 Example: NM1*DQ*1~</p>

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual DQ Supervising Physician	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
X	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
X	NM108	66 Identification Code Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67 Identification Code	X 1 AN 2/80
X	NM110	706 Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 Name Last or Organization Name	O 1 AN 1/60

**Segment:** REF Other Payer Supervising Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330F Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Supervising Provider Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **NM1 Other Payer Billing Provider**  
**Position:** 3250  
**Loop:** 2330G Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.  
OR  
Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*85\*2~

#### Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 85 Billing Provider	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036	Name First	O 1 AN 1/35
X	NM105	1037	Name Middle	O 1 AN 1/25
X	NM106	1038	Name Prefix	O 1 AN 1/10
X	NM107	1039	Name Suffix	O 1 AN 1/10
X	NM108	66	Identification Code Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	Identification Code	X 1 AN 2/80
X	NM110	706	Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	Name Last or Organization Name	O 1 AN 1/60

**Segment:** **REF** Other Payer Billing Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330G Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 2  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
			LU Location Number	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Billing Provider Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **LX** Service Line Number  
**Position:** 3650  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To reference a line number in a transaction set  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:

1. The LX functions as a line counter.
2. The Service Line LX segment must begin with one and is incremented by one for each additional service line of a claim.
3. LX01 is used to indicate bundling in SVD06 in the Line Item Adjudication loop. See Section 1.4.1.2 for more information on bundling and unbundling.

TR3 Example: LX\*1~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	<u>Element</u> 554	<u>Assigned Number</u> Number assigned for differentiation within a transaction set	M 1 N0 1/6

**Segment:** **SV1 Professional Service**  
**Position:** 3700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the service line item detail for a health care professional  
**Syntax Notes:** 1 If either SV103 or SV104 is present, then the other is required.  
**Semantic Notes:** 1 SV102 is the submitted service line item amount.  
2 SV105 is the place of service.  
3 SV108 is the independent lab charges.  
4 SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related.  
5 SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.  
6 SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement.  
7 SV117 is the health care manpower shortage area (HMSA) facility identification.  
8 SV118 is the health care manpower shortage area (HMSA) zip code.  
9 SV119 is a non-covered service amount.  
**Comments:** 1 If SV113 is equal to "L" or "N", then SV114 is required.  
**Notes:** TR3 Example: SV1\*HC:99211:25\*12.25\*UN\*1\*11\*\*1:2:3\*\*Y~

#### Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	SV101	<b>C003 Composite Medical Procedure Identifier</b>	M 1
		To identify a medical procedure by its standardized codes and applicable modifiers	
M	C00301	<b>235 Product/Service ID Qualifier</b>	M ID 2/2
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
		IMPLEMENTATION NAME: Product or Service ID Qualifier	
		The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting or adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.	
		ER	Jurisdiction Specific Procedure and Supply Codes
			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.
		HC	CODE SOURCE 576: Workers Compensation Specific Procedure and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under

Medicare; primarily used for ambulatory surgical and other diagnostic departments  
 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE 130: Healthcare Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:  
 If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA,

OR

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

WK Advanced Billing Concepts (ABC) Codes

At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,

OR  
 If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

M	C00302	234	<b>Product/Service ID</b>	M	AN 1/48
			Identifying number for a product or service		
			IMPLEMENTATION NAME: Procedure Code		
	C00303	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send.		
	C00304	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00305	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00306	1339	<b>Procedure Modifier</b>	O	AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

**SITUATIONAL RULE:** Required when a fourth modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.

	<b>C00307</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
			<b>SITUATIONAL RULE:</b> Required when, in the judgment of the submitter, the Procedure Code does not definitively describe the service/product/supply and loop 2410 is not used.		
			OR		
			Required when SV101-2 is a non-specific Procedure Code. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name. If not required by this implementation guide, do not send.		
<b>X</b>	<b>C00308</b>	<b>234</b>	<b>Product/Service ID</b>	<b>O</b>	<b>AN 1/48</b>
<b>&gt;&gt;</b>	<b>SV102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>1 R 1/18</b>
			Monetary amount		
			<b>IMPLEMENTATION NAME:</b> Line Item Charge Amount		
			This is the total charge amount for this service line. The amount is inclusive of the provider's base charge and any applicable tax and/or postage claimed amounts reported within this line's AMT segments.		
			Zero "0" is an acceptable value for this element.		
<b>&gt;&gt;</b>	<b>SV103</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X</b>	<b>1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
			MJ Minutes		
			Required for Anesthesia claims.		
			Anesthesia time is counted from the moment that the practitioner, having completed the preoperative evaluation, starts an intravenous line, places monitors, administers pre-anesthesia sedation, or otherwise physically begins to prepare the patient for anesthesia. Time continues throughout the case and while the practitioner accompanies the patient to the post-anesthesia recovery unit (PACU). Time stops when the practitioner releases the patient to the care of PACU personnel.		
			UN Unit		
<b>&gt;&gt;</b>	<b>SV104</b>	<b>380</b>	<b>Quantity</b>	<b>X</b>	<b>1 R 1/15</b>
			Numeric value of quantity		
			<b>IMPLEMENTATION NAME:</b> Service Unit Count		
			Note: When a decimal is needed to report units, include it in this element, for example, "15.6".		
			The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.		
	<b>SV105</b>	<b>1331</b>	<b>Facility Code Value</b>	<b>O</b>	<b>1 AN 1/2</b>
			Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.		
			<b>SITUATIONAL RULE:</b> Required when value is different than value carried in CLM05-1 in Loop ID-2300. If not required by this implementation guide, do not send.		

IMPLEMENTATION NAME: Place of Service Code		
		See CODE SOURCE 237: Place of Service Codes for Professional Claims
X	SV106	1365 <b>Service Type Code</b> O 1 ID 1/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
>>	SV107	C004 <b>Composite Diagnosis Code Pointer</b> O 1 To identify one or more diagnosis code pointers
M	C00401	1328 <b>Diagnosis Code Pointer</b> M N0 1/2 A pointer to the diagnosis code in the order of importance to this service This first pointer designates the primary diagnosis for this service line. Remaining diagnosis pointers indicate declining level of importance to service line. Acceptable values are 1 through 12, and correspond to Composite Data Elements 01 through 12 in the Health Care Diagnosis Code HI segment in the Claim Loop ID-2300.
	C00402	1328 <b>Diagnosis Code Pointer</b> O N0 1/2 A pointer to the diagnosis code in the order of importance to this service
	C00403	1328 <b>Diagnosis Code Pointer</b> O N0 1/2 A pointer to the diagnosis code in the order of importance to this service SITUATIONAL RULE: Required when it is necessary to point to a second diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
	C00404	1328 <b>Diagnosis Code Pointer</b> O N0 1/2 A pointer to the diagnosis code in the order of importance to this service SITUATIONAL RULE: Required when it is necessary to point to a third diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
		SITUATIONAL RULE: Required when it is necessary to point to a fourth diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
X	SV108	782 <b>Monetary Amount</b> O 1 R 1/18
	SV109	1073 <b>Yes/No Condition or Response Code</b> O 1 ID 1/1 Code indicating a Yes or No condition or response SITUATIONAL RULE: Required when the service is known to be an emergency by the provider. If not required by this implementation guide, do not send.
		IMPLEMENTATION NAME: Emergency Indicator For this implementation, the listed value takes precedence over the semantic note. Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions. Y Yes
X	SV110	1340 <b>Multiple Procedure Code</b> O 1 ID 1/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
	SV111	1073 <b>Yes/No Condition or Response Code</b> O 1 ID 1/1 Code indicating a Yes or No condition or response SITUATIONAL RULE: Required when Medicaid services are the result of a screening referral. If not required by this implementation guide, do not send.
		IMPLEMENTATION NAME: EPSDT Indicator For this implementation, the listed value takes precedence over the semantic note. When this element is used, this service is not the screening service.

			Y	Yes				
	SV112	1073	<b>Yes/No Condition or Response Code</b>			O	1 ID 1/1	
			Code indicating a Yes or No condition or response					
			SITUATIONAL RULE: Required when applicable for Medicaid claims. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Family Planning Indicator					
			For this implementation, the listed value takes precedence over the semantic note.					
			Y	Yes				
X	SV113	1364	<b>Review Code</b>			O	1 ID 1/2	
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	SV114	1341	<b>National or Local Assigned Review Value</b>			O	1 AN 1/2	
	SV115	1327	<b>Copay Status Code</b>			O	1 ID 1/1	
			Code indicating whether or not co-payment requirements were met on a line by line basis					
			SITUATIONAL RULE: Required when patient is exempt from co-pay. If not required by this implementation guide, do not send.					
			IMPLEMENTATION NAME: Co-Pay Status Code					
			0	Copay exempt				
			No copayment is required of patient for this service					
X	SV116	1334	<b>Health Care Professional Shortage Area Code</b>			O	1 ID 1/1	
X	SV117	127	<b>Reference Identification</b>			O	1 AN 1/50	
X	SV118	116	<b>Postal Code</b>			O	1 ID 3/15	
X	SV119	782	<b>Monetary Amount</b>			O	1 R 1/18	
X	SV120	1337	<b>Level of Care Code</b>			O	1 ID 1/1	
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	SV121	1360	<b>Provider Agreement Code</b>			O	1 ID 1/1	
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					

**Segment:** **SV5 Durable Medical Equipment Service**  
**Position:** 4000  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the claim service detail for durable medical equipment  
**Syntax Notes:** 1 At least one of SV504 or SV505 is required.  
2 If SV506 is present, then SV504 is required.  
**Semantic Notes:** 1 SV503 is the length of medical treatment required.  
2 SV504 is the rental price.  
3 SV505 is the purchase price.  
4 SV506 is the frequency at which the rental equipment is billed.

**Comments:**

**Notes:**

Situational Rule: Required when necessary to report both the rental and purchase price information for durable medical equipment. This is not used for claims where the provider is reporting only the rental price or only the purchase price. If not required by this implementation guide, do not send.  
TR3 Example: SV5\*HC:A4631\*DA\*30\*50\*5000\*4~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	SV501	C003	<b>Composite Medical Procedure Identifier</b> To identify a medical procedure by its standardized codes and applicable modifiers	M 1
M	C00301	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) IMPLEMENTATION NAME: Procedure Identifier HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System	M ID 2/2
M	C00302	234	<b>Product/Service ID</b> Identifying number for a product or service IMPLEMENTATION NAME: Procedure Code This value must be the same as that reported in SV101-2.	M AN 1/48
X	C00303	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00304	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00305	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00306	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00307	352	<b>Description</b>	O AN 1/80
X	C00308	234	<b>Product/Service ID</b>	O AN 1/48
M	SV502	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken DA Days	M 1 ID 2/2
M	SV503	380	<b>Quantity</b>	M 1 R 1/15

			Numeric value of quantity			
			IMPLEMENTATION NAME: Length of Medical Necessity			
>>	SV504	782	<b>Monetary Amount</b>	X	1	R 1/18
			Monetary amount			
			IMPLEMENTATION NAME: DME Rental Price			
>>	SV505	782	<b>Monetary Amount</b>	X	1	R 1/18
			Monetary amount			
			IMPLEMENTATION NAME: DME Purchase Price			
>>	SV506	594	<b>Frequency Code</b>	O	1	ID 1/1
			Code indicating frequency or type of activities or actions being reported			
			IMPLEMENTATION NAME: Rental Unit Price Indicator			
			1			Weekly
			4			Monthly
			6			Daily
X	SV507	923	<b>Prognosis Code</b>	O	1	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			

**Segment:** **PWK** Line Supplemental Information

**Position:** 4200

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 10

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

**Syntax Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.

**Semantic Notes:**

**Comments:**

- 1 PWK05 and PWK06 may be used to identify the addressee by a code number.
- 2 PWK07 may be used to indicate special information to be shown on the specified report.
- 3 PWK08 may be used to indicate action pertaining to a report.

**Notes:** Situational Rule: Required when there is a paper attachment following this claim.  
OR  
Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.  
OR  
Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send.  
TR3 Example: PWK\*OZ\*BM\*\*\*AC\*DMN0012~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	PWK01	755 Report Type Code	M 1 ID 2/2
		Code indicating the title or contents of a document, report or supporting item	
		IMPLEMENTATION NAME: Attachment Report Type Code	
		03	Report Justifying Treatment Beyond Utilization Guidelines
		04	Drugs Administered
		05	Treatment Diagnosis
		06	Initial Assessment
		07	Functional Goals
			Expected outcomes of rehabilitative services
		08	Plan of Treatment
		09	Progress Report
		10	Continued Treatment
		11	Chemical Analysis
		13	Certified Test Report
		15	Justification for Admission
		21	Recovery Plan
		A3	Allergies/Sensitivities Document
		A4	Autopsy Report
		AM	Ambulance Certification
			Information to support necessity of ambulance trip
		AS	Admission Summary
			A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital
		B2	Prescription

B3	Physician Order
B4	Referral Form
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models Cast of the teeth; they are usually taken before partial dentures or braces are placed
DB	Durable Medical Equipment Prescription Prescription describing the need for durable medical equipment; it usually includes the diagnosis and possible time period the equipment will be needed
DG	Diagnostic Report Report describing the results of lab tests x-rays or radiology films
DJ	Discharge Monitoring Report
DS	Discharge Summary Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Summary of benefits paid on the claim
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
OB	Operative Note Step-by-step notes of exactly what takes place during an operation
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
OZ	Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes

PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
	X-rays, videos, and other radiology diagnostic tests
RR	Radiology Reports
	Reports prepared by a radiologists after the films or x-rays have been reviewed
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

>>	<b>PWK02</b>	<b>756</b>	<b>Report Transmission Code</b>	<b>O</b>	<b>1</b>	<b>ID 1/2</b>
			Code defining timing, transmission method or format by which reports are to be sent			
			IMPLEMENTATION NAME: Attachment Transmission Code			
			Required when the actual attachment is maintained by an attachment warehouse or similar vendor.			
			AA	Available on Request at Provider Site		
				This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.		
			BM	By Mail		
			EL	Electronically Only		
				Indicates that the attachment is being transmitted in a separate X12 functional group.		
			EM	E-Mail		
			FT	File Transfer		
			FX	By Fax		
X	<b>PWK03</b>	<b>757</b>	<b>Report Copies Needed</b>	<b>O</b>	<b>1</b>	<b>N0 1/2</b>
X	<b>PWK04</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
	<b>PWK05</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X</b>	<b>1</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)			
			SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.			
			AC	Attachment Control Number		
				Means of associating electronic claim with documentation forwarded by other means		
	<b>PWK06</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Attachment Control Number			
			PWK06 is used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.			
			For the purpose of this implementation, the maximum field length is 50.			
X	<b>PWK07</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>1</b>	<b>AN 1/80</b>
X	<b>PWK08</b>	<b>C002</b>	<b>Actions Indicated</b>	<b>O</b>	<b>1</b>	

			Actions to be performed on the piece of paperwork identified		
X	C00201	704	<b>Paperwork/Report Action Code</b>	M	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00202	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00203	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00204	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00205	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PWK09	1525	<b>Request Category Code</b>	O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **PWK** **Durable Medical Equipment Certificate of Medical Necessity Indicator**  
**Position:** 4200  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify the type or transmission or both of paperwork or supporting information  
**Syntax Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.  
**Semantic Notes:**  
**Comments:** 1 PWK05 and PWK06 may be used to identify the addressee by a code number.  
2 PWK07 may be used to indicate special information to be shown on the specified report.  
3 PWK08 may be used to indicate action pertaining to a report.  
**Notes:** Situational Rule: Required on claims that include a Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN). If not required by this implementation guide, do not send.  
TR3 Example: PWK\*CT\*AB~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	PWK01	755	<b>Report Type Code</b> Code indicating the title or contents of a document, report or supporting item IMPLEMENTATION NAME: Attachment Report Type Code CT Certification	M 1 ID 2/2
>>	PWK02	756	<b>Report Transmission Code</b> Code defining timing, transmission method or format by which reports are to be sent IMPLEMENTATION NAME: Attachment Transmission Code Required when the actual attachment is maintained by an attachment warehouse or similar vendor. AB Previously Submitted to Payer AD Certification Included in this Claim AF Narrative Segment Included in this Claim AG No Documentation is Required NS Not Specified Indicates that a report will be transmitted via a nonspecified medium NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.	O 1 ID 1/2
X	PWK03	757	<b>Report Copies Needed</b>	O 1 N0 1/2
X	PWK04	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	PWK05	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	PWK06	67	<b>Identification Code</b>	X 1 AN 2/80
X	PWK07	352	<b>Description</b>	O 1 AN 1/80
X	PWK08	C002	<b>Actions Indicated</b> Actions to be performed on the piece of paperwork identified	O 1
X	C00201	704	<b>Paperwork/Report Action Code</b> Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 1/2
X	C00202	704	<b>Paperwork/Report Action Code</b>	O ID 1/2

			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00203	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00204	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00205	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PWK09	1525	<b>Request Category Code</b>	O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **CR1 Ambulance Transport Information**  
**Position:** 4250  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information related to the ambulance service rendered to a patient  
**Syntax Notes:** 1 If either CR101 or CR102 is present, then the other is required.  
2 If either CR105 or CR106 is present, then the other is required.  
**Semantic Notes:** 1 CR102 is the weight of the patient at time of transport.  
2 CR106 is the distance traveled during transport.  
3 CR107 is the address of origin.  
4 CR108 is the address of destination.  
5 CR109 is the purpose for the round trip ambulance service.  
6 CR110 is the purpose for the usage of a stretcher during ambulance service.

**Comments:**

**Notes:** Situational Rule: Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the CR1 at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.  
TR3 Example: CR1\*LB\*140\*\*A\*DH\*12\*\*\*\*UNCONSCIOUS~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
		<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SITUATIONAL RULE: Required when CR102 is used. If not required by this implementation guide, do not send. LB Pound	
		<b>81</b>	<b>Weight</b>	<b>X 1 R 1/10</b>
			Numeric value of weight SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Weight	
<b>X</b>		<b>CR103 1316</b>	<b>Ambulance Transport Code</b>	<b>O 1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
<b>&gt;&gt;</b>		<b>CR104 1317</b>	<b>Ambulance Transport Reason Code</b>	<b>O 1 ID 1/1</b>
			Code indicating the reason for ambulance transport A Patient was transported to nearest facility for care of symptoms, complaints, or both B Patient was transported for the benefit of a preferred physician C Patient was transported for the nearness of family members D Patient was transported for the care of a specialist or for availability of specialized equipment E Patient Transferred to Rehabilitation Facility	
<b>&gt;&gt;</b>		<b>CR105 355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken DH Miles	
<b>&gt;&gt;</b>		<b>CR106 380</b>	<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity IMPLEMENTATION NAME: Transport Distance	

0 (zero) is a valid value when ambulance services do not include a charge for mileage.

X	CR107	166	Address Information	O	1	AN 1/55
X	CR108	166	Address Information	O	1	AN 1/55
	CR109	352	Description	O	1	AN 1/80

A free-form description to clarify the related data elements and their content

SITUATIONAL RULE: Required when the ambulance service is for a round trip. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Round Trip Purpose Description

	CR110	352	Description	O	1	AN 1/80
--	-------	-----	-------------	---	---	---------

A free-form description to clarify the related data elements and their content

SITUATIONAL RULE: Required when needed to justify usage of stretcher. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Stretcher Purpose Description

**Segment:** **CR3 Durable Medical Equipment Certification**

**Position:** 4350

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply information regarding a physician's certification for durable medical equipment

**Syntax Notes:** 1 If either CR302 or CR303 is present, then the other is required.

**Semantic Notes:** 1 CR302 and CR303 specify the time period covered by this certification.

2 CR305 is the prognosis of the patient.

**Comments:**

**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF) or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.

TR3 Example: CR3\*I\*MO\*6~

**Data Element Summary**

Ref.	Data				Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>			
>>	CR301	1322	<b>Certification Type Code</b>	O	1 ID 1/1
			Code indicating the type of certification		
			I Initial		
			R Renewal		
			S Revised		
>>	CR302	355	<b>Unit or Basis for Measurement Code</b>	X	1 ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
			MO Months		
>>	CR303	380	<b>Quantity</b>	X	1 R 1/15
			Numeric value of quantity		
			IMPLEMENTATION NAME: Durable Medical Equipment Duration		
			Length of time DME equipment is needed.		
X	CR304	1335	<b>Insulin Dependent Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CR305	352	<b>Description</b>	O	1 AN 1/80

**Segment:** **CRC** Ambulance Certification  
**Position:** 4500  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the Ambulance Certification CRC at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.

TR3 Notes:

1. The maximum number of CRC segments which can occur per Loop ID- 2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed.

TR3 Example: CRC\*07\*Y\*01~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 07 Ambulance Certification	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator N No Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition IMPLEMENTATION NAME: Condition Code The codes for CRC03 also can be used for CRC04 through CRC07. 01 Patient was admitted to a hospital 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 12 Patient is confined to a bed or chair Use code 12 to indicate patient was bedridden during transport.	M 1 ID 2/3
	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Condition Code	O 1 ID 2/3

Use the codes listed in CRC03.

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair

Use code 12 to indicate patient was bedridden during transport.

**CRC05 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

**SITUATIONAL RULE:** Required when a third condition code is necessary. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Condition Code

Use the codes listed in CRC03.

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair

Use code 12 to indicate patient was bedridden during transport.

**CRC06 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

**SITUATIONAL RULE:** Required when a fourth condition code is necessary. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Condition Code

Use the codes listed in CRC03.

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair

Use code 12 to indicate patient was bedridden during transport.

**CRC07 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

**SITUATIONAL RULE:** Required when a fifth condition code is necessary. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Condition Code

Use the codes listed in CRC03.

01	Patient was admitted to a hospital
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
12	Patient is confined to a bed or chair
	Use code 12 to indicate patient was bedridden during transport.

**Segment:** **CRC Hospice Employee Indicator**  
**Position:** 4500  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required on all Medicare claims involving physician services to hospice patients. If not required by this implementation guide, do not send.

TR3 Notes:

1. The maximum number of CRC segments which can occur per Loop ID- 2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed.

2. The example shows the method used to indicate whether the rendering provider is an employee of the hospice.

TR3 Example: CRC\*70\*Y\*65~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 70 Hospice	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Hospice Employed Provider Indicator A "Y" value indicates the provider is employed by the hospice. A "N" value indicates the provider is not employed by the hospice. N No Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition 65 Open This code value is a placeholder to satisfy the Mandatory Data Element syntax requirement.	M 1 ID 2/3
X	CRC04	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC05	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC06	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC07	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3

**Segment:** **CRC** **Condition Indicator/Durable Medical Equipment**  
**Position:** 4500  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line and the information is necessary for adjudication. If not required by this implementation guide, do not send.

TR3 Notes:

1. The maximum number of CRC segments which can occur per Loop ID- 2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed.

2. The first example shows a case where an item billed was not a replacement item.

TR3 Example: CRC\*09\*N\*ZV~

TR3 Example: CRC\*09\*Y\*38~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies	M 1 ID 2/2
			09 Durable Medical Equipment Certification Prescription describing the need for durable medical equipment; usually included are the diagnosis and estimated duration of need	
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	M 1 ID 1/1
			IMPLEMENTATION NAME: Certification Condition Indicator	
			N No	
			Y Yes	
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition	M 1 ID 2/3
			38 Certification signed by the physician is on file at the supplier's office	
			ZV Replacement Item	
	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition	O 1 ID 2/3
			SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.	
			Use the codes listed in CRC03.	
			38 Certification signed by the physician is on file at the supplier's office	
			ZV Replacement Item	
X	CRC05	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3

<b>X</b>	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O 1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
<b>X</b>	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O 1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	

**Segment:** **DTP** Date - Service Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

**TR3 Notes:**  
 1. In cases where a drug is being billed on a service line, date range may be used to indicate drug duration for which the drug supply will be used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (for example, every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.  
  
 TR3 Example: DTP\*472\*RD8\*20050314-20050325~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 472 Service Begin and end dates of the service being rendered	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format RD8 is required only when the "To and From" dates are different. However, at the discretion of the submitter, RD8 can also be used when the "To and From" dates are the same. D8 Date Expressed in Format CCYYMMDD RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31); the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Service Date	M 1 AN 1/35

**Segment:** **DTP** Date - Prescription Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a drug is billed for this line and a prescription was written (or otherwise communicated by the prescriber if not written). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*471\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		471	Prescription Date on which prescription was written	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Prescription Date	M 1 AN 1/35

**Segment:** **DTP** DATE - Certification Revision/Recertification Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when CR301 (DMERC Certification) = "R" or "S". If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*607\*D8\*20050112~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 607 Certification Revision	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Certification Revision or Recertification Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Begin Therapy Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*463\*D8\*20050112~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		463	Begin Therapy Date treatment of physical or mental disorder started	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Begin Therapy Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Last Certification Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN), DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.

TR3 Notes:  
 1. This is the date the ordering physician signed the CMN or Oxygen Therapy Certification, or the date the supplier signed the DMERC Information Form (DIF).  
 TR3 Example: DTP\*461\*D8\*20050112~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 461 Last Certification Date of the most recent document attesting to a fact	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Certification Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last Seen Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a claim involves physician services for routine foot care; and is different than the date listed at the claim level and is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*304\*D8\*20050108~

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 304 Latest Visit or Consultation Date subscriber or dependent last visited or consulted with a physician	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Treatment or Therapy Date	M 1 AN 1/35

**Segment:** **DTP** Date - Test Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on initial EPO claims service lines for dialysis patients when test results are being billed or reported. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*738\*D8\*20050112~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
			738 Most Recent Hemoglobin or Hematocrit or Both	
			739 Most Recent Serum Creatine	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Test Performed Date	M 1 AN 1/35

**Segment:** **DTP** Date - Shipped Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when billing or reporting shipped products. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*011\*D8\*20050112~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 011 Shipped	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Shipped Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last X-ray Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when claim involves spinal manipulation and an x-ray was taken and is different than information at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*455\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 455 Last X-Ray Date of the most recent x-ray	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last X-Ray Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Initial Treatment Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*454\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		454	Initial Treatment Date medical treatment first began	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Initial Treatment Date	M 1 AN 1/35

**Segment:** QTY Ambulance Patient Count  
**Position:** 4600  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify quantity information  
**Syntax Notes:** 1 At least one of QTY02 or QTY04 is required.  
 2 Only one of QTY02 or QTY04 may be present.  
**Semantic Notes:** 1 QTY04 is used when the quantity is non-numeric.  
**Comments:**  
**Notes:**

Situational Rule: Required when more than one patient is transported in the same vehicle for Ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.

TR3 Notes:

1. The QTY02 is the only place to report the number of patients when there are multiple patients transported.

TR3 Example: QTY\*PT\*2~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	QTY01	673 Quantity Qualifier Code specifying the type of quantity PT Patients	M 1 ID 2/2
>>	QTY02	380 Quantity Numeric value of quantity	X 1 R 1/15
IMPLEMENTATION NAME: Ambulance Patient Count			
X	QTY03	C001 Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2
X	C00102	1018 Exponent Power to which a unit is raised	O R 1/15
X	C00103	649 Multiplier Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00104	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00105	1018 Exponent Power to which a unit is raised	O R 1/15
X	C00106	649 Multiplier Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00107	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00108	1018 Exponent Power to which a unit is raised	O R 1/15
X	C00109	649 Multiplier	O R 1/10

X	C00110	355	Value to be used as a multiplier to obtain a new value <b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00111	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00114	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	QTY04	61	<b>Free-form Information</b>	X	1 AN 1/30

**Segment:** QTY Obstetric Anesthesia Additional Units  
**Position:** 4600  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify quantity information  
**Syntax Notes:** 1 At least one of QTY02 or QTY04 is required.  
 2 Only one of QTY02 or QTY04 may be present.  
**Semantic Notes:** 1 QTY04 is used when the quantity is non-numeric.  
**Comments:**  
**Notes:**

Situational Rule: Required in conjunction with anesthesia for obstetric services when the anesthesia provider chooses to report additional complexity beyond the normal services reflected by the procedure base units and anesthesia time. If not required by this implementation guide, do not send.  
 TR3 Example: QTY\*FL\*3~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	QTY01	673	<b>Quantity Qualifier</b> Code specifying the type of quantity FL Units	M 1 ID 2/2
>>	QTY02	380	<b>Quantity</b> Numeric value of quantity	X 1 R 1/15
IMPLEMENTATION NAME: Obstetric Additional Units				
The number of additional units reported by an anesthesia provider to reflect additional complexity of services.				
X	QTY03	C001	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2
X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O R 1/10

X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	QTY04	61	<b>Free-form Information</b>	X	1 AN 1/30

**Segment:** **MEA Test Result**  
**Position:** 4620  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5  
**Purpose:** To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)

- Syntax Notes:**
- 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.
  - 2 Only one of MEA04 or MEA12 may be present.
  - 3 If MEA05 is present, then at least one of MEA04 or MEA12 is required.
  - 4 If MEA06 is present, then at least one of MEA04 or MEA12 is required.
  - 5 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.
  - 6 Only one of MEA08 or MEA03 may be present.
  - 7 If either MEA11 or MEA12 is present, then the other is required.

- Semantic Notes:**
- 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.
  - 2 MEA11 is the external code list for the unit of measure.
  - 3 MEA12 defines the unit of measure for MEA03, MEA05, and MEA06 from an external code list.

- Comments:**
- 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.

**Notes:** Situational Rule: Required on Dialysis related service lines for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage, and Creatinine test results.  
OR  
Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier. If not required by this implementation guide, do not send.  
TR3 Example: MEA\*TR\*R1\*113.4~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	MEA01	737 Measurement Reference ID Code Code identifying the broad category to which a measurement applies IMPLEMENTATION NAME: Measurement Reference Identification Code	O 1 ID 2/2
		OG Original Use OG to report Starting Dosage.	
		TR Test Results Indicates that the data to follow are the results test measurements	
>>	MEA02	738 Measurement Qualifier Code identifying a specific product or process characteristic to which a measurement applies	O 1 ID 1/3
		HT Height	
		R1 Hemoglobin	
		R2 Hematocrit	
		R3 Epoetin Starting Dosage	
		R4 Creatinine	
>>	MEA03	739 Measurement Value The value of the measurement IMPLEMENTATION NAME: Test Results	X 1 R 1/20
X	MEA04	C001 Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	X 1
X	C00101	355 Unit or Basis for Measurement Code	M ID 2/2

			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	MEA05	740	<b>Range Minimum</b>	X	1 R 1/20
X	MEA06	741	<b>Range Maximum</b>	X	1 R 1/20
X	MEA07	935	<b>Measurement Significance Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 2/2
X	MEA08	936	<b>Measurement Attribute Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1 ID 2/2
X	MEA09	752	<b>Surface/Layer/Position Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 2/2
X	MEA10	1373	<b>Measurement Method or Device</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 2/4
X	MEA11	1270	<b>Code List Qualifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1 ID 1/3
X	MEA12	1271	<b>Industry Code</b>	X	1 AN 1/30

**Segment:** **CN1 Contract Information**  
**Position:** 4650  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify basic data about the contract or contract line item  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CN102 is the contract amount.
- 2 CN103 is the allowance or charge percent.
- 3 CN104 is the contract code.
- 4 CN106 is an additional identifying number for the contract.

**Comments:**

**Notes:** Situational Rule: Required when the submitter is contractually obligated to supply this information on post-adjudicated claims. If not required by this implementation guide, do not send.

TR3 Notes:

1. The developers of this implementation guide note that the CN1 segment is for use only for post-adjudicated claims, which do not meet the definition of a health care claim under HIPAA. Consequently, at the time of this writing, the CN1 segment is for non-HIPAA use only.

TR3 Example: CN1\*02\*550~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CN101	<b>Contract Type Code</b> Code identifying a contract type	M 1 ID 2/2
		01 Diagnosis Related Group (DRG) A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting	
		02 Per Diem A contract which allows certain charges to be on a rate per day basis	
		03 Variable Per Diem A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
		04 Flat A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
		05 Capitated A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
		06 Percent	
		09 Other	
	CN102	<b>Monetary Amount</b> Monetary amount	O 1 R 1/18
		SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Contract Amount	
	CN103	<b>Percent, Decimal Format</b>	O 1 R 1/6

Percent given in decimal format (e.g., 0.0 through 100.0 represents 0% through 100%)

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Percentage

**CN104 127 Reference Identification O 1 AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Code

**CN105 338 Terms Discount Percent O 1 R 1/6**

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Terms Discount Percentage

**CN106 799 Version Identifier O 1 AN 1/30**

Revision level of a particular format, program, technique or algorithm

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Version Identifier

**Segment:** **REF** Repriced Line Item Reference Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when a repricing (pricing) organization needs to have an identifying number on the service line in their submission to their payer organization. This segment is not completed by providers. If not required by this implementation guide, do not send.  
TR3 Example: REF\*9B\*444444~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9B Repriced Line Item Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Repriced Line Item Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Adjusted Repriced Line Item Reference Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when a repricing (pricing) organization needs to have an identifying number on an adjusted service line in their submission to their payer organization. This segment is not completed by providers. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*9D\*444444~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9D Adjusted Repriced Line Item Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Adjusted Repriced Line Item Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Prior Authorization**  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when service line involved a prior authorization number that is different than the number reported at the claim level (Loop ID-2300).  
 If not required by this implementation guide, do not send.

TR3 Notes:  
 1. When it is necessary to report one or more non-destination payer Prior Authorization Numbers, the composite data element in REF04 is used to identify the payer which assigned this number.  
 TR3 Example: REF\*G1\*13579~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Prior Authorization or Referral Number	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the Prior Authorization Number reported in REF02 of this segment is for a non-destination payer.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
M	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Primary Identifier The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

**Segment:** **REF** Line Item Control Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the submitter needs a line item control number for subsequent communications to or from the payer. If not required by this implementation guide, do not send.

TR3 Notes:

1. The line item control number must be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837 and adjudication is based upon line item detail regardless of whether bundling or unbundling has occurred.

2. Submitters are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the submitter automatically posts their remittance advice. Submitting a unique line item control number allows the capability to automatically post by service line.

TR3 Example: REF\*6R\*54321~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 6R Provider Control Number Number assigned by information provider company for tracking and billing purposes	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Line Item Control Number The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** Mammography Certification Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mammography services are rendered by a certified mammography provider and the mammography certification number is different than that sent in Loop ID-2300. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*EW\*T554~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Mammography Certification Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Clinical Laboratory Improvement Amendment (CLIA) Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required for all CLIA certified facilities performing CLIA covered laboratory services and the number is different than the CLIA number reported at the claim level (Loop ID-2300). If not required by this implementation guide, do not send. TR3 Example: REF\*X4\*12D4567890~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification X4 Clinical Laboratory Improvement Amendment Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Clinical Laboratory Improvement Amendment Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification

**Position:** 4700

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:** Situational Rule: Required for claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line. If not required by this implementation guide, do not send.  
TR3 Example: REF\*F4\*34D1234567~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F4 Facility Certification Number A unique number assigned to qualifying facilities to perform services	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referring CLIA Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Immunization Batch Number**  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mandated by state or federal law or regulations to report an Immunization Batch Number. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*BT\*DTP22333444~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification BT Batch Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Immunization Batch Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Referral Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when this service line involved a referral number that is different than the number reported at the claim level (Loop-ID 2300). If not required by this implementation guide, do not send.

TR3 Notes:  
 1. When it is necessary to report one or more non-destination payer Referral Numbers, the composite data element in REF04 is used to identify the payer which assigned this referral number.  
 TR3 Example: REF\*9F\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9F Referral Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referral Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the Referral Number reported in REF02 of this segment is for a non-destination payer.	O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
M	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Primary Identifier The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

**Segment:** **AMT** Sales Tax Amount  
**Position:** 4750  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when sales tax applies to the service line and the submitter is required to report that information to the receiver. If not required by this implementation guide, do not send.

TR3 Notes:

1. When reporting the Sales Tax Amount (AMT02), the amount reported in the Line Item Charge Amount (SV102) for this service line must include the amount reported in the Sales Tax Amount.

TR3 Example: AMT\*T\*45~

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount T Tax	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Sales Tax Amount				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **AMT** Postage Claimed Amount  
**Position:** 4750  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when service line charge (SV102) includes postage amount claimed in this service line. If not required by this implementation guide, do not send.

**TR3 Notes:**

1. When reporting the Postage Claimed Amount (AMT02), the amount reported in the Line Item Charge Amount (SV102) for this service line must include the amount reported in the Postage Claimed Amount.

TR3 Example: AMT\*F4\*56.78~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	Amount Qualifier Code Code to qualify amount F4 Postage Claimed Monetary amount rightfully deserved for mailing	M 1 ID 1/3
M	AMT02	782	Monetary Amount Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Postage Claimed Amount				
X	AMT03	478	Credit/Debit Flag Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **K3 File Information**  
**Position:** 4800  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 10  
**Purpose:** To transmit a fixed-format record or matrix contents  
**Syntax Notes:**  
**Semantic Notes:** 1 K303 identifies the value of the index.  
**Comments:** 1 The default for K302 is content.  
**Notes:**

**Situational Rule:** Required when ALL of the following conditions are met:

A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement;

The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement

X12N determines that there is no method to meet the requirement. If not required by this implementation guide, do not send.

**TR3 Notes:**

- At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used :
  - The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement.
  - The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request. Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations.
- Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment.
- X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s).

TR3 Example: K3\*STATE DATA REQUIREMENT~

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	K301	449	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver	M 1 AN 1/80
X	K302	1333	<b>Record Format Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	K303	C001	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	M ID 2/2

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10

**Segment:** **NTE** Line Note  
**Position:** 4850  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Situational Rule: Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. If not required by this implementation guide, do not send.

TR3 Notes:

1. Use SV101-7 to describe non-specific procedure codes. Do not use this NTE Segment to describe a non-specific procedure code. If an NDC code is reported in Loop 2410, do not use this segment for a description of the procedure code. The NDC in loop 2410 will provide the description.

TR3 Example: NTE\*DCP\*PATIENT GOAL TO BE OFF OXYGEN BY END OF MONTH~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
>>	NTE01	363	<b>Note Reference Code</b>	<b>O 1 ID 3/3</b>
			Code identifying the functional area or purpose for which the note applies	
			ADD Additional Information	
			DCP Goals, Rehabilitation Potential, or Discharge Plans	
M	NTE02	352	<b>Description</b>	<b>M 1 AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			IMPLEMENTATION NAME: Line Note Text	

**Segment:** **NTE** Third Party Organization Notes  
**Position:** 4850  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Situational Rule: Required when the TPO/repricer needs to forward additional information to the payer. This segment is not completed by providers. If not required by this implementation guide, do not send.  
 TR3 Example: NTE\*TPO\*STATE REGULATION 123 WAS APPLIED DURING THE PRICING OF THIS CLAIM~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
>>	NTE01	363	<b>Note Reference Code</b> Code identifying the functional area or purpose for which the note applies TPO Third Party Organization Notes	O 1 ID 3/3
M	NTE02	352	<b>Description</b> A free-form description to clarify the related data elements and their content IMPLEMENTATION NAME: Line Note Text	M 1 AN 1/80

**Segment:** **PS1** **Purchased Service Information**  
**Position:** 4880  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the information about services that are purchased  
**Syntax Notes:**  
**Semantic Notes:**

- 1 PS101 is provider identification number.
- 2 PS102 is cost of the purchased service.
- 3 PS103 is the state where the service is purchased.

**Comments:**

**Notes:** Situational Rule: Required on non-vision service lines when adjudication is known to be impacted by the charge amount for services purchased from another source.  
OR  
Required on vision service lines when adjudication is known to be impacted by the acquisition cost of lenses. If not required by this implementation guide, do not send.  
TR3 Example: PS1\*PN222222\*110~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PS101	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Purchased Service Provider Identifier This must be the identifier from the Purchased Service Provider Loop (Loop ID-2420B). When the Secondary Identifier REF is used, that is the identifier to be reported. If not present, use the identifier in NM109.	M 1 AN 1/50
M	PS102	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Purchased Service Charge Amount	M 1 R 1/18
X	PS103	156	<b>State or Province Code</b>	O 1 ID 2/2

**Segment:** **HCP** **Line Pricing/Repricing Information**  
**Position:** 4920  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify pricing or repricing information about a health care claim or line item  
**Syntax Notes:** 1 At least one of HCP01 or HCP13 is required.  
2 If either HCP09 or HCP10 is present, then the other is required.  
3 If either HCP11 or HCP12 is present, then the other is required.  
**Semantic Notes:** 1 HCP02 is the allowed amount.  
2 HCP03 is the savings amount.  
3 HCP04 is the repricing organization identification number.  
4 HCP05 is the pricing rate associated with per diem or flat rate repricing.  
5 HCP06 is the approved DRG code.  
6 HCP07 is the approved DRG amount.  
7 HCP08 is the approved revenue code.  
8 HCP10 is the approved procedure code.  
9 HCP12 is the approved service units or inpatient days.  
10 HCP13 is the rejection message returned from the third party organization.  
11 HCP15 is the exception reason generated by a third party organization.  
**Comments:** 1 HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

TR3 Notes:  
1. This information is specific to the destination payer reported in Loop ID-2010BB.  
2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.  
TR3 Example: HCP\*03\*100\*10\*RPO12345~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	HCP01	1473 Pricing Methodology	X 1 ID 2/2
		Code specifying pricing methodology at which the claim or line item has been priced or repriced	
		Specific code use is determined by Trading Partner Agreement due to the variances in contracting policies in the industry.	
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
>>	HCP02	782 Monetary Amount	O 1 R 1/18
		Monetary amount	
		IMPLEMENTATION NAME: Repriced Allowed Amount	
	HCP03	782 Monetary Amount	O 1 R 1/18
		Monetary amount	
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Repriced Saving Amount	
	HCP04	127 Reference Identification	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
		SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is	

			completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repricing Organization Identifier
<b>HCP05</b>	<b>118</b>	<b>Rate</b>	<b>O 1 R 1/9</b> Rate expressed in the standard monetary denomination for the currency specified
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount
<b>HCP06</b>	<b>127</b>	<b>Reference Identification</b>	<b>O 1 AN 1/50</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Code
<b>HCP07</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O 1 R 1/18</b> Monetary amount
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Amount
<b>X</b>	<b>HCP08</b>	<b>234</b>	<b>Product/Service ID</b> <b>O 1 AN 1/48</b>
	<b>HCP09</b>	<b>235</b>	<b>Product/Service ID Qualifier</b> <b>X 1 ID 2/2</b>
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Product or Service ID Qualifier
		<b>ER</b>	Jurisdiction Specific Procedure and Supply Codes This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.
		<b>HC</b>	CODE SOURCE 576: Workers Compensation Specific Procedure and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under

Medicare; primarily used for ambulatory surgical and other diagnostic departments  
 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE 130: Healthcare Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:  
 If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA,

OR

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

WK Advanced Billing Concepts (ABC) Codes

At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,

OR  
 If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

**HCP10 234 Product/Service ID X 1 AN 1/48**

Identifying number for a product or service

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

**HCP11 355 Unit or Basis for Measurement Code X 1 ID 2/2**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

MJ Minutes

UN Unit

**HCP12 380 Quantity X 1 R 1/15**

Numeric value of quantity

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Repriced Approved Service Unit Count

Note: When a decimal is needed to report units, include it in this element, for example, "15.6".

The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.

**HCP13 901 Reject Reason Code X 1 ID 2/2**

Code assigned by issuer to identify reason for rejection

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

- T1 Cannot Identify Provider as TPO (Third Party Organization) Participant
- T2 Cannot Identify Payer as TPO (Third Party Organization) Participant
- T3 Cannot Identify Insured as TPO (Third Party Organization) Participant
- T4 Payer Name or Identifier Missing
- T5 Certification Information Missing
- T6 Claim does not contain enough information for re-pricing

**HCP14 1526 Policy Compliance Code O 1 ID 1/2**

Code specifying policy compliance

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**HCP15 1527 Exception Code O 1 ID 1/2**

Code specifying the exception reason for consideration of out-of-network health care services

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**Segment:** **LIN Drug Identification**

**Position:** 4930

**Loop:** 2410 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify basic item identification data

**Syntax Notes:**

- 1 If either LIN04 or LIN05 is present, then the other is required.
- 2 If either LIN06 or LIN07 is present, then the other is required.
- 3 If either LIN08 or LIN09 is present, then the other is required.
- 4 If either LIN10 or LIN11 is present, then the other is required.
- 5 If either LIN12 or LIN13 is present, then the other is required.
- 6 If either LIN14 or LIN15 is present, then the other is required.
- 7 If either LIN16 or LIN17 is present, then the other is required.
- 8 If either LIN18 or LIN19 is present, then the other is required.
- 9 If either LIN20 or LIN21 is present, then the other is required.
- 10 If either LIN22 or LIN23 is present, then the other is required.
- 11 If either LIN24 or LIN25 is present, then the other is required.
- 12 If either LIN26 or LIN27 is present, then the other is required.
- 13 If either LIN28 or LIN29 is present, then the other is required.
- 14 If either LIN30 or LIN31 is present, then the other is required.

**Semantic Notes:**

**Comments:**

- 1 LIN01 is the line item identification
- 1 See the Data Dictionary for a complete list of IDs.
- 2 LIN02 through LIN31 provide for fifteen different product/service IDs for each item.  
For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.

**Notes:**

Situational Rule: Required when government regulation mandates that prescribed drugs and biologics are reported with NDC numbers.

OR

Required when the provider or submitter chooses to report NDC numbers to enhance the claim reporting or adjudication processes.

OR

Required when an HHS approved pilot project specifies reporting of Universal Product Number (UPN) by parties registered in the pilot and their trading partners.

OR

Required when the government regulation mandates that medical and surgical supplies are reported with UPN's. If not required by this implementation guide, do not send.

TR3 Notes:

1. Drugs and biologics reported in this segment are a further specification of service(s) described in the SV1 segment of this Service Line Loop ID-2400.

TR3 Example: LIN\*\*N4\*01234567891~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
X	LIN01	350 Assigned Identification	O 1 AN 1/20
M	LIN02	235 Product/Service ID Qualifier	M 1 ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

IMPLEMENTATION NAME: Product or Service ID Qualifier

At the time of this writing, UPN code sets designated by values EN, EO, HI, ON, UK, and UP have been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. During the pilot, these code values may only be used by parties registered in the pilot project and their trading partners. Beyond the pilot, these codes may only be used if mandated by the government.

EN EAN/UCC - 13

Data structure for the 13 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade

EO Identification Number (GTIN)  
EAN/UCC - 8  
Data structure for the 8 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN)

HI HIBC (Health Care Industry Bar Code) Supplier Labeling Standard Primary Data Message  
The primary data message consists of the LIC (Labeler Identification Code), product catalog number, and unit-of-measure identifier

N4 National Drug Code in 5-4-2 Format  
5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size  
CODE SOURCE 240: National Drug Code by Format

ON Customer Order Number

UK GTIN 14-digit Data Structure  
Data structure for the 14 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Item Number (GTIN)

UP UCC - 12  
Data structure for the 12 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN). Also known as the Universal Product Code (U.P.C.)

M	LIN03	234	<b>Product/Service ID</b> Identifying number for a product or service IMPLEMENTATION NAME: National Drug Code or Universal Product Number	M	1	AN 1/48
X	LIN04	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN05	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN06	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN07	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN08	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN09	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN10	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN11	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN12	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN13	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN14	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN15	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN16	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN17	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN18	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN19	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN20	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN21	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN22	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN23	234	<b>Product/Service ID</b>	X	1	AN 1/48

X	LIN24	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN25	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN26	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN27	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN28	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN29	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN30	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN31	234	<b>Product/Service ID</b>	X	1	AN 1/48

**Segment:** **CTP Drug Quantity**  
**Position:** 4940  
**Loop:** 2410 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify pricing information  
**Syntax Notes:**

- 1 If either CTP04 or CTP05 is present, then the other is required.
- 2 If CTP06 is present, then CTP07 is required.
- 3 If CTP09 is present, then CTP02 is required.
- 4 If CTP10 is present, then CTP02 is required.
- 5 If CTP11 is present, then CTP03 is required.

**Semantic Notes:**

- 1 CTP07 is a multiplier factor to arrive at a final discounted price. A multiplier of .90 would be the factor if a 10% discount is given.
- 2 CTP08 is the rebate amount.

**Comments:**

- 1 See Figures Appendix for an example detailing the use of CTP03 and CTP04. See Figures Appendix for an example detailing the use of CTP03, CTP04 and CTP07.

**Notes:** TR3 Example: CTP\*\*\*\*2\*UN~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
X	CTP01	687 Class of Trade Code	O 1 ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CTP02	236 Price Identifier Code	X 1 ID 3/3
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CTP03	212 Unit Price	X 1 R 1/17
>>	CTP04	380 Quantity	X 1 R 1/15
		Numeric value of quantity	
		IMPLEMENTATION NAME: National Drug Unit Count	
>>	CTP05	C001 Composite Unit of Measure	X 1
		To identify a composite unit of measure (See Figures Appendix for examples of use)	
M	C00101	355 Unit or Basis for Measurement Code	M ID 2/2
		Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
		IMPLEMENTATION NAME: Code Qualifier	
		F2	International Unit
			A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin
		GR	Gram
		ME	Milligram
		ML	Milliliter
		UN	Unit
X	C00102	1018 Exponent	O R 1/15
X	C00103	649 Multiplier	O R 1/10
X	C00104	355 Unit or Basis for Measurement Code	O ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C00105	1018 Exponent	O R 1/15
X	C00106	649 Multiplier	O R 1/10
X	C00107	355 Unit or Basis for Measurement Code	O ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C00108	1018 Exponent	O R 1/15
X	C00109	649 Multiplier	O R 1/10

X	C00110	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00111	1018	<b>Exponent</b>	O	R 1/15
X	C00112	649	<b>Multiplier</b>	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00114	1018	<b>Exponent</b>	O	R 1/15
X	C00115	649	<b>Multiplier</b>	O	R 1/10
X	CTP06	648	<b>Price Multiplier Qualifier</b>	O	1 ID 3/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CTP07	649	<b>Multiplier</b>	X	1 R 1/10
X	CTP08	782	<b>Monetary Amount</b>	O	1 R 1/18
X	CTP09	639	<b>Basis of Unit Price Code</b>	O	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CTP10	499	<b>Condition Value</b>	O	1 AN 1/10
X	CTP11	289	<b>Multiple Price Quantity</b>	O	1 N0 1/2

**Segment:** **REF** Prescription or Compound Drug Association Number  
**Position:** 4950  
**Loop:** 2410 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when dispensing of the drug has been done with an assigned prescription number.  
OR  
Required when the provided medication involves the compounding of two or more drugs being reported and there is no prescription number. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.  
2. For cases where the drug is provided without a prescription (for example, from a physician's office), the value provided in this segment is a "link sequence number". The link sequence number is a provider assigned number that is unique to this claim. Its purpose is to enable the receiver to piece together the components of the compound.  
TR3 Example: REF\*XZ\*123456~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification VY Link Sequence Number XZ Pharmacy Prescription Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Prescription Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

<b>X</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	<b>X</b>	<b>ID 2/3</b>
<b>X</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/50</b>

**Segment:** **NM1** **Rendering Provider Name**  
**Position:** 5000  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider.  
OR  
Required when Loop ID-2310B Rendering Provider is not used AND this particular line item has different Rendering Provider information than that which is carried in Loop ID-2010AA Billing Provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here.  
TR3 Example: NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 82 Rendering Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Rendering Provider Last or Organization Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O 1 AN 1/10

			SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Name Suffix	
	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X 1 ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			XX	Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier
	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X 1 AN 2/80</b>
			Code identifying a party or other code	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Identifier	
X	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1 ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1 AN 1/60</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**  
**Position:** 5050  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:** 1 If either PRV02 or PRV03 is present, then the other is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.  
 TR3 Example: PRV\*PE\*PXC\*208D00000X~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	PRV01	1221 <b>Provider Code</b> Code identifying the type of provider PE Performing	M 1 ID 1/3
>>	PRV02	128 <b>Reference Identification Qualifier</b> Code qualifying the Reference Identification PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	X 1 ID 2/3
>>	PRV03	127 <b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Provider Taxonomy Code	X 1 AN 1/50
X	PRV04	156 <b>State or Province Code</b>	O 1 ID 2/2
X	PRV05	C035 <b>Provider Specialty Information</b> To provide provider specialty information	O 1
X	C03501	1222 <b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M AN 1/3
X	C03502	559 <b>Agency Qualifier Code</b> Code identifying the agency assigning the code values Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C03503	1073 <b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 1/1
X	PRV06	1223 <b>Provider Organization Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 3/3

**Segment:** **REF** **Rendering Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Rendering Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3

			2U	Payer Identification Number		
M	C04002	127	<b>Reference Identification</b>		M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			IMPLEMENTATION NAME: Other Payer Primary Identifier			
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.			
X	C04003	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>		X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>		X	AN 1/50

**Segment:** **NM1** **Purchased Service Provider Name**  
**Position:** 5000  
**Loop:** 2420B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the service reported in this line item is a purchased service. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Purchased services are situations where, for example, a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations.  
TR3 Example: NM1\*QB\*2\*\*\*\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420. QB Purchase Service Provider Entity from which medical supplies may be bought	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1 ID 1/2
	NM109	67	<b>Identification Code</b> Code identifying a party or other code SITUATIONAL RULE: Required for providers on or after the mandated	X 1 AN 2/80

HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter.

OR

Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Purchased Service Provider Identifier

X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** **REF** **Purchased Service Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Purchased Service Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3

			2U	Payer Identification Number		
M	C04002	127	<b>Reference Identification</b>		M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			IMPLEMENTATION NAME: Other Payer Primary Identifier			
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.			
X	C04003	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>		X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>		X	AN 1/50

**Segment:** **NM1** Service Facility Location Name  
**Position:** 5000  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the location of health care service for this service line is different than that carried in Loop ID-2010AA Billing Provider or Loop ID- 2310C Service Facility Location. If not required by this implementation guide, do not send.

TR3 Notes:  
1. When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider.  
2. The purpose of this loop is to identify specifically where the service was rendered. When reporting ambulance services, do not use this loop. Use the pick-up (2420G) and drop-off location (2420H) loops elsewhere in this transaction.  
TR3 Example: NM1\*77\*2\*ABC CLINIC\*\*\*\*\*XX\*1234567891~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 77 Service Location	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Laboratory or Facility Name	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send. XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1 ID 1/2
	NM109	67	<b>Identification Code</b>	X 1 AN 2/80

Code identifying a party or other code

SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Laboratory or Facility Primary Identifier

X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Service Facility Location Address  
**Position:** 5140  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes: 1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	

**Segment:** **N4** Service Facility Location City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Laboratory or Facility City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
		When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided.	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Service Facility Location Secondary Identification  
**Position:** 5250  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
			LU Location Number	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Service Facility Location Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer.	O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
M	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Primary Identifier	M AN 1/50

The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.

X	C04003	128	Reference Identification Qualifier	X	ID 2/3
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	C04004	127	Reference Identification	X	AN 1/50
X	C04005	128	Reference Identification Qualifier	X	ID 2/3
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	C04006	127	Reference Identification	X	AN 1/50

**Segment:** **NM1** **Supervising Provider Name**  
**Position:** 5000  
**Loop:** 2420D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** Situational Rule: Required when the rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*DQ\*1\*DOE\*JOHN\*B\*\*\*XX\*1234567891~

### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual DQ Supervising Physician	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Supervising Provider Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Name Suffix	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR	X 1 ID 1/2

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.  
 OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.  
 If not required by this implementation guide, do not send.

XX Centers for Medicare and Medicaid Services National  
 Provider Identifier  
 CODE SOURCE 537: Centers for Medicare and  
 Medicaid Services National Provider Identifier

**NM109 67 Identification Code X 1 AN 2/80**

Code identifying a party or other code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR

Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.  
 If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Supervising Provider Identifier

X NM110 706 **Entity Relationship Code** X 1 ID 2/2

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X NM111 98 **Entity Identifier Code** O 1 ID 2/3

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X NM112 1035 **Name Last or Organization Name** O 1 AN 1/60

**Segment:** **REF** Supervising Provider Secondary Identification

**Position:** 5250

**Loop:** 2420D Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 20

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.

TR3 Notes:

1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.

TR3 Example: REF\*G2\*12345~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Supervising Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3

			2U	Payer Identification Number		
M	C04002	127	<b>Reference Identification</b>		M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			IMPLEMENTATION NAME: Other Payer Primary Identifier			
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.			
X	C04003	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>		X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>		X	AN 1/50

**Segment:** **NM1** Ordering Provider Name  
**Position:** 5000  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** Situational Rule: Required when the service or supply was ordered by a provider who is different than the rendering provider for this service line. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*DK\*1\*RICHARDSON\*TRENT\*\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420. DK Ordering Physician	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Ordering Provider Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ordering Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ordering Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ordering Provider Name Suffix	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the	X 1 ID 1/2

provider has received an NPI and the NPI is available to the submitter.  
 OR  
 Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

XX Centers for Medicare and Medicaid Services National  
 Provider Identifier  
 CODE SOURCE 537: Centers for Medicare and  
 Medicaid Services National Provider Identifier

	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Ordering Provider Identifier			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** N3 Ordering Provider Address  
**Position:** 5140  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Ordering Provider Address Line			
	N302	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.			
IMPLEMENTATION NAME: Ordering Provider Address Line			

**Segment:** N4 Ordering Provider City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: N4\*KANSAS CITY\*MO\*64108~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ordering Provider City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ordering Provider State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ordering Provider Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30

**N407**      **1715**      **Country Subdivision Code**      **X**      **1 ID 1/3**

Code identifying the country subdivision

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** **Ordering Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Ordering Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3

M	C04002	127	<b>Reference Identification</b>	M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			IMPLEMENTATION NAME: Other Payer Primary Identifier		
			The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.		
X	C04003	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50

**Segment:** **PER** Ordering Provider Contact Information  
**Position:** 5300  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93	<b>Name</b> Free-form name SITUATIONAL RULE: Required in the first iteration of the Ordering Provider Contact Information segment. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver. IMPLEMENTATION NAME: Ordering Provider Contact Name	O 1 AN 1/60
>>	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X 1 ID 2/2
>>	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable	X 1 AN 1/256
	PER05	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send. EM Electronic Mail EX Telephone Extension	X 1 ID 2/2

			FX	Facsimile			
			TE	Telephone			
	<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>1</b>	<b>AN 1/256</b>
			Complete communications number including country or area code when applicable				
			SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.				
	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Code identifying the type of communication number				
			SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.				
			EM	Electronic Mail			
			EX	Telephone Extension			
			FX	Facsimile			
			TE	Telephone			
	<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>1</b>	<b>AN 1/256</b>
			Complete communications number including country or area code when applicable				
			SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.				
<b>X</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>		<b>O</b>	<b>1</b>	<b>AN 1/20</b>

**Segment:** **NM1** Referring Provider Name  
**Position:** 5000  
**Loop:** 2420F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.

TR3 Notes:

1. When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A at the claim level. For ordered services such as Durable Medical Equipment, use Loop ID-2420E at the line level.

2. When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

TR3 Example: NM1\*DN\*1\*WELBY\*MARCUS\*W\*\*JR\*XX\*1234567891~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code	M 1 ID 2/3
		Code identifying an organizational entity, a physical location, property or an individual	
		DN Referring Provider	
		Use on the first iteration of this loop. Use if loop is used only once.	
		P3 Primary Care Provider	
		Physician that is selected by the insured to provide medical care	
		Use only if loop is used twice. Use only on second iteration of this loop.	
M	NM102	1065 Entity Type Qualifier	M 1 ID 1/1
		Code qualifying the type of entity	
		1 Person	
>>	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
		Individual last name or organizational name	
		IMPLEMENTATION NAME: Referring Provider Last Name	
	NM104	1036 Name First	O 1 AN 1/35
		Individual first name	
		SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Referring Provider First Name	

	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Referring Provider Middle Name or Initial	O	1	AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O	1	AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Referring Provider Name Suffix	O	1	AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X	1	ID 1/2
	NM109	67	<b>Identification Code</b> Code identifying a party or other code SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Referring Provider Identifier	X	1	AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 5250  
**Loop:** 2420F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.

TR3 Notes:

1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.

TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referring Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3

<b>M</b>	<b>C04002</b>	<b>127</b>	<b>Reference Identification</b>	<b>M</b>	<b>AN 1/50</b>
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			IMPLEMENTATION NAME: Other Payer Primary Identifier		
			The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.		
<b>X</b>	<b>C04003</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
<b>X</b>	<b>C04004</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/50</b>
<b>X</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b>	<b>X</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
<b>X</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b>	<b>X</b>	<b>AN 1/50</b>

**Segment:** **NM1** Ambulance Pick-up Location  
**Position:** 5000  
**Loop:** 2420G Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the ambulance pick-up location for this service line is different than the ambulance pick-up location provided in Loop ID-2310E. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*PW\*2~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual PW Pickup Address	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Pick-up Location Address  
**Position:** 5140  
**Loop:** 2420G Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	

**Segment:** N4 Ambulance Pick-up Location City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420G Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Pick-up City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **NM1** Ambulance Drop-off Location  
**Position:** 5000  
**Loop:** 2420H Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the ambulance drop-off location for this service line is different than the ambulance drop-off location provided in Loop ID-2310F. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*45\*2~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 45 Drop-off Location	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name SITUATIONAL RULE: Required when drop-off location name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ambulance Drop-off Location	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Drop-off Location Address  
**Position:** 5140  
**Loop:** 2420H Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. If the ambulance drop-off location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Ambulance Drop-off Address Line			
	N302	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.			
IMPLEMENTATION NAME: Ambulance Drop-off Address Line			

**Segment:** **N4** Ambulance Drop-off Location City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420H Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Drop-off City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **SVD** **Line Adjudication Information**  
**Position:** 5400  
**Loop:** 2430 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

**Syntax Notes:**

**Semantic Notes:**

- 1 SVD01 is the payer identification code.
- 2 SVD02 is the amount paid for this service line.
- 3 SVD04 is the revenue code.
- 4 SVD05 is the paid units of service.

**Comments:**

- 1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.
- 2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.

**Notes:**

Situational Rule: Required when the claim has been previously adjudicated by payer identified in Loop ID-2330B and this service line has payments and/or adjustments applied to it. If not required by this implementation guide, do not send.

TR3 Notes:

- 1. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for example) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines.

TR3 Example: SVD\*43\*55\*HC:84550\*\*3~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	SVD01	67	<b>Identification Code</b>	M 1 AN 2/80
			Code identifying a party or other code	
			IMPLEMENTATION NAME: Other Payer Primary Identifier	
			This identifier indicates the payer responsible for the reimbursement described in this iteration of the 2430 loop. The identifier indicates the Other Payer by matching the appropriate Other Payer Primary Identifier (Loop ID-2330B, element NM109).	
M	SVD02	782	<b>Monetary Amount</b>	M 1 R 1/18
			Monetary amount	
			IMPLEMENTATION NAME: Service Line Paid Amount	
			Zero "0" is an acceptable value for this element.	
>>	SVD03	C003	<b>Composite Medical Procedure Identifier</b>	O 1
			To identify a medical procedure by its standardized codes and applicable modifiers	
			This element contains the procedure code that was used to pay this service line.	
M	C00301	235	<b>Product/Service ID Qualifier</b>	M ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
			IMPLEMENTATION NAME: Product or Service ID Qualifier	
			ER	Jurisdiction Specific Procedure and Supply Codes
			This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA,	
			OR	

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,  
OR  
For claims which are not covered under HIPAA.

CODE SOURCE 576: Workers Compensation Specific Procedure and Supply Codes

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes  
HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments  
Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE 130: Healthcare Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code  
This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:  
If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA,  
OR  
The Secretary grants an exception to use the code set as a pilot project as allowed under the law,  
OR  
For claims which are not covered under HIPAA.

CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

WK Advanced Billing Concepts (ABC) Codes  
At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,  
OR  
If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,  
OR  
For claims which are not covered under HIPAA.

CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

M	C00302	234	<b>Product/Service ID</b> Identifying number for a product or service IMPLEMENTATION NAME: Procedure Code	M	AN 1/48
	C00303	1339	<b>Procedure Modifier</b> This identifies special circumstances related to the performance of the service, as defined by trading partners SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send.	O	AN 2/2
	C00304	1339	<b>Procedure Modifier</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN 2/2

			SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	<b>C00305</b>	<b>1339</b>	<b>Procedure Modifier</b>	<b>O</b>	<b>AN 2/2</b>
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	<b>C00306</b>	<b>1339</b>	<b>Procedure Modifier</b>	<b>O</b>	<b>AN 2/2</b>
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a fourth modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	<b>C00307</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
			SITUATIONAL RULE: Required when SVC01-7 was returned in the 835 transaction. If not required by this implementation guide, do not send.		
			IMPLEMENTATION NAME: Procedure Code Description		
<b>X</b>	<b>C00308</b>	<b>234</b>	<b>Product/Service ID</b>	<b>O</b>	<b>AN 1/48</b>
<b>X</b>	<b>SVD04</b>	<b>234</b>	<b>Product/Service ID</b>	<b>O</b>	<b>1 AN 1/48</b>
<b>&gt;&gt;</b>	<b>SVD05</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>1 R 1/15</b>
			Numeric value of quantity		
			IMPLEMENTATION NAME: Paid Service Unit Count		
			This is the number of paid units from the remittance advice. When paid units are not present on the remittance advice, use the original billed units.		
			The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.		
	<b>SVD06</b>	<b>554</b>	<b>Assigned Number</b>	<b>O</b>	<b>1 N0 1/6</b>
			Number assigned for differentiation within a transaction set		
			SITUATIONAL RULE: Required when payer bundled this service line. If not required by this implementation guide, do not send.		
			IMPLEMENTATION NAME: Bundled or Unbundled Line Number		

**Segment:** CAS Line Adjustment

**Position:** 5450

**Loop:** 2430 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

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

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

**Comments:** 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

**Notes:** Situational Rule: Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged. If not required by this implementation guide, do not send.

TR3 Notes:

1. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group

Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05- CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

TR3 Example: CAS\*PR\*1\*7.93~

TR3 Example: CAS\*OA\*93\*15.06~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CAS01	Claim Adjustment Group Code	M 1 ID 1/2
		CO Contractual Obligations	

CR Correction and Reversals  
 OA Other adjustments  
 PI Payor Initiated Reductions  
 PR Patient Responsibility

M	CAS02	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code	M	1	ID 1/5
M	CAS03	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Adjustment Amount	M	1	R 1/18
	CAS04	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when the number of service units has been adjusted. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	O	1	R 1/15
	CAS05	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code	X	1	ID 1/5
	CAS06	782	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when CAS05 is present. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Amount	X	1	R 1/18
	CAS07	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when CAS05 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	X	1	R 1/15
	CAS08	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code	X	1	ID 1/5
	CAS09	782	<b>Monetary Amount</b> Monetary amount	X	1	R 1/18

			SITUATIONAL RULE: Required when CAS08 is present. If not required by this implementation guide, do not send.
CAS10	380		IMPLEMENTATION NAME: Adjustment Amount
		<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity
			SITUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.
CAS11	1034		IMPLEMENTATION NAME: Adjustment Quantity
		<b>Claim Adjustment Reason Code</b>	<b>X 1 ID 1/5</b>
			Code identifying the detailed reason the adjustment was made
			SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Reason Code
			CODE SOURCE 139: Claim Adjustment Reason Code
			See CODE SOURCE 139: Claim Adjustment Reason Code
CAS12	782		
		<b>Monetary Amount</b>	<b>X 1 R 1/18</b>
			Monetary amount
			SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.
CAS13	380		IMPLEMENTATION NAME: Adjustment Amount
		<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity
			SITUATIONAL RULE: Required when CAS11 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.
CAS14	1034		IMPLEMENTATION NAME: Adjustment Quantity
		<b>Claim Adjustment Reason Code</b>	<b>X 1 ID 1/5</b>
			Code identifying the detailed reason the adjustment was made
			SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Reason Code
			CODE SOURCE 139: Claim Adjustment Reason Code
			See CODE SOURCE 139: Claim Adjustment Reason Code
CAS15	782		
		<b>Monetary Amount</b>	<b>X 1 R 1/18</b>
			Monetary amount
			SITUATIONAL RULE: Required when CAS14 is present. If not required by this implementation guide, do not send.
CAS16	380		IMPLEMENTATION NAME: Adjustment Amount
		<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity
			SITUATIONAL RULE: Required when CAS14 is present and is related to a units of service adjustment. If not required by this implementation guide, do

not send.

**CAS17 1034** IMPLEMENTATION NAME: Adjustment Quantity  
**Claim Adjustment Reason Code** X 1 ID 1/5

Code identifying the detailed reason the adjustment was made

SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Adjustment Reason Code

CODE SOURCE 139: Claim Adjustment Reason Code

**CAS18 782** See CODE SOURCE 139: Claim Adjustment Reason Code  
**Monetary Amount** X 1 R 1/18

Monetary amount

SITUATIONAL RULE: Required when CAS17 is present. If not required by this implementation guide, do not send.

**CAS19 380** IMPLEMENTATION NAME: Adjustment Amount  
**Quantity** X 1 R 1/15

Numeric value of quantity

SITUATIONAL RULE: Required when CAS17 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Adjustment Quantity

**Segment:** **DTP** Line Check or Remittance Date  
**Position:** 5500  
**Loop:** 2430 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** TR3 Example: DTP\*573\*D8\*20040203~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 573 Date Claim Paid	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Adjudication or Payment Date	M 1 AN 1/35

**Segment:** **AMT** Remaining Patient Liability  
**Position:** 5505  
**Loop:** 2430 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the Other Payer referenced in SVD01 of this iteration of Loop ID-2430 has adjudicated this claim, provided line level information, and the provider has the ability to report line item information. If not required by this implementation guide, do not send.

TR3 Notes:

1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer referenced in SVD01 of this iteration of Loop ID-2430.

2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB).

3. This segment is not used if the claim level (Loop ID-2320) Remaining Patient Liability AMT segment is used for this Other Payer.

TR3 Example: AMT\*EAF\*75~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount EAF Amount Owed	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Remaining Patient Liability				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** LQ Form Identification Code  
**Position:** 5510  
**Loop:** 2440 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify standard industry codes  
**Syntax Notes:** 1 If LQ01 is present, then LQ02 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when adjudication is known to be impacted by one of the types of supporting documentation (standardized paper forms) listed in LQ01. If not required by this implementation guide, do not send.

TR3 Notes:

1. Loop ID-2440 is designed to allow providers to attach standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=01.02 identifies which DMERC CMN form is being used.

2. An example application of this Form Identification Code Loop is for Medicare DMERC claims for which the DME provider is required to obtain a Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification from the referring physician. Another example is payer documentation requirements for Home Health services.

TR3 Example: LQ\*UT\*01.02~

**Data Element Summary**

Ref.	Data	Name	Attributes
Des.	Element		
>>	LQ01	1270 Code List Qualifier Code Code identifying a specific industry code list	O 1 ID 1/3
		AS Form Type Code Code value AS indicates that a Home Health form from External Code Source 656 is being identified in LQ02.	
		UT Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms CODE SOURCE 582: Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	
>>	LQ02	1271 Industry Code Code indicating a code from a specific industry code list	X 1 AN 1/30
		IMPLEMENTATION NAME: Form Identifier	

**Segment:** **FRM** Supporting Documentation  
**Position:** 5520  
**Loop:** 2440 Optional  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 99  
**Purpose:** To specify information in response to a codified questionnaire document  
**Syntax Notes:** 1 At least one of FRM02 FRM03 FRM04 or FRM05 is required.  
**Semantic Notes:** 1 FRM01 is the question number on a questionnaire or codified form.  
 2 FRM02, FRM03, FRM04 and FRM05 are responses which only have meaning in reference to the question identified in FRM01.  
**Comments:** 1 The FRM segment can only be used in the context of an identified questionnaire or list of questions. The source of the questions can be identified by an associated segment or by transaction set notes in a particular transaction.

**Notes:** TR3 Notes:  
 1. The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in Loop ID-2440. The FRM segment is used to answer specific questions on the form identified in the LQ segment. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.

The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ\*UT\*08.02~).

TR3 Example:  
 FRM\*1A\*\*J0234~  
 FRM\*1B\*\*500~  
 FRM\*1C\*\*4~  
 FRM\*4\*Y~  
 FRM\*5A\*\*5~  
 FRM\*5B\*\*3~  
 FRM\*8\*\*Methodist Hospital~  
 FRM\*9\*\*Indianapolis~  
 FRM\*10\*IN~  
 FRM\*11\*\*\*19971101~  
 FRM\*12\*N~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	FRM01	350 Assigned Identification	M 1 AN 1/20
		Alphanumeric characters assigned for differentiation within a transaction set	
		IMPLEMENTATION NAME: Question Number/Letter	
	FRM02	1073 Yes/No Condition or Response Code	X 1 ID 1/1
		Code indicating a Yes or No condition or response	
		SITUATIONAL RULE: Required when the question identified in FRM01 uses a Yes or No response format. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Question Response	
		N	No
		W	Not Applicable
		Y	Yes
	FRM03	127 Reference Identification	X 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	



**Segment:** **HL Patient Hierarchical Level**  
**Position:** 0010  
**Loop:** 2000C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

- 1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.  
The HL segment defines a top-down/left-right ordered structure.
- 2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
- 3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
- 4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
- 5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**Notes:**

Situational Rule: Required when the patient is a dependent of the subscriber identified in Loop ID-2000B and cannot be uniquely identified to the payer using the subscriber's identifier in the Subscriber Level. If not required by this implementation guide, do not send.

TR3 Notes:

1. There are no HLs subordinate to the Patient HL.
2. If a patient is a dependent of a subscriber and can be uniquely identified to the payer by a unique Identification Number, then the patient is considered the subscriber and is to be identified in the Subscriber Level.

TR3 Example: HL\*3\*2\*23\*0~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	HL01	628 Hierarchical ID Number	M 1 AN 1/12
		A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	
>>	HL02	734 Hierarchical Parent ID Number	O 1 AN 1/12
		Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	
M	HL03	735 Hierarchical Level Code	M 1 ID 1/2
		Code defining the characteristic of a level in a hierarchical structure	
		23 Dependent	
		Identifies the individual who is affiliated with the subscriber, such as spouse, child, etc., and therefore may be entitled to benefits	
		The code DEPENDENT conveys that the information in this HL applies to the patient when the subscriber and the patient are not the same person.	
>>	HL04	736 Hierarchical Child Code	O 1 ID 1/1

Code indicating if there are hierarchical child data segments subordinate to the level being described

0 No Subordinate HL Segment in This Hierarchical Structure.

**Segment:** **PAT** Patient Information  
**Position:** 0070  
**Loop:** 2000C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply patient information  
**Syntax Notes:** 1 If either PAT05 or PAT06 is present, then the other is required.  
 2 If either PAT07 or PAT08 is present, then the other is required.  
**Semantic Notes:** 1 PAT06 is the date of death.  
 2 PAT08 is the patient's weight.  
 3 PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.  
**Comments:**  
**Notes:** TR3 Example: PAT\*01~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	PAT01	<b>1069 Individual Relationship Code</b> Code indicating the relationship between two individuals or entities Specifies the patient's relationship to the person insured.	O 1 ID 2/2
		01 Spouse	
		19 Child	
		20 Dependent between the ages of 0 and 19; age qualifications may vary depending on policy Employee	
		21 Unknown	
		39 Organ Donor	
		40 Individual receiving medical service in order to donate organs for a transplant Cadaver Donor	
		53 Deceased individual donating body to be used for research or transplants Life Partner	
		G8 Other Relationship	
X	PAT02	<b>1384 Patient Location Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1
X	PAT03	<b>584 Employment Status Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/2
X	PAT04	<b>1220 Student Status Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1
	PAT05	<b>1250 Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format SITUATIONAL RULE: Required when patient is known to be deceased and the date of death is available to the provider billing system. If not required by this implementation guide, do not send.	X 1 ID 2/3
		D8 Date Expressed in Format CCYYMMDD	
	PAT06	<b>1251 Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times SITUATIONAL RULE: Required when patient is known to be deceased and the date of death is available to the provider billing system. If not required by this implementation guide, do not send.	X 1 AN 1/35
		IMPLEMENTATION NAME: Patient Death Date	
	PAT07	<b>355 Unit or Basis for Measurement Code</b>	X 1 ID 2/2

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SITUATIONAL RULE: Required when claims involve Medicare Durable Medical Equipment Regional Carriers Certificate of Medical Necessity (DMERC CMN) 02.03, 10.02, or DME MAC 10.03. If not required by this implementation guide, do not send.

01 Actual Pounds

**PAT08 81 Weight X 1 R 1/10**

Numeric value of weight

SITUATIONAL RULE: Required when claims involve Medicare Durable Medical Equipment Regional Carriers Certificate of Medical Necessity (DMERC CMN) 02.03, 10.02, or DME MAC 10.03. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Patient Weight

**PAT09 1073 Yes/No Condition or Response Code O 1 ID 1/1**

Code indicating a Yes or No condition or response

SITUATIONAL RULE: Required when mandated by law. The determination of pregnancy shall be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used, it means that the patient is not pregnant or that the pregnancy indicator is not mandated by law. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Pregnancy Indicator

For this implementation, the listed value takes precedence over the semantic note.

Y Yes

**Segment:** **NM1 Patient Name**  
**Position:** 0150  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** TR3 Example: NM1\*QC\*1\*DOE\*SALLY\*J~

### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual QC Patient Individual receiving medical care	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Patient Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Name Suffix	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> MI Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. (for example, Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.) MI is also intended to be used in claims submitted to the	X 1 ID 1/2

Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number (SSN) is also available on an IHS/CHS claim, put the SSN in REF02.

When sending the Social Security Number as the Member ID, it must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00- 2222" would be invalid.

ZZ

Mutually Defined

The value 'ZZ' when used in this data element shall be defined as "HIPAA Individual Identifier" if this identifier has been adopted for use. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services may adopt a standard individual identifier for use in this transaction.

X	NM109	67	Identification Code	X	1	AN 2/80
X	NM110	706	Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	Name Last or Organization Name	O	1	AN 1/60

**Segment:** N3 Patient Address  
**Position:** 0250  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information IMPLEMENTATION NAME: Patient Address Line	M 1 AN 1/55
	N302	166 Address Information Address information SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Address Line	O 1 AN 1/55

**Segment:** N4 Patient City, State, ZIP Code  
**Position:** 0300  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Patient City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Patient State Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Patient Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **DMG Patient Demographic Information**

**Position:** 0320  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)

**Max Use:** 1  
**Purpose:** To supply demographic information

**Syntax Notes:**  
**1** If either DMG01 or DMG02 is present, then the other is required.  
**2** If either DMG10 or DMG11 is present, then the other is required.  
**3** If DMG11 is present, then DMG05 is required.  
**4** If either C05602 or C05603 is present, then the other is required.

**Semantic Notes:**  
**1** DMG02 is the date of birth.  
**2** DMG07 is the country of citizenship.  
**3** DMG09 is the age in years.  
**4** DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

**Comments:**  
**Notes:** TR3 Example: DMG\*D8\*19690815\*M~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	DMG01	1250 <b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X 1 ID 2/3
>>	DMG02	1251 <b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Patient Birth Date	X 1 AN 1/35
>>	DMG03	1068 <b>Gender Code</b> Code indicating the sex of the individual IMPLEMENTATION NAME: Patient Gender Code F Female M Male U Unknown	O 1 ID 1/1
X	DMG04	1067 <b>Marital Status Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1
X	DMG05	C056 <b>Composite Race or Ethnicity Information</b> To send general and detailed information on race or ethnicity	X 10
X	C05601	1109 <b>Race or Ethnicity Code</b> Code indicating the racial or ethnic background of a person; it is normally self-reported; Under certain circumstances this information is collected for United States Government statistical purposes Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 1/1
X	C05602	1270 <b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 1/3
X	C05603	1271 <b>Industry Code</b> Code indicating a code from a specific industry code list	X AN 1/30
X	DMG06	1066 <b>Citizenship Status Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	DMG07	26 <b>Country Code</b>	O 1 ID 2/3
X	DMG08	659 <b>Basis of Verification Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	DMG09	380 <b>Quantity</b>	O 1 R 1/15
X	DMG10	1270 <b>Code List Qualifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/3



**Segment:** **REF** **Property and Casualty Claim Number**  
**Position:** 0350  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the services included in this claim are to be considered as part of a property and casualty claim. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is a property and casualty payer-assigned claim number. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 1.4.2, Property and Casualty, for additional information about property and casualty claims.

2. This segment is not a HIPAA requirement as of this writing.

TR3 Example: REF\*Y4\*4445555~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Y4 Agency Claim Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Property Casualty Claim Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Property and Casualty Patient Identifier**  
**Position:** 0350  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule:  
Required when an identification number is needed by the receiver to identify the patient for Property and Casualty claims. If not required by this implementation guide, do not send.  
TR3 Example: REF\*SY\*123456789~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 1W Member Identification Number Unique identification number assigned to each member under a subscriber's contract SY Social Security Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Property Casualty Claim Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **PER** Property and Casualty Patient Contact Information  
**Position:** 0400  
**Loop:** 2010CA Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required for Property and Casualty claims when this information is different than the information provided in the Subscriber Contact Information PER segment in Loop ID-2010BA and this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data	Attributes	
<u>Des.</u>	<u>Element</u> <u>Name</u>		
M	<b>PER01</b> <b>366</b> <b>Contact Function Code</b>	M	1 ID 2/2
	IC Information Contact		
	<b>PER02</b> <b>93</b> <b>Name</b>	O	1 AN 1/60
	Free-form name		
	SITUATIONAL RULE: Required when the Patient contact is a person other than the person identified in the Patient Name NM1 (Loop ID- 2010CA). If not required by this implementation guide, do not send.		
>>	<b>PER03</b> <b>365</b> <b>Communication Number Qualifier</b>	X	1 ID 2/2
	TE Telephone		
>>	<b>PER04</b> <b>364</b> <b>Communication Number</b>	X	1 AN 1/256
	Complete communications number including country or area code when applicable		
	<b>PER05</b> <b>365</b> <b>Communication Number Qualifier</b>	X	1 ID 2/2
	Code identifying the type of communication number		
	SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.		
	EX Telephone Extension		
	<b>PER06</b> <b>364</b> <b>Communication Number</b>	X	1 AN 1/256
	Complete communications number including country or area code when applicable		
	SITUATIONAL RULE: Required when this information is deemed necessary		

by the submitter. If not required by this implementation guide, do not send.					
X	PER07	365	Communication Number Qualifier	X	1 ID 2/2
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	PER08	364	Communication Number	X	1 AN 1/256
X	PER09	443	Contact Inquiry Reference	O	1 AN 1/20

**Segment:** **CLM Claim Information**  
**Position:** 1300  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify basic data about the claim  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CLM02 is the total amount of all submitted charges of service segments for this claim.
- 2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
- 3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
- 4 CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statement of nonavailability is not on file or not necessary.
- 5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
- 6 CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

**Comments:**  
**Notes:**

TR3 Notes:

1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.

2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this, the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, Loop ID-2300, is placed following Loop ID-2010BB in the Subscriber Hierarchical Level (HL) when patient information is sent in Loop ID-2010BA of the Subscriber HL. Claim information is placed in the Patient HL when the patient information is sent in Loop ID-2010CA of the Patient HL. When the patient is the subscriber or is considered to be the subscriber, Loop ID-2000C and Loop ID-2010CA are not sent. See Subscriber/Patient HL Segment explanation in section 1.4.3.2.2.1 for details.

TR3 Example: CLM\*A37YH556\*500\*\*\*11:B:1\*Y\*A\*Y\*I\*P~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	CLM01	1028 Claim Submitter's Identifier	M I AN 1/38
Identifier used to track a claim from creation by the health care provider through payment			
IMPLEMENTATION NAME: Patient Control Number			
The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use unique numbers for this field for each individual claim.			

When Loop ID-2010AC is present, CLM01 represents the subrogated Medicaid agency's claim number (ICN/DCN) from their original 835 CLP07 - Payer Claim Control Number. See Section 1.4.1.4 of the front matter for a description of post payment recovery claims for subrogated Medicaid agencies.

The maximum number of characters to be supported for this field is '20'. Characters beyond the maximum are not required to be stored nor returned by any 837-receiving system.

>> **CLM02** **782** **Monetary Amount** **O** **1 R 1/18**  
 Monetary amount

IMPLEMENTATION NAME: Total Claim Charge Amount

The Total Claim Charge Amount must be greater than or equal to zero.

The total claim charge amount must balance to the sum of all service line charge amounts reported in the Professional Service (SV1) segments for this claim.

X **CLM03** **1032** **Claim Filing Indicator Code** **O** **1 ID 1/2**  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X **CLM04** **1343** **Non-Institutional Claim Type Code** **O** **1 ID 1/2**  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

>> **CLM05** **C023** **Health Care Service Location Information** **O** **1**

To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered

CLM05 applies to all service lines unless it is over written at the line level.

M **C02301** **1331** **Facility Code Value** **M** **AN 1/2**

Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.

IMPLEMENTATION NAME: Place of Service Code

>> **C02302** **1332** **Facility Code Qualifier** **O** **ID 1/2**

Code identifying the type of facility referenced

B Place of Service Codes for Professional or Dental Services

CODE SOURCE 235: Claim Frequency Type Code

>> **C02303** **1325** **Claim Frequency Type Code** **O** **ID 1/1**

Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type

IMPLEMENTATION NAME: Claim Frequency Code

CODE SOURCE 235: Claim Frequency Type Code

>> **CLM06** **1073** **Yes/No Condition or Response Code** **O** **1 ID 1/1**

Code indicating a Yes or No condition or response

IMPLEMENTATION NAME: Provider or Supplier Signature Indicator

N No

Y Yes

>> **CLM07** **1359** **Provider Accept Assignment Code** **O** **1 ID 1/1**

Code indicating whether the provider accepts assignment

IMPLEMENTATION NAME: Assignment or Plan Participation Code

Within this element the context of the word assignment is related to the relationship between the provider and the payer. This is NOT the field for reporting whether the patient has or has not assigned benefits to the provider. The benefit assignment indicator is in CLM08.

A Assigned

Required when the provider accepts assignment and/or has a participation agreement with the destination payer.

			OR Required when the provider does not accept assignment and/or have a participation agreement, but is advising the payer to adjudicate this specific claim under participating provider benefits as allowed under certain plans.		
		B	Assignment Accepted on Clinical Lab Services Only Required when the provider accepts assignment for Clinical Lab Services only.		
		C	Not Assigned Required when neither codes 'A' nor 'B' apply.		
>>	CLM08	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response <b>IMPLEMENTATION NAME:</b> Benefits Assignment Certification Indicator This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider.	O	1 ID 1/1
		N	No		
		W	Not Applicable Use code 'W' when the patient refuses to assign benefits.		
		Y	Yes		
>>	CLM09	1363	<b>Release of Information Code</b> Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations The Release of Information response is limited to the information carried in this claim.	O	1 ID 1/1
		I	Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Required when the provider has not collected a signature AND state or federal laws do not require a signature be collected.		
		Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim Required when the provider has collected a signature. OR Required when state or federal laws require a signature be collected.		
	CLM10	1351	<b>Patient Signature Source Code</b> Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider <b>SITUATIONAL RULE:</b> Required when a signature was executed on the patient's behalf under state or federal law. If not required by this implementation guide, do not send.	O	1 ID 1/1
		P	Signature generated by provider because the patient was not physically present for services Signature generated by an entity other than the patient according to State or Federal law.		
	CLM11	C024	<b>Related Causes Information</b> To identify one or more related causes and associated state or country information <b>SITUATIONAL RULE:</b> Required when the services provided are employment related or the result of an accident. If not required by this implementation guide, do not send.	O	1
			If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.		
M	C02401	1362	<b>Related-Causes Code</b> Code identifying an accompanying cause of an illness, injury or an accident <b>IMPLEMENTATION NAME:</b> Related Causes Code	M	ID 2/3

			AA	Auto Accident		
			EM	Employment		
			OA	Other Accident		
	<b>C02402</b>	<b>1362</b>	<b>Related-Causes Code</b>		<b>O</b>	<b>ID 2/3</b>
			Code identifying an accompanying cause of an illness, injury or an accident			
			SITUATIONAL RULE: Required when more than one related cause code applies. See CLM11-1 for valid values. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Related Causes Code			
			AA	Auto Accident		
			EM	Employment		
			OA	Other Accident		
X	<b>C02403</b>	<b>1362</b>	<b>Related-Causes Code</b>		<b>O</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
	<b>C02404</b>	<b>156</b>	<b>State or Province Code</b>		<b>O</b>	<b>ID 2/2</b>
			Code (Standard State/Province) as defined by appropriate government agency			
			SITUATIONAL RULE: Required when CLM11-1 or CLM11-2 has a value of 'AA' to identify the state, province or sub-country code in which the automobile accident occurred. If accident occurred in a country or location that does not have states, provinces or sub-country codes named in Code Source 22, do not use. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Auto Accident State or Province Code			
			CODE SOURCE 22: States and Provinces			
	<b>C02405</b>	<b>26</b>	<b>Country Code</b>		<b>O</b>	<b>ID 2/3</b>
			Code identifying the country			
			SITUATIONAL RULE: Required when CLM11-1 or CLM11-2 = AA and the accident occurred in a country other than US or Canada. If not required by this implementation guide, do not send.			
			CODE SOURCE 5: Countries, Currencies and Funds			
	<b>CLM12</b>	<b>1366</b>	<b>Special Program Code</b>		<b>O</b>	<b>1 ID 2/3</b>
			Code indicating the Special Program under which the services rendered to the patient were performed			
			SITUATIONAL RULE: Required when the services were rendered under one of the following circumstances, programs, or projects. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Special Program Indicator			
			02	Physically Handicapped Children's Program		
				This code is used for Medicaid claims only.		
			03	Special Federal Funding		
				This code is used for Medicaid claims only.		
			05	Disability		
				This code is used for Medicaid claims only.		
			09	Second Opinion or Surgery		
				This code is used for Medicaid claims only.		
X	<b>CLM13</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O</b>	<b>1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	<b>CLM14</b>	<b>1338</b>	<b>Level of Service Code</b>		<b>O</b>	<b>1 ID 1/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	<b>CLM15</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>		<b>O</b>	<b>1 ID 1/1</b>

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM16	1360	<b>Provider Agreement Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM17	1029	<b>Claim Status Code</b>	O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM18	1073	<b>Yes/No Condition or Response Code</b>	O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CLM19	1383	<b>Claim Submission Reason Code</b>	O	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	CLM20	1514	<b>Delay Reason Code</b>	O	1 ID 1/2
			Code indicating the reason why a request was delayed		
			SITUATIONAL RULE: Required when the claim is submitted late (past contracted date of filing limitations). If not required by this implementation guide, do not send.		
		1	Proof of Eligibility Unknown or Unavailable		
		2	Litigation		
		3	Authorization Delays		
		4	Delay in Certifying Provider		
		5	Delay in Supplying Billing Forms		
		6	Delay in Delivery of Custom-made Appliances		
		7	Third Party Processing Delay		
		8	Delay in Eligibility Determination		
		9	Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules		
		10	Administration Delay in the Prior Approval Process		
		11	Other		
		15	Natural Disaster		

**Segment:** **DTP** **Date - Onset of Current Illness or Symptom**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required for the initial medical service/visit performed in response to a medical emergency when the date is available and is different than the date of service. If not required by this implementation guide, do not send.

TR3 Notes: 1. This date is the onset of acute symptoms for the current illness or condition.

TR3 Example: DTP\*431\*D8\*20050108~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time <b>IMPLEMENTATION NAME: Date Time Qualifier</b> 431 Onset of Current Symptoms or Illness Date first symptoms appeared	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times <b>IMPLEMENTATION NAME: Onset of Current Illness or Injury Date</b>	M 1 AN 1/35

**Segment:** **DTP** **Date - Initial Treatment Date**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, speech language pathology, dialysis, optical refractions, or pregnancy. If not required by this implementation guide, do not send.

**TR3 Notes:**

1. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.  
 TR3 Example: DTP\*454\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 454 Initial Treatment Date medical treatment first began	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Initial Treatment Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Last Seen Date**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required when claims involve services for routine foot care and it is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is the date that the patient was seen by the attending or supervising physician for the qualifying medical condition related to the services performed.

2. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

TR3 Example: DTP\*304\*D8\*20050108~

**Data Element Summary**

<b>Ref.</b>	<b>Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
			304 Latest Visit or Consultation Date subscriber or dependent last visited or consulted with a physician	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Seen Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Acute Manifestation**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when Loop ID-2300 CR208 = "A" or "M", the claim involves spinal manipulation, and the payer is Medicare. If not required by this implementation guide, do not send.

TR3 Example: DTP\*453\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 453 Acute Manifestation of a Chronic Condition Date serious symptoms were exhibited for a long term illness	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Acute Manifestation Date	M 1 AN 1/35

**Segment:** **DTP** Date - Accident  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when CLM11-1 or CLM11-2 has a value of 'AA' or 'OA'.  
OR  
Required when CLM11-1 or CLM11-2 has a value of 'EM' and this claim is the result of an accident. If not required by this implementation guide, do not send.  
TR3 Example: DTP\*439\*D8\*20060108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 439 Accident Date mishap occurred	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Accident Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last Menstrual Period  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when, in the judgment of the provider, the services on this claim are related to the patient's pregnancy. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*484\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 484 Last Menstrual Period	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Menstrual Period Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last X-ray Date  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when claim involves spinal manipulation and an x-ray was taken. If not required by this implementation guide, do not send.

TR3 Notes:  
 1. Dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.  
 TR3 Example: DTP\*455\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 455 Last X-Ray Date of the most recent x-ray	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last X-Ray Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Hearing and Vision Prescription Date**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on claims where a prescription has been written for hearing devices or vision frames and lenses and it is being billed on this claim. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*471\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		471	Prescription Date on which prescription was written	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Prescription Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Disability Dates**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required on claims involving disability where, in the judgment of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.  
 OR  
 Required on non-HIPAA claims (for example workers compensation or property and casualty) when required by the claims processor. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*360\*D8\*20050108~

**Data Element Summary**

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374 <b>Date/Time Qualifier</b>	M 1 ID 3/3
Code specifying type of date or time, or both date and time			
IMPLEMENTATION NAME: Date Time Qualifier			
		314 Disability	
		Range of dates on which the physical or mental condition rendered the subscriber or dependent disabled	
		Use code 314 when both disability start and end date are being reported.	
		360 Initial Disability Period Start	
		Date on which the disability begins	
		Use code 360 if patient is currently disabled and disability end date is unknown.	
		361 Initial Disability Period End	
		Date on which the disability ends	
		Use code 361 if patient is no longer disabled and the start date is unknown.	
M	DTP02	1250 <b>Date Time Period Format Qualifier</b>	M 1 ID 2/3
Code indicating the date format, time format, or date and time format			
		D8 Date Expressed in Format CCYYMMDD	
		Use code D8 when DTP01 is 360 or 361.	
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31); the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	
		Use code RD8 when DTP01 is 314.	
M	DTP03	1251 <b>Date Time Period</b>	M 1 AN 1/35
Expression of a date, a time, or range of dates, times or dates and times			
IMPLEMENTATION NAME: Disability From Date			

**Segment:** **DTP** Date - Last Worked  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*297\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 297 Initial Disability Period Last Day Worked	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Worked Date	M 1 AN 1/35

**Segment:** **DTP** Date - Authorized Return to Work  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on claims where this information is necessary for adjudication of the claim (for example, workers compensation claims involving absence from work). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*296\*D8\*20050108~

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		296	Initial Disability Period Return To Work This is the date the provider has authorized the patient to return to work.	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Work Return Date	M 1 AN 1/35

**Segment:** **DTP** Date - Admission  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on all ambulance claims when the patient was known to be admitted to the hospital.  
OR  
Required on all claims involving inpatient medical visits. If not required by this implementation guide, do not send.  
TR3 Example: DTP\*435\*D8\*20030108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 435 Admission Date of entrance to a health care establishment	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Related Hospitalization Admission Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Discharge**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required for inpatient claims when the patient was discharged from the facility and the discharge date is known. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*096\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 096 Discharge	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Related Hospitalization Discharge Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Assumed and Relinquished Care Dates**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required to indicate "assumed care date" or "relinquished care date" when providers share post-operative care (global surgery claims). If not required by this implementation guide, do not send.

TR3 Notes: 1. Assumed Care Date is the date care was assumed by another provider during post-operative care. Relinquished Care Date is the date the provider filing this claim ceased post-operative care. See Medicare guidelines for further explanation of these dates.

Example: Surgeon "A" relinquished post-operative care to Physician "B" five days after surgery. When Surgeon "A" submits a claim, "A" will use code "091 - Report End" to indicate the day the surgeon relinquished care of this patient to Physician "B". When Physician "B" submits a claim, "B" will use code "090 - Report Start" to indicate the date they assumed care of this patient from Surgeon "A".  
 TR3 Example: DTP\*090\*D8\*20050108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	DTP01	<b>374 Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		090 Report Start Assumed Care Date - Use code "090" to indicate the date the provider filing this claim assumed care from another provider during post-operative care.	
		091 Report End Relinquished Care Date - Use code "091" to indicate the date the provider filing this claim relinquished post-operative care to another provider.	
M	DTP02	<b>1250 Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	<b>1251 Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Assumed or Relinquished Care Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Property and Casualty Date of First Contact**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

Situational Rule: Required for Property and Casualty claims when state mandated. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is the date the patient first consulted the service provider for this condition. The date of first contact is the date the patient first consulted the provider by any means. It is not necessarily the Initial Treatment Date.

TR3 Example: DTP\*444\*D8\*20041013~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time	M 1 ID 3/3
IMPLEMENTATION NAME: Date Time Qualifier				
		444	First Visit or Consultation Date patient first sought medical assistance	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	M 1 AN 1/35

**Segment:** **DTP** **Date - Repricer Received Date**  
**Position:** 1350  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a repricer is passing the claim onto the payer. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*050\*D8\*20051030~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 050 Received	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Repricer Received Date	M 1 AN 1/35

**Segment:** **PWK** Claim Supplemental Information

**Position:** 1550

**Loop:** 2300 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 10

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

**Syntax Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.

**Semantic Notes:**

**Comments:**

- 1 PWK05 and PWK06 may be used to identify the addressee by a code number.
- 2 PWK07 may be used to indicate special information to be shown on the specified report.
- 3 PWK08 may be used to indicate action pertaining to a report.

**Notes:** Situational Rule: Required when there is a paper attachment following this claim.  
OR  
Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.  
OR  
Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send.  
TR3 Example: PWK\*OZ\*BM\*\*\*AC\*DMN0012~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	PWK01	755 Report Type Code	M 1 ID 2/2
		Code indicating the title or contents of a document, report or supporting item	
		IMPLEMENTATION NAME: Attachment Report Type Code	
		03 Report Justifying Treatment Beyond Utilization Guidelines	
		04 Drugs Administered	
		05 Treatment Diagnosis	
		06 Initial Assessment	
		07 Functional Goals	
		Expected outcomes of rehabilitative services	
		08 Plan of Treatment	
		09 Progress Report	
		10 Continued Treatment	
		11 Chemical Analysis	
		13 Certified Test Report	
		15 Justification for Admission	
		21 Recovery Plan	
		A3 Allergies/Sensitivities Document	
		A4 Autopsy Report	
		AM Ambulance Certification	
		Information to support necessity of ambulance trip	
		AS Admission Summary	
		A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital	
		B2 Prescription	

B3	Physician Order
B4	Referral Form
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment
CK	Consent Form(s)
CT	Certification
D2	Drug Profile Document
DA	Dental Models Cast of the teeth; they are usually taken before partial dentures or braces are placed
DB	Durable Medical Equipment Prescription Prescription describing the need for durable medical equipment; it usually includes the diagnosis and possible time period the equipment will be needed
DG	Diagnostic Report Report describing the results of lab tests x-rays or radiology films
DJ	Discharge Monitoring Report
DS	Discharge Summary Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Summary of benefits paid on the claim
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
OB	Operative Note Step-by-step notes of exactly what takes place during an operation
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
OZ	Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification

PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
	X-rays, videos, and other radiology diagnostic tests
RR	Radiology Reports
	Reports prepared by a radiologists after the films or x-rays have been reviewed
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

>>      **PWK02**      **756**      **Report Transmission Code**      **O**      **1**      **ID 1/2**  
Code defining timing, transmission method or format by which reports are to be sent

**IMPLEMENTATION NAME: Attachment Transmission Code**

AA	Available on Request at Provider Site
	This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.
BM	By Mail
EL	Electronically Only
	Indicates that the attachment is being transmitted in a separate X12 functional group.
EM	E-Mail
FT	File Transfer
	Required when the actual attachment is maintained by an attachment warehouse or similar vendor.
FX	By Fax

**X**      **PWK03**      **757**      **Report Copies Needed**      **O**      **1**      **N0 1/2**

**X**      **PWK04**      **98**      **Entity Identifier Code**      **O**      **1**      **ID 2/3**  
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**PWK05**      **66**      **Identification Code Qualifier**      **X**      **1**      **ID 1/2**

Code designating the system/method of code structure used for Identification Code (67)

**SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.**

AC	Attachment Control Number
	Means of associating electronic claim with documentation forwarded by other means

**PWK06**      **67**      **Identification Code**      **X**      **1**      **AN 2/80**

Code identifying a party or other code

**SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.**

**IMPLEMENTATION NAME: Attachment Control Number**

PWK06 is used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.

For the purpose of this implementation, the maximum field length is 50.

**X**      **PWK07**      **352**      **Description**      **O**      **1**      **AN 1/80**

**X**      **PWK08**      **C002**      **Actions Indicated**      **O**      **1**

			Actions to be performed on the piece of paperwork identified		
X	C00201	704	<b>Paperwork/Report Action Code</b>	M	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00202	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00203	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00204	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00205	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PWK09	1525	<b>Request Category Code</b>	O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **CN1 Contract Information**  
**Position:** 1600  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify basic data about the contract or contract line item  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CN102 is the contract amount.
- 2 CN103 is the allowance or charge percent.
- 3 CN104 is the contract code.
- 4 CN106 is an additional identifying number for the contract.

**Comments:**  
**Notes:**

Situational Rule: Required when the submitter is contractually obligated to supply this information on post-adjudicated claims. If not required by this implementation guide, do not send.

TR3 Notes:

1. The developers of this implementation guide note that the CN1 segment is for use only for post-adjudicated claims, which do not meet the definition of a health care claim under HIPAA. Consequently, at the time of this writing, the CN1 segment is for non-HIPAA use only.

TR3 Example: CN1\*02\*550~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CN101	<b>Contract Type Code</b> Code identifying a contract type	M 1 ID 2/2
		01 Diagnosis Related Group (DRG) A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting	
		02 Per Diem A contract which allows certain charges to be on a rate per day basis	
		03 Variable Per Diem A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
		04 Flat A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
		05 Capitated A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
		06 Percent	
		09 Other	
	CN102	<b>Monetary Amount</b> Monetary amount	O 1 R 1/18
		SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Contract Amount	
	CN103	<b>Percent, Decimal Format</b>	O 1 R 1/6

Percent given in decimal format (e.g., 0.0 through 100.0 represents 0% through 100%)

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Percentage

**CN104**      **127**      **Reference Identification**      **O**      **1**      **AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Code

**CN105**      **338**      **Terms Discount Percent**      **O**      **1**      **R 1/6**

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Terms Discount Percentage

**CN106**      **799**      **Version Identifier**      **O**      **1**      **AN 1/30**

Revision level of a particular format, program, technique or algorithm

SITUATIONAL RULE: Required when the provider is required by contract to supply this information on the claim. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Version Identifier

**Segment:** **AMT Patient Amount Paid**  
**Position:** 1750  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when patient has made payment specifically toward this claim. If not required by this implementation guide, do not send.

TR3 Notes:

1. Patient Amount Paid refers to the sum of all amounts paid on the claim by the patient or his or her representative(s).

TR3 Example: AMT\*F5\*152.45~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Patient Amount Paid				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **REF** Service Authorization Exception Code  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mandated by government law or regulation to obtain authorization for specific service(s) but, for the reasons listed in REF02, the service was performed without obtaining the authorization. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*4N\*1~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 4N Special Payment Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Service Authorization Exception Code  Allowable values for this element are: 1 Immediate/Urgent Care 2 Services Rendered in a Retroactive Period 3 Emergency Care 4 Client has Temporary Medicaid 5 Request from County for Second Opinion to Determine if Recipient Can Work 6 Request for Override Pending 7 Special Handling	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

**Reference Identification**

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** **Mandatory Medicare (Section 4081) Crossover Indicator**  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the submitter is Medicare and the claim is a Medigap or COB crossover claim. If not required by this implementation guide, do not send.  
TR3 Example: REF\*F5\*N~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F5 Medicare Version Code Identifies the release of a set of information or requirements to distinguish from previous or future sets that may differ; the version in question is that which is being used by Medicare	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Medicare Section 4081 Indicator The allowed values for this element are: Y - 4081 N - Regular crossover	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** REF Mammography Certification Number  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mammography services are rendered by a certified mammography provider. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*EW\*T554~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Mammography Certification Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Referral Number  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when a referral number is assigned by the payer or Utilization Management Organization (UMO)  
AND  
a referral is involved. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.  
TR3 Example: REF\*9F\*12345~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9F Referral Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referral Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	X AN 1/50

specified by the Reference Identification Qualifier

**Segment:** **REF** **Prior Authorization**  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required when an authorization number is assigned by the payer or UMO  
AND  
the services on this claim were preauthorized. If not required by this implementation guide, do not send.

TR3 Notes:  
1. Generally, preauthorization numbers are assigned by the payer or UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The prior authorization number carried in this REF is specific to the destination payer reported in the Loop ID-2010BB. If other payers have similar numbers for this claim, report that information in the Loop ID-2330 loop REF which holds that payer's information.

2. Numbers at this position apply to the entire claim unless they are overridden in the REF segment in Loop ID-2400. A reference identification is considered to be overridden if the value in REF01 is the same in both the Loop ID-2300 REF segment and the Loop ID-2400 REF segment. In that case, the Loop ID-2400 REF applies only to that specific line.

TR3 Example: REF\*G1\*13579~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>IMPLEMENTATION NAME: Prior Authorization Number</b>	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** Payer Claim Control Number  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when CLM05-3 (Claim Frequency Code) indicates this claim is a replacement or void to a previously adjudicated claim. If not required by this implementation guide, do not send.

TR3 Notes:  
 1. This information is specific to the destination payer reported in Loop ID-2010BB.  
 TR3 Example: REF\*F8\*R555588~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F8 Original Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Payer Claim Control Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** REF Clinical Laboratory Improvement Amendment (CLIA) Number  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required for all CLIA certified facilities performing CLIA covered laboratory services. If not required by this implementation guide, do not send.

TR3 Notes:

1. If a CLIA number is indicated at the line level (Loop ID-2400) in addition to the claim level (Loop ID-2300), that would indicate an exception to the CLIA number at the claim level for that individual line.
2. In cases where this claim contains both in-house and outsourced laboratory services, the CLIA Number for laboratory services performed by the Billing or Rendering Provider is reported in this loop. The CLIA number for laboratory services which were outsourced is reported in Loop ID-2400.  
 TR3 Example: REF\*X4\*12D4567890~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification X4 Clinical Laboratory Improvement Amendment Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Clinical Laboratory Improvement Amendment Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** Repriced Claim Number  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.  
 TR3 Notes:  
 1. This information is specific to the destination payer reported in Loop ID-2010BB.  
 TR3 Example: REF\*9A\*RJ5555~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9A Repriced Claim Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Repriced Claim Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Adjusted Repriced Claim Number  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. This information is specific to the destination payer reported in Loop ID-2010BB.  
TR3 Example: REF\*9C\*RP44444444~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9C Adjusted Repriced Claim Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Adjusted Repriced Claim Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Investigational Device Exemption Number**  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when claim involves a Food and Drug Administration (FDA) assigned investigational device exemption (IDE) number. When more than one IDE applies, they must be split into separate claims. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*LX\*432907~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification LX Qualified Products List	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Investigational Device Exemption Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Claim Identifier For Transmission Intermediaries**  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when this information is deemed necessary by transmission intermediaries (Automated Clearinghouses, and others) who need to attach their own unique claim number. If not required by this implementation guide, do not send.

TR3 Notes:

1. Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish.

TR3 Example: REF\*D9\*TJ98UU321~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Number assigned by clearinghouse, van, etc. D9 Claim Number Sequence number to track the number of claims opened within a particular line of business	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Value Added Network Trace Number The value carried in this element is limited to a maximum of 20 positions.	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3

X

C04006

127

**Reference Identification**

X

AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **REF** **Medical Record Number**  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the provider needs to identify for future inquiries, the actual medical record of the patient identified in either Loop ID-2010BA or Loop ID-2010CA for this episode of care. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*EA\*44444TH56~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification <b>IMPLEMENTATION NAME: Medical Record Number</b> EA Medical Record Identification Number A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>IMPLEMENTATION NAME: Medical Record Number</b>	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Demonstration Project Identifier**  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when it is necessary to identify claims which are atypical in ways such as content, purpose, and/or payment, as could be the case for a demonstration or other special project, or a clinical trial. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*P4\*THJ1222~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification P4 Project Code	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Demonstration Project Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Care Plan Oversight  
**Position:** 1800  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the physician is billing Medicare for Care Plan Oversight (CPO). If not required by this implementation guide, do not send.  
 TR3 Notes:  
 1. This is the number of the home health agency or hospice providing Medicare covered services to the patient for the period during which CPO services were furnished. Prior to the mandated HIPAA National Provider Identifier (NPI) implementation date this number is the Medicare Number. On or after the mandated HIPAA National Provider Identifier (NPI) implementation date this is the NPI.  
 TR3 Example: REF\*1J\*12345678~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 1J Facility ID Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Care Plan Oversight Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **K3 File Information**  
**Position:** 1850  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 10  
**Purpose:** To transmit a fixed-format record or matrix contents  
**Syntax Notes:**  
**Semantic Notes:** 1 K303 identifies the value of the index.  
**Comments:** 1 The default for K302 is content.  
**Notes:**

Situational Rule: Required when ALL of the following conditions are met:

- A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement;
- The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement
- X12N determines that there is no method to meet the requirement. If not required by this implementation guide, do not send.

TR3 Notes:

1. At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used :
  - The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement.
  - The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request. Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations.
2. Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment.
3. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s).

TR3 Example: K3\*STATE DATA REQUIREMENT~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	K301	449 Fixed Format Information Data in fixed format agreed upon by sender and receiver	M 1 AN 1/80
X	K302	1333 Record Format Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	K303	C001 Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2

X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10

**Segment:** **NTE** Claim Note  
**Position:** 1900  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**

**1** The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Situational Rule: Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. If not required by this implementation guide, do not send.

TR3 Notes:

1. Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID- 2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID- 2300.

2. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who use narrative information with claims are strongly encouraged to codify that information within the X12 environment.

TR3 Example: NTE\*ADD\*SURGERY WAS UNUSUALLY LONG BECAUSE [FILL IN REASON]~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	NTE01	363 Note Reference Code	O 1 ID 3/3
		Code identifying the functional area or purpose for which the note applies	
		ADD Additional Information	
		CER Certification Narrative	
		Any notes associated with the certification involved	
		DCP Goals, Rehabilitation Potential, or Discharge Plans	
		DGN Diagnosis Description	
		Verbal description of the condition involved	
		TPO Third Party Organization Notes	
M	NTE02	352 Description	M 1 AN 1/80
		A free-form description to clarify the related data elements and their content	
		IMPLEMENTATION NAME: Claim Note Text	

**Segment:** **CR1 Ambulance Transport Information**  
**Position:** 1950  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information related to the ambulance service rendered to a patient  
**Syntax Notes:** 1 If either CR101 or CR102 is present, then the other is required.  
2 If either CR105 or CR106 is present, then the other is required.  
**Semantic Notes:** 1 CR102 is the weight of the patient at time of transport.  
2 CR106 is the distance traveled during transport.  
3 CR107 is the address of origin.  
4 CR108 is the address of destination.  
5 CR109 is the purpose for the round trip ambulance service.  
6 CR110 is the purpose for the usage of a stretcher during ambulance service.  
**Comments:**  
**Notes:** Situational Rule: Required on all claims involving ambulance transport services. If not required by this implementation guide, do not send.

TR3 Notes:

1. The CR1 segment in Loop ID-2300 applies to the entire claim unless overridden by a CR1 segment at the service line level in Loop ID-2400 with the same value in CR101.  
TR3 Example: CR1\*LB\*140\*\*A\*DH\*12\*\*\*\*UNCONSCIOUS~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
		<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.	
			LB Pound	
		<b>81</b>	<b>Weight</b>	<b>X 1 R 1/10</b>
			Numeric value of weight SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Patient Weight	
<b>X</b>		<b>1316</b>	<b>Ambulance Transport Code</b>	<b>O 1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
<b>&gt;&gt;</b>		<b>1317</b>	<b>Ambulance Transport Reason Code</b>	<b>O 1 ID 1/1</b>
			Code indicating the reason for ambulance transport	
			A Patient was transported to nearest facility for care of symptoms, complaints, or both Can be used to indicate that the patient was transferred to a residential facility.	
			B Patient was transported for the benefit of a preferred physician	
			C Patient was transported for the nearness of family members	
			D Patient was transported for the care of a specialist or for availability of specialized equipment	
			E Patient Transferred to Rehabilitation Facility	
<b>&gt;&gt;</b>		<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	

			DH	Miles			
>>	<b>CR106</b>	<b>380</b>	<b>Quantity</b>			<b>X</b>	<b>1 R 1/15</b>
			Numeric value of quantity				
			IMPLEMENTATION NAME: Transport Distance				
			0 (zero) is a valid value when ambulance services do not include a charge for mileage.				
<b>X</b>	<b>CR107</b>	<b>166</b>	<b>Address Information</b>			<b>O</b>	<b>1 AN 1/55</b>
<b>X</b>	<b>CR108</b>	<b>166</b>	<b>Address Information</b>			<b>O</b>	<b>1 AN 1/55</b>
	<b>CR109</b>	<b>352</b>	<b>Description</b>			<b>O</b>	<b>1 AN 1/80</b>
			A free-form description to clarify the related data elements and their content				
			SITUATIONAL RULE: Required when the ambulance service is for a round trip. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Round Trip Purpose Description				
	<b>CR110</b>	<b>352</b>	<b>Description</b>			<b>O</b>	<b>1 AN 1/80</b>
			A free-form description to clarify the related data elements and their content				
			SITUATIONAL RULE: Required when needed to justify usage of stretcher. If not required by this implementation guide, do not send.				
			IMPLEMENTATION NAME: Stretcher Purpose Description				

<b>Segment:</b>	<b>CR2 Spinal Manipulation Service Information</b>
<b>Position:</b>	2000
<b>Loop:</b>	2300 Optional (Must Use)
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply information related to the chiropractic service rendered to a patient
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either CR201 or CR202 is present, then the other is required.</li> <li>2 If CR204 is present, then CR203 is required.</li> <li>3 If either CR205 or CR206 is present, then the other is required.</li> </ol>
<b>Semantic Notes:</b>	<ol style="list-style-type: none"> <li>1 CR201 is the number this treatment is in the series.</li> <li>2 CR202 is the total number of treatments in the series.</li> <li>3 CR206 is the time period involved in the treatment series.</li> <li>4 CR207 is the number of treatments rendered in the month of service.</li> <li>5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.</li> <li>6 CR210 is a description of the patient's condition.</li> <li>7 CR211 is an additional description of the patient's condition.</li> <li>8 CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.</li> </ol>
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.</li> </ol>
<b>Notes:</b>	<p>Situational Rule: Required on chiropractic claims involving spinal manipulation when the information is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.</p> <p>TR3 Example: CR2*****M~</p>

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
X	CR201	609 Count	X 1 N0 1/9
X	CR202	380 Quantity	X 1 R 1/15
X	CR203	1367 Subluxation Level Code	X 1 ID 2/3
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR204	1367 Subluxation Level Code	O 1 ID 2/3
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR205	355 Unit or Basis for Measurement Code	X 1 ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR206	380 Quantity	X 1 R 1/15
X	CR207	380 Quantity	O 1 R 1/15
>>	CR208	1342 Nature of Condition Code	O 1 ID 1/1
		Code indicating the nature of a patient's condition	
		IMPLEMENTATION NAME: Patient Condition Code	
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CR209	1073 Yes/No Condition or Response Code	O 1 ID 1/1
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
	CR210	352 Description	O 1 AN 1/80
		A free-form description to clarify the related data elements and their content	
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Patient Condition Description	
	CR211	352 Description	O 1 AN 1/80
		A free-form description to clarify the related data elements and their content	
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	

<b>X</b>	<b>CR212</b>	<b>1073</b>	<b>IMPLEMENTATION NAME: Patient Condition Description</b>		
			<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **CRC** Ambulance Certification  
**Position:** 2200  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required when the claim involves ambulance transport services AND when reporting condition codes in any of CRC03 through CRC07. If not required by this implementation guide, do not send.

TR3 Notes:

1. The CRC segment in Loop ID-2300 applies to the entire claim unless overridden by a CRC segment at the service line level in Loop ID-2400 with the same value in CRC01.

2. Repeat this segment only when it is necessary to report additional unique values to those reported in CRC03 thru CRC07.

TR3 Example: CRC\*07\*Y\*01~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 07 Ambulance Certification	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator N No Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition IMPLEMENTATION NAME: Condition Code The codes for CRC03 also can be used for CRC04 through CRC07. 01 Patient was admitted to a hospital 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 12 Patient is confined to a bed or chair Use code 12 to indicate patient was bedridden during transport.	M 1 ID 2/3
	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.	O 1 ID 2/3



IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

01	Patient was admitted to a hospital
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
12	Patient is confined to a bed or chair
	Use code 12 to indicate patient was bedridden during transport.

**Segment:** **CRC** **Patient Condition Information: Vision**  
**Position:** 2200  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**

**Notes:** Situational Rule: Required on vision claims involving replacement lenses or frames when this information is known to impact reimbursement. If not required by this implementation guide, do not send.  
 TR3 Example: CRC\*E1\*Y\*L1~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CRC01	1136 Code Category Specifies the situation or category to which the code applies E1 Spectacle Lenses E2 Contact Lenses E3 Spectacle Frames	M 1 ID 2/2
M	CRC02	1073 Yes/No Condition or Response Code Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator N No Y Yes	M 1 ID 1/1
M	CRC03	1321 Condition Indicator Code indicating a condition IMPLEMENTATION NAME: Condition Code L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 Replacement Due to Loss or Theft L3 Replacement Due to Breakage or Damage L4 Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	M 1 ID 2/3
	CRC04	1321 Condition Indicator Code indicating a condition SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Condition Code Use the codes listed in CRC03. L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met L2 Replacement Due to Loss or Theft L3 Replacement Due to Breakage or Damage L4 Replacement Due to Patient Preference L5 Replacement Due to Medical Reason	O 1 ID 2/3
	CRC05	1321 Condition Indicator Code indicating a condition	O 1 ID 2/3

SITUATIONAL RULE: Required when a third condition code is necessary. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

- L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
- L2 Replacement Due to Loss or Theft
- L3 Replacement Due to Breakage or Damage
- L4 Replacement Due to Patient Preference
- L5 Replacement Due to Medical Reason

**CRC06 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

SITUATIONAL RULE: Required when a fourth condition code is necessary. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

- L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
- L2 Replacement Due to Loss or Theft
- L3 Replacement Due to Breakage or Damage
- L4 Replacement Due to Patient Preference
- L5 Replacement Due to Medical Reason

**CRC07 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

SITUATIONAL RULE: Required when a fifth condition code is necessary. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Condition Code

Use the codes listed in CRC03.

- L1 General Standard of 20 Degree or .5 Diopter Sphere or Cylinder Change Met
- L2 Replacement Due to Loss or Theft
- L3 Replacement Due to Breakage or Damage
- L4 Replacement Due to Patient Preference
- L5 Replacement Due to Medical Reason

**Segment:** **CRC Homebound Indicator**  
**Position:** 2200  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**

**Notes:**

Situational Rule: Required for Medicare claims when an independent laboratory renders an EKG tracing or obtains a specimen from a homebound or institutionalized patient. If not required by this implementation guide, do not send.  
 TR3 Example: CRC\*75\*Y\*IH~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 75 Functional Limitations	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition IMPLEMENTATION NAME: Homebound Indicator IH Independent at Home	M 1 ID 2/3
X	CRC04	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC05	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC06	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC07	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3

**Segment:** **CRC** EPSDT Referral  
**Position:** 2200  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**

**Notes:**

Situational Rule: Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims when the screening service is being billed in this claim. If not required by this implementation guide, do not send.  
 TR3 Example: CRC\*ZZ\*Y\*ST~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Code Category</u>	<u>ID</u>
M	CRC01	1136	M 1 ID 2/2
		Code Category	
		Specifies the situation or category to which the code applies	
		IMPLEMENTATION NAME: Code Qualifier	
		ZZ Mutually Defined	
		EPSDT Screening referral information.	
M	CRC02	1073	M 1 ID 1/1
		Yes/No Condition or Response Code	
		Code indicating a Yes or No condition or response	
		IMPLEMENTATION NAME: Certification Condition Code Applies Indicator	
		The response answers the question: Was an EPSDT referral given to the patient?	
		N No	
		If no, then choose "NU" in CRC03 indicating no referral given.	
		Y Yes	
M	CRC03	1321	M 1 ID 2/3
		Condition Indicator	
		Code indicating a condition	
		The codes for CRC03 also can be used for CRC04 through CRC05.	
		AV Available - Not Used	
		Patient refused referral.	
		NU Not Used	
		This conditioner indicator must be used when the submitter answers "N" in CRC02.	
		S2 Under Treatment	
		Patient is currently under treatment for referred diagnostic or corrective health problem.	
		ST New Services Requested	
		Patient is referred to another provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).	
		OR	
		Patient is scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including	

			dental referrals).		
	<b>CRC04</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Code indicating a condition		
			SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send.		
			Use the codes listed in CRC03.		
			AV Available - Not Used Patient refused referral.		
			NU Not Used This conditioner indicator must be used when the submitter answers "N" in CRC02.		
			S2 Under Treatment Patient is currently under treatment for referred diagnostic or corrective health problem.		
			ST New Services Requested Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).		
	<b>CRC05</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Code indicating a condition		
			SITUATIONAL RULE: Required when a third condition code is necessary. If not required by this implementation guide, do not send.		
			Use the codes listed in CRC03.		
			AV Available - Not Used Patient refused referral.		
			NU Not Used This conditioner indicator must be used when the submitter answers "N" in CRC02.		
			S2 Under Treatment Patient is currently under treatment for referred diagnostic or corrective health problem.		
			ST New Services Requested Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).		
X	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **HI** Health Care Diagnosis Code  
**Position:** 2310  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 Only one of C02208 or C02209 may be present.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 Only one of C02208 or C02209 may be present.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 Only one of C02208 or C02209 may be present.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 Only one of C02208 or C02209 may be present.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 Only one of C02208 or C02209 may be present.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 Only one of C02208 or C02209 may be present.
- 13 If either C02203 or C02204 is present, then the other is required.
- 14 Only one of C02208 or C02209 may be present.
- 15 If either C02203 or C02204 is present, then the other is required.
- 16 Only one of C02208 or C02209 may be present.
- 17 If either C02203 or C02204 is present, then the other is required.
- 18 Only one of C02208 or C02209 may be present.
- 19 If either C02203 or C02204 is present, then the other is required.
- 20 Only one of C02208 or C02209 may be present.
- 21 If either C02203 or C02204 is present, then the other is required.
- 22 Only one of C02208 or C02209 may be present.
- 23 If either C02203 or C02204 is present, then the other is required.
- 24 Only one of C02208 or C02209 may be present.

**Semantic Notes:**

**Comments:**

**Notes:**

TR3 Notes:  
 1. Do not transmit the decimal point for ICD codes. The decimal point is implied.  
 TR3 Example: HI\*BK:8901\*BF:87200\*BF:5559~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	HI01	C022	Health Care Code Information	M 1
To send health care codes and their associated dates, amounts and quantities				
The diagnosis listed in this element is assumed to be the principal diagnosis.				
M	C02201	1270	Code List Qualifier Code	M ID 1/3
Code identifying a specific industry code list				
IMPLEMENTATION NAME: Diagnosis Type Code				
ABK International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis				
This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,				
OR				
The Secretary grants an exception to use the code set as a pilot project as allowed under the law,				
OR				
For claims which are not covered under HIPAA.				
CODE SOURCE 897: International Classification of				

			BK	Diseases, 10th Revision, Clinical Modification (ICD-10-CM) International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>		M	AN 1/30
				Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>		X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O	R 1/18
X	C02206	380	<b>Quantity</b>		O	R 1/15
X	C02207	799	<b>Version Identifier</b>		O	AN 1/30
X	C02208	1271	<b>Industry Code</b>		X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>		X	ID 1/1
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI02	C022	<b>Health Care Code Information</b>		O	1
				To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>		M	ID 1/3
				Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code		
			ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.  CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>		M	AN 1/30
				Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>		X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O	R 1/18
X	C02206	380	<b>Quantity</b>		O	R 1/15
X	C02207	799	<b>Version Identifier</b>		O	AN 1/30

X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
	HI03	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.  CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
	HI04	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code		

set under HIPAA,  
 OR  
 The Secretary grants an exception to use the code set as  
 a pilot project as allowed under the law,  
 OR  
 For claims which are not covered under HIPAA.

CODE SOURCE 897: International Classification of  
 Diseases, 10th Revision, Clinical Modification  
 (ICD-10-CM)

BF  
 International Classification of Diseases Clinical  
 Modification (ICD-9-CM) Diagnosis  
 CODE SOURCE 131: International Classification of  
 Diseases, 9th Revision, Clinical Modification  
 (ICD-9-CM)

M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI05	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
			ABF International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
			BF International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		

IMPLEMENTATION NAME: Diagnosis Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI06	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
IMPLEMENTATION NAME: Diagnosis Type Code					
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,					
OR					
The Secretary grants an exception to use the code set as a pilot project as allowed under the law,					
OR					
For claims which are not covered under HIPAA.					
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)					
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Diagnosis Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI07	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.					

M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
			ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.  CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)	
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis ICD-9 Codes  CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)	
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI08	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
			ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.	

				CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
				CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>		M	AN 1/30
				Code indicating a code from a specific industry code list		
				IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>		X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O	R 1/18
X	C02206	380	<b>Quantity</b>		O	R 1/15
X	C02207	799	<b>Version Identifier</b>		O	AN 1/30
X	C02208	1271	<b>Industry Code</b>		X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>		X	ID 1/1
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI09	C022	<b>Health Care Code Information</b>		O	1
				To send health care codes and their associated dates, amounts and quantities		
				SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	<b>Code List Qualifier Code</b>		M	ID 1/3
				Code identifying a specific industry code list		
				IMPLEMENTATION NAME: Diagnosis Type Code		
			ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
				This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,		
				OR		
				The Secretary grants an exception to use the code set as a pilot project as allowed under the law,		
				OR		
				For claims which are not covered under HIPAA.		
				CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
			BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
				CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	<b>Industry Code</b>		M	AN 1/30
				Code indicating a code from a specific industry code list		
				IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>		X	ID 2/3
				Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>		X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>		O	R 1/18
X	C02206	380	<b>Quantity</b>		O	R 1/15

X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI10	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.		
			CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)		
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Code		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI11	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			IMPLEMENTATION NAME: Diagnosis Type Code		
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a		

new rule names the ICD-10-CM as an allowable code set under HIPAA,

OR

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)

BF

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

CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Diagnosis Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI12	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional diagnosis and the preceding HI data elements have been used to report other diagnoses. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
IMPLEMENTATION NAME: Diagnosis Type Code					
		ABF	International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis		
This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the ICD-10-CM as an allowable code set under HIPAA,					
OR					
The Secretary grants an exception to use the code set as a pilot project as allowed under the law,					
OR					
For claims which are not covered under HIPAA.					
CODE SOURCE 897: International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)					
		BF	International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis		
CODE SOURCE 131: International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30

Code indicating a code from a specific industry code list

IMPLEMENTATION NAME: Diagnosis Code

X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	<b>ID 2/3</b>
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	C02204	1251	<b>Date Time Period</b>	X	<b>AN 1/35</b>
X	C02205	782	<b>Monetary Amount</b>	O	<b>R 1/18</b>
X	C02206	380	<b>Quantity</b>	O	<b>R 1/15</b>
X	C02207	799	<b>Version Identifier</b>	O	<b>AN 1/30</b>
X	C02208	1271	<b>Industry Code</b>	X	<b>AN 1/30</b>
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	<b>ID 1/1</b>
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**Segment:** **HI Anesthesia Related Procedure**  
**Position:** 2310  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 Only one of C02208 or C02209 may be present.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 Only one of C02208 or C02209 may be present.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 Only one of C02208 or C02209 may be present.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 Only one of C02208 or C02209 may be present.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 Only one of C02208 or C02209 may be present.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 Only one of C02208 or C02209 may be present.
- 13 If either C02203 or C02204 is present, then the other is required.
- 14 Only one of C02208 or C02209 may be present.
- 15 If either C02203 or C02204 is present, then the other is required.
- 16 Only one of C02208 or C02209 may be present.
- 17 If either C02203 or C02204 is present, then the other is required.
- 18 Only one of C02208 or C02209 may be present.
- 19 If either C02203 or C02204 is present, then the other is required.
- 20 Only one of C02208 or C02209 may be present.
- 21 If either C02203 or C02204 is present, then the other is required.
- 22 Only one of C02208 or C02209 may be present.
- 23 If either C02203 or C02204 is present, then the other is required.
- 24 Only one of C02208 or C02209 may be present.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required on claims where anesthesiology services are being billed or reported when the provider knows the surgical code and knows the adjudication of the claim will depend on provision of the surgical code. If not required by this implementation guide, do not send.  
 TR3 Example: HI\*BP:33414~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	HI01	C022	Health Care Code Information	M 1
			To send health care codes and their associated dates, amounts and quantities	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
			BP Health Care Financing Administration Common Procedural Coding System Principal Procedure CODE SOURCE 130: Healthcare Common Procedural Coding System	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list	
			IMPLEMENTATION NAME: Anesthesia Related Surgical Procedure	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C02204	1251	Date Time Period	X AN 1/35
X	C02205	782	Monetary Amount	O R 1/18
X	C02206	380	Quantity	O R 1/15

X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
	HI02	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
			SITUATIONAL RULE: Required when it is necessary to report an additional procedure and the preceding HI data elements have been used to report other procedures. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BO Health Care Financing Administration Common Procedural Coding System CODE SOURCE 130: Healthcare Common Procedural Coding System		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI03	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
X	C02207	799	Version Identifier	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
X	C02208	1271	Industry Code	X	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
			Code indicating a Yes or No condition or response		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI04	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	Code List Qualifier Code	M	ID 1/3

			Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI05	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI06	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3

			Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI07	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI08	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18

			Monetary amount		
X	C02206	380	<b>Quantity</b>	O	R 1/15
			Numeric value of quantity		
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Code indicating a Yes or No condition or response		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI09	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
			Monetary amount		
X	C02206	380	<b>Quantity</b>	O	R 1/15
			Numeric value of quantity		
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
			Code indicating a Yes or No condition or response		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	HI10	C022	<b>Health Care Code Information</b>	O	1
			To send health care codes and their associated dates, amounts and quantities		
X	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
			Code identifying a specific industry code list		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02202	1271	<b>Industry Code</b>	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times		
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
			Monetary amount		
X	C02206	380	<b>Quantity</b>	O	R 1/15
			Numeric value of quantity		
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
			Revision level of a particular format, program, technique or algorithm		

X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI11	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
X	HI12	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities	O	1
X	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M	ID 1/3
X	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b> Monetary amount	O	R 1/18
X	C02206	380	<b>Quantity</b> Numeric value of quantity	O	R 1/15
X	C02207	799	<b>Version Identifier</b> Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	C02208	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1

**Segment:** **HI** **Condition Information**  
**Position:** 2310  
**Loop:** 2300 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To supply information related to the delivery of health care  
**Syntax Notes:**

- 1 If either C02203 or C02204 is present, then the other is required.
- 2 Only one of C02208 or C02209 may be present.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 Only one of C02208 or C02209 may be present.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 Only one of C02208 or C02209 may be present.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 Only one of C02208 or C02209 may be present.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 Only one of C02208 or C02209 may be present.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 Only one of C02208 or C02209 may be present.
- 13 If either C02203 or C02204 is present, then the other is required.
- 14 Only one of C02208 or C02209 may be present.
- 15 If either C02203 or C02204 is present, then the other is required.
- 16 Only one of C02208 or C02209 may be present.
- 17 If either C02203 or C02204 is present, then the other is required.
- 18 Only one of C02208 or C02209 may be present.
- 19 If either C02203 or C02204 is present, then the other is required.
- 20 Only one of C02208 or C02209 may be present.
- 21 If either C02203 or C02204 is present, then the other is required.
- 22 Only one of C02208 or C02209 may be present.
- 23 If either C02203 or C02204 is present, then the other is required.
- 24 Only one of C02208 or C02209 may be present.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required when condition information applies to the claim. If not required by this implementation guide, do not send.  
 TR3 Example: HI\*BG:17\*BG:67~

**Data Element Summary**

Ref.	Data	Element	Name	Attributes
M	HI01	C022	Health Care Code Information	M 1
			To send health care codes and their associated dates, amounts and quantities	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
		BG	Condition	
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list	
			IMPLEMENTATION NAME: Condition Code	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C02204	1251	Date Time Period	X AN 1/35
X	C02205	782	Monetary Amount	O R 1/18
X	C02206	380	Quantity	O R 1/15
X	C02207	799	Version Identifier	O AN 1/30
X	C02208	1271	Industry Code	X AN 1/30

X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI02	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI03	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI04	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1

M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI05	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI06	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list	M	AN 1/30

IMPLEMENTATION NAME: Condition Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI07	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
BG Condition					
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Condition Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b>	X	ID 1/1
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
	HI08	C022	<b>Health Care Code Information</b>	O	1
To send health care codes and their associated dates, amounts and quantities					
SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.					
M	C02201	1270	<b>Code List Qualifier Code</b>	M	ID 1/3
Code identifying a specific industry code list					
BG Condition					
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes					
M	C02202	1271	<b>Industry Code</b>	M	AN 1/30
Code indicating a code from a specific industry code list					
IMPLEMENTATION NAME: Condition Code					
X	C02203	1250	<b>Date Time Period Format Qualifier</b>	X	ID 2/3
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30

X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
	HI09	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
	HI10	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C02204	1251	Date Time Period	X	AN 1/35
X	C02205	782	Monetary Amount	O	R 1/18
X	C02206	380	Quantity	O	R 1/15
X	C02207	799	Version Identifier	O	AN 1/30
X	C02208	1271	Industry Code	X	AN 1/30
X	C02209	1073	Yes/No Condition or Response Code	X	ID 1/1
	HI11	C022	Health Care Code Information	O	1
			To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report		

other condition codes. If not required by this implementation guide, do not send.

M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1
	HI12	C022	<b>Health Care Code Information</b> To send health care codes and their associated dates, amounts and quantities SITUATIONAL RULE: Required when it is necessary to report an additional condition code and the preceding HI data elements have been used to report other condition codes. If not required by this implementation guide, do not send.	O	1
M	C02201	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list BG Condition CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	M	ID 1/3
M	C02202	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list IMPLEMENTATION NAME: Condition Code	M	AN 1/30
X	C02203	1250	<b>Date Time Period Format Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 2/3
X	C02204	1251	<b>Date Time Period</b>	X	AN 1/35
X	C02205	782	<b>Monetary Amount</b>	O	R 1/18
X	C02206	380	<b>Quantity</b>	O	R 1/15
X	C02207	799	<b>Version Identifier</b>	O	AN 1/30
X	C02208	1271	<b>Industry Code</b>	X	AN 1/30
X	C02209	1073	<b>Yes/No Condition or Response Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	ID 1/1

**Segment:** **HCP** Claim Pricing/Repricing Information

**Position:** 2410

**Loop:** 2300 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify pricing or repricing information about a health care claim or line item

**Syntax Notes:**

- 1 At least one of HCP01 or HCP13 is required.
- 2 If either HCP09 or HCP10 is present, then the other is required.
- 3 If either HCP11 or HCP12 is present, then the other is required.

**Semantic Notes:**

- 1 HCP02 is the allowed amount.
- 2 HCP03 is the savings amount.
- 3 HCP04 is the repricing organization identification number.
- 4 HCP05 is the pricing rate associated with per diem or flat rate repricing.
- 5 HCP06 is the approved DRG code.
- 6 HCP07 is the approved DRG amount.
- 7 HCP08 is the approved revenue code.
- 8 HCP10 is the approved procedure code.
- 9 HCP12 is the approved service units or inpatient days.
- 10 HCP13 is the rejection message returned from the third party organization.
- 11 HCP15 is the exception reason generated by a third party organization.

**Comments:**

- 1 HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.

**Notes:**

Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

TR3 Notes:

1. This information is specific to the destination payer reported in Loop ID-2010BB.
2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.

TR3 Example: HCP\*03\*100\*10\*RPO12345~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	HCP01	Pricing Methodology	X 1 ID 2/2
		Code specifying pricing methodology at which the claim or line item has been priced or repriced	
		Specific code use is determined by Trading Partner Agreement due to the variances in contracting policies in the industry.	
		00 Zero Pricing (Not Covered Under Contract)	
		01 Priced as Billed at 100%	
		02 Priced at the Standard Fee Schedule	
		03 Priced at a Contractual Percentage	
		04 Bundled Pricing	
		05 Peer Review Pricing	
		07 Flat Rate Pricing	
		08 Combination Pricing	
		09 Maternity Pricing	
		10 Other Pricing	
		11 Lower of Cost	
		12 Ratio of Cost	
		13 Cost Reimbursed	
		14 Adjustment Pricing	

>>	<b>HCP02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Repriced Allowed Amount	<b>O</b>	<b>1 R 1/18</b>
	<b>HCP03</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Repriced Saving Amount This information is specific to the destination payer reported in Loop ID-2010BB.	<b>O</b>	<b>1 R 1/18</b>
	<b>HCP04</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Repricing Organization Identifier This information is specific to the destination payer reported in Loop ID-2010BB.	<b>O</b>	<b>1 AN 1/50</b>
	<b>HCP05</b>	<b>118</b>	<b>Rate</b> Rate expressed in the standard monetary denomination for the currency specified SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount This information is specific to the destination payer reported in Loop ID-2010BB.	<b>O</b>	<b>1 R 1/9</b>
	<b>HCP06</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Code This information is specific to the destination payer reported in Loop ID-2010BB.	<b>O</b>	<b>1 AN 1/50</b>
	<b>HCP07</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group	<b>O</b>	<b>1 R 1/18</b>

		Amount	
This information is specific to the destination payer reported in Loop ID-2010BB.			
X	HCP08	234	<b>Product/Service ID</b> O 1 AN 1/48
X	HCP09	235	<b>Product/Service ID Qualifier</b> X 1 ID 2/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	HCP10	234	<b>Product/Service ID</b> X 1 AN 1/48
X	HCP11	355	<b>Unit or Basis for Measurement Code</b> X 1 ID 2/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	HCP12	380	<b>Quantity</b> X 1 R 1/15
	HCP13	901	<b>Reject Reason Code</b> X 1 ID 2/2 Code assigned by issuer to identify reason for rejection
SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
This information is specific to the destination payer reported in Loop ID-2010BB.			
		T1	Cannot Identify Provider as TPO (Third Party Organization) Participant
		T2	Cannot Identify Payer as TPO (Third Party Organization) Participant
		T3	Cannot Identify Insured as TPO (Third Party Organization) Participant
		T4	Payer Name or Identifier Missing
		T5	Certification Information Missing
		T6	Claim does not contain enough information for re-pricing
	HCP14	1526	<b>Policy Compliance Code</b> O 1 ID 1/2 Code specifying policy compliance
SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
This information is specific to the destination payer reported in Loop ID-2010BB. Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
	HCP15	1527	<b>Exception Code</b> O 1 ID 1/2 Code specifying the exception reason for consideration of out-of-network health care services
SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.			
This information is specific to the destination payer reported in Loop ID-2010BB. Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			

**Segment:** **NM1** Referring Provider Name  
**Position:** 2500  
**Loop:** 2310A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
 3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
 2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when this claim involves a referral. If not required by this implementation guide, do not send.

TR3 Notes:

- When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A at the claim level. For ordered services such as Durable Medical Equipment, use Loop ID-2420E at the line level.
- When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.
- Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
 TR3 Example: NM1\*DN\*1\*WELBY\*MARCUS\*W\*\*JR\*XX\*1234567891~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual DN Referring Provider Use on the first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Referring Provider Last Name	X 1 AN 1/60
	NM104	1036	Name First Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.	O 1 AN 1/35

			<b>IMPLEMENTATION NAME: Referring Provider First Name</b>			
	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b>	<b>O</b>	<b>1</b>	<b>AN 1/25</b>
			Individual middle name or initial			
			<b>SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send.</b>			
			<b>IMPLEMENTATION NAME: Referring Provider Middle Name or Initial</b>			
<b>X</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O</b>	<b>1</b>	<b>AN 1/10</b>
	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b>	<b>O</b>	<b>1</b>	<b>AN 1/10</b>
			Suffix to individual name			
			<b>SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send.</b>			
			<b>IMPLEMENTATION NAME: Referring Provider Name Suffix</b>			
	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X</b>	<b>1</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)			
			<b>SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter.</b>			
			<b>OR</b>			
			Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.			
			XX Centers for Medicare and Medicaid Services National Provider Identifier			
			CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier			
	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			<b>SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter.</b>			
			<b>OR</b>			
			Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.			
			<b>IMPLEMENTATION NAME: Referring Provider Identifier</b>			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 2710  
**Loop:** 2310A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referring Provider Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **NM1** **Rendering Provider Name**  
**Position:** 2500  
**Loop:** 2310B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the Rendering Provider information is different than that carried in Loop ID-2010AA - Billing Provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here.  
2. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 82 Rendering Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Rendering Provider Last or Organization Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O 1 AN 1/10

			SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Name Suffix	
	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X 1 ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			XX	Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier
	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X 1 AN 2/80</b>
			Code identifying a party or other code	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Identifier	
X	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1 ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1 AN 1/60</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**  
**Position:** 2550  
**Loop:** 2310B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:** 1 If either PRV02 or PRV03 is present, then the other is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.

TR3 Notes: 1. The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.

TR3 Example: PRV\*PE\*PXC\*1223G0001X~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PRV01	1221	<b>Provider Code</b> Code identifying the type of provider PE Performing	M 1 ID 1/3
>>	PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	X 1 ID 2/3
>>	PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Provider Taxonomy Code	X 1 AN 1/50
X	PRV04	156	<b>State or Province Code</b>	O 1 ID 2/2
X	PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	O 1
X	C03501	1222	<b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M AN 1/3
X	C03502	559	<b>Agency Qualifier Code</b> Code identifying the agency assigning the code values Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C03503	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 1/1
X	PRV06	1223	<b>Provider Organization Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 3/3

**Segment:** **REF** **Rendering Provider Secondary Identification**  
**Position:** 2710  
**Loop:** 2310B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. The REF segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a REF segment with the same value in REF01.  
TR3 Example: REF\*G2\*12345~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Rendering Provider Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b>	X ID 2/3

			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **NM1** Service Facility Location Name  
**Position:** 2500  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
 3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
 2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the location of health care service is different than that carried in Loop ID-2010AA (Billing Provider). If not required by this implementation guide, do not send.

TR3 Notes:

1. When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider.

2. The purpose of this loop is to identify specifically where the service was rendered. When reporting ambulance services, do not use this loop. Use Loop ID-2310E - Ambulance Pick-up Location and Loop ID- 2310F - Ambulance Drop-off Location.

3. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.

TR3 Example: NM1\*77\*2\*ABC CLINIC\*\*\*\*\*XX\*1234567891~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 77 Service Location	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Laboratory or Facility Name	X 1 AN 1/60
X	NM104	1036	Name First	O 1 AN 1/35
X	NM105	1037	Name Middle	O 1 AN 1/25
X	NM106	1038	Name Prefix	O 1 AN 1/10
X	NM107	1039	Name Suffix	O 1 AN 1/10
	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and	X 1 ID 1/2

Medicaid Services National Provider Identifier

	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Laboratory or Facility Primary Identifier			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** N3 Service Facility Location Address  
**Position:** 2650  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes: 1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	

**Segment:** **N4** Service Facility Location City, State, ZIP Code  
**Position:** 2700  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Laboratory or Facility City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
		When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided.	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Service Facility Location Secondary Identification  
**Position:** 2710  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Laboratory or Facility Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **PER** Service Facility Contact Information  
**Position:** 2750  
**Loop:** 2310C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required for Property and Casualty claims when this information is different than the information provided in Loop ID-1000A Submitter EDI Contact Information PER Segment, and Loop ID-2010AA Billing Provider Contact Information PER segment and when deemed necessary by the submitter. If not required by this implementation guide, do not send.

TR3 Notes: 1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	PER01	366 Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93 Name Free-form name SITUATIONAL RULE: Required when the name is different than the name in the Loop ID-1000A Submitter EDI Contact Information PER segment and in the Loop ID-2010AA Billing Provider Contact Information PER. If not required by this implementation guide, do not send.	O 1 AN 1/60
>>	PER03	365 Communication Number Qualifier Code identifying the type of communication number TE Telephone	X 1 ID 2/2
>>	PER04	364 Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
	PER05	365 Communication Number Qualifier Code identifying the type of communication number SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.	X 1 ID 2/2
	PER06	364 Communication Number Complete communications number including country or area code when applicable SITUATIONAL RULE: Required when this information is deemed necessary	X 1 AN 1/256

by the submitter. If not required by this implementation guide, do not send.					
X	PER07	365	Communication Number Qualifier	X	1 ID 2/2
Refer to 005010X222A1 Data Element Dictionary for acceptable code values.					
X	PER08	364	Communication Number	X	1 AN 1/256
X	PER09	443	Contact Inquiry Reference	O	1 AN 1/20

**Segment:** **NM1** **Supervising Provider Name**  
**Position:** 2500  
**Loop:** 2310D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the rendering provider is supervised by a physician. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*DQ\*1\*DOE\*JOHN\*B\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual DQ Supervising Physician	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Supervising Provider Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Name Suffix	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)	X 1 ID 1/2

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.  
 OR  
 Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.  
 OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

XX Centers for Medicare and Medicaid Services National Provider Identifier  
 CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier

NM109 67 Identification Code X 1 AN 2/80

Code identifying a party or other code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.  
 OR  
 Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.  
 OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Supervising Provider Identifier

X NM110 706 Entity Relationship Code X 1 ID 2/2  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.  
 X NM111 98 Entity Identifier Code O 1 ID 2/3  
 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.  
 X NM112 1035 Name Last or Organization Name O 1 AN 1/60

**Segment:** **REF** **Supervising Provider Secondary Identification**  
**Position:** 2710  
**Loop:** 2310D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 4  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity. If not required by this implementation guide, do not send.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Supervising Provider Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50

			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **NM1** Ambulance Pick-up Location  
**Position:** 2500  
**Loop:** 2310E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when billing for ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*PW\*2~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual PW Pickup Address	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Pick-up Location Address  
**Position:** 2650  
**Loop:** 2310E Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
M	N301	166 Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	

**Segment:** **N4** Ambulance Pick-up Location City, State, ZIP Code  
**Position:** 2700  
**Loop:** 2310E Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Pick-up City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **NM1** Ambulance Drop-off Location  
**Position:** 2500  
**Loop:** 2310F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when billing for ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Information in Loop ID-2310 applies to the entire claim unless overridden on a service line by the presence of Loop ID-2420 with the same value in NM101.  
TR3 Example: NM1\*45\*2~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 45 Drop-off Location	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name SITUATIONAL RULE: Required when drop-off location name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ambulance Drop-off Location	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Drop-off Location Address  
**Position:** 2650  
**Loop:** 2310F Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:** TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166 Address Information	M 1 AN 1/55
		Address information	
		IMPLEMENTATION NAME: Ambulance Drop-off Address Line	
	N302	166 Address Information	O 1 AN 1/55
		Address information	
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Address Line	

**Segment:** **N4** Ambulance Drop-off Location City, State, ZIP Code  
**Position:** 2700  
**Loop:** 2310F Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Drop-off City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **SBR** Other Subscriber Information  
**Position:** 2900  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To record information specific to the primary insured and the insurance carrier for that insured

**Syntax Notes:**

- Semantic Notes:**
- 1 SBR02 specifies the relationship to the person insured.
  - 2 SBR03 is policy or group number.
  - 3 SBR04 is plan name.
  - 4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:**

**Notes:** Situational Rule: Required when other payers are known to potentially be involved in paying on this claim. If not required by this implementation guide, do not send.

TR3 Notes:

1. All information contained in Loop ID-2320 applies only to the payer identified in Loop ID-2330B of this iteration of Loop ID-2320. It is specific only to that payer. If information for an additional payer is necessary, repeat Loop ID-2320 with its respective 2330 Loops.

2. See Crosswalking COB Data Elements section for more information on handling COB in the 837.

TR3 Example: SBR\*S\*01\*GR00786\*\*\*\*\*13~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	SBR01	1138 Payer Responsibility Sequence Number Code	M 1 ID 1/1
		Code identifying the insurance carrier's level of responsibility for a payment of a claim	
		Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.	
		A Payer Responsibility Four	
		B Payer Responsibility Five	
		C Payer Responsibility Six	
		D Payer Responsibility Seven	
		E Payer Responsibility Eight	
		F Payer Responsibility Nine	
		G Payer Responsibility Ten	
		H Payer Responsibility Eleven	
		P Primary	
		S Secondary	
		T Tertiary	
		U Unknown	
		This code may only be used in payer to payer COB claims when the original payer determined the presence of this coverage from eligibility files received from this payer or when the original claim did not provide the responsibility sequence for this payer.	
>>	SBR02	1069 Individual Relationship Code	O 1 ID 2/2
		Code indicating the relationship between two individuals or entities	
		01 Spouse	
		18 Self	

- 19 Child  
Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
- 20 Employee
- 21 Unknown
- 39 Organ Donor  
Individual receiving medical service in order to donate organs for a transplant
- 40 Cadaver Donor  
Deceased individual donating body to be used for research or transplants
- 53 Life Partner
- G8 Other Relationship

**SBR03 127 Reference Identification O 1 AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when the subscriber's identification card for the non-destination payer identified in Loop ID-2330B of this iteration of Loop ID-2320 shows a group number. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Insured Group or Policy Number

This is not the number uniquely identifying the subscriber. The unique subscriber number is submitted in Loop 2330A-NM109 for this iteration of Loop ID-2320.

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

Free-form name

SITUATIONAL RULE: Required when SBR03 is not used and the group name is available. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Other Insured Group Name

**SBR05 1336 Insurance Type Code O 1 ID 1/3**

Code identifying the type of insurance policy within a specific insurance program

SITUATIONAL RULE: Required when the payer identified in Loop ID-2330B for this iteration of Loop ID-2320 is Medicare and Medicare is not the primary payer (Loop ID-2320 SBR01 is not P). If not required by this implementation guide, do not send.

- 12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
- 13 Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
- 14 Medicare Secondary, No-fault Insurance including Auto is Primary
- 15 Medicare Secondary Worker's Compensation
- 16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency
- 41 Medicare Secondary Black Lung
- 42 Medicare Secondary Veteran's Administration
- 43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
- 47 Medicare Secondary, Other Liability Insurance is Primary

**X SBR06 1143 Coordination of Benefits Code O 1 ID 1/1**

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**X SBR07 1073 Yes/No Condition or Response Code O 1 ID 1/1**

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b>	<b>O 1 ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b>	<b>O 1 ID 1/2</b>
			Code identifying type of claim	
			SITUATIONAL RULE: Required prior to mandated use of the HIPAA National Plan ID. If not required by this implementation guide, do not send.	
		11	Other Non-Federal Programs	
		12	Preferred Provider Organization (PPO)	
		13	Point of Service (POS)	
		14	Exclusive Provider Organization (EPO)	
		15	Indemnity Insurance	
		16	Health Maintenance Organization (HMO) Medicare Risk	
		17	Dental Maintenance Organization	
		AM	Automobile Medical	
		BL	Blue Cross/Blue Shield	
		CH	Champus	
		CI	Commercial Insurance Co.	
		DS	Disability	
		FI	Federal Employees Program	
		HM	Health Maintenance Organization	
		LM	Liability Medical	
		MA	Medicare Part A	
		MB	Medicare Part B	
		MC	Medicaid	
		OF	Other Federal Program	
				Use code OF when submitting Medicare Part D claims.
		TV	Title V	
		VA	Veterans Affairs Plan	
		WC	Workers' Compensation Health Claim	
		ZZ	Mutually Defined	
				Use Code ZZ when Type of Insurance is not known.

**Segment:** **CAS** Claim Level Adjustments

**Position:** 2950

**Loop:** 2320 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

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

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

- Comments:**
- 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

**Notes:** Situational Rule: Required when the claim has been adjudicated by the payer identified in this loop, and the claim has claim level adjustment information. If not required by this implementation guide, do not send.

TR3 Notes:

1. Submitters must use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.
2. Only one Group Code is allowed per CAS. If it is necessary to send more than one Group Code at the claim level, repeat the CAS segment.
3. Codes and associated amounts must come from either paper remittance advice or 835s (Electronic Remittance Advice) received on the claim. When the information originates from a paper remittance advice that does not use the standard Claim Adjustment Reason Codes, the paper values must be converted to standard Claim Adjustment Reason Codes.
4. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05- CAS07), and so on through the sixth adjustment

trio (CAS17-CAS19).  
 TR3 Example: CAS\*PR\*1\*7.93~  
 TR3 Example: CAS\*OA\*93\*15.06~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	CAS01	1033	<b>Claim Adjustment Group Code</b> Code identifying the general category of payment adjustment CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility	M 1 ID 1/2
M	CAS02	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code	M 1 ID 1/5
M	CAS03	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Adjustment Amount	M 1 R 1/18
	CAS04	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when the number of service units has been adjusted. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	O 1 R 1/15
	CAS05	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code	X 1 ID 1/5
	CAS06	782	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when CAS05 is present. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Amount	X 1 R 1/18
	CAS07	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when CAS05 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	X 1 R 1/15
	CAS08	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for	X 1 ID 1/5

		the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
CAS09	782	<b>Monetary Amount</b>	X	1 R 1/18
		Monetary amount		
		SITUATIONAL RULE: Required when CAS08 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		
CAS10	380	<b>Quantity</b>	X	1 R 1/15
		Numeric value of quantity		
		SITUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Quantity		
CAS11	1034	<b>Claim Adjustment Reason Code</b>	X	1 ID 1/5
		Code identifying the detailed reason the adjustment was made		
		SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
CAS12	782	<b>Monetary Amount</b>	X	1 R 1/18
		Monetary amount		
		SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		
CAS13	380	<b>Quantity</b>	X	1 R 1/15
		Numeric value of quantity		
		SITUATIONAL RULE: Required when CAS11 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Quantity		
CAS14	1034	<b>Claim Adjustment Reason Code</b>	X	1 ID 1/5
		Code identifying the detailed reason the adjustment was made		
		SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Reason Code		
		CODE SOURCE 139: Claim Adjustment Reason Code		
CAS15	782	<b>Monetary Amount</b>	X	1 R 1/18
		Monetary amount		
		SITUATIONAL RULE: Required when CAS14 is present. If not required by this implementation guide, do not send.		
		IMPLEMENTATION NAME: Adjustment Amount		

<b>CAS16</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when CAS14 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	<b>X</b>	<b>1 R 1/15</b>
<b>CAS17</b>	<b>1034</b>	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this claim for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code	<b>X</b>	<b>1 ID 1/5</b>
<b>CAS18</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when CAS17 is present. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Amount	<b>X</b>	<b>1 R 1/18</b>
<b>CAS19</b>	<b>380</b>	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when CAS17 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	<b>X</b>	<b>1 R 1/15</b>

**Segment:** **AMT** Coordination of Benefits (COB) Payer Paid Amount  
**Position:** 3000  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the claim has been adjudicated by the payer identified in Loop ID-2330B of this loop.  
 OR  
 Required when Loop ID-2010AC is present. In this case, the claim is a post payment recovery claim submitted by a subrogated Medicaid agency. If not required by this implementation guide, do not send.  
 TR3 Example: AMT\*D\*411~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount TR3 Example: AMT*D*411~	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Payer Paid Amount It is acceptable to show "0" as the amount paid. When Loop ID-2010AC is present, this is the amount the Medicaid agency actually paid.	M 1 R 1/18
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **AMT** Coordination of Benefits (COB) Total Non-Covered Amount  
**Position:** 3000  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the destination payer's cost avoidance policy allows providers to bypass claim submission to the otherwise prior payer identified in Loop ID-2330B. If not required by this implementation guide, do not send.

TR3 Notes:

1. When this segment is used, the amount reported in AMT02 must equal the total claim charge amount reported in CLM02. Neither the prior payer paid AMT, nor any CAS segments are used as this claim has not been adjudicated by this payer.

TR3 Example: AMT\*A8\*273~

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount A8 Noncovered Charges - Actual Calculated value not covered by the benefit plan	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Non-Covered Charge Amount				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **AMT** **Remaining Patient Liability**  
**Position:** 3000  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the Other Payer identified in Loop ID-2330B (of this iteration of Loop ID-2320) has adjudicated this claim and provided claim level information only.  
 OR  
 Required when the Other Payer identified in Loop ID-2330B (of this iteration of Loop ID-2320) has adjudicated this claim and the provider received a paper remittance advice and the provider does not have the ability to report line item information. If not required by this implementation guide, do not send.

**TR3 Notes:**

1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer identified in Loop ID-2330B of this iteration of Loop ID-2320.
  2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB).
  3. This segment is not used if the line level (Loop ID-2430) Remaining Patient Liability AMT segment is used for this Other Payer.
- TR3 Example: AMT\*EAF\*75~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount EAF Amount Owed	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
<b>IMPLEMENTATION NAME: Remaining Patient Liability</b>				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **OI Other Insurance Coverage Information**  
**Position:** 3100  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify information associated with other health insurance coverage  
**Syntax Notes:**  
**Semantic Notes:** 1 OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.

**Comments:**  
**Notes:**

TR3 Notes:  
 1. All information contained in the OI segment applies only to the payer identified in Loop ID-2330B in this iteration of Loop ID-2320.  
 TR3 Example: OI\*\*\*Y\*B\*\*Y~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
X	OI01	1032	<b>Claim Filing Indicator Code</b>	O 1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	OI02	1383	<b>Claim Submission Reason Code</b>	O 1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
>>	OI03	1073	<b>Yes/No Condition or Response Code</b>	O 1 ID 1/1
			Code indicating a Yes or No condition or response	
			IMPLEMENTATION NAME: Benefits Assignment Certification Indicator	
			This is a crosswalk from CLM08 when doing COB.	
			This element answers the question whether or not the insured has authorized the plan to remit payment directly to the provider.	
		N	No	
		W	Not Applicable	
			Use code 'W' when the patient refuses to assign benefits.	
		Y	Yes	
	OI04	1351	<b>Patient Signature Source Code</b>	O 1 ID 1/1
			Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider	
			SITUATIONAL RULE: Required when a signature was executed on the patient's behalf under state or federal law. If not required by this implementation guide, do not send.	
			This is a crosswalk from CLM10 when doing COB.	
		P	Signature generated by provider because the patient was not physically present for services	
			Signature generated by an entity other than the patient according to State or Federal law.	
X	OI05	1360	<b>Provider Agreement Code</b>	O 1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
>>	OI06	1363	<b>Release of Information Code</b>	O 1 ID 1/1
			Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations	
			This is a crosswalk from CLM09 when doing COB.	
			The Release of Information response is limited to the information carried in this claim.	

- I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Required when the provider has not collected a signature AND state or federal laws do not require a signature be collected.
- Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim Required when the provider has collected a signature.  
OR  
Required when state or federal laws require a signature be collected.

**Segment:** **MOA** **Outpatient Adjudication Information**  
**Position:** 3200  
**Loop:** 2320 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

- Syntax Notes:**  
**Semantic Notes:**
- 1 MOA01 is the reimbursement rate.
  - 2 MOA02 is the claim Health Care Financing Administration Common Procedural Coding System (HCPCS) payable amount.
  - 3 MOA03 is the Claim Payment Remark Code. See Code Source 411.
  - 4 MOA04 is the Claim Payment Remark Code. See Code Source 411.
  - 5 MOA05 is the Claim Payment Remark Code. See Code Source 411.
  - 6 MOA06 is the Claim Payment Remark Code. See Code Source 411.
  - 7 MOA07 is the Claim Payment Remark Code. See Code Source 411.
  - 8 MOA08 is the End Stage Renal Disease (ESRD) payment amount.
  - 9 MOA09 is the professional component amount billed but not payable.

**Comments:**

**Notes:** Situational Rule: Required when outpatient adjudication information is reported in the remittance advice  
OR  
Required when it is necessary to report remark codes. If not required by this implementation guide, do not send.  
TR3 Example: MOA\*\*\*A4~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
MOA01	954	Percentage as Decimal	O 1 R 1/10
		Percentage expressed as a decimal (e.g., 0.0 through 1.0 represents 0% through 100%) SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Reimbursement Rate	
MOA02	782	Monetary Amount	O 1 R 1/18
		Monetary amount SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: HCPCS Payable Amount	
MOA03	127	Reference Identification	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Claim Payment Remark Code	
MOA04	127	Reference Identification	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Claim Payment Remark Code	
MOA05	127	Reference Identification	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as	

specified by the Reference Identification Qualifier  
SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send.

**MOA06**      **127**      **Reference Identification**      **O**      **1**      **AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Claim Payment Remark Code

**MOA07**      **127**      **Reference Identification**      **O**      **1**      **AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Claim Payment Remark Code

**MOA08**      **782**      **Monetary Amount**      **O**      **1**      **R 1/18**

Monetary amount

SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: End Stage Renal Disease Payment Amount

**MOA09**      **782**      **Monetary Amount**      **O**      **1**      **R 1/18**

Monetary amount

SITUATIONAL RULE: Required when returned in the remittance advice. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Non-Payable Professional Component Billed Amount

**Segment:** **NM1** Other Subscriber Name  
**Position:** 3250  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** TR3 Notes:  
1. If the patient can be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the patient is the subscriber or is considered to be the subscriber and is identified in this Other Subscriber's Name Loop ID-2330A.  
2. If the patient is a dependent of the subscriber for this other coverage and cannot be uniquely identified to the Other Payer indicated in this iteration of Loop ID-2320 by a unique Member Identification Number, then the subscriber for this other coverage is identified in this Other Subscriber's Name Loop ID-2330A.  
3. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*JR\*MI\*123456~

#### Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual IL Insured or Subscriber	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Other Insured Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Insured First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Insured Middle Name	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10

Suffix to individual name

**SITUATIONAL RULE:** Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Other Insured Name Suffix

>>	NM108	66	<b>Identification Code Qualifier</b>	X	1	ID 1/2
			Code designating the system/method of code structure used for Identification Code (67)			
			II			Standard Unique Health Identifier for each Individual in the United States Required if the HIPAA Individual Patient Identifier is mandated use. If not required, use value 'MI' instead.
			MI			Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. (For example, Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.)  MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number (SSN) is also available on an IHS/CHS claim, put the SSN in REF02.  When sending the Social Security Number as the Member ID, it must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.
>>	NM109	67	<b>Identification Code</b>	X	1	AN 2/80
			Code identifying a party or other code			
			<b>IMPLEMENTATION NAME:</b> Other Insured Identifier			
X	NM110	706	<b>Entity Relationship Code</b>	X	1	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	NM111	98	<b>Entity Identifier Code</b>	O	1	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Other Subscriber Address  
**Position:** 3320  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the information is available. If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
M	N301	166	Address Information Address information	M 1 AN 1/55
			IMPLEMENTATION NAME: Other Subscriber Address Line	
	N302	166	Address Information Address information	O 1 AN 1/55
			SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Other Insured Address Line	

**Segment:** **N4** Other Subscriber City, State, ZIP Code  
**Position:** 3400  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when the information is available. If not required by this implementation guide, do not send.  
 TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name Free-form text for city name IMPLEMENTATION NAME: Other Subscriber City Name	O 1 AN 2/3
	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Subscriber State or Province Code CODE SOURCE 22: States and Provinces	X 1 ID 2/2
	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Other Subscriber Postal Zone or ZIP Code CODE SOURCE 51: ZIP Code CODE SOURCE 932: Universal Postal Codes	O 1 ID 3/15
	N404	26 Country Code Code identifying the country SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. CODE SOURCE 5: Countries, Currencies and Funds Use the alpha-2 country codes from Part 1 of ISO 3166.	X 1 ID 2/3
X	N405	309 Location Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code Code identifying the country subdivision	X 1 ID 1/3

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Other Subscriber Secondary Identification  
**Position:** 3550  
**Loop:** 2330A Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
TR3 Example: REF\*SY\*123456789~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification SY Social Security Number The Social Security Number must be a string of exactly nine numbers with no separators. For example, sending "111002222" would be valid, while sending "111-00-2222" would be invalid.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Insured Additional Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **NM1** Other Payer Name  
**Position:** 3250  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
 2 If NM111 is present, then NM110 is required.  
 3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
 2 NM112 can identify a second surname.  
**Notes:** TR3 Notes: 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
 TR3 Example: NM1\*PR\*2\*ABC INSURANCE CO\*\*\*\*\*PI\*11122333~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual PR Payer	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Other Payer Organization Name	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
>>	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) On or after the mandated implementation date for the HIPAA National Plan Identifier (National Plan ID), XV must be sent.  Prior to the mandated implementation date and prior to any phase-in period identified by Federal regulation, PI must be sent.  If a phase-in period is designated, PI must be sent unless: 1. Both the sender and receiver agree to use the National Plan ID, 2. The receiver has a National Plan ID, and 3. The sender has the capability to send the National Plan ID.  If all of the above conditions are true, XV must be sent. In this case the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U. PI Payor Identification XV Centers for Medicare and Medicaid Services PlanID CODE SOURCE 540: Centers for Medicare and Medicaid Services PlanID	X 1 ID 1/2
>>	NM109	67	<b>Identification Code</b> Code identifying a party or other code IMPLEMENTATION NAME: Other Payer Primary Identifier	X 1 AN 2/80

When sending Line Adjudication Information for this payer, the identifier sent in SVD01 (Payer Identifier) of Loop ID-2430 (Line Adjudication Information) must match this value.

X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** N3 Other Payer Address  
**Position:** 3320  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Other Payer Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Payer Address Line	

**Segment:** **N4 Other Payer City, State, ZIP Code**  
**Position:** 3400  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when the payer address is available and the submitter intends for the claim to be printed on paper at the next EDI location (for example, a clearinghouse). If not required by this implementation, do not send.

TR3 Example: N4\*KANSAS CITY\*MO\*64108~

#### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Other Payer City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Payer State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Other Payer Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30

**N407**      **1715**      **Country Subdivision Code**      **X**      **1 ID 1/3**

Code identifying the country subdivision

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **DTP** Claim Check or Remittance Date  
**Position:** 3450  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when the payer identified in this loop has previously adjudicated the claim and Loop ID-2430, Line Check or Remittance Date, is not used. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*573\*D8\*20040203~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 573 Date Claim Paid	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Adjudication or Payment Date	M 1 AN 1/35

**Segment:** **REF** Other Payer Secondary Identifier  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated implementation date for the HIPAA National Plan Identifier when an additional identification number to that provided in the NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*2U\*98765~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number EI Employer's Identification Number The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid. FY Claim Office Number The identification of the specific payer's location designated as responsible for the submitted claim NF National Association of Insurance Commissioners (NAIC) Code A unique number assigned to each insurance company CODE SOURCE 245: National Association of Insurance Commissioners (NAIC) Code	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b>	O 1
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50

			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** Other Payer Prior Authorization Number  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the payer identified in this loop has assigned a prior authorization number to this claim. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*G1\*AB333-Y5~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Prior Authorization Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Other Payer Referral Number  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the payer identified in this loop has assigned a referral number to this claim. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*9F\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9F Referral Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Prior Authorization or Referral Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Other Payer Claim Adjustment Indicator  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when the claim is being sent in the payer-to-payer COB model,  
AND  
the destination payer is secondary to the payer identified in this Loop ID-2330B,  
AND  
the payer identified in this Loop ID-2330B has re-adjudicated the claim. If not required by this implementation guide, do not send.  
  
TR3 Example: REF\*T4\*Y~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification T4 Signal Code Defense Fuel Supply Center to bill back fuel purchases to the appropriate service or agency account fund	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Claim Adjustment Indicator The only valid value for this element is 'Y'.	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as	X AN 1/50

specified by the Reference Identification Qualifier

**Segment:** **REF** Other Payer Claim Control Number  
**Position:** 3550  
**Loop:** 2330B Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required when it is necessary to identify the Other Payer's Claim Control Number in a payer-to-payer COB situation.

OR

Required when the Other Payer's Claim Control Number is available. If not required by this implementation guide, do not send.

TR3 Example: REF\*F8\*R555588~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F8 Original Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer's Claim Control Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **NM1 Other Payer Referring Provider**  
**Position:** 3250  
**Loop:** 2330C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.  
OR  
Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*DN\*1~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual DN Referring Provider Use on the first iteration of this loop. Use if loop is used only once. P3 Primary Care Provider Physician that is selected by the insured to provide medical care Use only if loop is used twice. Use only on second iteration of this loop.	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
X	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
X	NM108	66 Identification Code Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67 Identification Code	X 1 AN 2/80
X	NM110	706 Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 Name Last or Organization Name	O 1 AN 1/60

**Segment:** REF Other Payer Referring Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. Non-destination (COB) payer's provider identification number(s).  
 2. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
 TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Referring Provider Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b>	O 1
			To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **NM1 Other Payer Rendering Provider**  
**Position:** 3250  
**Loop:** 2330D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.  
OR  
Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*82\*1~

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u> <u>Name</u>	
M	NM101	98 <b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 82 Rendering Provider	M 1 ID 2/3
M	NM102	1065 <b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035 <b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036 <b>Name First</b>	O 1 AN 1/35
X	NM105	1037 <b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038 <b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039 <b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66 <b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67 <b>Identification Code</b>	X 1 AN 2/80
X	NM110	706 <b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 <b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 <b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** **REF** Other Payer Rendering Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330D Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

**TR3 Notes:**  
 1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
 TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Rendering Provider Secondary Identifier LU Location Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X ID 2/3

Code qualifying the Reference Identification

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

<b>Segment:</b>	<b>NM1 Other Payer Service Facility Location</b>
<b>Position:</b>	3250
<b>Loop:</b>	2330E          Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either NM108 or NM109 is present, then the other is required.</li> <li>2 If NM111 is present, then NM110 is required.</li> <li>3 If NM112 is present, then NM103 is required.</li> </ol>
<b>Semantic Notes:</b>	1 NM102 qualifies NM103.
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1 NM110 and NM111 further define the type of entity in NM101.</li> <li>2 NM112 can identify a second surname.</li> </ol>
<b>Notes:</b>	<p>Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.</p> <p>OR</p> <p>Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.</p> <p>TR3 Notes:</p> <p>1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.</p> <p>TR3 Example: NM1*77*2~</p>

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 77 Service Location	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
X	NM108	66 Identification Code Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67 Identification Code	X 1 AN 2/80
X	NM110	706 Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 Name Last or Organization Name	O 1 AN 1/60

**Segment:** REF Other Payer Service Facility Location Secondary Identification  
**Position:** 3550  
**Loop:** 2330E Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification 0B State License Number G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
			LU Location Number	
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Service Facility Location Secondary Identifier	X 1 AN 1/50
X	REF03	352	Description	X 1 AN 1/80
X	REF04	C040	Reference Identifier To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

<b>Segment:</b>	<b>NM1 Other Payer Supervising Provider</b>
<b>Position:</b>	3250
<b>Loop:</b>	2330F          Optional
<b>Level:</b>	Detail
<b>Usage:</b>	Optional
<b>Max Use:</b>	1
<b>Purpose:</b>	To supply the full name of an individual or organizational entity
<b>Syntax Notes:</b>	<ol style="list-style-type: none"> <li>1 If either NM108 or NM109 is present, then the other is required.</li> <li>2 If NM111 is present, then NM110 is required.</li> <li>3 If NM112 is present, then NM103 is required.</li> </ol>
<b>Semantic Notes:</b>	1 NM102 qualifies NM103.
<b>Comments:</b>	<ol style="list-style-type: none"> <li>1 NM110 and NM111 further define the type of entity in NM101.</li> <li>2 NM112 can identify a second surname.</li> </ol>
<b>Notes:</b>	<p>Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.</p> <p>OR</p> <p>Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.</p> <p>TR3 Notes:</p> <p>1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.</p> <p>TR3 Example: NM1*DQ*1~</p>

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual DQ Supervising Physician	M 1 ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person	M 1 ID 1/1
X	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
X	NM104	1036 Name First	O 1 AN 1/35
X	NM105	1037 Name Middle	O 1 AN 1/25
X	NM106	1038 Name Prefix	O 1 AN 1/10
X	NM107	1039 Name Suffix	O 1 AN 1/10
X	NM108	66 Identification Code Qualifier Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67 Identification Code	X 1 AN 2/80
X	NM110	706 Entity Relationship Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98 Entity Identifier Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035 Name Last or Organization Name	O 1 AN 1/60

**Segment:** REF Other Payer Supervising Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330F Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 3  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Supervising Provider Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **NM1 Other Payer Billing Provider**  
**Position:** 3250  
**Loop:** 2330G Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:**

Situational Rule: Required prior to the mandated implementation of the HIPAA National Provider Identifier (NPI) rule when the provider in the corresponding Loop ID-2310 is sent and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID- 2330B) to identify the provider.

OR

Required after the mandated implementation of the NPI rule for providers who are not Health Care Providers when the provider is sent in the corresponding Loop ID-2310 and one or more additional payer-specific provider identification numbers are required by this non-destination payer (Loop ID-2330B) to identify the provider. If not required by this implementation guide, do not send.

TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: NM1\*85\*2~

#### Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 85 Billing Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** **REF** Other Payer Billing Provider Secondary Identification  
**Position:** 3550  
**Loop:** 2330G Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 2  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

TR3 Notes:  
1. See Crosswalking COB Data Elements section for more information on handling COB in the 837.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the non-destination payer identified in the Other Payer Name Loop ID-2330B for this iteration of Loop ID-2320. This is true regardless of whether that payer is Medicare, Medicaid, a Blue Cross Blue Shield plan, a commercial plan, or any other health plan.	M 1 ID 2/3
			LU Location Number	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Billing Provider Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**Segment:** **LX** Service Line Number  
**Position:** 3650  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To reference a line number in a transaction set  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:

1. The LX functions as a line counter.
2. The Service Line LX segment must begin with one and is incremented by one for each additional service line of a claim.
3. LX01 is used to indicate bundling in SVD06 in the Line Item Adjudication loop. See Section 1.4.1.2 for more information on bundling and unbundling.

TR3 Example: LX\*1~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	LX01	554 Assigned Number Number assigned for differentiation within a transaction set	M 1 N0 1/6

**Segment:** **SV1 Professional Service**  
**Position:** 3700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the service line item detail for a health care professional  
**Syntax Notes:** 1 If either SV103 or SV104 is present, then the other is required.  
**Semantic Notes:** 1 SV102 is the submitted service line item amount.  
2 SV105 is the place of service.  
3 SV108 is the independent lab charges.  
4 SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related.  
5 SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.  
6 SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement.  
7 SV117 is the health care manpower shortage area (HMSA) facility identification.  
8 SV118 is the health care manpower shortage area (HMSA) zip code.  
9 SV119 is a non-covered service amount.  
**Comments:** 1 If SV113 is equal to "L" or "N", then SV114 is required.  
**Notes:** TR3 Example: SV1\*HC:99211:25\*12.25\*UN\*1\*11\*\*1:2:3\*\*Y~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	SV101	<b>C003 Composite Medical Procedure Identifier</b>	M 1
		To identify a medical procedure by its standardized codes and applicable modifiers	
M	C00301	<b>235 Product/Service ID Qualifier</b>	M ID 2/2
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
		IMPLEMENTATION NAME: Product or Service ID Qualifier	
		The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting or adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.	
		ER Jurisdiction Specific Procedure and Supply Codes	
		This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.	
		HC CODE SOURCE 576: Workers Compensation Specific Procedure and Supply Codes	
		Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under	

Medicare; primarily used for ambulatory surgical and other diagnostic departments  
 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE 130: Healthcare Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:  
 If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA,

OR

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

WK Advanced Billing Concepts (ABC) Codes

At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,

OR  
 If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

M	C00302	234	<b>Product/Service ID</b>	M	AN 1/48
			Identifying number for a product or service		
			IMPLEMENTATION NAME: Procedure Code		
	C00303	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send.		
	C00304	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00305	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00306	1339	<b>Procedure Modifier</b>	O	AN 2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

**SITUATIONAL RULE:** Required when a fourth modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.

	<b>C00307</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>AN 1/80</b>
			A free-form description to clarify the related data elements and their content		
			<b>SITUATIONAL RULE:</b> Required when, in the judgment of the submitter, the Procedure Code does not definitively describe the service/product/supply and loop 2410 is not used.		
			OR		
			Required when SV101-2 is a non-specific Procedure Code. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name. If not required by this implementation guide, do not send.		
<b>X</b>	<b>C00308</b>	<b>234</b>	<b>Product/Service ID</b>	<b>O</b>	<b>AN 1/48</b>
<b>&gt;&gt;</b>	<b>SV102</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>1 R 1/18</b>
			Monetary amount		
			<b>IMPLEMENTATION NAME:</b> Line Item Charge Amount		
			This is the total charge amount for this service line. The amount is inclusive of the provider's base charge and any applicable tax and/or postage claimed amounts reported within this line's AMT segments.		
			Zero "0" is an acceptable value for this element.		
<b>&gt;&gt;</b>	<b>SV103</b>	<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X</b>	<b>1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken		
			MJ Minutes		
			Required for Anesthesia claims.		
			Anesthesia time is counted from the moment that the practitioner, having completed the preoperative evaluation, starts an intravenous line, places monitors, administers pre-anesthesia sedation, or otherwise physically begins to prepare the patient for anesthesia. Time continues throughout the case and while the practitioner accompanies the patient to the post-anesthesia recovery unit (PACU). Time stops when the practitioner releases the patient to the care of PACU personnel.		
			UN Unit		
<b>&gt;&gt;</b>	<b>SV104</b>	<b>380</b>	<b>Quantity</b>	<b>X</b>	<b>1 R 1/15</b>
			Numeric value of quantity		
			<b>IMPLEMENTATION NAME:</b> Service Unit Count		
			Note: When a decimal is needed to report units, include it in this element, for example, "15.6".		
			The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.		
	<b>SV105</b>	<b>1331</b>	<b>Facility Code Value</b>	<b>O</b>	<b>1 AN 1/2</b>
			Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.		
			<b>SITUATIONAL RULE:</b> Required when value is different than value carried in CLM05-1 in Loop ID-2300. If not required by this implementation guide, do not send.		

IMPLEMENTATION NAME: Place of Service Code		
		See CODE SOURCE 237: Place of Service Codes for Professional Claims
X	SV106	1365 <b>Service Type Code</b> O 1 ID 1/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
>>	SV107	C004 <b>Composite Diagnosis Code Pointer</b> O 1 To identify one or more diagnosis code pointers
M	C00401	1328 <b>Diagnosis Code Pointer</b> M N0 1/2 A pointer to the diagnosis code in the order of importance to this service This first pointer designates the primary diagnosis for this service line. Remaining diagnosis pointers indicate declining level of importance to service line. Acceptable values are 1 through 12, and correspond to Composite Data Elements 01 through 12 in the Health Care Diagnosis Code HI segment in the Claim Loop ID-2300.
	C00402	1328 <b>Diagnosis Code Pointer</b> O N0 1/2 A pointer to the diagnosis code in the order of importance to this service SITUATIONAL RULE: Required when it is necessary to point to a second diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
	C00403	1328 <b>Diagnosis Code Pointer</b> O N0 1/2 A pointer to the diagnosis code in the order of importance to this service SITUATIONAL RULE: Required when it is necessary to point to a third diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
	C00404	1328 <b>Diagnosis Code Pointer</b> O N0 1/2 A pointer to the diagnosis code in the order of importance to this service SITUATIONAL RULE: Required when it is necessary to point to a fourth diagnosis related to this service line. Acceptable values are the same as SV107-1. If not required by this implementation guide, do not send.
X	SV108	782 <b>Monetary Amount</b> O 1 R 1/18
	SV109	1073 <b>Yes/No Condition or Response Code</b> O 1 ID 1/1 Code indicating a Yes or No condition or response SITUATIONAL RULE: Required when the service is known to be an emergency by the provider. If not required by this implementation guide, do not send.
IMPLEMENTATION NAME: Emergency Indicator		
For this implementation, the listed value takes precedence over the semantic note.		
Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.		
		Y Yes
X	SV110	1340 <b>Multiple Procedure Code</b> O 1 ID 1/2 Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
	SV111	1073 <b>Yes/No Condition or Response Code</b> O 1 ID 1/1 Code indicating a Yes or No condition or response SITUATIONAL RULE: Required when Medicaid services are the result of a screening referral. If not required by this implementation guide, do not send.
IMPLEMENTATION NAME: EPSDT Indicator		
For this implementation, the listed value takes precedence over the semantic note.		
When this element is used, this service is not the screening service.		

			Y	Yes		
	SV112	1073	<b>Yes/No Condition or Response Code</b>		O	1 ID 1/1
			Code indicating a Yes or No condition or response			
			SITUATIONAL RULE: Required when applicable for Medicaid claims. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Family Planning Indicator			
			For this implementation, the listed value takes precedence over the semantic note.			
			Y	Yes		
X	SV113	1364	<b>Review Code</b>		O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	SV114	1341	<b>National or Local Assigned Review Value</b>		O	1 AN 1/2
	SV115	1327	<b>Copay Status Code</b>		O	1 ID 1/1
			Code indicating whether or not co-payment requirements were met on a line by line basis			
			SITUATIONAL RULE: Required when patient is exempt from co-pay. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Co-Pay Status Code			
			0	Copay exempt		
			No copayment is required of patient for this service			
X	SV116	1334	<b>Health Care Professional Shortage Area Code</b>		O	1 ID 1/1
X	SV117	127	<b>Reference Identification</b>		O	1 AN 1/50
X	SV118	116	<b>Postal Code</b>		O	1 ID 3/15
X	SV119	782	<b>Monetary Amount</b>		O	1 R 1/18
X	SV120	1337	<b>Level of Care Code</b>		O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	SV121	1360	<b>Provider Agreement Code</b>		O	1 ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			

**Segment:** **SV5 Durable Medical Equipment Service**  
**Position:** 4000  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the claim service detail for durable medical equipment  
**Syntax Notes:** 1 At least one of SV504 or SV505 is required.  
2 If SV506 is present, then SV504 is required.  
**Semantic Notes:** 1 SV503 is the length of medical treatment required.  
2 SV504 is the rental price.  
3 SV505 is the purchase price.  
4 SV506 is the frequency at which the rental equipment is billed.

**Comments:**

**Notes:**

Situational Rule: Required when necessary to report both the rental and purchase price information for durable medical equipment. This is not used for claims where the provider is reporting only the rental price or only the purchase price. If not required by this implementation guide, do not send.  
TR3 Example: SV5\*HC:A4631\*DA\*30\*50\*5000\*4~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	SV501	C003	<b>Composite Medical Procedure Identifier</b> To identify a medical procedure by its standardized codes and applicable modifiers	M 1
M	C00301	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234) IMPLEMENTATION NAME: Procedure Identifier	M ID 2/2
			HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC. CODE SOURCE 130: Healthcare Common Procedural Coding System	
M	C00302	234	<b>Product/Service ID</b> Identifying number for a product or service IMPLEMENTATION NAME: Procedure Code This value must be the same as that reported in SV101-2.	M AN 1/48
X	C00303	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00304	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00305	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00306	1339	<b>Procedure Modifier</b>	O AN 2/2
X	C00307	352	<b>Description</b>	O AN 1/80
X	C00308	234	<b>Product/Service ID</b>	O AN 1/48
M	SV502	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken DA Days	M 1 ID 2/2
M	SV503	380	<b>Quantity</b>	M 1 R 1/15

			Numeric value of quantity			
			IMPLEMENTATION NAME: Length of Medical Necessity			
>>	SV504	782	<b>Monetary Amount</b>	X	1	R 1/18
			Monetary amount			
			IMPLEMENTATION NAME: DME Rental Price			
>>	SV505	782	<b>Monetary Amount</b>	X	1	R 1/18
			Monetary amount			
			IMPLEMENTATION NAME: DME Purchase Price			
>>	SV506	594	<b>Frequency Code</b>	O	1	ID 1/1
			Code indicating frequency or type of activities or actions being reported			
			IMPLEMENTATION NAME: Rental Unit Price Indicator			
			1			Weekly
			4			Monthly
			6			Daily
X	SV507	923	<b>Prognosis Code</b>	O	1	ID 1/1
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			

**Segment:** **PWK** Line Supplemental Information

**Position:** 4200

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 10

**Purpose:** To identify the type or transmission or both of paperwork or supporting information

**Syntax Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.

**Semantic Notes:**

**Comments:**

- 1 PWK05 and PWK06 may be used to identify the addressee by a code number.
- 2 PWK07 may be used to indicate special information to be shown on the specified report.
- 3 PWK08 may be used to indicate action pertaining to a report.

**Notes:** Situational Rule: Required when there is a paper attachment following this claim.  
OR  
Required when attachments are sent electronically (PWK02 = EL) but are transmitted in another functional group (for example, 275) rather than by paper. PWK06 is then used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.  
OR  
Required when the provider deems it necessary to identify additional information that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but the information is not being submitted with the claim. Use the value of "AA" in PWK02 to convey this specific use of the PWK segment. If not required by this implementation guide, do not send.  
TR3 Example: PWK\*OZ\*BM\*\*\*AC\*DMN0012~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	PWK01	755 Report Type Code	M 1 ID 2/2
		Code indicating the title or contents of a document, report or supporting item	
		IMPLEMENTATION NAME: Attachment Report Type Code	
		03 Report Justifying Treatment Beyond Utilization Guidelines	
		04 Drugs Administered	
		05 Treatment Diagnosis	
		06 Initial Assessment	
		07 Functional Goals	
		Expected outcomes of rehabilitative services	
		08 Plan of Treatment	
		09 Progress Report	
		10 Continued Treatment	
		11 Chemical Analysis	
		13 Certified Test Report	
		15 Justification for Admission	
		21 Recovery Plan	
		A3 Allergies/Sensitivities Document	
		A4 Autopsy Report	
		AM Ambulance Certification	
		Information to support necessity of ambulance trip	
		AS Admission Summary	
		A brief patient summary; it lists the patient's chief complaints and the reasons for admitting the patient to the hospital	
		B2 Prescription	

B3	Physician Order
B4	Referral Form
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification Lists the reasons chiropractic is just and appropriate treatment
CK	Consent Form(s)
D2	Drug Profile Document
DA	Dental Models Cast of the teeth; they are usually taken before partial dentures or braces are placed
DB	Durable Medical Equipment Prescription Prescription describing the need for durable medical equipment; it usually includes the diagnosis and possible time period the equipment will be needed
DG	Diagnostic Report Report describing the results of lab tests x-rays or radiology films
DJ	Discharge Monitoring Report
DS	Discharge Summary Report listing the condition of the patient upon release from the hospital; it usually lists where the patient is being released to, what medication the patient is taking and when to follow-up with the doctor
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) Summary of benefits paid on the claim
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes Notes kept by the nurse regarding a patient's physical and mental condition, what medication the patient is on and when it should be given
OB	Operative Note Step-by-step notes of exactly what takes place during an operation
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
OZ	Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim
P4	Pathology Report
P5	Patient Medical History Document
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes

PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
	X-rays, videos, and other radiology diagnostic tests
RR	Radiology Reports
	Reports prepared by a radiologists after the films or x-rays have been reviewed
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

>>	<b>PWK02</b>	<b>756</b>	<b>Report Transmission Code</b>	<b>O</b>	<b>1</b>	<b>ID 1/2</b>
			Code defining timing, transmission method or format by which reports are to be sent			
			IMPLEMENTATION NAME: Attachment Transmission Code			
			Required when the actual attachment is maintained by an attachment warehouse or similar vendor.			
			AA	Available on Request at Provider Site		
				This means that the additional information is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.		
			BM	By Mail		
			EL	Electronically Only		
				Indicates that the attachment is being transmitted in a separate X12 functional group.		
			EM	E-Mail		
			FT	File Transfer		
			FX	By Fax		
X	<b>PWK03</b>	<b>757</b>	<b>Report Copies Needed</b>	<b>O</b>	<b>1</b>	<b>N0 1/2</b>
X	<b>PWK04</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
	<b>PWK05</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X</b>	<b>1</b>	<b>ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)			
			SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.			
			AC	Attachment Control Number		
				Means of associating electronic claim with documentation forwarded by other means		
	<b>PWK06</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			SITUATIONAL RULE: Required when PWK02 = "BM", "EL", "EM", "FX" or "FT". If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Attachment Control Number			
			PWK06 is used to identify the attached electronic documentation. The number in PWK06 is carried in the TRN of the electronic attachment.			
			For the purpose of this implementation, the maximum field length is 50.			
X	<b>PWK07</b>	<b>352</b>	<b>Description</b>	<b>O</b>	<b>1</b>	<b>AN 1/80</b>
X	<b>PWK08</b>	<b>C002</b>	<b>Actions Indicated</b>	<b>O</b>	<b>1</b>	

X	C00201	704	<p>Actions to be performed on the piece of paperwork identified</p> <p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	M	ID 1/2
X	C00202	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	C00203	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	C00204	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	C00205	704	<p><b>Paperwork/Report Action Code</b></p> <p>Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	ID 1/2
X	PWK09	1525	<p><b>Request Category Code</b></p> <p>Refer to 005010X222A1 Data Element Dictionary for acceptable code values.</p>	O	1 ID 1/2

**Segment:** **PWK** Durable Medical Equipment Certificate of Medical Necessity Indicator  
**Position:** 4200  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify the type or transmission or both of paperwork or supporting information  
**Syntax Notes:** 1 If either PWK05 or PWK06 is present, then the other is required.  
**Semantic Notes:**  
**Comments:** 1 PWK05 and PWK06 may be used to identify the addressee by a code number.  
2 PWK07 may be used to indicate special information to be shown on the specified report.  
3 PWK08 may be used to indicate action pertaining to a report.  
**Notes:** Situational Rule: Required on claims that include a Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN). If not required by this implementation guide, do not send.  
TR3 Example: PWK\*CT\*AB~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	PWK01	755	<b>Report Type Code</b> Code indicating the title or contents of a document, report or supporting item IMPLEMENTATION NAME: Attachment Report Type Code CT Certification	M 1 ID 2/2
>>	PWK02	756	<b>Report Transmission Code</b> Code defining timing, transmission method or format by which reports are to be sent IMPLEMENTATION NAME: Attachment Transmission Code Required when the actual attachment is maintained by an attachment warehouse or similar vendor. AB Previously Submitted to Payer AD Certification Included in this Claim AF Narrative Segment Included in this Claim AG No Documentation is Required NS Not Specified Indicates that a report will be transmitted via a nonspecified medium NS = Paperwork is available on request at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at their request.	O 1 ID 1/2
X	PWK03	757	<b>Report Copies Needed</b>	O 1 N0 1/2
X	PWK04	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	PWK05	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	PWK06	67	<b>Identification Code</b>	X 1 AN 2/80
X	PWK07	352	<b>Description</b>	O 1 AN 1/80
X	PWK08	C002	<b>Actions Indicated</b> Actions to be performed on the piece of paperwork identified	O 1
X	C00201	704	<b>Paperwork/Report Action Code</b> Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 1/2
X	C00202	704	<b>Paperwork/Report Action Code</b>	O ID 1/2

			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00203	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00204	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00205	704	<b>Paperwork/Report Action Code</b>	O	ID 1/2
			Code specifying how the paperwork or report that is identified in the PWK segment relates to the transaction set or to identify the action that is required Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	PWK09	1525	<b>Request Category Code</b>	O	1 ID 1/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		

**Segment:** **CR1 Ambulance Transport Information**  
**Position:** 4250  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information related to the ambulance service rendered to a patient  
**Syntax Notes:** 1 If either CR101 or CR102 is present, then the other is required.  
2 If either CR105 or CR106 is present, then the other is required.  
**Semantic Notes:** 1 CR102 is the weight of the patient at time of transport.  
2 CR106 is the distance traveled during transport.  
3 CR107 is the address of origin.  
4 CR108 is the address of destination.  
5 CR109 is the purpose for the round trip ambulance service.  
6 CR110 is the purpose for the usage of a stretcher during ambulance service.

**Comments:**

**Notes:** Situational Rule: Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the CR1 at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.  
TR3 Example: CR1\*LB\*140\*\*A\*DH\*12\*\*\*\*UNCONSCIOUS~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
		<b>355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken SITUATIONAL RULE: Required when CR102 is used. If not required by this implementation guide, do not send. LB Pound	
		<b>81</b>	<b>Weight</b>	<b>X 1 R 1/10</b>
			Numeric value of weight SITUATIONAL RULE: Required when it is necessary to justify the medical necessity of the level of ambulance services. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Patient Weight	
<b>X</b>		<b>CR103 1316</b>	<b>Ambulance Transport Code</b>	<b>O 1 ID 1/1</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
<b>&gt;&gt;</b>		<b>CR104 1317</b>	<b>Ambulance Transport Reason Code</b>	<b>O 1 ID 1/1</b>
			Code indicating the reason for ambulance transport A Patient was transported to nearest facility for care of symptoms, complaints, or both B Patient was transported for the benefit of a preferred physician C Patient was transported for the nearness of family members D Patient was transported for the care of a specialist or for availability of specialized equipment E Patient Transferred to Rehabilitation Facility	
<b>&gt;&gt;</b>		<b>CR105 355</b>	<b>Unit or Basis for Measurement Code</b>	<b>X 1 ID 2/2</b>
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken DH Miles	
<b>&gt;&gt;</b>		<b>CR106 380</b>	<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity IMPLEMENTATION NAME: Transport Distance	

0 (zero) is a valid value when ambulance services do not include a charge for mileage.

X	CR107	166	Address Information	O	1	AN 1/55
X	CR108	166	Address Information	O	1	AN 1/55
	CR109	352	Description	O	1	AN 1/80

A free-form description to clarify the related data elements and their content

SITUATIONAL RULE: Required when the ambulance service is for a round trip. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Round Trip Purpose Description

	CR110	352	Description	O	1	AN 1/80
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A free-form description to clarify the related data elements and their content

SITUATIONAL RULE: Required when needed to justify usage of stretcher. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Stretcher Purpose Description

**Segment:** **CR3 Durable Medical Equipment Certification**

**Position:** 4350  
**Loop:** 2400 Optional (Must Use)

**Level:** Detail  
**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply information regarding a physician's certification for durable medical equipment

**Syntax Notes:** 1 If either CR302 or CR303 is present, then the other is required.

**Semantic Notes:** 1 CR302 and CR303 specify the time period covered by this certification.

2 CR305 is the prognosis of the patient.

**Comments:**

**Notes:** Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF) or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: CR3\*I\*MO\*6~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	CR301	1322 <b>Certification Type Code</b> Code indicating the type of certification I Initial R Renewal S Revised	O 1 ID 1/1
>>	CR302	355 <b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken MO Months	X 1 ID 2/2
>>	CR303	380 <b>Quantity</b> Numeric value of quantity IMPLEMENTATION NAME: Durable Medical Equipment Duration Length of time DME equipment is needed.	X 1 R 1/15
X	CR304	1335 <b>Insulin Dependent Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1
X	CR305	352 <b>Description</b>	O 1 AN 1/80

**Segment:** **CRC** Ambulance Certification  
**Position:** 4500  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 3  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required on ambulance transport services when the information applicable to any one of the segment's elements is different than the information reported in the Ambulance Certification CRC at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.

TR3 Notes:

1. The maximum number of CRC segments which can occur per Loop ID- 2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed.

TR3 Example: CRC\*07\*Y\*01~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 07 Ambulance Certification	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Certification Condition Indicator N No Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition IMPLEMENTATION NAME: Condition Code The codes for CRC03 also can be used for CRC04 through CRC07. 01 Patient was admitted to a hospital 04 Patient was moved by stretcher 05 Patient was unconscious or in shock 06 Patient was transported in an emergency situation 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 09 Ambulance service was medically necessary 12 Patient is confined to a bed or chair Use code 12 to indicate patient was bedridden during transport.	M 1 ID 2/3
	CRC04	1321	<b>Condition Indicator</b> Code indicating a condition SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Condition Code	O 1 ID 2/3

Use the codes listed in CRC03.

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair

Use code 12 to indicate patient was bedridden during transport.

**CRC05 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

**SITUATIONAL RULE:** Required when a third condition code is necessary. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Condition Code

Use the codes listed in CRC03.

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair

Use code 12 to indicate patient was bedridden during transport.

**CRC06 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

**SITUATIONAL RULE:** Required when a fourth condition code is necessary. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Condition Code

Use the codes listed in CRC03.

- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 05 Patient was unconscious or in shock
- 06 Patient was transported in an emergency situation
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 09 Ambulance service was medically necessary
- 12 Patient is confined to a bed or chair

Use code 12 to indicate patient was bedridden during transport.

**CRC07 1321 Condition Indicator O 1 ID 2/3**

Code indicating a condition

**SITUATIONAL RULE:** Required when a fifth condition code is necessary. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Condition Code

Use the codes listed in CRC03.

01	Patient was admitted to a hospital
04	Patient was moved by stretcher
05	Patient was unconscious or in shock
06	Patient was transported in an emergency situation
07	Patient had to be physically restrained
08	Patient had visible hemorrhaging
09	Ambulance service was medically necessary
12	Patient is confined to a bed or chair
	Use code 12 to indicate patient was bedridden during transport.

**Segment:** **CRC Hospice Employee Indicator**  
**Position:** 4500  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required on all Medicare claims involving physician services to hospice patients. If not required by this implementation guide, do not send.

TR3 Notes:

1. The maximum number of CRC segments which can occur per Loop ID- 2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed.

2. The example shows the method used to indicate whether the rendering provider is an employee of the hospice.

TR3 Example: CRC\*70\*Y\*65~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	CRC01	1136	<b>Code Category</b> Specifies the situation or category to which the code applies 70 Hospice	M 1 ID 2/2
M	CRC02	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response IMPLEMENTATION NAME: Hospice Employed Provider Indicator A "Y" value indicates the provider is employed by the hospice. A "N" value indicates the provider is not employed by the hospice. N No Y Yes	M 1 ID 1/1
M	CRC03	1321	<b>Condition Indicator</b> Code indicating a condition 65 Open This code value is a placeholder to satisfy the Mandatory Data Element syntax requirement.	M 1 ID 2/3
X	CRC04	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC05	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC06	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	CRC07	1321	<b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3

**Segment:** **CRC** **Condition Indicator/Durable Medical Equipment**  
**Position:** 4500  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply information on conditions  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CRC01 qualifies CRC03 through CRC07.
- 2 CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

**Comments:**  
**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or a DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line and the information is necessary for adjudication. If not required by this implementation guide, do not send.

TR3 Notes:

1. The maximum number of CRC segments which can occur per Loop ID- 2400 is 3. Submitters are free to mix and match the three types of service line level CRC segments shown in this implementation guide to meet their billing or reporting needs but no more than a total of 3 CRC segments per Loop ID-2400 are allowed.
2. The first example shows a case where an item billed was not a replacement item.  
 TR3 Example: CRC\*09\*N\*ZV~  
 TR3 Example: CRC\*09\*Y\*38~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CRC01	1136 <b>Code Category</b> Specifies the situation or category to which the code applies	M 1 ID 2/2
		09 Durable Medical Equipment Certification Prescription describing the need for durable medical equipment; usually included are the diagnosis and estimated duration of need	
M	CRC02	1073 <b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response	M 1 ID 1/1
		IMPLEMENTATION NAME: Certification Condition Indicator	
		N No Y Yes	
M	CRC03	1321 <b>Condition Indicator</b> Code indicating a condition	M 1 ID 2/3
		38 Certification signed by the physician is on file at the supplier's office ZV Replacement Item	
	CRC04	1321 <b>Condition Indicator</b> Code indicating a condition	O 1 ID 2/3
		SITUATIONAL RULE: Required when a second condition code is necessary. If not required by this implementation guide, do not send. Use the codes listed in CRC03.	
		38 Certification signed by the physician is on file at the supplier's office ZV Replacement Item	
X	CRC05	1321 <b>Condition Indicator</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3

<b>X</b>	<b>CRC06</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>CRC07</b>	<b>1321</b>	<b>Condition Indicator</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			

**Segment:** **DTP** **Date - Service Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:**

**TR3 Notes:**  
 1. In cases where a drug is being billed on a service line, date range may be used to indicate drug duration for which the drug supply will be used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug. Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (for example, every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used. Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.  
 TR3 Example: DTP\*472\*RD8\*20050314-20050325~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	DTP01	374 <b>Date/Time Qualifier</b>	M 1 ID 3/3
Code specifying type of date or time, or both date and time			
IMPLEMENTATION NAME: Date Time Qualifier			
		472 Service	
		Begin and end dates of the service being rendered	
M	DTP02	1250 <b>Date Time Period Format Qualifier</b>	M 1 ID 2/3
Code indicating the date format, time format, or date and time format			
RD8 is required only when the "To and From" dates are different. However, at the discretion of the submitter, RD8 can also be used when the "To and From" dates are the same.			
		D8 Date Expressed in Format CCYYMMDD	
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
		A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31); the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	
M	DTP03	1251 <b>Date Time Period</b>	M 1 AN 1/35
Expression of a date, a time, or range of dates, times or dates and times			
IMPLEMENTATION NAME: Service Date			

**Segment:** **DTP** Date - Prescription Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a drug is billed for this line and a prescription was written (or otherwise communicated by the prescriber if not written). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*471\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
			471 Prescription Date on which prescription was written	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Prescription Date	M 1 AN 1/35

**Segment:** **DTP** DATE - Certification Revision/Recertification Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when CR301 (DMERC Certification) = "R" or "S". If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*607\*D8\*20050112~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 607 Certification Revision	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Certification Revision or Recertification Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Begin Therapy Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*463\*D8\*20050112~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		463	Begin Therapy Date treatment of physical or mental disorder started	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Begin Therapy Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Last Certification Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN), DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.

TR3 Notes:

1. This is the date the ordering physician signed the CMN or Oxygen Therapy Certification, or the date the supplier signed the DMERC Information Form (DIF).  
 TR3 Example: DTP\*461\*D8\*20050112~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 461 Last Certification Date of the most recent document attesting to a fact	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last Certification Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last Seen Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when a claim involves physician services for routine foot care; and is different than the date listed at the claim level and is known to impact the payer's adjudication process. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*304\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		304	Latest Visit or Consultation Date subscriber or dependent last visited or consulted with a physician	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Treatment or Therapy Date	M 1 AN 1/35

**Segment:** **DTP** Date - Test Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 2  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required on initial EPO claims service lines for dialysis patients when test results are being billed or reported. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*738\*D8\*20050112~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
			738 Most Recent Hemoglobin or Hematocrit or Both	
			739 Most Recent Serum Creatine	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format	M 1 ID 2/3
			D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Test Performed Date	M 1 AN 1/35

**Segment:** **DTP** Date - Shipped Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when billing or reporting shipped products. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*011\*D8\*20050112~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 011 Shipped	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Shipped Date	M 1 AN 1/35

**Segment:** **DTP** Date - Last X-ray Date  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when claim involves spinal manipulation and an x-ray was taken and is different than information at the claim level (Loop ID-2300). If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*455\*D8\*20050108~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 455 Last X-Ray Date of the most recent x-ray	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Last X-Ray Date	M 1 AN 1/35

**Segment:** **DTP** **Date - Initial Treatment Date**  
**Position:** 4550  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** Situational Rule: Required when the Initial Treatment Date is known to impact adjudication for claims involving spinal manipulation, physical therapy, occupational therapy, or speech language pathology and when different from what is reported at the claim level. If not required by this implementation guide, do not send.  
 TR3 Example: DTP\*454\*D8\*20050108~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier	M 1 ID 3/3
		454	Initial Treatment Date medical treatment first began	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Initial Treatment Date	M 1 AN 1/35

**Segment:** QTY Ambulance Patient Count  
**Position:** 4600  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify quantity information  
**Syntax Notes:** 1 At least one of QTY02 or QTY04 is required.  
 2 Only one of QTY02 or QTY04 may be present.  
**Semantic Notes:** 1 QTY04 is used when the quantity is non-numeric.  
**Comments:**  
**Notes:**

Situational Rule: Required when more than one patient is transported in the same vehicle for Ambulance or non-emergency transportation services. If not required by this implementation guide, do not send.

TR3 Notes:

1. The QTY02 is the only place to report the number of patients when there are multiple patients transported.

TR3 Example: QTY\*PT\*2~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	QTY01	673 Quantity Qualifier Code specifying the type of quantity PT Patients	M 1 ID 2/2
>>	QTY02	380 Quantity Numeric value of quantity	X 1 R 1/15
IMPLEMENTATION NAME: Ambulance Patient Count			
X	QTY03	C001 Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2
X	C00102	1018 Exponent Power to which a unit is raised	O R 1/15
X	C00103	649 Multiplier Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00104	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00105	1018 Exponent Power to which a unit is raised	O R 1/15
X	C00106	649 Multiplier Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00107	355 Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00108	1018 Exponent Power to which a unit is raised	O R 1/15
X	C00109	649 Multiplier	O R 1/10

X	C00110	355	Value to be used as a multiplier to obtain a new value <b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00111	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00114	1018	<b>Exponent</b>	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	<b>Multiplier</b>	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	QTY04	61	<b>Free-form Information</b>	X	1 AN 1/30

**Segment:** QTY Obstetric Anesthesia Additional Units  
**Position:** 4600  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify quantity information  
**Syntax Notes:** 1 At least one of QTY02 or QTY04 is required.  
 2 Only one of QTY02 or QTY04 may be present.  
**Semantic Notes:** 1 QTY04 is used when the quantity is non-numeric.  
**Comments:**  
**Notes:**

Situational Rule: Required in conjunction with anesthesia for obstetric services when the anesthesia provider chooses to report additional complexity beyond the normal services reflected by the procedure base units and anesthesia time. If not required by this implementation guide, do not send.  
 TR3 Example: QTY\*FL\*3~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	QTY01	673	<b>Quantity Qualifier</b> Code specifying the type of quantity FL Units	M 1 ID 2/2
>>	QTY02	380	<b>Quantity</b> Numeric value of quantity	X 1 R 1/15
IMPLEMENTATION NAME: Obstetric Additional Units				
The number of additional units reported by an anesthesia provider to reflect additional complexity of services.				
X	QTY03	C001	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2
X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O R 1/10

X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	QTY04	61	<b>Free-form Information</b>	X	1 AN 1/30

**Segment:** **MEA Test Result**

**Position:** 4620

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

**Purpose:** To specify physical measurements or counts, including dimensions, tolerances, variances, and weights (See Figures Appendix for example of use of C001)

**Syntax Notes:**

- 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.
- 2 Only one of MEA04 or MEA12 may be present.
- 3 If MEA05 is present, then at least one of MEA04 or MEA12 is required.
- 4 If MEA06 is present, then at least one of MEA04 or MEA12 is required.
- 5 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.
- 6 Only one of MEA08 or MEA03 may be present.
- 7 If either MEA11 or MEA12 is present, then the other is required.

**Semantic Notes:**

- 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.
- 2 MEA11 is the external code list for the unit of measure.
- 3 MEA12 defines the unit of measure for MEA03, MEA05, and MEA06 from an external code list.

**Comments:**

- 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the negative (-) value and MEA06 as the positive (+) value.

**Notes:**

Situational Rule: Required on Dialysis related service lines for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage, and Creatinine test results.

OR

Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier. If not required by this implementation guide, do not send.

TR3 Example: MEA\*TR\*R1\*113.4~

#### Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>		
>>	MEA01	737 Measurement Reference ID Code Code identifying the broad category to which a measurement applies IMPLEMENTATION NAME: Measurement Reference Identification Code	O 1 ID 2/2
		OG Original Use OG to report Starting Dosage.	
		TR Test Results Indicates that the data to follow are the results test measurements	
>>	MEA02	738 Measurement Qualifier Code identifying a specific product or process characteristic to which a measurement applies	O 1 ID 1/3
		HT Height	
		R1 Hemoglobin	
		R2 Hematocrit	
		R3 Epoetin Starting Dosage	
		R4 Creatinine	
>>	MEA03	739 Measurement Value The value of the measurement IMPLEMENTATION NAME: Test Results	X 1 R 1/20
X	MEA04	C001 Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	X 1
X	C00101	355 Unit or Basis for Measurement Code	M ID 2/2

			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	MEA05	740	<b>Range Minimum</b>	X	1 R 1/20
X	MEA06	741	<b>Range Maximum</b>	X	1 R 1/20
X	MEA07	935	<b>Measurement Significance Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 2/2
X	MEA08	936	<b>Measurement Attribute Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1 ID 2/2
X	MEA09	752	<b>Surface/Layer/Position Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 2/2
X	MEA10	1373	<b>Measurement Method or Device</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 2/4
X	MEA11	1270	<b>Code List Qualifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1 ID 1/3
X	MEA12	1271	<b>Industry Code</b>	X	1 AN 1/30

**Segment:** **CN1 Contract Information**  
**Position:** 4650  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify basic data about the contract or contract line item  
**Syntax Notes:**  
**Semantic Notes:**

- 1 CN102 is the contract amount.
- 2 CN103 is the allowance or charge percent.
- 3 CN104 is the contract code.
- 4 CN106 is an additional identifying number for the contract.

**Comments:**

**Notes:** Situational Rule: Required when the submitter is contractually obligated to supply this information on post-adjudicated claims. If not required by this implementation guide, do not send.

TR3 Notes:

1. The developers of this implementation guide note that the CN1 segment is for use only for post-adjudicated claims, which do not meet the definition of a health care claim under HIPAA. Consequently, at the time of this writing, the CN1 segment is for non-HIPAA use only.

TR3 Example: CN1\*02\*550~

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
M	CN101	<b>1166 Contract Type Code</b> Code identifying a contract type	M 1 ID 2/2
		01 Diagnosis Related Group (DRG) A patient classification scheme, which provides means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting	
		02 Per Diem A contract which allows certain charges to be on a rate per day basis	
		03 Variable Per Diem A contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant	
		04 Flat A contract between the provider of service and the destination payor whereby the flat rate charges may differ from the total itemized charges	
		05 Capitated A contract between the provider of service and the destination payor which allows payment to the provider of service on a per member per month basis	
		06 Percent	
		09 Other	
	CN102	<b>782 Monetary Amount</b> Monetary amount	O 1 R 1/18
		SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Contract Amount	
	CN103	<b>332 Percent, Decimal Format</b>	O 1 R 1/6

Percent given in decimal format (e.g., 0.0 through 100.0 represents 0% through 100%)

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Percentage

**CN104**      **127**      **Reference Identification**      **O**      **1**      **AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Code

**CN105**      **338**      **Terms Discount Percent**      **O**      **1**      **R 1/6**

Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Terms Discount Percentage

**CN106**      **799**      **Version Identifier**      **O**      **1**      **AN 1/30**

Revision level of a particular format, program, technique or algorithm

SITUATIONAL RULE: Required when information is different than that given at claim level (Loop ID-2300). If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Contract Version Identifier

**Segment:** **REF** Repriced Line Item Reference Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when a repricing (pricing) organization needs to have an identifying number on the service line in their submission to their payer organization. This segment is not completed by providers. If not required by this implementation guide, do not send.  
TR3 Example: REF\*9B\*444444~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9B Repriced Line Item Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Repriced Line Item Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Adjusted Repriced Line Item Reference Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when a repricing (pricing) organization needs to have an identifying number on an adjusted service line in their submission to their payer organization. This segment is not completed by providers. If not required by this implementation guide, do not send.  
TR3 Example: REF\*9D\*444444~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9D Adjusted Repriced Line Item Reference Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Adjusted Repriced Line Item Reference Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Prior Authorization**  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when service line involved a prior authorization number that is different than the number reported at the claim level (Loop ID-2300).  
 If not required by this implementation guide, do not send.

TR3 Notes:  
 1. When it is necessary to report one or more non-destination payer Prior Authorization Numbers, the composite data element in REF04 is used to identify the payer which assigned this number.  
 TR3 Example: REF\*G1\*13579~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G1 Prior Authorization Number An authorization number acquired prior to the submission of a claim	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Prior Authorization or Referral Number	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the Prior Authorization Number reported in REF02 of this segment is for a non-destination payer.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
M	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Primary Identifier The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

**Segment:** **REF** Line Item Control Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when the submitter needs a line item control number for subsequent communications to or from the payer. If not required by this implementation guide, do not send.

TR3 Notes:

1. The line item control number must be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837 and adjudication is based upon line item detail regardless of whether bundling or unbundling has occurred.

2. Submitters are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the submitter automatically posts their remittance advice. Submitting a unique line item control number allows the capability to automatically post by service line.

TR3 Example: REF\*6R\*54321~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 6R Provider Control Number Number assigned by information provider company for tracking and billing purposes	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Line Item Control Number	X 1 AN 1/50
			The maximum number of characters to be supported for this field is '30'. A submitter may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any receiving system is '30'. Characters beyond 30 are not required to be stored nor returned by any 837-receiving system.	
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	X ID 2/3

			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Code qualifying the Reference Identification		
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

**Segment:** **REF** Mammography Certification Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mammography services are rendered by a certified mammography provider and the mammography certification number is different than that sent in Loop ID-2300. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*EW\*T554~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification EW Mammography Certification Number Health Care Financing Administration assigned certification number of the certified mammography screening center	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Mammography Certification Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Clinical Laboratory Improvement Amendment (CLIA) Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required for all CLIA certified facilities performing CLIA covered laboratory services and the number is different than the CLIA number reported at the claim level (Loop ID-2300). If not required by this implementation guide, do not send. TR3 Example: REF\*X4\*12D4567890~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification X4 Clinical Laboratory Improvement Amendment Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Clinical Laboratory Improvement Amendment Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification

**Position:** 4700

**Loop:** 2400 Optional (Must Use)

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:** Situational Rule: Required for claims for any laboratory that referred tests to another laboratory covered by the CLIA Act that is billed on this line. If not required by this implementation guide, do not send.  
TR3 Example: REF\*F4\*34D1234567~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification F4 Facility Certification Number A unique number assigned to qualifying facilities to perform services	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referring CLIA Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** **Immunization Batch Number**  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when mandated by state or federal law or regulations to report an Immunization Batch Number. If not required by this implementation guide, do not send.  
 TR3 Example: REF\*BT\*DTP22333444~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification BT Batch Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Immunization Batch Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

**Segment:** **REF** Referral Number  
**Position:** 4700  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 5  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required when this service line involved a referral number that is different than the number reported at the claim level (Loop-ID 2300). If not required by this implementation guide, do not send.

TR3 Notes:  
 1. When it is necessary to report one or more non-destination payer Referral Numbers, the composite data element in REF04 is used to identify the payer which assigned this referral number.  
 TR3 Example: REF\*9F\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 9F Referral Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referral Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the Referral Number reported in REF02 of this segment is for a non-destination payer.	O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
M	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Primary Identifier The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b>	X AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04006	127	<b>Reference Identification</b>	X AN 1/50

**Segment:** **AMT** Sales Tax Amount  
**Position:** 4750  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when sales tax applies to the service line and the submitter is required to report that information to the receiver. If not required by this implementation guide, do not send.

TR3 Notes:

1. When reporting the Sales Tax Amount (AMT02), the amount reported in the Line Item Charge Amount (SV102) for this service line must include the amount reported in the Sales Tax Amount.

TR3 Example: AMT\*T\*45~

**Data Element Summary**

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount T Tax	M 1 ID 1/3
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M 1 R 1/18
IMPLEMENTATION NAME: Sales Tax Amount				
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **AMT** Postage Claimed Amount  
**Position:** 4750  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when service line charge (SV102) includes postage amount claimed in this service line. If not required by this implementation guide, do not send.

TR3 Notes:

1. When reporting the Postage Claimed Amount (AMT02), the amount reported in the Line Item Charge Amount (SV102) for this service line must include the amount reported in the Postage Claimed Amount.

TR3 Example: AMT\*F4\*56.78~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	AMT01	522	Amount Qualifier Code Code to qualify amount F4 Postage Claimed Monetary amount rightfully deserved for mailing	M 1 ID 1/3
M	AMT02	782	Monetary Amount Monetary amount IMPLEMENTATION NAME: Postage Claimed Amount	M 1 R 1/18
X	AMT03	478	Credit/Debit Flag Code Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/1

**Segment:** **K3 File Information**  
**Position:** 4800  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 10  
**Purpose:** To transmit a fixed-format record or matrix contents  
**Syntax Notes:**  
**Semantic Notes:** 1 K303 identifies the value of the index.  
**Comments:** 1 The default for K302 is content.  
**Notes:**

**Situational Rule:** Required when ALL of the following conditions are met:

A regulatory agency concludes it must use the K3 to meet an emergency legislative requirement;

The administering regulatory agency or other state organization has completed each one of the following steps: contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement

X12N determines that there is no method to meet the requirement. If not required by this implementation guide, do not send.

TR3 Notes:

- At the time of publication of this implementation, K3 segments have no specific use. The K3 segment is expected to be used only when necessary to meet the unexpected data requirement of a legislative authority. Before this segment can be used :
  - The X12N Health Care Claim workgroup must conclude there is no other available option in the implementation guide to meet the emergency legislative requirement.
  - The requestor must submit a proposal for approval accompanied by the relevant business documentation to the X12N Health Care Claim workgroup chairs and receive approval for the request. Upon review of the request, X12N will issue an approval or denial decision to the requesting entity. Approved usage(s) of the K3 segment will be reviewed by the X12N Health Care Claim workgroup to develop a permanent change to include the business case in future transaction implementations.
- Only when all of the requirements above have been met, may the regulatory agency require the temporary use of the K3 segment.
- X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee(s).

TR3 Example: K3\*STATE DATA REQUIREMENT~

#### Data Element Summary

Ref.	<u>Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	K301	449	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver	M 1 AN 1/80
X	K302	1333	<b>Record Format Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 1/2
X	K303	C001	<b>Composite Unit of Measure</b> To identify a composite unit of measure (See Figures Appendix for examples of use)	O 1
X	C00101	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/2

X	C00102	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00103	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00104	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00105	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00106	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00107	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00108	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00109	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00110	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00111	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00112	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b> Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	ID 2/2
X	C00114	1018	<b>Exponent</b> Power to which a unit is raised	O	R 1/15
X	C00115	649	<b>Multiplier</b> Value to be used as a multiplier to obtain a new value	O	R 1/10

**Segment:** **NTE** Line Note  
**Position:** 4850  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Situational Rule: Required when in the judgment of the provider, the information is needed to substantiate the medical treatment and is not supported elsewhere within the claim data set. If not required by this implementation guide, do not send.

TR3 Notes:

1. Use SV101-7 to describe non-specific procedure codes. Do not use this NTE Segment to describe a non-specific procedure code. If an NDC code is reported in Loop 2410, do not use this segment for a description of the procedure code. The NDC in loop 2410 will provide the description.

TR3 Example: NTE\*DCP\*PATIENT GOAL TO BE OFF OXYGEN BY END OF MONTH~

**Data Element Summary**

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
>>	NTE01	363	<b>Note Reference Code</b>	<b>O 1 ID 3/3</b>
			Code identifying the functional area or purpose for which the note applies	
			ADD Additional Information	
			DCP Goals, Rehabilitation Potential, or Discharge Plans	
M	NTE02	352	<b>Description</b>	<b>M 1 AN 1/80</b>
			A free-form description to clarify the related data elements and their content	
			IMPLEMENTATION NAME: Line Note Text	

**Segment:** **NTE** Third Party Organization Notes  
**Position:** 4850  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

**Syntax Notes:**  
**Semantic Notes:**

**Comments:** 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processible. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

**Notes:** Situational Rule: Required when the TPO/repricer needs to forward additional information to the payer. This segment is not completed by providers. If not required by this implementation guide, do not send.  
 TR3 Example: NTE\*TPO\*STATE REGULATION 123 WAS APPLIED DURING THE PRICING OF THIS CLAIM~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
>>	NTE01	363	<b>Note Reference Code</b> Code identifying the functional area or purpose for which the note applies TPO Third Party Organization Notes	O 1 ID 3/3
M	NTE02	352	<b>Description</b> A free-form description to clarify the related data elements and their content IMPLEMENTATION NAME: Line Note Text	M 1 AN 1/80

**Segment:** **PS1** **Purchased Service Information**  
**Position:** 4880  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the information about services that are purchased  
**Syntax Notes:**  
**Semantic Notes:**

- 1 PS101 is provider identification number.
- 2 PS102 is cost of the purchased service.
- 3 PS103 is the state where the service is purchased.

**Comments:**

**Notes:** Situational Rule: Required on non-vision service lines when adjudication is known to be impacted by the charge amount for services purchased from another source.  
 OR  
 Required on vision service lines when adjudication is known to be impacted by the acquisition cost of lenses. If not required by this implementation guide, do not send.  
 TR3 Example: PS1\*PN222222\*110~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PS101	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Purchased Service Provider Identifier This must be the identifier from the Purchased Service Provider Loop (Loop ID-2420B). When the Secondary Identifier REF is used, that is the identifier to be reported. If not present, use the identifier in NM109.	M 1 AN 1/50
M	PS102	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Purchased Service Charge Amount	M 1 R 1/18
X	PS103	156	<b>State or Province Code</b>	O 1 ID 2/2

**Segment:** **HCP** **Line Pricing/Repricing Information**  
**Position:** 4920  
**Loop:** 2400 Optional (Must Use)  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify pricing or repricing information about a health care claim or line item  
**Syntax Notes:** 1 At least one of HCP01 or HCP13 is required.  
2 If either HCP09 or HCP10 is present, then the other is required.  
3 If either HCP11 or HCP12 is present, then the other is required.  
**Semantic Notes:** 1 HCP02 is the allowed amount.  
2 HCP03 is the savings amount.  
3 HCP04 is the repricing organization identification number.  
4 HCP05 is the pricing rate associated with per diem or flat rate repricing.  
5 HCP06 is the approved DRG code.  
6 HCP07 is the approved DRG amount.  
7 HCP08 is the approved revenue code.  
8 HCP10 is the approved procedure code.  
9 HCP12 is the approved service units or inpatient days.  
10 HCP13 is the rejection message returned from the third party organization.  
11 HCP15 is the exception reason generated by a third party organization.  
**Comments:** 1 HCP06, HCP07, HCP08, HCP10, and HCP12 are fields that will contain different values from the original submitted values.  
**Notes:** Situational Rule: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

TR3 Notes:  
1. This information is specific to the destination payer reported in Loop ID-2010BB.  
2. For capitated encounters, pricing or repricing information usually is not applicable and is provided to qualify other information within the claim.  
TR3 Example: HCP\*03\*100\*10\*RPO12345~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
>>	HCP01	1473 Pricing Methodology	X 1 ID 2/2
		Code specifying pricing methodology at which the claim or line item has been priced or repriced Specific code use is determined by Trading Partner Agreement due to the variances in contracting policies in the industry. Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
>>	HCP02	782 Monetary Amount	O 1 R 1/18
		Monetary amount IMPLEMENTATION NAME: Repriced Allowed Amount	
	HCP03	782 Monetary Amount	O 1 R 1/18
		Monetary amount SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Repriced Saving Amount	
	HCP04	127 Reference Identification	O 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is	

			completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repricing Organization Identifier
<b>HCP05</b>	<b>118</b>	<b>Rate</b>	<b>O 1 R 1/9</b> Rate expressed in the standard monetary denomination for the currency specified
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repricing Per Diem or Flat Rate Amount
<b>HCP06</b>	<b>127</b>	<b>Reference Identification</b>	<b>O 1 AN 1/50</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Code
<b>HCP07</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O 1 R 1/18</b> Monetary amount
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Repriced Approved Ambulatory Patient Group Amount
<b>X</b>	<b>HCP08</b>	<b>234</b>	<b>Product/Service ID</b> <b>O 1 AN 1/48</b>
	<b>HCP09</b>	<b>235</b>	<b>Product/Service ID Qualifier</b> <b>X 1 ID 2/2</b>
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)
			SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Product or Service ID Qualifier
		<b>ER</b>	Jurisdiction Specific Procedure and Supply Codes This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA, OR The Secretary grants an exception to use the code set as a pilot project as allowed under the law, OR For claims which are not covered under HIPAA.
		<b>HC</b>	CODE SOURCE 576: Workers Compensation Specific Procedure and Supply Codes Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under

Medicare; primarily used for ambulatory surgical and other diagnostic departments  
 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE 130: Healthcare Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code

This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:  
 If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA,

OR

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

WK Advanced Billing Concepts (ABC) Codes

At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,

OR  
 If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,

OR

For claims which are not covered under HIPAA.

CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

**HCP10 234 Product/Service ID X 1 AN 1/48**

Identifying number for a product or service

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

**HCP11 355 Unit or Basis for Measurement Code X 1 ID 2/2**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

MJ Minutes

UN Unit

**HCP12 380 Quantity X 1 R 1/15**

Numeric value of quantity

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Repriced Approved Service Unit Count

Note: When a decimal is needed to report units, include it in this element, for example, "15.6".

The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.

**HCP13 901 Reject Reason Code X 1 ID 2/2**

Code assigned by issuer to identify reason for rejection

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

- T1 Cannot Identify Provider as TPO (Third Party Organization) Participant
- T2 Cannot Identify Payer as TPO (Third Party Organization) Participant
- T3 Cannot Identify Insured as TPO (Third Party Organization) Participant
- T4 Payer Name or Identifier Missing
- T5 Certification Information Missing
- T6 Claim does not contain enough information for re-pricing

**HCP14 1526 Policy Compliance Code O 1 ID 1/2**

Code specifying policy compliance

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**HCP15 1527 Exception Code O 1 ID 1/2**

Code specifying the exception reason for consideration of out-of-network health care services

SITUATIONAL RULE: Required when this information is deemed necessary by the repricer. The segment is not completed by providers. The information is completed by repricers only. If not required by this implementation guide, do not send.

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**Segment:** **LIN** Drug Identification

**Position:** 4930

**Loop:** 2410 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify basic item identification data

**Syntax Notes:**

- 1 If either LIN04 or LIN05 is present, then the other is required.
- 2 If either LIN06 or LIN07 is present, then the other is required.
- 3 If either LIN08 or LIN09 is present, then the other is required.
- 4 If either LIN10 or LIN11 is present, then the other is required.
- 5 If either LIN12 or LIN13 is present, then the other is required.
- 6 If either LIN14 or LIN15 is present, then the other is required.
- 7 If either LIN16 or LIN17 is present, then the other is required.
- 8 If either LIN18 or LIN19 is present, then the other is required.
- 9 If either LIN20 or LIN21 is present, then the other is required.
- 10 If either LIN22 or LIN23 is present, then the other is required.
- 11 If either LIN24 or LIN25 is present, then the other is required.
- 12 If either LIN26 or LIN27 is present, then the other is required.
- 13 If either LIN28 or LIN29 is present, then the other is required.
- 14 If either LIN30 or LIN31 is present, then the other is required.

**Semantic Notes:**

**Comments:**

- 1 LIN01 is the line item identification
- 1 See the Data Dictionary for a complete list of IDs.
- 2 LIN02 through LIN31 provide for fifteen different product/service IDs for each item.  
For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU.

**Notes:**

Situational Rule: Required when government regulation mandates that prescribed drugs and biologics are reported with NDC numbers.

OR

Required when the provider or submitter chooses to report NDC numbers to enhance the claim reporting or adjudication processes.

OR

Required when an HHS approved pilot project specifies reporting of Universal Product Number (UPN) by parties registered in the pilot and their trading partners.

OR

Required when the government regulation mandates that medical and surgical supplies are reported with UPN's. If not required by this implementation guide, do not send.

TR3 Notes:

1. Drugs and biologics reported in this segment are a further specification of service(s) described in the SV1 segment of this Service Line Loop ID-2400.

TR3 Example: LIN\*\*N4\*01234567891~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
X	LIN01	350 Assigned Identification	O 1 AN 1/20
M	LIN02	235 Product/Service ID Qualifier	M 1 ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234)

IMPLEMENTATION NAME: Product or Service ID Qualifier

At the time of this writing, UPN code sets designated by values EN, EO, HI, ON, UK, and UP have been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. During the pilot, these code values may only be used by parties registered in the pilot project and their trading partners. Beyond the pilot, these codes may only be used if mandated by the government.

EN

EAN/UCC - 13

Data structure for the 13 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade

EO Identification Number (GTIN)  
EAN/UCC - 8  
Data structure for the 8 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN)

HI HIBC (Health Care Industry Bar Code) Supplier Labeling Standard Primary Data Message  
The primary data message consists of the LIC (Labeler Identification Code), product catalog number, and unit-of-measure identifier

N4 National Drug Code in 5-4-2 Format  
5-digit manufacturer ID, 4-digit product ID, 2-digit trade package size  
CODE SOURCE 240: National Drug Code by Format

ON Customer Order Number

UK GTIN 14-digit Data Structure  
Data structure for the 14 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Item Number (GTIN)

UP UCC - 12  
Data structure for the 12 digit EAN.UCC (EAN International.Uniform Code Council) Global Trade Identification Number (GTIN). Also known as the Universal Product Code (U.P.C.)

M	LIN03	234	<b>Product/Service ID</b> Identifying number for a product or service IMPLEMENTATION NAME: National Drug Code or Universal Product Number	M	1	AN 1/48
X	LIN04	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN05	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN06	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN07	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN08	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN09	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN10	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN11	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN12	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN13	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN14	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN15	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN16	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN17	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN18	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN19	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN20	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN21	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN22	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN23	234	<b>Product/Service ID</b>	X	1	AN 1/48

X	LIN24	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN25	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN26	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN27	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN28	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN29	234	<b>Product/Service ID</b>	X	1	AN 1/48
X	LIN30	235	<b>Product/Service ID Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	LIN31	234	<b>Product/Service ID</b>	X	1	AN 1/48

**Segment:** **CTP Drug Quantity**  
**Position:** 4940  
**Loop:** 2410 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify pricing information  
**Syntax Notes:**

- 1 If either CTP04 or CTP05 is present, then the other is required.
- 2 If CTP06 is present, then CTP07 is required.
- 3 If CTP09 is present, then CTP02 is required.
- 4 If CTP10 is present, then CTP02 is required.
- 5 If CTP11 is present, then CTP03 is required.

**Semantic Notes:**

- 1 CTP07 is a multiplier factor to arrive at a final discounted price. A multiplier of .90 would be the factor if a 10% discount is given.
- 2 CTP08 is the rebate amount.

**Comments:**

- 1 See Figures Appendix for an example detailing the use of CTP03 and CTP04. See Figures Appendix for an example detailing the use of CTP03, CTP04 and CTP07.

**Notes:** TR3 Example: CTP\*\*\*\*2\*UN~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
X	CTP01	687 Class of Trade Code	O 1 ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CTP02	236 Price Identifier Code	X 1 ID 3/3
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	CTP03	212 Unit Price	X 1 R 1/17
>>	CTP04	380 Quantity	X 1 R 1/15
		Numeric value of quantity	
		IMPLEMENTATION NAME: National Drug Unit Count	
>>	CTP05	C001 Composite Unit of Measure	X 1
		To identify a composite unit of measure (See Figures Appendix for examples of use)	
M	C00101	355 Unit or Basis for Measurement Code	M ID 2/2
		Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
		IMPLEMENTATION NAME: Code Qualifier	
		F2 International Unit	
		A unit accepted by an international agency; potency of a drug/vitamin based on a specific weight of that drug/vitamin	
		GR Gram	
		ME Milligram	
		ML Milliliter	
		UN Unit	
X	C00102	1018 Exponent	O R 1/15
X	C00103	649 Multiplier	O R 1/10
X	C00104	355 Unit or Basis for Measurement Code	O ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C00105	1018 Exponent	O R 1/15
X	C00106	649 Multiplier	O R 1/10
X	C00107	355 Unit or Basis for Measurement Code	O ID 2/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	C00108	1018 Exponent	O R 1/15
X	C00109	649 Multiplier	O R 1/10

X	C00110	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00111	1018	<b>Exponent</b>	O	R 1/15
X	C00112	649	<b>Multiplier</b>	O	R 1/10
X	C00113	355	<b>Unit or Basis for Measurement Code</b>	O	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C00114	1018	<b>Exponent</b>	O	R 1/15
X	C00115	649	<b>Multiplier</b>	O	R 1/10
X	CTP06	648	<b>Price Multiplier Qualifier</b>	O	1 ID 3/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CTP07	649	<b>Multiplier</b>	X	1 R 1/10
X	CTP08	782	<b>Monetary Amount</b>	O	1 R 1/18
X	CTP09	639	<b>Basis of Unit Price Code</b>	O	1 ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	CTP10	499	<b>Condition Value</b>	O	1 AN 1/10
X	CTP11	289	<b>Multiple Price Quantity</b>	O	1 N0 1/2

**Segment:** **REF** Prescription or Compound Drug Association Number  
**Position:** 4950  
**Loop:** 2410 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
2 If either C04003 or C04004 is present, then the other is required.  
3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**  
**Notes:** Situational Rule: Required when dispensing of the drug has been done with an assigned prescription number.  
OR  
Required when the provided medication involves the compounding of two or more drugs being reported and there is no prescription number. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.  
2. For cases where the drug is provided without a prescription (for example, from a physician's office), the value provided in this segment is a "link sequence number". The link sequence number is a provider assigned number that is unique to this claim. Its purpose is to enable the receiver to piece together the components of the compound.  
TR3 Example: REF\*XZ\*123456~

**Data Element Summary**

	<b>Ref. Des.</b>	<b>Data Element</b>	<b>Name</b>	<b>Attributes</b>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification VY Link Sequence Number XZ Pharmacy Prescription Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Prescription Number	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
X	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O 1
X	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M ID 2/3
X	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/50
X	C04003	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X ID 2/3
X	C04004	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	X AN 1/50

<b>X</b>	<b>C04005</b>	<b>128</b>	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	<b>X</b>	<b>ID 2/3</b>
<b>X</b>	<b>C04006</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	<b>X</b>	<b>AN 1/50</b>

**Segment:** **NM1** **Rendering Provider Name**  
**Position:** 5000  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the Rendering Provider NM1 information is different than that carried in the Loop ID-2310B Rendering Provider.  
OR  
Required when Loop ID-2310B Rendering Provider is not used AND this particular line item has different Rendering Provider information than that which is carried in Loop ID-2010AA Billing Provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Used for all types of rendering providers including laboratories. The Rendering Provider is the person or company (laboratory or other facility) who rendered the care. In the case where a substitute provider (locum tenens) was used, enter that provider's information here.  
TR3 Example: NM1\*82\*1\*DOE\*JANE\*C\*\*\*XX\*1234567804~

**Data Element Summary**

Ref.	Data Des.	Element	Name	Attributes
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 82 Rendering Provider	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Rendering Provider Last or Organization Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Rendering Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name	O 1 AN 1/10

			SITUATIONAL RULE: Required when NM102 = 1 (person) and the name suffix of the person is needed to identify the individual. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Name Suffix	
	<b>NM108</b>	<b>66</b>	<b>Identification Code Qualifier</b>	<b>X 1 ID 1/2</b>
			Code designating the system/method of code structure used for Identification Code (67)	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			XX	Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier
	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X 1 AN 2/80</b>
			Code identifying a party or other code	
			SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI. OR Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.	
			IMPLEMENTATION NAME: Rendering Provider Identifier	
X	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1 ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1 ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1 AN 1/60</b>

**Segment:** **PRV** **Rendering Provider Specialty Information**  
**Position:** 5050  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the identifying characteristics of a provider  
**Syntax Notes:** 1 If either PRV02 or PRV03 is present, then the other is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when adjudication is known to be impacted by the provider taxonomy code. If not required by this implementation guide, do not send.  
 TR3 Example: PRV\*PE\*PXC\*208D00000X~

#### Data Element Summary

Ref.	Des.	Data Element	Name	Attributes
M	PRV01	1221	<b>Provider Code</b> Code identifying the type of provider PE Performing	M 1 ID 1/3
>>	PRV02	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification PXC Health Care Provider Taxonomy Code CODE SOURCE 682: Health Care Provider Taxonomy	X 1 ID 2/3
>>	PRV03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Provider Taxonomy Code	X 1 AN 1/50
X	PRV04	156	<b>State or Province Code</b>	O 1 ID 2/2
X	PRV05	C035	<b>Provider Specialty Information</b> To provide provider specialty information	O 1
X	C03501	1222	<b>Provider Specialty Code</b> Code indicating the primary specialty of the provider, as defined by the receiver Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	M AN 1/3
X	C03502	559	<b>Agency Qualifier Code</b> Code identifying the agency assigning the code values Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 2/2
X	C03503	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O ID 1/1
X	PRV06	1223	<b>Provider Organization Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 3/3

**Segment:** **REF** **Rendering Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420A Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Rendering Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3

			2U	Payer Identification Number		
M	C04002	127	<b>Reference Identification</b>		M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			IMPLEMENTATION NAME: Other Payer Primary Identifier			
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.			
X	C04003	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>		X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>		X	AN 1/50

**Segment:** **NM1** **Purchased Service Provider Name**  
**Position:** 5000  
**Loop:** 2420B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the service reported in this line item is a purchased service. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. Purchased services are situations where, for example, a physician purchases a diagnostic exam from an outside entity. Purchased services do not include substitute (locum tenens) provider situations.  
TR3 Example: NM1\*QB\*2\*\*\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420. QB Purchase Service Provider Entity from which medical supplies may be bought	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1 ID 1/2
	NM109	67	<b>Identification Code</b> Code identifying a party or other code SITUATIONAL RULE: Required for providers on or after the mandated	X 1 AN 2/80

HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter.

OR

Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Purchased Service Provider Identifier

X	NM110	706	<b>Entity Relationship Code</b>	X	1	ID 2/2
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	NM111	98	<b>Entity Identifier Code</b>	O	1	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** **REF** **Purchased Service Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420B Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.

TR3 Notes:

1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.

TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Purchased Service Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3

			2U	Payer Identification Number		
M	C04002	127	<b>Reference Identification</b>		M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			IMPLEMENTATION NAME: Other Payer Primary Identifier			
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.			
X	C04003	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>		X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>		X	AN 1/50

**Segment:** **NM1** Service Facility Location Name  
**Position:** 5000  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the location of health care service for this service line is different than that carried in Loop ID-2010AA Billing Provider or Loop ID- 2310C Service Facility Location. If not required by this implementation guide, do not send.

TR3 Notes:  
1. When an organization health care provider's NPI is provided to identify the Service Location, the organization health care provider must be external to the entity identified as the Billing Provider (for example, reference lab). It is not permissible to report an organization health care provider NPI as the Service Location if the entity being identified is a component (for example, subpart) of the Billing Provider. In that case, the subpart must be the Billing Provider.  
2. The purpose of this loop is to identify specifically where the service was rendered. When reporting ambulance services, do not use this loop. Use the pick-up (2420G) and drop-off location (2420H) loops elsewhere in this transaction.  
TR3 Example: NM1\*77\*2\*ABC CLINIC\*\*\*\*\*XX\*1234567891~

**Data Element Summary**

Ref.	Des.	Data Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 77 Service Location	M 1 ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name IMPLEMENTATION NAME: Laboratory or Facility Name	X 1 AN 1/60
X	NM104	1036	Name First	O 1 AN 1/35
X	NM105	1037	Name Middle	O 1 AN 1/25
X	NM106	1038	Name Prefix	O 1 AN 1/10
X	NM107	1039	Name Suffix	O 1 AN 1/10
	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send. XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X 1 ID 1/2
	NM109	67	Identification Code	X 1 AN 2/80

Code identifying a party or other code

**SITUATIONAL RULE:** Required when the service location to be identified has an NPI and is not a component or subpart of the Billing Provider entity. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Laboratory or Facility Primary Identifier

<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** N3 Service Facility Location Address  
**Position:** 5140  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes: 1. If service facility location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Address Line	

**Segment:** N4 Service Facility Location City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420C Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

### Data Element Summary

Ref.	Data	Name	Attributes
Des.	Element		
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Laboratory or Facility City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Laboratory or Facility Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
		When reporting the ZIP code for U.S. addresses, the full nine digit ZIP code must be provided.	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** Service Facility Location Secondary Identification

**Position:** 5250

**Loop:** 2420C Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 3

**Purpose:** To specify identifying information

**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI implementation date when the entity is not a Health Care provider (a.k.a. an atypical provider), and an identifier is necessary for the claims processor to identify the entity. If not required by this implementation guide, do not send.

TR3 Notes:

1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.

TR3 Example: REF\*G2\*12345~

#### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
			LU Location Number	
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Service Facility Location Secondary Identifier	X 1 AN 1/50
X	REF03	352	<b>Description</b>	X 1 AN 1/80
	REF04	C040	<b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer.	O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
M	C04002	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Other Payer Primary Identifier	M AN 1/50

The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.

X	C04003	128	Reference Identification Qualifier	X	ID 2/3
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	C04004	127	Reference Identification	X	AN 1/50
X	C04005	128	Reference Identification Qualifier	X	ID 2/3
					Refer to 005010X222A1 Data Element Dictionary for acceptable code values.
X	C04006	127	Reference Identification	X	AN 1/50

**Segment:** **NM1** **Supervising Provider Name**  
**Position:** 5000  
**Loop:** 2420D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the rendering provider is supervised by a physician and the supervising physician is different than that listed at the claim level for this service line. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*DQ\*1\*DOE\*JOHN\*B\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual DQ Supervising Physician	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Supervising Provider Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Supervising Provider Name Suffix	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI. OR	X 1 ID 1/2

Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.  
 OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.  
 If not required by this implementation guide, do not send.

XX Centers for Medicare and Medicaid Services National  
 Provider Identifier  
 CODE SOURCE 537: Centers for Medicare and  
 Medicaid Services National Provider Identifier

**NM109 67 Identification Code X 1 AN 2/80**

Code identifying a party or other code

SITUATIONAL RULE: Required for providers in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider is eligible to receive an NPI.

OR  
 Required for providers not in the United States or its territories on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI.

OR  
 Required for providers prior to the mandated NPI implementation date when the provider has received an NPI and the submitter has the capability to send it.  
 If not required by this implementation guide, do not send.

IMPLEMENTATION NAME: Supervising Provider Identifier

**X NM110 706 Entity Relationship Code X 1 ID 2/2**

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**X NM111 98 Entity Identifier Code O 1 ID 2/3**

Refer to 005010X222A1 Data Element Dictionary for acceptable code values.

**X NM112 1035 Name Last or Organization Name O 1 AN 1/60**

**Segment:** **REF** **Supervising Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420D Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:** Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.  
TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

#### Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc. LU Location Number	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Supervising Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification	M ID 2/3

			2U	Payer Identification Number		
M	C04002	127	<b>Reference Identification</b>		M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier			
			IMPLEMENTATION NAME: Other Payer Primary Identifier			
			The payer identifier reported in this field must match the cooresponding payer identifier reported in Loop ID-2330B NM109.			
X	C04003	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04004	127	<b>Reference Identification</b>		X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>		X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
X	C04006	127	<b>Reference Identification</b>		X	AN 1/50

**Segment:** **NM1** Ordering Provider Name  
**Position:** 5000  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** Situational Rule: Required when the service or supply was ordered by a provider who is different than the rendering provider for this service line. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*DK\*1\*RICHARDSON\*TRENT\*\*\*\*XX\*1234567891~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420. DK Ordering Physician	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M 1 ID 1/1
>>	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name IMPLEMENTATION NAME: Ordering Provider Last Name	X 1 AN 1/60
	NM104	1036	<b>Name First</b> Individual first name SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ordering Provider First Name	O 1 AN 1/35
	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ordering Provider Middle Name or Initial	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ordering Provider Name Suffix	O 1 AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the	X 1 ID 1/2

provider has received an NPI and the NPI is available to the submitter.  
 OR  
 Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.

XX Centers for Medicare and Medicaid Services National  
 Provider Identifier  
 CODE SOURCE 537: Centers for Medicare and  
 Medicaid Services National Provider Identifier

	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>	<b>X</b>	<b>1</b>	<b>AN 2/80</b>
			Code identifying a party or other code			
			SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send.			
			IMPLEMENTATION NAME: Ordering Provider Identifier			
<b>X</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X</b>	<b>1</b>	<b>ID 2/2</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O</b>	<b>1</b>	<b>ID 2/3</b>
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.			
<b>X</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O</b>	<b>1</b>	<b>AN 1/60</b>

**Segment:** N3 Ordering Provider Address  
**Position:** 5140  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
IMPLEMENTATION NAME: Ordering Provider Address Line			
	N302	Address Information Address information	O 1 AN 1/55
SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.			
IMPLEMENTATION NAME: Ordering Provider Address Line			

**Segment:** N4 Ordering Provider City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** Situational Rule:  
 Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.  
 TR3 Example: N4\*KANSAS CITY\*MO\*64108~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ordering Provider City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ordering Provider State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ordering Provider Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30

**N407**      **1715**      **Country Subdivision Code**      **X**      **1 ID 1/3**

Code identifying the country subdivision

**SITUATIONAL RULE:** Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces, cantons, etc. If not required by this implementation guide, do not send.

**CODE SOURCE 5:** Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **REF** **Ordering Provider Secondary Identification**  
**Position:** 5250  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.

OR

Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.

TR3 Notes:

1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.

TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Ordering Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3

M	C04002	127	<b>Reference Identification</b>	M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			IMPLEMENTATION NAME: Other Payer Primary Identifier		
			The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.		
X	C04003	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50

**Segment:** **PER** Ordering Provider Contact Information  
**Position:** 5300  
**Loop:** 2420E Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify a person or office to whom administrative communications should be directed  
**Syntax Notes:**

- 1 If either PER03 or PER04 is present, then the other is required.
- 2 If either PER05 or PER06 is present, then the other is required.
- 3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:**

**Comments:**

**Notes:**

Situational Rule: Required when a Durable Medical Equipment Regional Carrier Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification is included on this service line. If not required by this implementation guide, do not send.

TR3 Notes:

1. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number must always include the area code and phone number using the format AAABBBCCCC where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number. Therefore, the following telephone number (555) 555-1234 would be represented as 5555551234. Do not submit long distance access numbers, such as "1", in the telephone number. Telephone extensions, when applicable, must be submitted in the next element immediately following the telephone number. When submitting telephone extensions, only submit the numeric extension. Do not include data that indicates an extension, such as "ext" or "x-".

TR3 Example: PER\*IC\*JOHN SMITH\*TE\*5555551234\*EX\*123~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	PER01	366 Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M 1 ID 2/2
	PER02	93 Name Free-form name SITUATIONAL RULE: Required in the first iteration of the Ordering Provider Contact Information segment. If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver. IMPLEMENTATION NAME: Ordering Provider Contact Name	O 1 AN 1/60
>>	PER03	365 Communication Number Qualifier Code identifying the type of communication number EM Electronic Mail FX Facsimile TE Telephone	X 1 ID 2/2
>>	PER04	364 Communication Number Complete communications number including country or area code when applicable	X 1 AN 1/256
	PER05	365 Communication Number Qualifier Code identifying the type of communication number SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send. EM Electronic Mail EX Telephone Extension	X 1 ID 2/2

		FX	Facsimile		
		TE	Telephone		
<b>PER06</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>1 AN 1/256</b>
		Complete communications number including country or area code when applicable			
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.			
<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b>		<b>X</b>	<b>1 ID 2/2</b>
		Code identifying the type of communication number			
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.			
		EM	Electronic Mail		
		EX	Telephone Extension		
		FX	Facsimile		
		TE	Telephone		
<b>PER08</b>	<b>364</b>	<b>Communication Number</b>		<b>X</b>	<b>1 AN 1/256</b>
		Complete communications number including country or area code when applicable			
		SITUATIONAL RULE: Required when this information is deemed necessary by the submitter. If not required by this implementation guide, do not send.			
<b>X</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O</b>	<b>1 AN 1/20</b>

**Segment:** **NM1** Referring Provider Name  
**Position:** 5000  
**Loop:** 2420F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:**

- 1 If either NM108 or NM109 is present, then the other is required.
- 2 If NM111 is present, then NM110 is required.
- 3 If NM112 is present, then NM103 is required.

**Semantic Notes:**

- 1 NM102 qualifies NM103.

**Comments:**

- 1 NM110 and NM111 further define the type of entity in NM101.
- 2 NM112 can identify a second surname.

**Notes:** Situational Rule: Required when this service line involves a referral and the referring provider differs from that reported at the claim level (loop 2310A). If not required by this implementation guide, may be provided at the sender's discretion, but cannot be required by the receiver.

TR3 Notes:

1. When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A at the claim level. For ordered services such as Durable Medical Equipment, use Loop ID-2420E at the line level.

2. When there is only one referral on the claim, use code "DN - Referring Provider". When more than one referral exists and there is a requirement to report the additional referral, use code DN in the first iteration of this loop to indicate the referral received by the rendering provider on this claim. Use code "P3 - Primary Care Provider" in the second iteration of the loop to indicate the initial referral from the primary care provider or whatever provider wrote the initial referral for this patient's episode of care being billed/reported in this transaction.

TR3 Example: NM1\*DN\*1\*WELBY\*MARCUS\*W\*\*JR\*XX\*1234567891~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	NM101	98 Entity Identifier Code	M 1 ID 2/3
		Code identifying an organizational entity, a physical location, property or an individual	
		DN Referring Provider	
		Use on the first iteration of this loop. Use if loop is used only once.	
		P3 Primary Care Provider	
		Physician that is selected by the insured to provide medical care	
		Use only if loop is used twice. Use only on second iteration of this loop.	
M	NM102	1065 Entity Type Qualifier	M 1 ID 1/1
		Code qualifying the type of entity	
		1 Person	
>>	NM103	1035 Name Last or Organization Name	X 1 AN 1/60
		Individual last name or organizational name	
		IMPLEMENTATION NAME: Referring Provider Last Name	
	NM104	1036 Name First	O 1 AN 1/35
		Individual first name	
		SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Referring Provider First Name	

	NM105	1037	<b>Name Middle</b> Individual middle name or initial SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Referring Provider Middle Name or Initial	O	1	AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O	1	AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name SITUATIONAL RULE: Required when the name suffix is needed to identify the individual. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Referring Provider Name Suffix	O	1	AN 1/10
	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. XX Centers for Medicare and Medicaid Services National Provider Identifier CODE SOURCE 537: Centers for Medicare and Medicaid Services National Provider Identifier	X	1	ID 1/2
	NM109	67	<b>Identification Code</b> Code identifying a party or other code SITUATIONAL RULE: Required for providers on or after the mandated HIPAA National Provider Identifier (NPI) implementation date when the provider has received an NPI and the NPI is available to the submitter. OR Required for providers prior to the mandated HIPAA NPI implementation date when the provider has received an NPI and the submitter has the capability to send it. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Referring Provider Identifier	X	1	AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X	1	ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1	ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O	1	AN 1/60

**Segment:** **REF** Referring Provider Secondary Identification  
**Position:** 5250  
**Loop:** 2420F Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 20  
**Purpose:** To specify identifying information  
**Syntax Notes:**

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:**

- 1 REF04 contains data relating to the value cited in REF02.

**Comments:**  
**Notes:**

Situational Rule: Required prior to the mandated HIPAA National Provider Identifier (NPI) implementation date when an identification number other than the NPI is necessary for the receiver to identify the provider.  
OR  
Required on or after the mandated NPI Implementation Date when NM109 in this loop is not used and an identification number other than the NPI is necessary for the receiver to identify the provider. If not required by this implementation guide, do not send.

TR3 Notes:  
1. When it is necessary to report one or more non-destination payer Secondary Identifiers, the composite data element in REF04 is used to identify the payer who assigned this identifier.  
TR3 Example: REF\*G2\*12345~

**Data Element Summary**

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 0B State License Number 1G Provider UPIN Number UPINs must be formatted as either X99999 or XXX999. G2 Provider Commercial Number A unique number assigned to a provider by a commercial insurer This code designates a proprietary provider number for the destination payer identified in the Payer Name loop, Loop ID-2010BB, associated with this claim. This is to be used by all payers including: Medicare, Medicaid, Blue Cross, etc.	M 1 ID 2/3
>>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier IMPLEMENTATION NAME: Referring Provider Secondary Identifier	X 1 AN 1/50
X	REF03 REF04	352 C040	<b>Description</b> <b>Reference Identifier</b> To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier SITUATIONAL RULE: Required when the identifier reported in REF02 of this segment is for a non-destination payer. Do not use this composite when the value reported in REF01 is either 0B or 1G.	X 1 AN 1/80 O 1
M	C04001	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3

M	C04002	127	<b>Reference Identification</b>	M	AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
			IMPLEMENTATION NAME: Other Payer Primary Identifier		
			The payer identifier reported in this field must match the corresponding payer identifier reported in Loop ID-2330B NM109.		
X	C04003	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04004	127	<b>Reference Identification</b>	X	AN 1/50
X	C04005	128	<b>Reference Identification Qualifier</b>	X	ID 2/3
			Refer to 005010X222A1 Data Element Dictionary for acceptable code values.		
X	C04006	127	<b>Reference Identification</b>	X	AN 1/50

**Segment:** **NM1** Ambulance Pick-up Location  
**Position:** 5000  
**Loop:** 2420G Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the ambulance pick-up location for this service line is different than the ambulance pick-up location provided in Loop ID-2310E. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*PW\*2~

#### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual PW Pickup Address	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
X	NM103	1035	<b>Name Last or Organization Name</b>	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Pick-up Location Address  
**Position:** 5140  
**Loop:** 2420G Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. If the ambulance pickup location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	N301	166 Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	
	N302	166 Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Address Line	

**Segment:** **N4** Ambulance Pick-up Location City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420G Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Pick-up City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Pick-up Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **NM1 Ambulance Drop-off Location**  
**Position:** 5000  
**Loop:** 2420H Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.  
3 If NM112 is present, then NM103 is required.  
**Semantic Notes:** 1 NM102 qualifies NM103.  
**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.  
2 NM112 can identify a second surname.  
**Notes:** Situational Rule: Required when the ambulance drop-off location for this service line is different than the ambulance drop-off location provided in Loop ID-2310F. If not required by this implementation guide, do not send.  
TR3 Example: NM1\*45\*2~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 45 Drop-off Location	M 1 ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 2 Non-Person Entity	M 1 ID 1/1
	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name SITUATIONAL RULE: Required when drop-off location name is known. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Ambulance Drop-off Location	X 1 AN 1/60
X	NM104	1036	<b>Name First</b>	O 1 AN 1/35
X	NM105	1037	<b>Name Middle</b>	O 1 AN 1/25
X	NM106	1038	<b>Name Prefix</b>	O 1 AN 1/10
X	NM107	1039	<b>Name Suffix</b>	O 1 AN 1/10
X	NM108	66	<b>Identification Code Qualifier</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 1/2
X	NM109	67	<b>Identification Code</b>	X 1 AN 2/80
X	NM110	706	<b>Entity Relationship Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	X 1 ID 2/2
X	NM111	98	<b>Entity Identifier Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O 1 ID 2/3
X	NM112	1035	<b>Name Last or Organization Name</b>	O 1 AN 1/60

**Segment:** N3 Ambulance Drop-off Location Address  
**Position:** 5140  
**Loop:** 2420H Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

TR3 Notes:  
 1. If the ambulance drop-off location is in an area where there are no street addresses, enter a description of where the service was rendered (for example, "crossroad of State Road 34 and 45" or "Exit near Mile marker 265 on Interstate 80".)  
 TR3 Example: N3\*123 MAIN STREET~

#### Data Element Summary

Ref.	Data Element	Name	Attributes
M	N301	Address Information Address information	M 1 AN 1/55
		IMPLEMENTATION NAME: Ambulance Drop-off Address Line	
	N302	Address Information Address information	O 1 AN 1/55
		SITUATIONAL RULE: Required when there is a second address line. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Address Line	

**Segment:** N4 Ambulance Drop-off Location City, State, ZIP Code  
**Position:** 5200  
**Loop:** 2420H Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify the geographic place of the named party  
**Syntax Notes:**

- 1 Only one of N402 or N407 may be present.
- 2 If N406 is present, then N405 is required.
- 3 If N407 is present, then N404 is required.

**Semantic Notes:**  
**Comments:**

- 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
- 2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** TR3 Example: N4\*KANSAS CITY\*MO\*64108~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
>>	N401	19 City Name	O 1 AN 2/30
		Free-form text for city name	
		IMPLEMENTATION NAME: Ambulance Drop-off City Name	
	N402	156 State or Province Code	X 1 ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off State or Province Code	
		CODE SOURCE 22: States and Provinces	
	N403	116 Postal Code	O 1 ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada, or when a postal code exists for the country in N404. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Ambulance Drop-off Postal Zone or ZIP Code	
		CODE SOURCE 51: ZIP Code	
		CODE SOURCE 932: Universal Postal Codes	
	N404	26 Country Code	X 1 ID 2/3
		Code identifying the country	
		SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send.	
		CODE SOURCE 5: Countries, Currencies and Funds	
		Use the alpha-2 country codes from Part 1 of ISO 3166.	
X	N405	309 Location Qualifier	X 1 ID 1/2
		Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	
X	N406	310 Location Identifier	O 1 AN 1/30
	N407	1715 Country Subdivision Code	X 1 ID 1/3
		Code identifying the country subdivision	
		SITUATIONAL RULE: Required when the address is not in the United States of America, including its territories, or Canada, and the country in N404 has administrative subdivisions such as but not limited to states, provinces,	

cantons, etc. If not required by this implementation guide, do not send.

CODE SOURCE 5: Countries, Currencies and Funds

Use the country subdivision codes from Part 2 of ISO 3166.

**Segment:** **SVD** **Line Adjudication Information**  
**Position:** 5400  
**Loop:** 2430 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

**Syntax Notes:**

**Semantic Notes:**

- 1 SVD01 is the payer identification code.
- 2 SVD02 is the amount paid for this service line.
- 3 SVD04 is the revenue code.
- 4 SVD05 is the paid units of service.

**Comments:**

- 1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.
- 2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.

**Notes:**

Situational Rule: Required when the claim has been previously adjudicated by payer identified in Loop ID-2330B and this service line has payments and/or adjustments applied to it. If not required by this implementation guide, do not send.

TR3 Notes:

1. To show unbundled lines: If, in the original claim, line 3 is unbundled into (for example) 2 additional lines, then the SVD for line 3 is used 3 times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines.

TR3 Example: SVD\*43\*55\*HC:84550\*\*3~

**Data Element Summary**

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	SVD01	67 Identification Code Code identifying a party or other code IMPLEMENTATION NAME: Other Payer Primary Identifier This identifier indicates the payer responsible for the reimbursement described in this iteration of the 2430 loop. The identifier indicates the Other Payer by matching the appropriate Other Payer Primary Identifier (Loop ID-2330B, element NM109).	M 1 AN 2/80
M	SVD02	782 Monetary Amount Monetary amount IMPLEMENTATION NAME: Service Line Paid Amount Zero "0" is an acceptable value for this element.	M 1 R 1/18
>>	SVD03	C003 Composite Medical Procedure Identifier To identify a medical procedure by its standardized codes and applicable modifiers This element contains the procedure code that was used to pay this service line.	O 1
M	C00301	235 Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) IMPLEMENTATION NAME: Product or Service ID Qualifier ER Jurisdiction Specific Procedure and Supply Codes This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: If a new rule names the Jurisdiction Specific Procedure and Supply Codes as an allowable code set under HIPAA, OR	M ID 2/2

The Secretary grants an exception to use the code set as a pilot project as allowed under the law,  
OR  
For claims which are not covered under HIPAA.

CODE SOURCE 576: Workers Compensation Specific Procedure and Supply Codes

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes  
HCFA coding scheme to group procedure(s) performed on an outpatient basis for payment to hospital under Medicare; primarily used for ambulatory surgical and other diagnostic departments  
Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.

CODE SOURCE 130: Healthcare Common Procedural Coding System

IV Home Infusion EDI Coalition (HIEC) Product/Service Code  
This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:  
If a new rule names the Home Infusion EDI Coalition (HIEC) Product/Service Codes as an allowable code set under HIPAA,  
OR  
The Secretary grants an exception to use the code set as a pilot project as allowed under the law,  
OR  
For claims which are not covered under HIPAA.

CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

WK Advanced Billing Concepts (ABC) Codes  
At the time of this writing, this code set has been approved by the Secretary of HHS as a pilot project allowed under HIPAA law. The qualifier may only be used in transactions covered under HIPAA; By parties registered in the pilot project and their trading partners,  
OR  
If a new rule names the Complementary, Alternative, or Holistic Procedure Codes as an allowable code set under HIPAA,  
OR  
For claims which are not covered under HIPAA.

CODE SOURCE 843: Advanced Billing Concepts (ABC) Codes

M	C00302	234	<b>Product/Service ID</b> Identifying number for a product or service IMPLEMENTATION NAME: Procedure Code	M	AN 1/48
	C00303	1339	<b>Procedure Modifier</b> This identifies special circumstances related to the performance of the service, as defined by trading partners SITUATIONAL RULE: Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier. If not required by this implementation guide, do not send.	O	AN 2/2
	C00304	1339	<b>Procedure Modifier</b> This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN 2/2

			SITUATIONAL RULE: Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00305	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a third modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00306	1339	<b>Procedure Modifier</b>	O	AN 2/2
			This identifies special circumstances related to the performance of the service, as defined by trading partners		
			SITUATIONAL RULE: Required when a fourth modifier clarifies or improves the reporting accuracy of the associated procedure code. If not required by this implementation guide, do not send.		
	C00307	352	<b>Description</b>	O	AN 1/80
			A free-form description to clarify the related data elements and their content		
			SITUATIONAL RULE: Required when SVC01-7 was returned in the 835 transaction. If not required by this implementation guide, do not send.		
			IMPLEMENTATION NAME: Procedure Code Description		
X	C00308	234	<b>Product/Service ID</b>	O	AN 1/48
X	SVD04	234	<b>Product/Service ID</b>	O	1 AN 1/48
>>	SVD05	380	<b>Quantity</b>	O	1 R 1/15
			Numeric value of quantity		
			IMPLEMENTATION NAME: Paid Service Unit Count		
			This is the number of paid units from the remittance advice. When paid units are not present on the remittance advice, use the original billed units.		
			The maximum length for this field is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.		
	SVD06	554	<b>Assigned Number</b>	O	1 N0 1/6
			Number assigned for differentiation within a transaction set		
			SITUATIONAL RULE: Required when payer bundled this service line. If not required by this implementation guide, do not send.		
			IMPLEMENTATION NAME: Bundled or Unbundled Line Number		

**Segment:** CAS Line Adjustment

**Position:** 5450

**Loop:** 2430 Optional

**Level:** Detail

**Usage:** Optional

**Max Use:** 5

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

- Syntax Notes:**
- 1 If CAS05 is present, then at least one of CAS06 or CAS07 is required.
  - 2 If CAS06 is present, then CAS05 is required.
  - 3 If CAS07 is present, then CAS05 is required.
  - 4 If CAS08 is present, then at least one of CAS09 or CAS10 is required.
  - 5 If CAS09 is present, then CAS08 is required.
  - 6 If CAS10 is present, then CAS08 is required.
  - 7 If CAS11 is present, then at least one of CAS12 or CAS13 is required.
  - 8 If CAS12 is present, then CAS11 is required.
  - 9 If CAS13 is present, then CAS11 is required.
  - 10 If CAS14 is present, then at least one of CAS15 or CAS16 is required.
  - 11 If CAS15 is present, then CAS14 is required.
  - 12 If CAS16 is present, then CAS14 is required.
  - 13 If CAS17 is present, then at least one of CAS18 or CAS19 is required.
  - 14 If CAS18 is present, then CAS17 is required.
  - 15 If CAS19 is present, then CAS17 is required.

- Semantic Notes:**
- 1 CAS03 is the amount of adjustment.
  - 2 CAS04 is the units of service being adjusted.
  - 3 CAS06 is the amount of the adjustment.
  - 4 CAS07 is the units of service being adjusted.
  - 5 CAS09 is the amount of the adjustment.
  - 6 CAS10 is the units of service being adjusted.
  - 7 CAS12 is the amount of the adjustment.
  - 8 CAS13 is the units of service being adjusted.
  - 9 CAS15 is the amount of the adjustment.
  - 10 CAS16 is the units of service being adjusted.
  - 11 CAS18 is the amount of the adjustment.
  - 12 CAS19 is the units of service being adjusted.

**Comments:** 1 Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.

**Notes:** Situational Rule: Required when the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged. If not required by this implementation guide, do not send.

TR3 Notes:

1. A single CAS segment contains six repetitions of the "adjustment trio" composed of adjustment reason code, adjustment amount, and adjustment quantity. These six adjustment trios are used to report up to six adjustments related to a particular Claim Adjustment Group

Code (CAS01). The first non-zero adjustment is reported in the first adjustment trio (CAS02-CAS04). If there is a second non-zero adjustment, it is reported in the second adjustment trio (CAS05- CAS07), and so on through the sixth adjustment trio (CAS17-CAS19).

TR3 Example: CAS\*PR\*1\*7.93~

TR3 Example: CAS\*OA\*93\*15.06~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	CAS01	1033 Claim Adjustment Group Code	M 1 ID 1/2
		CO Contractual Obligations	

CR Correction and Reversals  
 OA Other adjustments  
 PI Payor Initiated Reductions  
 PR Patient Responsibility

M	CAS02	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code	M	1	ID 1/5
M	CAS03	782	<b>Monetary Amount</b> Monetary amount IMPLEMENTATION NAME: Adjustment Amount	M	1	R 1/18
	CAS04	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when the number of service units has been adjusted. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	O	1	R 1/15
	CAS05	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code	X	1	ID 1/5
	CAS06	782	<b>Monetary Amount</b> Monetary amount SITUATIONAL RULE: Required when CAS05 is present. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Amount	X	1	R 1/18
	CAS07	380	<b>Quantity</b> Numeric value of quantity SITUATIONAL RULE: Required when CAS05 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Quantity	X	1	R 1/15
	CAS08	1034	<b>Claim Adjustment Reason Code</b> Code identifying the detailed reason the adjustment was made SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send. IMPLEMENTATION NAME: Adjustment Reason Code CODE SOURCE 139: Claim Adjustment Reason Code See CODE SOURCE 139: Claim Adjustment Reason Code	X	1	ID 1/5
	CAS09	782	<b>Monetary Amount</b> Monetary amount	X	1	R 1/18

			SITUATIONAL RULE: Required when CAS08 is present. If not required by this implementation guide, do not send.
CAS10	380		IMPLEMENTATION NAME: Adjustment Amount
		<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity
			SITUATIONAL RULE: Required when CAS08 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.
CAS11	1034		IMPLEMENTATION NAME: Adjustment Quantity
		<b>Claim Adjustment Reason Code</b>	<b>X 1 ID 1/5</b>
			Code identifying the detailed reason the adjustment was made
			SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Reason Code
			CODE SOURCE 139: Claim Adjustment Reason Code
			See CODE SOURCE 139: Claim Adjustment Reason Code
CAS12	782		
		<b>Monetary Amount</b>	<b>X 1 R 1/18</b>
			Monetary amount
			SITUATIONAL RULE: Required when CAS11 is present. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Amount
CAS13	380		
		<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity
			SITUATIONAL RULE: Required when CAS11 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Quantity
CAS14	1034		
		<b>Claim Adjustment Reason Code</b>	<b>X 1 ID 1/5</b>
			Code identifying the detailed reason the adjustment was made
			SITUATIONAL RULE: Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Reason Code
			CODE SOURCE 139: Claim Adjustment Reason Code
			See CODE SOURCE 139: Claim Adjustment Reason Code
CAS15	782		
		<b>Monetary Amount</b>	<b>X 1 R 1/18</b>
			Monetary amount
			SITUATIONAL RULE: Required when CAS14 is present. If not required by this implementation guide, do not send.
			IMPLEMENTATION NAME: Adjustment Amount
CAS16	380		
		<b>Quantity</b>	<b>X 1 R 1/15</b>
			Numeric value of quantity
			SITUATIONAL RULE: Required when CAS14 is present and is related to a units of service adjustment. If not required by this implementation guide, do

not send.

**CAS17**      **1034**      **Claim Adjustment Reason Code**      **X**      **1**      **ID 1/5**

Code identifying the detailed reason the adjustment was made

**SITUATIONAL RULE:** Required when it is necessary to report an additional non-zero adjustment, beyond what has already been supplied, to this service line for the Claim Adjustment Group Code reported in CAS01. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Adjustment Reason Code

**CODE SOURCE 139:** Claim Adjustment Reason Code

See **CODE SOURCE 139:** Claim Adjustment Reason Code

**CAS18**      **782**      **Monetary Amount**      **X**      **1**      **R 1/18**

Monetary amount

**SITUATIONAL RULE:** Required when CAS17 is present. If not required by this implementation guide, do not send.

**CAS19**      **380**      **Quantity**      **X**      **1**      **R 1/15**

Numeric value of quantity

**SITUATIONAL RULE:** Required when CAS17 is present and is related to a units of service adjustment. If not required by this implementation guide, do not send.

**IMPLEMENTATION NAME:** Adjustment Quantity

**Segment:** **DTP** Line Check or Remittance Date  
**Position:** 5500  
**Loop:** 2430 Optional  
**Level:** Detail  
**Usage:** Optional (Must Use)  
**Max Use:** 1  
**Purpose:** To specify any or all of a date, a time, or a time period  
**Syntax Notes:**  
**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.  
**Comments:**  
**Notes:** TR3 Example: DTP\*573\*D8\*20040203~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time IMPLEMENTATION NAME: Date Time Qualifier 573 Date Claim Paid	M 1 ID 3/3
M	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M 1 ID 2/3
M	DTP03	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times IMPLEMENTATION NAME: Adjudication or Payment Date	M 1 AN 1/35

**Segment:** **AMT** Remaining Patient Liability  
**Position:** 5505  
**Loop:** 2430 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To indicate the total monetary amount  
**Syntax Notes:**  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when the Other Payer referenced in SVD01 of this iteration of Loop ID-2430 has adjudicated this claim, provided line level information, and the provider has the ability to report line item information. If not required by this implementation guide, do not send.

TR3 Notes:

1. In the judgment of the provider, this is the remaining amount to be paid after adjudication by the Other Payer referenced in SVD01 of this iteration of Loop ID-2430.

2. This segment is only used in provider submitted claims. It is not used in Payer-to-Payer Coordination of Benefits (COB).

3. This segment is not used if the claim level (Loop ID-2320) Remaining Patient Liability AMT segment is used for this Other Payer.

TR3 Example: AMT\*EAF\*75~

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>			
	<b>Des.</b>	<b>Element</b>	<b>Name</b>		<b>Attributes</b>
M	AMT01	522	<b>Amount Qualifier Code</b> Code to qualify amount	M	1 ID 1/3
			EAF Amount Owed		
M	AMT02	782	<b>Monetary Amount</b> Monetary amount	M	1 R 1/18
			IMPLEMENTATION NAME: Remaining Patient Liability		
X	AMT03	478	<b>Credit/Debit Flag Code</b> Refer to 005010X222A1 Data Element Dictionary for acceptable code values.	O	1 ID 1/1

**Segment:** LQ Form Identification Code  
**Position:** 5510  
**Loop:** 2440 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To identify standard industry codes  
**Syntax Notes:** 1 If LQ01 is present, then LQ02 is required.  
**Semantic Notes:**  
**Comments:**  
**Notes:**

Situational Rule: Required when adjudication is known to be impacted by one of the types of supporting documentation (standardized paper forms) listed in LQ01. If not required by this implementation guide, do not send.

TR3 Notes:

1. Loop ID-2440 is designed to allow providers to attach standardized supplemental information to the claim when required to do so by the payer. The LQ segment contains information to identify the form (LQ01) and the specific form number (LQ02). In the example given below, LQ01=UT which identifies the form as a Medicare DMERC CMN form. LQ02=01.02 identifies which DMERC CMN form is being used.

2. An example application of this Form Identification Code Loop is for Medicare DMERC claims for which the DME provider is required to obtain a Certificate of Medical Necessity (DMERC CMN) or DMERC Information Form (DIF), or Oxygen Therapy Certification from the referring physician. Another example is payer documentation requirements for Home Health services.

TR3 Example: LQ\*UT\*01.02~

**Data Element Summary**

Ref.	Data	Name	Attributes
Des.	Element		
>>	LQ01	1270 Code List Qualifier Code	O 1 ID 1/3
		Code identifying a specific industry code list	
		AS Form Type Code	
		Code value AS indicates that a Home Health form from External Code Source 656 is being identified in LQ02.	
		UT	
		CODE SOURCE 656: Form Type Codes	
		Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	
		CODE SOURCE 582: Centers for Medicare and Medicaid Services (CMS) Durable Medical Equipment Regional Carrier (DMERC) Certificate of Medical Necessity (CMN) Forms	
>>	LQ02	1271 Industry Code	X 1 AN 1/30
		Code indicating a code from a specific industry code list	
		IMPLEMENTATION NAME: Form Identifier	

**Segment:** **FRM** Supporting Documentation  
**Position:** 5520  
**Loop:** 2440 Optional  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 99  
**Purpose:** To specify information in response to a codified questionnaire document  
**Syntax Notes:** 1 At least one of FRM02 FRM03 FRM04 or FRM05 is required.  
**Semantic Notes:** 1 FRM01 is the question number on a questionnaire or codified form.  
 2 FRM02, FRM03, FRM04 and FRM05 are responses which only have meaning in reference to the question identified in FRM01.  
**Comments:** 1 The FRM segment can only be used in the context of an identified questionnaire or list of questions. The source of the questions can be identified by an associated segment or by transaction set notes in a particular transaction.

**Notes:** TR3 Notes:  
 1. The LQ segment is used to identify the general (LQ01) and specific type (LQ02) for the form being reported in Loop ID-2440. The FRM segment is used to answer specific questions on the form identified in the LQ segment. FRM01 is used to indicate the question being answered. Answers can take one of 4 forms: FRM02 for Yes/No questions, FRM03 for text/uncodified answers, FRM04 for answers which use dates, and FRM05 for answers which are percents. For each FRM01 (question) use a remaining FRM element, choosing the element which has the most appropriate format. One FRM segment is used for each question/answer pair.

The example below shows how the FRM can be used to answer all the pertinent questions on DMERC form 0802 (LQ\*UT\*08.02~).

TR3 Example:  
 FRM\*1A\*\*J0234~  
 FRM\*1B\*\*500~  
 FRM\*1C\*\*4~  
 FRM\*4\*Y~  
 FRM\*5A\*\*5~  
 FRM\*5B\*\*3~  
 FRM\*8\*\*Methodist Hospital~  
 FRM\*9\*\*Indianapolis~  
 FRM\*10\*IN~  
 FRM\*11\*\*\*19971101~  
 FRM\*12\*N~

**Data Element Summary**

Ref.	Data Element	Name	Attributes
M	FRM01	350 Assigned Identification	M 1 AN 1/20
		Alphanumeric characters assigned for differentiation within a transaction set	
		IMPLEMENTATION NAME: Question Number/Letter	
	FRM02	1073 Yes/No Condition or Response Code	X 1 ID 1/1
		Code indicating a Yes or No condition or response	
		SITUATIONAL RULE: Required when the question identified in FRM01 uses a Yes or No response format. If not required by this implementation guide, do not send.	
		IMPLEMENTATION NAME: Question Response	
		N	No
		W	Not Applicable
		Y	Yes
	FRM03	127 Reference Identification	X 1 AN 1/50
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	



**Segment:** **SE** Transaction Set Trailer  
**Position:** 5550  
**Loop:**  
**Level:** Detail  
**Usage:** Mandatory  
**Max Use:** 1  
**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 SE is the last segment of each transaction set.

**Notes:** TR3 Example: SE\*1230\*987654~

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Name</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element</b>		
M	SE01	96	<b>Number of Included Segments</b>	M 1 N0 1/10
			Total number of segments included in a transaction set including ST and SE segments	
			IMPLEMENTATION NAME: Transaction Segment Count	
M	SE02	329	<b>Transaction Set Control Number</b>	M 1 AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
			The Transaction Set Control Number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.	