

837 Health Care Claim: Institutional

Functional Group ID=**HC**

Introduction:

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

Notes:

This format replaces the UB-92 paper form for Institutional type claims submitted to the Ohio Department of Health, Bureau for Children with Medical Handicaps. (BCMHI).

The segments marked as X12 Mandatory (M), 'Must Use' (>>) and 'Recommended' (R) contain information that will be processed by BCMHI when present and applicable to the claim. Other segments/elements identified as 'Required' in the segment/element notes, on segments/elements that are 'Optional' (Req. Des.= 'O') are present due to the X12N HIPAA requirements. The segments marked with an 'X' are not used. All notes beginning with an asterisk, '', are requirements for BCMHI claim processing.*

** All of the claims in a transaction set (ST) must be of the same type as indicated by the code in BHT06.*

** The following claims cannot be billed electronically:*

1. *Service dates over 365 days old.*
2. *Inpatient claims with discharge dates over 365 days old.*

1. The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, patient, claim level and claim service line level. Billing providers who sort claims using this hierarchy will use the 837 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction. BHT06='CH' indicates that all of the claims in the ST-SE envelope are billable claims submitted for payment.

2. This standard can also be used as a transaction set in support of the coordination of benefits claims process. Additional loop segments can be used within both the claim and service line levels to transfer each payer's adjudication information to subsequent payers.

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	002	ISA	Interchange Control Header	M	1		
M	003	GS	Functional Group Header	M	1		
M	005	ST	Transaction Set Header	M	1		
M	010	BHT	Beginning of Hierarchical Transaction	M	1		
>>	015	REF	Transmission Type Identification	O	1		

Bureau for Children with Medical Handicaps

LOOP ID - 1000A				1		
>>	020	NM1	Submitter Name	O	1	n1
X	025	N2	Additional Name Information	O	2	
X	030	N3	Address Information	O	2	
X	035	N4	Geographic Location	O	1	
X	040	REF	Reference Identification	O	2	
	045	PER	Submitter EDI Contact	O	2	
LOOP ID - 1000B				1		
>>	020	NM1	Receiver Name	O	1	n2
X	025	N2	Additional Name Information	O	2	
X	030	N3	Address Information	O	2	
X	035	N4	Geographic Location	O	1	
X	040	REF	Reference Identification	O	2	
X	045	PER	Administrative Communications Contact	O	2	

Detail:

Pos. No.	Seg. ID	Name	Req. Des.	Max. Use	Loop Repeat	Notes and Comments
LOOP ID - 2000A				>1		
M	001	HL	Billing/ Pay-to Provider Hierarchical Level	M	1	
	003	PRV	Provider Information	O	1	
X	005	SBR	Subscriber Information	O	1	
X	007	PAT	Patient Information	O	1	
X	009	DTP	Date or Time or Period	O	5	
	010	CUR	Currency	O	1	
LOOP ID - 2010AA				1		
>>	015	NM1	Billing Provider Name	O	1	n3
X	020	N2	Additional Name Information	O	2	
>>	025	N3	Billing Provider Address Information	O	1	
>>	030	N4	Billing Provider Geographic Location	O	1	
X	032	DMG	Demographic Information	O	1	
>>	035	REF	Billing Provider Secondary Identification	O	8	
	040	PER	Billing Provider Contact	O	2	
LOOP ID - 2010AB				1		
R	015	NM1	Pay-to Provider Name	O	1	n4
X	020	N2	Additional Name Information	O	2	
>>	025	N3	Pay-to Provider Address Information	O	1	
>>	030	N4	Pay-to Provider Geographic Location	O	1	
X	032	DMG	Demographic Information	O	1	
	035	REF	Pay-to Provider Secondary Identification	O	5	
X	040	PER	Administrative Communications Contact	O	2	
LOOP ID - 2000B				>1		
M	001	HL	Subscriber Hierarchical Level	M	1	
X	003	PRV	Provider Information	O	1	
>>	005	SBR	Subscriber Information	O	1	
	007	PAT	Patient Information	O	1	
X	009	DTP	Date or Time or Period	O	5	
X	010	CUR	Currency	O	1	
LOOP ID - 2010BA				1		
>>	015	NM1	Subscriber Name	O	1	n5
X	020	N2	Additional Name Information	O	2	
>>	025	N3	Subscriber Address Information	O	1	
>>	030	N4	Subscriber Geographic Location	O	1	
>>	032	DMG	Subscriber Demographic Information	O	1	
X	035	REF	Reference Identification	O	20	
X	040	PER	Administrative Communications Contact	O	2	
LOOP ID - 2010BC				1		
>>	015	NM1	Payer Name	O	1	n6

Bureau for Children with Medical Handicaps

X	020	N2	Additional Name Information	O	2	
X	025	N3	Address Information	O	2	
X	030	N4	Geographic Location	O	1	
X	032	DMG	Demographic Information	O	1	
X	035	REF	Reference Identification	O	20	
X	040	PER	Administrative Communications Contact	O	2	
LOOP ID - 2010BD						1
	015	NM1	Responsible Party Name	O	1	n7
X	020	N2	Additional Name Information	O	2	
	025	N3	Responsible Party Address Information	O	1	
	030	N4	Responsible Party Geographic Location	O	1	
X	032	DMG	Demographic Information	O	1	
X	035	REF	Reference Identification	O	20	
X	040	PER	Administrative Communications Contact	O	2	
LOOP ID - 2300						100
>>	130	CLM	Health Claim	O	1	
R	135	DTP	Discharge Hour	O	1	
>>	135	DTP	Claim Statement Dates	O	1	
R	135	DTP	Admission Date/Hour	O	1	
R	140	CL1	Claim Codes	O	1	
X	145	DN1	Orthodontic Information	O	1	
X	150	DN2	Tooth Summary	O	35	
	155	PWK	Paperwork	O	10	
	160	CN1	Contract Information	O	1	
X	165	DSB	Disability Information	O	1	
X	170	UR	Peer Review Organization or Utilization Review	O	1	
R	175	AMT	Monetary Amount	O	5	
R	180	REF	Reference Identification	O	10	
X	180	REF	Original Reference Identification	O	1	
X	185	K3	File Information	O	10	
X	190	NTE	Note/Special Instruction	O	20	
X	195	CR1	Ambulance Certification	O	1	n8
X	200	CR2	Chiropractic Certification	O	1	
X	205	CR3	Durable Medical Equipment Certification	O	1	
X	210	CR4	Enteral or Parenteral Therapy Certification	O	3	
X	215	CR5	Oxygen Therapy Certification	O	1	
	216	CR6	Home Health Care Certification	O	1	
X	219	CR8	Pacemaker Certification	O	1	
X	220	CRC	Conditions Indicator	O	100	
>>	231	HI	Principle Diagnosis Codes	O	1	
R	231	HI	Other Diagnosis Codes	O	2	
R	231	HI	Principle Procedure Codes	O	1	
R	231	HI	Other Procedure Codes	O	2	
R	231	HI	Condition Codes	O	2	
R	231	HI	Occurrence Codes	O	2	
R	231	HI	Value Codes	O	2	
R	240	QTY	Quantity	O	4	
X	241	HCP	Health Care Pricing	O	1	
LOOP ID - 2305						6
X	242	CR7	Home Health Treatment Plan Certification	O	1	
X	243	HSD	Health Care Services Delivery	O	12	
LOOP ID - 2310A						1
R	250	NM1	Attending Physician Name	O	1	n9
>>	255	PRV	Attending Provider Information	O	1	
X	260	N2	Additional Name Information	O	2	
X	265	N3	Address Information	O	2	
X	270	N4	Geographic Location	O	1	
R	271	REF	Attending Physician Secondary Identification	O	5	

Bureau for Children with Medical Handicaps

X	275	PER	Administrative Communications Contact	O	2	
LOOP ID - 2310B						1
R	250	NM1	Operating Physician Name	O	1	n10
X	255	PRV	Provider Information	O	1	
X	260	N2	Additional Name Information	O	2	
X	265	N3	Address Information	O	2	
X	270	N4	Geographic Location	O	1	
R	271	REF	Operating Physician Secondary Identification	O	5	
X	275	PER	Administrative Communications Contact	O	2	
LOOP ID - 2310C						1
	250	NM1	Other Physician Name	O	1	n11
>>	255	PRV	Other Provider Information	O	1	
X	260	N2	Additional Name Information	O	2	
X	265	N3	Address Information	O	2	
X	270	N4	Geographic Location	O	1	
	271	REF	Other Physician Secondary Identification	O	5	
X	275	PER	Administrative Communications Contact	O	2	
LOOP ID - 2310D						2
	250	NM1	Referring Provider Name	O	1	n12
X	255	PRV	Provider Information	O	1	
X	260	N2	Additional Name Information	O	2	
X	265	N3	Address Information	O	2	
X	270	N4	Geographic Location	O	1	
	271	REF	Referring Physician Secondary Identification	O	5	
X	275	PER	Administrative Communications Contact	O	2	
LOOP ID - 2310E						1
R	250	NM1	Service Facility Name	O	1	n13
X	255	PRV	Provider Information	O	1	
X	260	N2	Additional Name Information	O	2	
>>	265	N3	Service Facility Address Information	O	1	
>>	270	N4	Service Facility Geographic Location	O	1	
R	271	REF	Service Facility Secondary Identification	O	5	
X	275	PER	Administrative Communications Contact	O	2	
LOOP ID - 2320						10
R	290	SBR	Other Subscriber Information	O	1	n14
	295	CAS	Claims Adjustment	O	5	
R	300	AMT	Monetary Amount	O	12	
	305	DMG	Demographic Information	O	1	
>>	310	OI	Other Health Insurance Information	O	1	
X	315	MIA	Medicare Inpatient Adjudication	O	1	
X	320	MOA	Medicare Outpatient Adjudication	O	1	
LOOP ID - 2330A						1
>>	325	NM1	Other Subscriber Name	O	1	n15
X	330	N2	Additional Name Information	O	2	
	332	N3	Other Subscriber Address Information	O	1	
	340	N4	Other Subscriber Geographic Location	O	1	
X	345	PER	Administrative Communications Contact	O	2	
X	350	DTP	Date or Time or Period	O	9	
X	355	REF	Reference Identification	O	3	
LOOP ID - 2330B						1
>>	325	NM1	Other Payer Name	O	1	n16
X	330	N2	Additional Name Information	O	2	
X	332	N3	Address Information	O	2	
X	340	N4	Geographic Location	O	1	
X	345	PER	Administrative Communications Contact	O	2	
	350	DTP	Other Payer's Claim Adjudication Date	O	1	
R	355	REF	Reference Identification	O	3	
LOOP ID - 2400						>1

Bureau for Children with Medical Handicaps

>>	365	LX	Assigned Number	O	1	n17
X	370	SV1	Professional Service	O	1	
>>	375	SV2	Institutional Service	O	1	
X	380	SV3	Dental Service	O	1	
X	382	TOO	Tooth Identification	O	32	
	385	SV4	Drug Service	O	1	
X	400	SV5	Durable Medical Equipment Service	O	1	
X	405	SV6	Anesthesia Service	O	1	
X	410	SV7	Drug Adjudication	O	1	
X	415	HI	Health Care Information Codes	O	25	
	420	PWK	Paperwork	O	5	
X	425	CR1	Ambulance Certification	O	1	n18
X	430	CR2	Chiropractic Certification	O	5	
X	435	CR3	Durable Medical Equipment Certification	O	1	
X	440	CR4	Enteral or Parenteral Therapy Certification	O	3	
X	445	CR5	Oxygen Therapy Certification	O	1	
X	450	CRC	Conditions Indicator	O	3	
R	455	DTP	Service Date	O	1	
	455	DTP	Prescription Fill	O	1	
X	460	QTY	Quantity	O	5	
X	462	MEA	Measurements	O	20	
X	465	CN1	Contract Information	O	1	
X	470	REF	Reference Identification	O	30	
	475	AMT	Monetary Amount	O	2	
X	480	K3	File Information	O	10	
X	485	NTE	Note/Special Instruction	O	10	
X	488	PS1	Purchase Service	O	1	
X	490	IMM	Immunization Status Code	O	>1	
X	491	HSD	Health Care Services Delivery	O	1	
X	492	HCP	Health Care Pricing	O	1	
LOOP ID - 2410						>1
X	493	LIN	Item Identification	O	1	n19
X	494	CTP	Pricing Information	O	1	
X	495	REF	Reference Identification	O	1	
LOOP ID - 2420						10
X	500	NM1	Individual or Organizational Name	O	1	n20
X	505	PRV	Provider Information	O	1	
X	510	N2	Additional Name Information	O	2	
X	514	N3	Address Information	O	2	
X	520	N4	Geographic Location	O	1	
X	525	REF	Reference Identification	O	20	
X	530	PER	Administrative Communications Contact	O	2	
LOOP ID - 2430						>1
	540	SVD	Service Line Adjudication	O	1	n21
	545	CAS	Claims Adjustment	O	99	
	550	DTP	Date or Time or Period	O	1	
M	555	SE	Transaction Set Trailer	M	1	
M	560	GE	Functional Group Trailer	M	1	
M	570	IEA	Interchange Control 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 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.

Bureau for Children with Medical Handicaps

3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
9. Loop 2310 contains information about the rendering, referring, or attending provider.
10. Loop 2310 contains information about the rendering, referring, or attending provider.
11. Loop 2310 contains information about the rendering, referring, or attending provider.
12. Loop 2310 contains information about the rendering, referring, or attending provider.
13. Loop 2310 contains information about the rendering, referring, or attending provider.
14. Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
15. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
16. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
17. Loop 2400 contains Service Line information.
18. The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
19. Loop 2410 contains compound drug components, quantities and prices.
20. Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
21. SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.

Segment: **ISA** Interchange Control Header
Position: 002
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	ISA01	I01	Authorization Information Qualifier Code to identify the type of information in the Authorization Information 00 No Authorization Information Present (No Meaningful Information in I02)	M ID 2/2
M	ISA02	I02	Authorization Information Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M AN 10/10
M	ISA03	I03	Security Information Qualifier Code to identify the type of information in the Security Information 00 No Security Information Present (No Meaningful Information in I04)	M ID 2/2
M	ISA04	I04	Security Information This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	M AN 10/10
M	ISA05	I05	Interchange ID Qualifier Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified <i>Set by Trading Partner Agreement.</i> 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	M ID 2/2
M	ISA06	I06	Interchange Sender ID Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element <i>Set by Trading Partner Agreement.</i>	M AN 15/15
M	ISA07	I05	Interchange ID Qualifier Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified <i>Set by Trading Partner Agreement.</i>	M ID 2/2

Bureau for Children with Medical Handicaps

			01	Duns (Dun & Bradstreet)	
			14	Duns Plus Suffix	
			20	Health Industry Number (HIN)	
			27	Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			28	Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)	
			29	Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)	
			30	U.S. Federal Tax Identification Number	
			33	National Association of Insurance Commissioners Company Code (NAIC)	
			ZZ	Mutually Defined	
M	ISA08	I07	Interchange Receiver ID		M AN 15/15
			Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them <i>Set by Trading Partner Agreement.</i>		
M	ISA09	I08	Interchange Date		M DT 6/6
			Date of the interchange		
M	ISA10	I09	Interchange Time		M TM 4/4
			Time of the interchange		
M	ISA11	I10	Interchange Control Standards Identifier		M ID 1/1
			Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer		
			U	U.S. EDI Community of ASC X12, TDCC, and UCS	
M	ISA12	I11	Interchange Control Version Number		M ID 5/5
			This version number covers the interchange control segments		
			00401	Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
M	ISA13	I12	Interchange Control Number		M N0 9/9
			A control number assigned by the interchange sender <i>The Interchange Control Number should be incremented each time an ISA is created.</i>		
			The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer, IEA02.		
M	ISA14	I13	Acknowledgment Requested		M ID 1/1
			Code sent by the sender to request an interchange acknowledgment (TA1)		
			0	No Acknowledgment Requested	
			1	Interchange Acknowledgment Requested	
M	ISA15	I14	Usage Indicator		M ID 1/1
			Code to indicate whether data enclosed by this interchange envelope is test, production or information		
			P	Production Data	
			T	Test Data	
M	ISA16	I15	Component Element Separator		M AN 1/1
			Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator		

Segment: **GS** Functional Group Header
Position: 003
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a functional group and to provide control information
Syntax Notes:
Semantic Notes:

- 1 GS04 is the group date.
- 2 GS05 is the group time.
- 3 The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

Comments:

- 1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	GS01	479	Functional Identifier Code	M ID 2/2
			Code identifying a group of application related transaction sets HC Health Care Claim (837)	
M	GS02	142	Application Sender's Code	M AN 2/15
			Code identifying party sending transmission; codes agreed to by trading partners <i>Set by Trading Partner Agreement.</i>	
M	GS03	124	Application Receiver's Code	M AN 2/15
			Code identifying party receiving transmission; codes agreed to by trading partners <i>Set by Trading Partner Agreement.</i>	
M	GS04	373	Date	M DT 8/8
			Date expressed as CCYYMMDD Use this date for the Functional Group Creation Date.	
M	GS05	337	Time	M TM 4/8
			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) Use this time for the Functional Group Creation Time. The recommended format is HHMM.	
M	GS06	28	Group Control Number	M N0 1/9
			Assigned number originated and maintained by the sender <i>The Group Control Number should be incremented each time a GS is created.</i> The combination of the ISA Control Number (ISA13) and the Group Control Number (GS06) must be unique for each Functional Group. Otherwise, the Functional Group will be rejected as a duplicate.	
M	GS07	455	Responsible Agency Code	M ID 1/2
			Code used in conjunction with Data Element 480 to identify the issuer of the standard X Accredited Standards Committee X12	
M	GS08	480	Version / Release / Industry Identifier Code	M AN 1/12
			Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed 004010X096	

ASC X12N Version Identifier for Institutional Claims
*Use this value for functional groups containing
Institutional claims.*

All of the transaction sets (ST-SE) in this functional
group must contain only Institutional claims.

Segment: **ST** Transaction Set Header
Position: 005
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).

Comments:

- Notes:**
- * All of the claims in a transaction set (ST) must be of the same type as indicated by the code in BHT06. (billable claims).
 - *All of the claims for a Billing/Pay-to Provider (HL03='20', loop ID-2000A) must be grouped together, so each Billing/Pay-to provider must only occur once in a transaction set (ST).
 - * The following claims cannot be billed electronically:
 1. Service dates over 365 days old.
 2. Inpatient claims with discharge dates over 365 days old.

Data Element Summary

	Ref.	Data		Attributes
	Des.	Element	Name	
M	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set 837 Health Care Claim	M ID 3/3
M	ST02	329	Transaction Set Control Number 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. This unique number also aids in error resolution research. Submitters can send transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA_IEA), but can repeat in other groups and interchanges.	M AN 4/9

Segment: **BHT** **Beginning of Hierarchical Transaction**
Position: 010
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: * All of the claims in a transaction set (ST) must be of the same type as indicated by the code in BHT06. (billable claims). Initially, only billable claims will be accepted.

Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>		
M	BHT01	1005 Hierarchical Structure Code	M ID 4/4
		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	BHT02	353 Transaction Set Purpose Code	M ID 2/2
		Code identifying purpose of transaction set	
		BHT02 is intended to convey the electronic transmission status of the 837 batch contained in the ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.	
		00 Original	
		Use this value for claims/encounters which have never been sent to the receiver.	
		18 Reissue	
		Use this value when resending transmission batches that have been previously sent.	
>>	BHT03	127 Reference Identification	O AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
		<i>Originator Application Transaction Identifier.</i>	
		The inventory file number of the transmission assigned by the submitter's system. The number operates as batch control number. It may or may not be identical to the number carried in ST02.	
>>	BHT04	373 Date	O DT 8/8
		Date expressed as CCYYMMDD	
		<i>Transaction Set Creation Date.</i>	
		Identifies the date that the submitter created the file.	
>>	BHT05	337 Time	O TM 4/8
		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)	
		<i>Transaction Set Creation Time.</i>	
		Identifies the time of day that the submitter created the file.	
>>	BHT06	640 Transaction Type Code	O ID 2/2
		Code specifying the type of transaction	
		<i>Claim, Encounter, or Adjustment Indicator.</i>	
		CH Chargeable	
		Use this value when submitting billable claims for	

payment.

Segment: **REF** **Transmission Type Identification**
Position: 015
Loop:
Level: Heading
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: *Transmission Type Identification.*

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 87 Functional Category An organization or groups of organizations with a common operational orientation such as Quality Control Engineering, etc	M ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Used by BCMH processing.</i> Use value '004010X096' in this element to indicate an 837 Health Care Claim:Institutional transmission batch. If this element has data other than the value listed above, the transaction set (ST-SE) will be rejected. 004010X096 ASC X12N Version Identifier for Institutional Claims	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **NM1** **Submitter Name**
Position: 020
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Submitter Information, when NM101='41'.*
 Required for the submitter.

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 41 Submitter Entity transmitting transaction set	M ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity	M ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name <i>Submitter Last or Organization Name, when NM101='41'.</i>	O AN 1/35
	NM104	1036 Name First Individual first name <i>Submitter First Name, when NM101='41' and NM102='1'.</i> Required, if NM102='1'.	O AN 1/25
	NM105	1037 Name Middle Individual middle name or initial <i>Submitter Middle Name, when NM101='41' and NM102='1'.</i> Required, if NM102='1', and the middle name/initial is known.	O AN 1/25
X	NM106	1038 Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039 Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66 Identification Code Qualifier 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 a trading partner agreement.	X ID 1/2
>>	NM109	67 Identification Code Code identifying a party or other code <i>Submitter Primary Identification Number, when NM101='41'. Used by BCMH processing.</i> Submitter Primary Identification Number is the BCMH-assigned 7 character Medicaid Provider Number.	X AN 2/80
X	NM110	706 Entity Relationship Code Code describing entity relationship	X ID 2/2
X	NM111	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O ID 2/3

Segment: **PER** **Submitter EDI Contact**
Position: 045
Loop: 1000A Optional (Must Use)
Level: Heading
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: *Submitter Contact Information.*

Required for the submitter contact. The contact information in this segment should point to the person in the submitter organization who deals with the data transmission issues. If the data transmission problems arise, this is the person to contact in the submitter organization.
 Each communication number must include the area code. The extension, when applicable, must be included in the appropriate PER element immediately after the telephone number.(e.g. If telephone number is in PER04, then the extension must be in PER06).

Data Element Summary

Ref.	Data	Attributes	
<u>Des.</u>	<u>Element</u>	<u>Name</u>	
M	PER01	366	Contact Function Code M ID 2/2 Code identifying the major duty or responsibility of the person or group named IC Information Contact
>>	PER02	93	Name O AN 1/60 Free-form name <i>Submitter Contact Name, when NM101='41' and PER01='IC'.</i>
>>	PER03	365	Communication Number Qualifier X ID 2/2 Code identifying the type of communication number ED Electronic Data Interchange Access Number EM Electronic Mail FX Facsimile TE Telephone
>>	PER04	364	Communication Number X AN 1/80 Complete communications number including country or area code when applicable <i>Used by BCMH processing.</i> When this element is a telephone number, it must be the 10 digit number including the area code, with no edit characters.
	PER05	365	Communication Number Qualifier X ID 2/2 Code identifying the type of communication number ED Electronic Data Interchange Access Number EM Electronic Mail EX Telephone Extension This code indicates PER06 is the extension of the number in PER04. FX Facsimile TE Telephone
	PER06	364	Communication Number X AN 1/80 Complete communications number including country or area code when applicable <i>Used by BCMH processing.</i> Required when the submitter needs to convey additional submitter contact information.
	PER07	365	Communication Number Qualifier X ID 2/2

Bureau for Children with Medical Handicaps

Code identifying the type of communication number

- ED Electronic Data Interchange Access Number
- EM Electronic Mail
- EX Telephone Extension

This code indicates PER08 is the extension of the number in PER06.

- FX Facsimile
- TE Telephone

PER08 364 Communication Number X AN 1/80

Complete communications number including country or area code when applicable

Required when the submitter needs to convey additional submitter contact information.

X PER09 443 Contact Inquiry Reference O AN 1/20

Additional reference number or description to clarify a contact number

Segment: **NM1** Receiver Name
Position: 020
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Receiver Information, when NM101='40'.*
 Required for the receiver.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data 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 40 Receiver Entity to accept transmission	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Receiver Organization Name, when NM101='40'.</i>	O AN 1/35
X	NM104	1036	Name First Individual first name	O AN 1/25
X	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66	Identification Code Qualifier 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 ID 1/2
>>	NM109	67	Identification Code Code identifying a party or other code <i>Receiver Primary Identification Number, when NM101='40'. Used by BCMH processing.</i> BCM HODH Receiver Id for BCMH	X AN 2/80
X	NM110	706	Entity Relationship Code Code describing entity relationship	X ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O ID 2/3

Segment: **HL Billing/ Pay-to Provider Hierarchical Level**
Position: 001
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: *Billing/ Pay-to Provider Hierarchical Level, when HL03='20'.*

The Billing Provider HL is used to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in the Payer Loop ID-2010BC, within the Subscriber HL Loop (HL03='22') Id-2000B. The Billing Provider entity may be a health care provider, a billing service, or some other representative of the provider.

The Billing/Pay-to Provider HL may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use the Billing Provider loop ID-2010AA.

If the Service Facility Provider is the same entity as the Billing or the Pay-to Provider, then do not use Service Facility loop ID-2310E .

If the Billing or Pay-to Provider is also the same as the Service Facility Provider, and loop ID-2310E is not used. the loop ID-2000A PRV segment must be used to indicate which entity (Billing or Pay-to) is the Service Facility Provider.

* All of the claims for a Billing/Pay-to Provider must be grouped together, so each Billing/Pay-to provider must only occur once in a transaction set (ST).

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. While the implementation guide sets no specific limit to the number of Billing/Pay-to Hierarchical level loop, there is an implied maximum of 5000.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	HL01	628 Hierarchical ID Number	M AN 1/12
		A unique number assigned by the sender to identify a particular data segment in a hierarchical structure	
		HL01 must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.	
X	HL02	734 Hierarchical Parent ID Number	O 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 ID 1/2
		Code defining the characteristic of a level in a hierarchical structure	

Bureau for Children with Medical Handicaps
20

Information Source
Identifies the payor, maintainer, or source of the
information

Use this value for Billing/Pay-to Provider level.

>>

HL04

736

Hierarchical Child Code

O 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.

Required value, when HL03='20'.

Segment: **PRV** **Provider Information**
Position: 003
Loop: 2000A Mandatory
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the identifying characteristics of a provider
Syntax Notes:
Semantic Notes:
Comments:
Notes:

Required, if the Service Facility Provider is the same entity as the Billing Provider and/or Pay-to Provider. In these cases, the Service Facility Provider is being identified at this level for all subsequent claims in the HL batch and Service Facility loop ID-2310E is not used.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PRV01	1221	Provider Code Code identifying the type of provider BI Billing PT Pay-To	M ID 1/3
M	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification 'ZZ' indicates the 'Health Care Provider Taxonomy' Code list (provider specialty code) which is available on the Washington Publishing web site: http://www.wpc-edi.com . ZZ Mutually Defined	M ID 2/3
M	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30
X	PRV04	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency	O ID 2/2
X	PRV05	C035	Provider Specialty Information To provide provider specialty information	O
X	C03501	1222	Provider Specialty Code Code indicating the primary specialty of the provider, as defined by the receiver	M AN 1/3
X	C03502	559	Agency Qualifier Code Code identifying the agency assigning the code values	O ID 2/2
X	C03503	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O ID 1/1
X	PRV06	1223	Provider Organization Code Code identifying the organizational structure of a provider	O ID 3/3

Segment: **CUR** Currency
Position: 010
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:

This segment allows billing providers and billing services to submit claims for services provided in foreign countries. The absence of the CUR segment indicates that the claim is submitted in the currency that is normally used by the receiver for processing claims. For example, claims submitted by U.S. providers to U.S. receivers are assumed to be in U.S. dollars. Claims submitted by Canadian providers to Canadian receivers are assumed to be in Canadian dollars. Claims submitted by Canadian providers to U.S. receivers are assumed to be in Canadian dollars. In that case, the CUR would be used to indicate that the billed amounts are in Canadian dollars. In cases where COB is involved, adjudicated adjustments and amounts must also be in the currency indicated here.

Data Element Summary

Ref.	Des.	Data 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 ID 2/3
M	CUR02	100	Currency Code Code (Standard ISO) for country in whose currency the charges are specified Code Source 5: Countries, Currencies and Funds	M ID 3/3
X	CUR03	280	Exchange Rate Value to be used as a multiplier conversion factor to convert monetary value from one currency to another	O R 4/10
X	CUR04	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O ID 2/3
X	CUR05	100	Currency Code Code (Standard ISO) for country in whose currency the charges are specified	O ID 3/3
X	CUR06	669	Currency Market/Exchange Code Code identifying the market upon which the currency exchange rate is based	O ID 3/3
X	CUR07	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	X ID 3/3
X	CUR08	373	Date Date expressed as CCYYMMDD	O DT 8/8
X	CUR09	337	Time Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or	O TM 4/8

Bureau for Children with Medical Handicaps

			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)	
X	CUR10	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	X ID 3/3
X	CUR11	373	Date Date expressed as CCYYMMDD	X DT 8/8
X	CUR12	337	Time 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)	X TM 4/8
X	CUR13	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	X ID 3/3
X	CUR14	373	Date Date expressed as CCYYMMDD	X DT 8/8
X	CUR15	337	Time 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)	X TM 4/8
X	CUR16	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	X ID 3/3
X	CUR17	373	Date Date expressed as CCYYMMDD	X DT 8/8
X	CUR18	337	Time 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)	X TM 4/8
X	CUR19	374	Date/Time Qualifier Code specifying type of date or time, or both date and time	X ID 3/3
X	CUR20	373	Date Date expressed as CCYYMMDD	X DT 8/8
X	CUR21	337	Time 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)	X TM 4/8

Segment: **NM1** **Billing Provider Name**
Position: 015
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Billing Provider Name, when NM101='85' and HL03='20'.*

Required for Billing Provider Name. The Billing Provider loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. All billing entities must use the 7-digit Medicaid Provider Number. If the Service Facility Provider is the same entity as the Billing Provider, the Service Facility loop ID-2310E is not needed.

Data Element Summary

Ref.	Data Des.	Data Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 85 Billing Provider Use this code to indicate billing provider, billing submitter, and encounter reporting entity.	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Billing Provider Organization Name, when NM101='85'. UB-92 Form Location 1, Line 1. EMC v4.1 Record Type 10 Field No. 12.</i>	O AN 1/35
X	NM104	1036	Name First Individual first name	O AN 1/25
X	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) If NM108='XX' is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop. The number sent is the one which is used on the 1099. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Required value for Billing Provider when the National Provider Identifier is available.	X ID 1/2
>>	NM109	67	Identification Code Code identifying a party or other code <i>Billing Provider Identifier, when NM101='85' and NM108=('24' or '34'). This element must be the National Provider Identifier when it becomes available,</i>	X AN 2/80

Bureau for Children with Medical Handicaps

and NM108='XX'. UB-92 Form Location 5; EMC v4.1 Record Type 10 Field Nos.4-5.

X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **N3 Billing Provider Address Information**
Position: 025
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: *Billing Provider Address, when NM101='85' and HL03='20'.*

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166	Address Information Address information <i>Billing Provider Address Line 1, when NM101='85' and HL03='20'. UB-92 Form Location 1, Line 2. EMC V4.1 Record Type 10, Field No. 13.</i>	M AN 1/55
	N302	166	Address Information Address information <i>Billing Provider Address Line 2, when NM101='85' and HL03='20'.</i> Required if a second address line exists.	O AN 1/55

Segment: **N4 Billing Provider Geographic Location**
Position: 030
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 If N406 is present, then N405 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: *Billing Provider Location, when NM101='85' and HL03='20'.*

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	N401	19	City Name Free-form text for city name <i>Billing Provider City, when NM101='85' and HL03='20'. UB-92 Form Location 1, Line 3. EMC V4.1 Record Type 10, Field No. 14.</i>	O AN 2/30
>>	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency <i>Billing Provider State, when NM101='85' and HL03='20'. UB-92 Form Location 1, Line 3. EMC V4.1 Record Type 10, Field No. 15.</i> Code Source 22: States and Outlying Areas of the U.S.	O ID 2/2
>>	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <i>Billing Provider Zip, when NM101='85' and HL03='20'. UB-92 Form Location 1, Line 3. EMC V4.1 Record Type 10, Field No. 16.</i> Code Source 51: Zip Code	O ID 3/15
	N404	26	Country Code Code identifying the country <i>Billing Provider Country Code, when NM101='85' and HL03='20'. UB-92 Form Location 1, Line 4, positions 23-25. EMC V4.1 Record Type 10, Field No. 18.</i> Required when the address is outside of the U.S. Code Source 5: Countries, Currencies and Funds.	O ID 2/3
X	N405	309	Location Qualifier Code identifying type of location	X ID 1/2
X	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

Segment: **REF** **Billing Provider Secondary Identification**
Position: 035
Loop: 2010AA Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 8
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:

Billing Provider Medicaid Number, when NM101='85' and REF01='ID'.
Billing Provider Employer's Identification, when NM101='85' and REF01='EI'.
Billing Provider Social Security Number, when NM101='85' and REF01='SY'.

Maximum occurrence of 1 for each of the above per NMI Loop ID-2010AA.

Required for Billing Provider Medicaid Provider Number. *If the Medicaid Provider Number is not included, all of the claims for the Billing Provider are rejected.

If NM108='XX', in this loop and the National Provider ID is available, then either the Employer's Identification Number or Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification 1D Medicaid Provider Number <i>UB-92 Form Location 51 (A-C). EMC v4.1 Record Type 10, Field No. 7.</i> Valid value for Billing Provider on Medicaid Claims. EI Employer's Identification Number <i>UB-92 Form Location 5. EMC v4.1 Record Type 10, Field Nos. 4-5.</i> Valid value when NM108='XX', in this loop and the National Provider ID is available SY Social Security Number <i>UB-92 Form Location 5. EMC v4.1 Record Type 10, Field Nos. 4-5.</i> Valid value when NM108='XX', in this loop and the National Provider ID is available Not a valid value for Medicare.
>>	REF02	127	Reference Identification X AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Billing Provider Secondary Identifier, when NM101='85' and REF01='ID'.</i> <i>UB-92 Form Location 51 (A-C). EMC v4.1 Record Type 10, Field No. 7.</i> <i>Used by BCMH processing.</i> * Billing Provider Secondary Identifier is the 7-digit Billing Provider's Medical Provider Number.
X	REF03	352	Description X AN 1/80 A free-form description to clarify the related data elements and their content
X	REF04	C040	Reference Identifier O To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier
X	C04001	128	Reference Identification Qualifier M ID 2/3

Bureau for Children with Medical Handicaps

			Code qualifying the Reference Identification		
X	C04002	127	Reference Identification	M	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04003	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
X	C04004	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
X	C04005	128	Reference Identification Qualifier	X	ID 2/3
			Code qualifying the Reference Identification		
X	C04006	127	Reference Identification	X	AN 1/30
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		

Segment: **PER Billing Provider Contact**
Position: 040
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: *Billing Provider Contact Information, when NM101='85'.*

Required for Billing Provider, if this information is different than that contained in the Loop ID-1000 Submitter PER segment.

Each communication number must include the area code. The extension, when applicable, must be included in the appropriate PER element immediately after the telephone number.(e.g. If telephone number is in PER04, then the extension must be in PER06).

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	PER01	366	Contact Function Code Code identifying the major duty or responsibility of the person or group named IC Information Contact	M ID 2/2
	PER02	93	Name Free-form name <i>Billing Provider Contact Name, when NM101='85'.</i>	O AN 1/60
	PER03	365	Communication Number Qualifier Code identifying the type of communication number EM Electronic Mail FX Facsimile <i>UB-92 Form Location 1, Line 4, Positions 12-21. EMC v4.1 Record Type 10, Field No. 17.</i> TE Telephone <i>UB-92 Form Location 1, Line 4, Positions 1-10. EMC v4.1 Record Type 10, Field No. 11.</i>	X ID 2/2
	PER04	364	Communication Number Complete communications number including country or area code when applicable When this element is a telephone number, it must be the 10 digit number including the area code, with no edit characters.	X AN 1/80
	PER05	365	Communication Number Qualifier Code identifying the type of communication number EM Electronic Mail EX Telephone Extension FX Facsimile <i>UB-92 Form Location 1, Line 4, Positions 12-21. EMC v4.1 Record Type 10, Field No. 17.</i> TE Telephone <i>UB-92 Form Location 1, Line 4, Positions 1-10. EMC v4.1 Record Type 10, Field No. 11.</i>	X ID 2/2
	PER06	364	Communication Number Complete communications number including country or area code when applicable When this element is a telephone number, it must be the 10 digit number including the area code, with no edit characters.	X AN 1/80
	PER07	365	Communication Number Qualifier	X ID 2/2

Bureau for Children with Medical Handicaps

Code identifying the type of communication number

EM Electronic Mail

EX Telephone Extension

FX Facsimile

UB-92 Form Location 1, Line 4, Positions 12-21. EMC

v4.1 Record Type 10, Field No. 17.

TE Telephone

UB-92 Form Location 1, Line 4, Positions 1-10. EMC

v4.1 Record Type 10, Field No. 11.

PER08 364 Communication Number X AN 1/80

Complete communications number including country or area code when applicable

When this element is a telephone number, it must be the 10 digit number including the area code, with no edit characters.

X PER09 443 Contact Inquiry Reference O AN 1/20

Additional reference number or description to clarify a contact number

Segment: **NM1** Pay-to Provider Name
Position: 015
Loop: 2010AB Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Pay-to Provider Name, when NM101='87' and HL03='20'.*
 Required for Pay-to Provider Name, if the Pay-to Provider is a different entity than the Billing Provider. If the Service Facility Provider is the same entity as the Pay-to Provider, the Service Facility loop ID-2310E is not needed.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 87 Pay-to Provider	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Pay-to Provider Organization Name, when NM101='87'.</i>	O AN 1/35
X	NM104	1036	Name First Individual first name	O AN 1/25
X	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Pay-to Provider, if Pay-to Provider is used. If NM108='XX' is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop. The number sent is the one which is used on the 1099. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Required value for Pay-to Provider when the National Provider Identifier is available.	X ID 1/2
>>	NM109	67	Identification Code Code identifying a party or other code <i>Pay-to Provider Identifier, when NM101='87' and NM108=('24' or '34'). This element must be the National Provider Identifier when it becomes available, and NM108='XX'.</i> Required for Pay-to Provider.	X AN 2/80
X	NM110	706	Entity Relationship Code Code describing entity relationship	X ID 2/2
X	NM111	98	Entity Identifier Code	O ID 2/3

Bureau for Children with Medical Handicaps

Code identifying an organizational entity, a physical location, property or an individual

Segment: **N3 Pay-to Provider Address Information**
Position: 025
Loop: 2010AB Optional (Recommended)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Pay-to Provider Address, when NM101='87' and HL03='20'.*
 Required for Pay-to Provider Address, if Pay-to Provider is used.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166 Address Information	M AN 1/55
		Address information <i>Pay-to Provider Address Line 1, when NM101='87' and HL03='20'.</i>	
	N302	166 Address Information	O AN 1/55
		Address information <i>Pay-to Provider Address Line 2, when NM101='87' and HL03='20'.</i> Required if a second address line exists.	

Segment: **N4 Pay-to Provider Geographic Location**
Position: 030
Loop: 2010AB Optional (Recommended)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 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: *Pay-to Provider Location, when NM101='87' and HL03='20'.*
 Required when the associated N3 segment is present.
 Required for Pay-to Provider Location, if Pay-to Provider is used.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	N401	19	City Name Free-form text for city name <i>Pay-to Provider City, when NM101='87' and HL03='20'.</i>	O AN 2/30
>>	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency <i>Pay-to Provider State, when NM101='87' and HL03='20'.</i> Code Source 22: States and Outlying Areas of the U.S.	O ID 2/2
>>	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <i>Pay-to Provider Zip, when NM101='87' and HL03='20'.</i> Code Source 51: Zip Code	O ID 3/15
	N404	26	Country Code Code identifying the country <i>Pay-to Provider Country Code, when NM101='87' and HL03='20'.</i> Required when the address is outside of the U.S. Code Source 5: Countries, Currencies and Funds.	O ID 2/3
X	N405	309	Location Qualifier Code identifying type of location	X ID 1/2
X	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

Segment: **REF** **Pay-to Provider Secondary Identification**
Position: 035
Loop: 2010AB Optional (Recommended)
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:

Pay-to Provider Medicaid Number, when NM101='87' and REF01='ID'.
Pay-to Provider Employer's Identification, when NM101='87' and REF01='EI'.
Pay-to Provider Social Security Number, when NM101='87' and REF01='SY'.

Maximum occurrence of 1 for each of the above per NMI Loop ID-2010.

Required for Pay-to Provider Medicaid Provider Number, if Pay-to Provider is used. *If the Medicaid Provider Number is not included, all of the claims for the Pay-to Provider are rejected.
 If NM108='XX', in this loop and the National Provider ID is available, then either the Employer's Identification Number or Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification 1D Medicaid Provider Number <i>UB-92 Form Location 51 (A-C). EMC v4.1 Record Type 10, Field No. 7.</i> Valid value for Pay-to Provider on Medicaid Claims. EI Employer's Identification Number <i>UB-92 Form Location 5. EMC v4.1 Record Type 10, Field Nos. 4-5.</i> Valid value when NM108='XX', in this loop and the National Provider ID is available SY Social Security Number <i>UB-92 Form Location 5. EMC v4.1 Record Type 10, Field Nos. 4-5.</i> Valid value when NM108='XX', in this loop and the National Provider ID is available Not a valid value for Medicare.
>>	REF02	127	Reference Identification X AN 1/30 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Pay-to Provider Secondary Identifier, when NM101='87' and REF01='ID'.</i> <i>Used by BCMH processing.</i> * Pay-to Provider Secondary Identifier is the Pay-to Provider's 7-digit Medicaid Provider Number.
X	REF03	352	Description X AN 1/80 A free-form description to clarify the related data elements and their content
X	REF04	C040	Reference Identifier O To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier
X	C04001	128	Reference Identification Qualifier M ID 2/3 Code qualifying the Reference Identification

Bureau for Children with Medical Handicaps

X	C04002	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M	AN 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **HL** **Subscriber Hierarchical Level**
Position: 001
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: *Subscriber Hierarchical Level, when HL03='22'.*

The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity.

Receiving trading partners may have system limitations regarding the size of the transmission they can receive. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical level loops, there is an implied maximum of 5000.

Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	HL01	628	Hierarchical ID Number A unique number assigned by the sender to identify a particular data segment in a hierarchical structure HL01 must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.	M AN 1/12
>>	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to	O AN 1/12
M	HL03	735	Hierarchical Level Code 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 Use this value for the Subscriber (Patient) level. Because the Subscriber is the same person as the Patient, a separate Patient HL loop is not used.	M ID 1/2
>>	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subordinate to the level being described The claim loop (Loop-ID-2300) can be used only when HL04 has no subordinate levels (HL04='0').	O ID 1/1

Bureau for Children with Medical Handicaps
0

No Subordinate HL Segment in This Hierarchical
Structure.

Required value, when HL03='22'.

Segment: **SBR** **Subscriber Information**
Position: 005
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: *Subscriber's Information*
 Required when HL03='22'.

Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>		
M	SBR01	1138 Payer Responsibility Sequence Number Code	M ID 1/1
		Code identifying the insurance carrier's level of responsibility for a payment of a claim <i>UB-92 Form Location 50-55 (A-C) and 58-66 (A-C). EMC v4.1 Record Types 30, 31, 32, (Sequence 01-03) Field No. 2 and Record Type 40 Field Nos 5-7.</i> <i>Used by BCMH processing.</i> P Primary S Secondary T Tertiary Use to indicate the 'payer of last resort'.	
>>	SBR02	1069 Individual Relationship Code	O ID 2/2
		Code indicating the relationship between two individuals or entities <i>UB-92 Form Location 59 (A-C) EMC v4.1 Record Types 30 Field No.18.</i> Required because the subscriber is the same person as the patient. 18 Self	
	SBR03	127 Reference Identification	O AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Insured Group Number. UB-92 Form Location 62 (A-C) EMC v4.1 Record Type 30 (Sequence 01-03) Field No.10.</i> Use this element to carry the subscriber's group number, but not the number that uniquely identifies the subscriber. The insured's identification number is in NM109, when NM101='IL'.	
	SBR04	93 Name	O AN 1/60
		Free-form name <i>Insured Group Name. UB-92 Form Location 61 (A-C) EMC v4.1 Record Type 30 (Sequence 01-03) Field No.11.</i> This element should only be used when there is no Group Number in SBR03.	
X	SBR05	1336 Insurance Type Code	O ID 1/3
		Code identifying the type of insurance policy within a specific insurance program	
X	SBR06	1143 Coordination of Benefits Code	O ID 1/1
		Code identifying whether there is a coordination of benefits	
X	SBR07	1073 Yes/No Condition or Response Code	O ID 1/1
		Code indicating a Yes or No condition or response	
X	SBR08	584 Employment Status Code	O ID 2/2
		Code showing the general employment status of an employee/claimant	
>>	SBR09	1032 Claim Filing Indicator Code	O ID 1/2
		Code identifying type of claim	

Bureau for Children with Medical Handicaps

UB-92 Form Location N/A. EMC v4.1 Record Type 30 Field No. 4.

All claims in this subscriber HL loop ID-2000B (HL03='22') are of the type indicated by this code value.

MA	Medicare Part A <i>UB-92 Form Location N/A. EMC v4.1 code value 'C'.</i>
MC	Medicaid <i>UB-92 Form Location N/A. EMC v4.1 code value 'D'.</i>

Segment: **PAT Patient Information**
Position: 007
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:

Subscriber (Patient) Information.

Required when HL03='22', the Subscriber is the same person as the Patient (SBR02='18'), and the information in this segment is necessary to file the claim/encounter.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
X	PAT01	1069	Individual Relationship Code	O ID 2/2
			Code indicating the relationship between two individuals or entities	
X	PAT02	1384	Patient Location Code	O ID 1/1
			Code identifying the location where patient is receiving medical treatment	
X	PAT03	584	Employment Status Code	O ID 2/2
			Code showing the general employment status of an employee/claimant	
X	PAT04	1220	Student Status Code	O ID 1/1
			Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured	
X	PAT05	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format	
X	PAT06	1251	Date Time Period	X AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
	PAT07	355	Unit or Basis for Measurement Code	X ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
			Required on (1) claims/encounters for delivery services (newborn's birth weight) and (2) claims/encounters involving EPO (epoetin) for patients on dialysis and Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.	
		GR	Gram	
			Use this value when the patient's age is less than 29 days old.	
	PAT08	81	Weight	X R 1/10
			Numeric value of weight	
			<i>Patient Weight.</i>	
			Required when the Patient's Age is less than 29 days. Patient's age is calculated as (Admission Date - Date of Birth).	
	PAT09	1073	Yes/No Condition or Response Code	O ID 1/1
			Code indicating a Yes or No condition or response	
			<i>Patient Pregnancy Indicator</i>	
			Required when required by state law.	
		Y	Yes	

Segment: **NM1** Subscriber Name
Position: 015
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Subscriber (Patient) Name, when NM101='IL', and HL03='22'.*
 Required for Subscriber (Patient) Name.

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 Valid value for the Subscriber (Patient).	M ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person Required value for Subscriber (Patient) Name. Because the subscriber is always the patient for BCMH, this is the expected value.	M ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name <i>Subscriber (Patient) Last or Organization Name, when NM101='IL'. UB-92 Form Location 58 (A-C) EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 12. Used by BCMH processing.</i>	O AN 1/35
	NM104	1036 Name First Individual first name <i>Subscriber (Patient) First Name, when NM101='IL'. UB-92 Form Location 58 (A-C) EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 13. Used by BCMH processing.</i> Required if NM102 = '1'.	O AN 1/25
	NM105	1037 Name Middle Individual middle name or initial <i>Subscriber (Patient) Middle Name/Initial, when NM101='IL'. UB-92 Form Location 58 (A-C) EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 14. Used by BCMH processing.</i> Required if NM102='1' and the middle name/initial is known.	O AN 1/25
X	NM106	1038 Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039 Name Suffix Suffix to individual name <i>Subscriber (Patient) Name Suffix, when NM101='IL'.</i> Required if NM102='1' and the name suffix is known.	O AN 1/10
>>	NM108	66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Subscriber (Patient).	X ID 1/2

			MI	Member Identification Number Valid value for the Subscriber (Patient) ID assigned by the payer, until the HIPAA Individual Identifier has been adopted. Indicates the BCMH Recipient ID.	
			ZZ	Mutually Defined Valid value for the Subscriber (Patient) ID assigned by the payer, when the HIPAA Individual Identifier is available.	
>>	NM109	67	Identification Code		X AN 2/80
			Code identifying a party or other code <i>Subscriber's (Patient's) Medicaid Identifier, when NM101='IL' and NM108='MI'. UB-92 Form Location 60 (A-C); EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 7. This element must be the National Individual Identifier when it becomes available, and NM108='ZZ'. Used by BCMH processing.</i> Required for Subscriber (Patient) Identifier. *The BCMH Medicaid Recipient Identifier is a unique number assigned to each Subscriber (Patient).		
X	NM110	706	Entity Relationship Code		X ID 2/2
			Code describing entity relationship		
X	NM111	98	Entity Identifier Code		O ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		

Segment: N3 **Subscriber Address Information**
Position: 025
Loop: 2010BA 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: *Subscriber (Patient) Address, when NM101='IL', HL03='22' and SBR02='18'.
 Maximum occurrence of 1.*
 Required for the Subscriber (Patient) Address.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166 Address Information Address information <i>Subscriber (Patient) Address Line 1, when NM101='IL' and HL03='22' and SBR02='18'. UB-92 Form Location 84, Line b. EMC V4.1 Record Type 31 (Sequence 01-03), Field No. 4.</i>	M AN 1/55
	N302	166 Address Information Address information <i>Subscriber (Patient) Address Line 2, when NM101='IL' and HL03='22' and SBR02='18'. EMC v4.1 Record Type 31 (Sequence 01-03) Field No. 5.</i> Required if a second address line exists.	O AN 1/55

Segment: **N4** **Subscriber Geographic Location**
Position: 030
Loop: 2010BA 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 If N406 is present, then N405 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: *Subscriber (Patient) Location, when NM101='IL', HL03='22' and SBR02='18'.*
 Required when the associated N3 segment is present.
 Required for the Subscriber (Patient) Location.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
>>	N401	19 City Name Free-form text for city name <i>Subscriber (Patient) City, when NM101='IL' and HL03='22' and SBR02='18' UB-92 Form Location 84, Line c. EMC V4.1 Record Type 31 (Sequence 01-03), Field No. 6.</i>	O AN 2/30
>>	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency <i>Subscriber (Patient) State, when NM101='IL' and HL03='22' and SBR02='18' UB-92 Form Location 84, Line c. EMC V4.1 Record Type 31 (Sequence 01-03), Field No.7.</i>	O ID 2/2
>>	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <i>Subscriber (Patient) Zip, when NM101='IL' and HL03='22' and SBR02='18' UB-92 Form Location 84, Line d. EMC V4.1 Record Type 31 (Sequence 01-03), Field No.8.</i>	O ID 3/15
	N404	26 Country Code Code identifying the country <i>Subscriber (Patient) Country Code, when NM101='IL' and HL03='22' and, SBR02='18</i> <i>Required when the address is outside of the U.S.</i> <i>Code Source 5: Countries, Currencies and Funds.</i>	O ID 2/3
X	N405	309 Location Qualifier Code identifying type of location	X ID 1/2
X	N406	310 Location Identifier Code which identifies a specific location	O AN 1/30

Segment: **DMG** **Subscriber Demographic Information**
Position: 032
Loop: 2010BA 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.
Semantic Notes: 1 DMG02 is the date of birth.
 2 DMG07 is the country of citizenship.
 3 DMG09 is the age in years.
Comments:
Notes: *Subscriber (Patient) Demographic Information, when HL03='22'.*

Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>		
>>	DMG01	1250 Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X ID 2/3
>>	DMG02	1251 Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Subscriber (Patient) Birth Date, when HL03='22'. UB-92 Form Location N/A. EMC V4.1 Record Type 20, Field No. 8 (MMDDCCYY) Used by BCMH processing.</i>	X AN 1/35
>>	DMG03	1068 Gender Code Code indicating the sex of the individual <i>Subscriber (Patient) Gender Code, when HL03='22'. UB-92 Form Location N/A. EMC V4.1 Record Type 30, Field No. 15. Used by BCMH processing.</i>	O ID 1/1
		F Female M Male U Unknown	
X	DMG04	1067 Marital Status Code Code defining the marital status of a person	O ID 1/1
X	DMG05	1109 Race or Ethnicity Code 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	O ID 1/1
X	DMG06	1066 Citizenship Status Code Code indicating citizenship status	O ID 1/2
X	DMG07	26 Country Code Code identifying the country	O ID 2/3
X	DMG08	659 Basis of Verification Code Code indicating the basis of verification	O ID 1/2
X	DMG09	380 Quantity Numeric value of quantity	O R 1/15

Segment: **NM1** Payer Name
Position: 015
Loop: 2010BC 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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: Payer Name, when NM101='PR', and HL03='22'.

Required for Payer Name.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual PR Payer Valid value for the Payer.	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity Required value for Payer Name.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Payer Organization Name, when NM101='PR'. UB-92 Form Location 50 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 8b. EMC v4.1 Record Type 32 (Sequence 01-03) Field No. 4.</i>	O AN 1/35
X	NM104	1036	Name First Individual first name	O AN 1/25
X	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Payer Identifier. PI Payor Identification Valid value for Payer Identifier, until the National Payer ID is available. XV Health Care Financing Administration National Payer Identification Number (PAYERID) Required value for Payer Identifier when the National Payer Identifier is available.	X ID 1/2
>>	NM109	67	Identification Code Code identifying a party or other code <i>Payer Identifier, when NM101='PR' and NM108='PI'. This element must be the National Payer Identifier when it becomes available, and NM108='XV'. UB-92 Form Location N/A; EMC v4.1 Record Type 30 (Sequence 01-03) Field Nos.5-6. Used by BCMH processing.</i> Required for Primary Payer Identifier, when NM101='PR'. The National Plan	X AN 2/80

Identifier is required, when it is available, Code Source: 540.

X	NM110	706	BCM HODH Value for Payer Id Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **NM1** **Responsible Party Name**
Position: 015
Loop: 2010BD 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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Responsible Party, when NM101='QD' and HL03='22'.*
 Required for Responsible Party for Medicare claims where there is no authorized representative and the provider of medical services has neither the responsible party's signature nor the patient's signature on file.

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 QD Responsible Party Person responsible for the affairs of the person having services rendered	M ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person Valid value for Responsible Party. 2 Non-Person Entity Valid value for Responsible Party.	M ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name <i>Responsible Party Last or Organization Name, when NM101='QD'.</i>	O AN 1/35
	NM104	1036 Name First Individual first name <i>Responsible Party First Name, when NM101='QD'.</i> Required if NM102='1'.	O AN 1/25
	NM105	1037 Name Middle Individual middle name or initial <i>Responsible Party Middle Name/Initial, when NM101='QD'.</i> Required if NM102='1' and the middle name/initial is known.	O AN 1/25
X	NM106	1038 Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039 Name Suffix Suffix to individual name <i>Responsible Party Name Suffix, when NM101='QD'.</i> Required if NM102='1' and the name suffix is known.	O AN 1/10
X	NM108	66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	X ID 1/2
X	NM109	67 Identification Code Code identifying a party or other code	X AN 2/80
X	NM110	706 Entity Relationship Code Code describing entity relationship	X ID 2/2
X	NM111	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O ID 2/3

Segment: **N3** **Responsible Party Address Information**
Position: 025
Loop: 2010BD Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Responsible Party Address, when NM101='QD' and HL03='22'.*
 Required for Responsible Party Address, if Responsible Party is used.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	N301	166	Address Information Address information <i>Responsible Party Address Line 1, when NM101='QD' and HL03='22'.</i>	M AN 1/55
	N302	166	Address Information Address information <i>Responsible Party Address Line 2, when NM101='QD' and HL03='22'.</i> Required if a second address line exists.	O AN 1/55

Segment: **N4** **Responsible Party Geographic Location**
Position: 030
Loop: 2010BD Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 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: *Responsible Party Location, when NM101='QD' and HL03='22'.*
 Required when the associated N3 segment is present.
 Required for Responsible Party, if Responsible Party is used.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
>>	N401	19	City Name Free-form text for city name <i>Responsible Party City, when NM101='QD' and HL03='22'.</i>	O AN 2/30
>>	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency <i>Responsible Party State, when NM101='QD' and HL03='22'.</i> Code Source 22: States and Outlying Areas of the U.S.	O ID 2/2
>>	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <i>Responsible Party Zip, when NM101='QD' and HL03='22'.</i> Code Source 51: Zip Code	O ID 3/15
	N404	26	Country Code Code identifying the country <i>Responsible Party Country Code, when NM101='QD' and HL03='22'.</i> Required when the address is outside of the U.S. Code Source 5: Countries, Currencies and Funds.	O ID 2/3
X	N405	309	Location Qualifier Code identifying type of location	X ID 1/2
X	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

Segment: **CLM Health Claim**
Position: 130
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: *Claim Information.*

BCMHI requires that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 99,000 CLM segments. There is no recommended limit to the number of ST-SE transaction within a GS-GE or ISA-IEA.

All claims in the subscriber HL loop ID-2000 (HL03='22') are of the type indicated by the code value in SBR09.

Data Element Summary

Ref.	Des.	Data Element	Name	Attributes
M	CLM01	1028	Claim Submitter's Identifier Identifier used to track a claim from creation by the health care provider through payment <i>Patient Control Number. UB-92 Form Location 3. EMC v4.1 Record Type 20, Field No. 3.</i> This number uniquely identifies a claim on the submitter's system. The number that the submitter transmits in this element is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this element as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. * Required for ODJFS processing, but ODJFHS can use, and return, up to 17 characters. This is the claim identifier that the billing provider needs to have returned on the ASC X12N 835 Remittance Advice to identify the claim.	M AN 1/38
>>	CLM02	782	Monetary Amount Monetary amount <i>Total Claim Charge Amount . UB-92 Form Location 47. Total of EMC v4.1 Record Type 90 Field No. 13 and Field No. 15.</i> Use this element to indicate the total amount of all submitted charges from the service segments for this claim. This amount is the total of the SV2 segments	O R 1/18
X	CLM03	1032	Claim Filing Indicator Code Code identifying type of claim	O ID 1/2
X	CLM04	1343	Non-Institutional Claim Type Code Code identifying the type of provider or claim	O ID 1/2
>>	CLM05	C023	Health Care Service Location Information To provide information that identifies the place of service or the type of bill	O

related to the location at which a health care service was rendered
Type of Bill.

M	C02301	1331	Facility Code Value Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format <i>Facility Type Code. UB-92 Form Location 4, Positions 1-2.. EMC v4.1 Record Type 40 Field No. 4, Positions 1-2. EMC v4.1 Record Type 10 Field No. 2, Positions 1-2. EMC v4.1 Record Type 95 (Batch Control) Field No. 5, Positions 1-2. Used by BCMH processing.</i> Code Source 236: Uniform Billing Claim Form Bill Type (Positions 1 and 2) First Digit - Type of Facility valid values: 1 - Hospital If the first digit is 1, second digit Classification valid values: 1 - Inpatient (Part A) 3 - Outpatient (includes HHA visits under a Part A plan of treatment and use of HHA DME under a Part A plan of treatment)	M AN 1/2
>>	C02302	1332	Facility Code Qualifier Code identifying the type of facility referenced A Uniform Billing Claim Form Bill Type	O ID 1/2
>>	C02303	1325	Claim Frequency Type Code Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type <i>Claim Frequency Code. UB-92 Form Location 4, Position 3. EMC v4.1 Record Type 40 Field No. 4, Position 3. EMC v4.1 Record Type 10 Field No. 2, Position 3. EMC v4.1 Record Type 95 (Batch Control) Field No. 5, Position 3. Used by BCMH processing.</i> Code Source 235: Claim Frequency Type Code. 1 Admit through discharge 5 Late charge	O ID 1/1
>>	CLM06	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response <i>Provider Signature on File.</i> N No Y Yes	O ID 1/1
	CLM07	1359	Provider Accept Assignment Code Code indicating whether the provider accepts assignment Indicates whether the provider accepts Medicare assignment. A Assigned C Not Assigned	O ID 1/1
>>	CLM08	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response <i>Benefits Assignment Certification Indicator. UB-92 Form Location 53 (A-C). EMC v4.1 Record Type 30, (Sequence 01-03), Field No. 17.</i> N No Y Yes	O ID 1/1
>>	CLM09	1363	Release of Information Code Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations <i>UB-92 Form Location 52 (A-C). EMC v4.1 Record Type 30, (Sequence 01-03), Field No. 16.</i> A Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M The Provider has Limited or Restricted Ability to Release	O ID 1/1

Data Related to a Claim

UB-92 Code 'R'.

N No, Provider is Not Allowed to Release Data
UB-92 Code 'N'.

O On file at Payor or at Plan Sponsor

Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim
UB-92 Code 'Y'.

X	CLM10	1351	Patient Signature Source Code	O	ID 1/1
			Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider		
	CLM11	C024	Related Causes Information	O	
			To identify one or more related causes and associated state or country information		
			<i>Related Cause Codes.</i>		
			CLM11-1, CLM11-2 or CLM11-3 are required when the condition being reported is accident or employment related.		
M	C02401	1362	Related-Causes Code	M	ID 2/3
			Code identifying an accompanying cause of an illness, injury or an accident		
			AA Auto Accident		
			AB Abuse		
			AP Another Party Responsible		
			EM Employment		
			OA Other Accident		
	C02402	1362	Related-Causes Code	O	ID 2/3
			Code identifying an accompanying cause of an illness, injury or an accident		
			Required when an additional Related Cause Code is applicable. Related Cause Code must not be duplicated.		
			AA Auto Accident		
			AB Abuse		
			AP Another Party Responsible		
			EM Employment		
			OA Other Accident		
	C02403	1362	Related-Causes Code	O	ID 2/3
			Code identifying an accompanying cause of an illness, injury or an accident		
			Required when an additional Related Cause Code is applicable. Related Cause Code must not be duplicated.		
			AA Auto Accident		
			AB Abuse		
			AP Another Party Responsible		
			EM Employment		
			OA Other Accident		
	C02404	156	State or Province Code	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate government agency		
			<i>Auto Accident State or Province Code.</i>		
			Required when CLM11-1, CLM11-2, or CLM11-3 equals 'AA'.		
	C02405	26	Country Code	O	ID 2/3
			Code identifying the country		
			Required when CLM11-4 is present and the accident occurred outside the U.S.		
	CLM12	1366	Special Program Code	O	ID 2/3
			Code indicating the Special Program under which the services rendered to the patient were performed		
			Required, if the services were rendered under one of the following circumstances, programs or projects.		
			01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)		
			02 Physically Handicapped Children's Program		
			03 Special Federal Funding		
			05 Disability		
			07 Induced Abortion - Danger to Life		

Bureau for Children with Medical Handicaps

			08	Induced Abortion - Rape or Incest		
			09	Second Opinion or Surgery		
X	CLM13	1073		Yes/No Condition or Response Code	O	ID 1/1
				Code indicating a Yes or No condition or response		
X	CLM14	1338		Level of Service Code	O	ID 1/3
				Code specifying the level of service rendered		
X	CLM15	1073		Yes/No Condition or Response Code	O	ID 1/1
				Code indicating a Yes or No condition or response		
X	CLM16	1360		Provider Agreement Code	O	ID 1/1
				Code indicating the type of agreement under which the provider is submitting this claim		
X	CLM17	1029		Claim Status Code	O	ID 1/2
				Code identifying the status of an entire claim as assigned by the payor, claim review organization or repricing organization		
X	CLM18	1073		Yes/No Condition or Response Code	O	ID 1/1
				Code indicating a Yes or No condition or response		
X	CLM19	1383		Claim Submission Reason Code	O	ID 2/2
				Code identifying reason for claim submission		
X	CLM20	1514		Delay Reason Code	O	ID 1/2
				Code indicating the reason why a request was delayed		

Segment: **DTP Discharge Hour**
Position: 135
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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: *Discharge Hour, when DTP01='096'.*

Required for Discharge Hour on all final Inpatient claims/encounters.
 The dates in Loop-ID-2300 apply to all service lines within Loop ID-2400.

Data Element Summary

Ref.	Data Element	Name	Attributes
M	DTP01	374 Date/Time Qualifier	M ID 3/3
		Code specifying type of date or time, or both date and time 096 Discharge	
M	DTP02	1250 Date Time Period Format Qualifier	M ID 2/3
		Code indicating the date format, time format, or date and time format TM Time Expressed in Format HHMM Time expressed in the format HHMM where HH is the numerical expression of hours in the day based on a twenty-four hour clock and MM is the numerical expression of minutes within an hour Valid value for Discharge Hour.	
M	DTP03	1251 Date Time Period	M AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times <i>Discharge Hour, when DTP01='096' and DTP02='TM'. UB-92 Form Location 21. EMC v4.1 Record Type 20, Field No. 22. Used by BCMH processing.</i>	
		* Use the hour code from the list below for Discharge Hour:	
		00 - 12:00-12:59 Midnight	
		01 - 01:00-01:59 am	
		02 - 02:00-02:59 am	
		03 - 03:00-03:59 am	
		04 - 04:00-04:59 am	
		05 - 05:00-05:59 am	
		06 - 06:00-06:59 am	
		07 - 07:00-07:59 am	
		08 - 08:00-08:59 am	
		09 - 09:00-09:59 am	
		10 - 10:00-10:59 am	
		11 - 11:00-11:59 am	
		12 - 12:00-12:59 Noon	
		13 - 01:00-01:59 pm	
		14 - 02:00-02:59 pm	
		15 - 03:00-03:59 pm	
		16 - 04:00-04:59 pm	
		17 - 05:00-05:59 pm	
		18 - 06:00-06:59 pm	
		19 - 07:00-07:59 pm	
		20 - 08:00-08:59 pm	
		21 - 09:00-09:59 pm	
		22 - 10:00-10:59 pm	
		23 - 11:00-11:59 pm	

Segment: **DTP Claim Statement Dates**
Position: 135
Loop: 2300 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: *Claim Statement Dates, when DTP01='434'.*
 Required for Claim Statement dates.
 The dates in Loop-ID-2300 apply to all service lines within Loop ID-2400.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time 434 Statement Date on which billing document was created	M ID 3/3
M	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD Valid value for Claim Statement Date, when the Claim Statement From and To Dates are the same date. RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date Valid value for Claim Statement From and To dates. Use this value when necessary to indicate the begin/end for the Claim Statement From and To Dates.	M ID 2/3
M	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Claim Statement Dates, when DTP01='434' and DTP02='RD8'. UB-92 Form Location 6 (From) and (Through). EMC v4.1 Record Type 20, Field Nos. 19 (MMDDYY) and 20 (MMDDYY). Used by BCMH processing.</i> * Required for Inpatient Hospital and Outpatient Hospital. These dates are the beginning and ending service dates of the period covered by this bill.	M AN 1/35

Segment: **DTP Admission Date/Hour**
Position: 135
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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: *Admission Date/Hour, when DTP01='435'.*

Required for Admission Date/ Hour on all Inpatient claims/encounters.
 The dates in Loop-ID-2300 apply to all service lines within Loop ID-2400.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time 435 Admission Date of entrance to a health care establishment	M ID 3/3
M	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format DT Date and Time Expressed in Format CCYYMMDDHHMM Valid value for Admission Date and Hour.	M ID 2/3
M	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Admission Date and Hour, when DTP01='435', and DTP02='DT'. UB-92 Form Location 17 (Admission Date). EMC v4.1 Record Type 20, Field No. 17. UB-92 Form Location 18 (Admission Hour). EMC v4.1 Record Type 20, Field No. 18. Used by BCMH processing.</i>	M AN 1/35

* Required for Admission Date and Hour for Inpatient Hospital.
 * Not required for Admission Date and Hour for Outpatient Hospital.

* Use the hour code from the list below for Admission Hour:
 00 - 12:00-12:59 Midnight
 01 - 01:00-01:59 am
 02 - 02:00-02:59 am
 03 - 03:00-03:59 am
 04 - 04:00-04:59 am
 05 - 05:00-05:59 am
 06 - 06:00-06:59 am
 07 - 07:00-07:59 am
 08 - 08:00-08:59 am
 09 - 09:00-09:59 am
 10 - 10:00-10:59 am
 11 - 11:00-11:59 am
 12 - 12:00-12:59 Noon
 13 - 01:00-01:59 pm
 14 - 02:00-02:59 pm
 15 - 03:00-03:59 pm
 16 - 04:00-04:59 pm
 17 - 05:00-05:59 pm
 18 - 06:00-06:59 pm
 19 - 07:00-07:59 pm
 20 - 08:00-08:59 pm
 21 - 09:00-09:59 pm
 22 - 10:00-10:59 pm

Segment: **CL1** Claim Codes
Position: 140
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
Max Use: 1
Purpose: To supply information specific to hospital claims
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Institutional Claim Codes.*

Required when reporting hospital based admission and outpatient registrations on claims. It may be used when the provider wishes to communicate this information on non-Medicare outpatient claims.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
CL101	1315	Admission Type Code	O ID 1/1
		Code indicating the priority of this admission <i>UB-92 Form Location 19. EMC v4.1 Record Type 20, Field No. 10. Used by BCMH processing.</i>	
		Required when patient is being admitted to the hospital for inpatient services. * Required for Inpatient Hospital and Outpatient Hospital. Code Source 231: Admission Type Code	
	1	Emergency <i>Use for emergency admissions, which are defined as any admission to treat a condition requiring medical and/or surgical treatment within the next 48 hours when, in the absence of such treatment, it can be reasonably be expected that the patient may suffer unbearable pain, physical impairment, serious bodily injury or death. This admission is exempt from preadmission certification. All psychiatric admissions (elective and emergency) require precertification.</i>	
		Valid value for Inpatient and Outpatient Hospital.	
	2	Other <i>Use for all admission types excluded from preadmission certification: -Substance abuse admissions -Maternity admissions -Admissions to hospitals in non-contiguous states -Recipients enrolled in Medicaid HMOs -Admissions for those elective surgical procedures which are not included in Appendix C of Rule 5101:3-2-21 of the Administrative Code -Patients who are jointly eligible for Medicare and Medicaid and who are being admitted under the Medicare Part A benefits. -Transfers from one hospital to another, with the exception of those hospitals identified for intensive review.</i>	
		Valid value for Inpatient Hospital only.	
	3	Elective <i>Use for Elective inpatient admissions, which must include a preadmission certification number.</i>	
		Valid value for Inpatient and Outpatient Hospital.	
	4	Newborn <i>Use for a newborn baby born within the billing</i>	

institution. Claims for all newborns must include a birthweight condition code.

- 5 Valid value for Inpatient Hospital only.
Pending Medicaid Elig Determn
Valid value for Inpatient Hospital only.
- 6 Recipient reviewed after admission, and admission denied
Use for a Medicaid recipient's admission which is not reviewed until after the admission and the admission is denied by the review agency.
Valid value for Inpatient Hospital only.
- 7 Admission with certification, but patient transferred to another hospital
Use for an admission for which preadmission certification was obtained, but patient was transferred to another hospital.
Valid value for Inpatient Hospital only.
- 8 Rehabilitation Admission
Valid value for Inpatient Hospital only.
- T Transferee Returned
Valid value for Inpatient Hospital only.

CL102 1314 Admission Source Code O ID 1/1

Code indicating the source of this admission
UB-92 Form Location 20. EMC v4.1 Record Type 20, Field No. 11. Used by BCMH processing.

Required for all inpatient admissions.
* Required for Inpatient Hospital. * Not required for Outpatient Hospital.
Code Source 230: Admission Source Code

- 1 Physician Referral
Use for Physician Referral.
Use for Newborn Admission, Normal Delivery, when Admission Type Code (CL101) = '4'.
Valid value for Inpatient Hospital only.
- 2 Clinic Referral
Use for Clinic Referral.
Use for Newborn Admission, Premature Delivery, when Admission Type Code (CL101) = '4'.
Valid value for Inpatient Hospital only.
- 3 HMO Referral
Use for HMO Referral.
Use for Newborn Admission, Sick Baby, when Admission Type Code (CL101) = '4'.
Valid value for Inpatient Hospital only.
- 4 Transfer from Hospital
Use for Transfer from Hospital.
Use for Newborn Admission, Extramural Birth, when Admission Type Code (CL101) = '4'.
Valid value for Inpatient Hospital only.
- 5 Transfer from SNF
Valid value for Inpatient Hospital only.
- 6 Transfer from HCF
Valid value for Inpatient Hospital only.
- 7 Emergency Room
Valid value for Inpatient Hospital only.
- 8 Court/Law Enforced
Valid value for Inpatient Hospital only.
- 9 Other
Valid value for Inpatient Hospital only.

CL103 1352 Patient Status Code O ID 1/2

Code indicating patient status as of the "statement covers through date"
UB-92 Form Location 22. EMC v4.1 Record Type 20, Field No. 21. Used by

Segment: **PWK** Paperwork
Position: 155
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: Required if the provider will be sending paper documentation supporting this claim. PWK segment should not be used, if the information related to the claim is sent within the 837 ST-SE envelope.
 Required to identify attachments that are sent electronically (PWK02='EL'), but are transmitted in another functional group, rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
 The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but is not being sent with the claim. Use code 'AA' in PWK02 to convey this specific use of the PWK segment.

Data Element Summary

<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PWK01	755 Report Type Code	M ID 2/2
		Code indicating the title or contents of a document, report or supporting item	
		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	
		CT Certification	
		DA Dental Models	
		Cast of the teeth; they are usually taken before partial dentures or braces are placed	
		DG Diagnostic Report	
		Report describing the results of lab tests x-rays or radiology films	
		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	
		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	

		OZ	Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim	
		PN	Physical Therapy Notes	
		PO	Prosthetics or Orthotic Certification	
		PZ	Physical Therapy Certification	
		RB	Radiology Films 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	
	PWK02	756	Report Transmission Code Code defining timing, transmission method or format by which reports are to be sent	O ID 1/2
		AA	Available on Request at Provider Site Paperwork is available at the provider's site. This means that the paperwork is not being sent with the claim at this time. Instead, it is available to the payer (or appropriate entity) at his/her request.	
		BM	By Mail	
		EL	Electronically Only	
		EM	E-Mail	
		FX	By Fax	
X	PWK03	757	Report Copies Needed The number of copies of a report that should be sent to the addressee	O NO 1/2
X	PWK04	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O ID 2/3
	PWK05	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required, if PWK02='BM', 'EL', 'EM', or 'FX'. May be used when PWK02 equals 'AA' if the Provider wants to send a document control number for an attachment remaining at the Providers office.	X ID 1/2
		AC	Attachment Control Number Means of associating electronic claim with documentation forwarded by other means	
	PWK06	67	Identification Code Code identifying a party or other code <i>Attachment Control Number</i> Required, if PWK02='BM', 'EL', 'EM', or 'FX'. May be used when PWK02 equals 'AA' if the Provider wants to send a document control number for an attachment remaining at the Providers office. Recommended that the sender identify the attachment with a unique attachment control number, so the recipient can match the attachment to the claim.	X AN 2/80
	PWK07	352	Description A free-form description to clarify the related data elements and their content <i>Attachment Description</i> Use to add any additional information about the attachment described in this segment.	O AN 1/80
X	PWK08	C002	Actions Indicated Actions to be performed on the piece of paperwork identified	O
X	C00201	704	Paperwork/Report Action Code 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	M ID 1/2
X	C00202	704	Paperwork/Report Action Code 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	O ID 1/2
X	C00203	704	Paperwork/Report Action Code	O ID 1/2

Bureau for Children with Medical Handicaps

X	C00204	704	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 Paperwork/Report Action Code	O	ID 1/2
X	C00205	704	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 Paperwork/Report Action Code	O	ID 1/2
X	PWK09	1525	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 Request Category Code	O	ID 1/2
			Code indicating a type of request		

Segment: **CN1 Contract Information**
Position: 160
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: Future Use. Always include this segment for encounters.

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	CN101	1166	Contract Type Code Code identifying a contract type 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	M ID 2/2
X	CN102	782	Monetary Amount Monetary amount	O R 1/18
X	CN103	332	Percent Percent expressed as a percent	O R 1/6
X	CN104	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	O AN 1/30
X	CN105	338	Terms Discount Percent Terms discount percentage, expressed as a percent, available to the purchaser if an invoice is paid on or before the Terms Discount Due Date	O R 1/6
X	CN106	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30

Segment: **AMT** Monetary Amount
Position: 175
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
Max Use: 5
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Payer Estimated Amount Due, when AMT01='C5'.
 Patient Estimated Amount Due, when AMT01='F3'.
 Patient Amount Paid, when AMT01='F5'.*

Maximum occurrence of 1 for each of the above.

The amounts in this segment at the claim level Loop-ID-2300 apply to all service lines. Required for Payer Estimated Amount Due, when Payer Estimated Amount Due is applicable to the claim.

Required for Patient Estimated Amount Due, when Patient Estimated Amount Due is applicable to the claim.

Required for Patient Paid Amount, when Patient Paid Amount is applicable to the claim.

Question: Are any of these amopunt fields applicable to BCMH? Will they always be zeroes?

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 C5 Claim Amount Due - Estimated Approximate value rightfully belonging to the individual Valid value for Payer Estimated Amount Due. F3 Patient Responsibility - Estimated Approximate value one receiving medical care is obliged to pay Valid value for Patient Estimated Amount Due. F5 Patient Amount Paid Monetary amount value already paid by one receiving medical care Patient Paid Amount.	M ID 1/3
M	AMT02	782	Monetary Amount Monetary amount <i>Payer Estimated Amount Due, when AMT01='C5'. UB-92 Form Location 55, (A-C). EMC v4.1 Record Type 20, Field No. 26. Patient Estimated Amount Due, when AMT01='F3'. UB-92 Form Location 55, Patient Line. EMC v4.1 Record Type 20, Field No. 24. Patient Amount Paid, when AMT01='F5'. UB-92 Form Location 54, Line P. EMC v4.1 Record Type 20, Field No. 23. Used by BCMH processing.</i>	M R 1/18
X	AMT03	478	Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

Segment: **REF** Reference Identification
Position: 180
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
Max Use: 10
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:

Prior Authorization Number, when REF01='G1'.
Referral Number, when REF01='9F'.
Claim Identification Number for Clearinghouses and Other Transmission Intermediaries, when REF01='D9'.
Medical Record Identification Number, when REF01 = 'EA'.

Maximum occurrence of 1 for each of the above.
Reference numbers at this position apply to the entire claim.
Required for Prior Authorization where services on this claim were preauthorized.
Required for Referral Number where services on this claim involved a referral.
Service Authorization Exception Code is used only in claims where providers are required by state law to obtain authorization for specific services, but for the reasons listed in REF02, performed the service without obtaining the service authorization.
Use for Claim Identification Number for Clearinghouses and Other Transmission Intermediaries, when the transmission intermediaries (Value-Added Networks, Automated Clearing Houses, and others) who need to attach their own unique a claim number.

Data Element Summary

Ref. Des.	Data Element	Name	Attributes
M	REF01	128 Reference Identification Qualifier	M ID 2/3
		Code qualifying the Reference Identification	
		9F Referral Number	
		D9 Claim Number	
		Sequence number to track the number of claims opened within a particular line of business	
		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	
		G1 Prior Authorization Number	
		An authorization number acquired prior to the submission of a claim	
>>	REF02	127 Reference Identification	X AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
		<i>Prior Authorization Number, when REF01='G1'. UB-92 Form Location 63 (A-C). EMC v4.1 Record Type 40, Field Nos. 5-7. (Treatment Authorization Number) Used by BCMH processing.</i>	
		<i>Medical Record Identification Number, when REF01 = 'EA'. Used by BCMH processing.</i>	
		<i>Referral Number, when REF01='9F'.</i>	
		<i>Claim Identification Number for Clearinghouses and Other Transmission</i>	

Intermediaries, when REF01='D9'.

Preauthorization/Referral Numbers are those numbers assigned by the payer/UMO to authorize a service prior to its being performed. The UMO (Utilization Management Organization) is generally the entity empowered to make a decision regarding the outcome of a health services review or the owner of information. The referral or prior authorization number carried in this segment is specific to the destination payer reported in the Payer loop ID-2010. If other payers have similar numbers for this claim, report that information in the Other Payer loop ID-2330 which holds that payer's information.

			Description	X	AN 1/80
X	REF03	352	A free-form description to clarify the related data elements and their content		
X	REF04	C040	Reference Identifier To identify one or more reference numbers or identification numbers as specified by the Reference Qualifier	O	
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **CR6 Home Health Care Certification**

Position: 216
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional

Max Use: 1

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

- Syntax Notes:**
- 1 If either CR603 or CR604 is present, then the other is required.
 - 2 If any of CR609 CR610 or CR611 is present, then all are required.
 - 3 If any of CR615 CR616 or CR617 is present, then all are required.

- Semantic Notes:**
- 1 CR602 is the date covered home health services began.
 - 2 CR604 is the certification period covered by this plan of treatment.
 - 3 CR605 is the date of onset or exacerbation of the principal diagnosis.
 - 4 A "Y" value indicates patient is receiving care in a 1861J1 (skilled nursing) facility. An "N" value indicates patient is not receiving care in a 1861J1 facility. A "U" value indicates it is unknown whether or not the patient is receiving care in a 1861J1 facility.
 - 5 CR607 indicates if the patient is covered by Medicare. A "Y" value indicates the patient is covered by Medicare; an "N" value indicates patient is not covered by Medicare.
 - 6 CR609 is date that the surgery identified in CR614 was performed.
 - 7 CR610 qualifies CR611.
 - 8 CR611 is the surgical procedure most relevant to the care being rendered.
 - 9 CR612 is the date the agency received the verbal orders from the physician for start of care.
 - 10 CR613 is the date that the patient was last seen by the physician.
 - 11 CR614 is the date of the home health agency's most recent contact with the physician.
 - 12 CR616 is the date range of the most recent inpatient stay.
 - 13 CR617 indicates the type of facility from which the patient was most recently discharged.
 - 14 CR618 is the date of onset or exacerbation of the first secondary diagnosis.
 - 15 CR619 is the date of onset or exacerbation of the second secondary diagnosis.
 - 16 CR620 is the date of onset or exacerbation of the third secondary diagnosis.
 - 17 CR621 is the date of onset or exacerbation of the fourth secondary diagnosis.

Comments:

Notes: Required for Home Health Care Claims.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	CR601	923	Prognosis Code	M ID 1/1
			Code indicating physician's prognosis for the patient <i>Prognosis Indicator. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 18.</i>	
			1 Poor	
			2 Guarded	
			3 Fair	
			4 Good	
			5 Very Good	
			6 Excellent	
			7 Less than 6 Months to Live	
			8 Terminal	
M	CR602	373	Date	M DT 8/8
			Date expressed as CCYYMMDD <i>Service From Date. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 5 (MMDDYY).</i>	
	CR603	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.	
			RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	
			A range of dates expressed in the format CCYYMMDD-	

CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

	CR604	1251	Date Time Period	X AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times <i>Home Health Certification Period. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field Nos. 6, 7.</i>	
			Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.	
>>	CR605	373	Date	O DT 8/8
			Date expressed as CCYYMMDD <i>Diagnosis Date. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 8 (MMDDYY).</i>	
>>	CR606	1073	Yes/No Condition or Response Code	O ID 1/1
			Code indicating a Yes or No condition or response <i>Skilled Nursing Facility Indicator. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 27.</i>	
			N No	
			U Unknown	
			Y Yes	
M	CR607	1073	Yes/No Condition or Response Code	M ID 1/1
			Code indicating a Yes or No condition or response <i>Medicare Coverage Indicator. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 24.</i>	
			N No	
			Y Yes	
M	CR608	1322	Certification Type Code	M ID 1/1
			Code indicating the type of certification <i>Certification Type Indicator. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 28.</i>	
			Required on claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.	
			I Initial	
			R Renewal	
			S Revised	
	CR609	373	Date	X DT 8/8
			Date expressed as CCYYMMDD <i>Surgery Date. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 10 (MMDDYY).</i>	
			Required when a surgical procedure was performed on the patient.	
	CR610	235	Product/Service ID Qualifier	X ID 2/2
			Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
			Required when a surgical procedure was performed on the patient.	
		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 <i>This code includes Current Procedural Terminology (CPT) and HCPCS coding.</i>	
			Code Source 130: Health Care Financing Administration Common Procedural Coding System.	
		ID	International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure The International Classification of Diseases, Clinical	

Modification, is designated for the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations, for data storage and retrieval; this is a procedure code

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

CR611 1137 Medical Code Value X AN 1/15
 Code value for describing a medical condition or procedure
Surgical Procedure Code. UB-92 Form Location N/A. EMC v4.1 Record Type 71, Field 9.

Required when a surgical procedure was performed on the patient.

CR612 373 Date O DT 8/8
 Date expressed as CCYYMMDD
Physician Order Date. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 19 (MMDDYY).

Required when the Provider has the Physician Order Date information on file.

CR613 373 Date O DT 8/8
 Date expressed as CCYYMMDD
Last Visit Date. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 25 (MMDDYY).

Required when the Provider has the Last Visit Date information on file.

CR614 373 Date O DT 8/8
 Date expressed as CCYYMMDD
Physician Last Contact Date. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 26 (MMDDYY).

Required when the Provider has the Physician Contact Date information on file.

CR615 1250 Date Time Period Format Qualifier X ID 2/3
 Code indicating the date format, time format, or date and time format

Required when a hospital admission occurred to the patient.

RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
 A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date

CR616 1251 Date Time Period X AN 1/35
 Expression of a date, a time, or range of dates, times or dates and times
Last Admission Period (Admission and Discharge Dates). UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 29-30 (MMDDYY).

Required when a hospital admission occurred to the patient.

>> **CR617 1384 Patient Location Code X ID 1/1**
 Code identifying the location where patient is receiving medical treatment
Patient Discharge Facility Type Code. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 31.

- A Acute Care Facility
- B Boarding Home
- C Hospice
- D Intermediate Care Facility
- E Long-term or Extended Care Facility
- F Not Specified
- G Nursing Home
- H Sub-acute Care Facility
- L Other Location
- M Rehabilitation Facility
- O Outpatient Facility

Bureau for Children with Medical Handicaps

R Residential Treatment Facility
 S Skilled Nursing Home
 T Rest Home

CR618	373	Date Date expressed as CCYYMMDD <i>Secondary Diagnosis Date -1. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 11 (MMDDYY).</i> Required when a secondary diagnosis code is present on this claim.	O DT 8/8
CR619	373	Date Date expressed as CCYYMMDD <i>Secondary Diagnosis Date -2. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 12 (MMDDYY).</i> Required when a second Secondary Diagnosis code is present on this claim.	O DT 8/8
CR620	373	Date Date expressed as CCYYMMDD <i>Secondary Diagnosis Date - 3. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 13 (MMDDYY).</i> Required when a third secondary diagnosis code is present on the claim.	O DT 8/8
CR621	373	Date Date expressed as CCYYMMDD <i>Secondary Diagnosis Date - 4. UB-92 Form Location N/A. EMC v4.1 Record Type 71 Field No. 14 (MMDDYY).</i> Required when a fourth secondary diagnosis code is present on the claim.	O DT 8/8

Segment: **HI** Principle Diagnosis Codes
Position: 231
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 If either C02203 or C02204 is present, then the other is required.
 3 If either C02203 or C02204 is present, then the other is required.
 4 If either C02203 or C02204 is present, then the other is required.
 5 If either C02203 or C02204 is present, then the other is required.
 6 If either C02203 or C02204 is present, then the other is required.
 7 If either C02203 or C02204 is present, then the other is required.
 8 If either C02203 or C02204 is present, then the other is required.
 9 If either C02203 or C02204 is present, then the other is required.
 10 If either C02203 or C02204 is present, then the other is required.
 11 If either C02203 or C02204 is present, then the other is required.
 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:

Comments:

Notes: Required for Principle Diagnosis on all inpatient and outpatient claims.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	HI01	C022	Health Care Code Information	M
			To send health care codes and their associated dates, amounts and quantities * Principle Diagnosis Code is required for Inpatient Hospital and Outpatient Hospital.	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list BK Principal Diagnosis Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM).	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list <i>Principle Diagnosis Code, when HI01-1='BK'. UB-92 Form Location 67. EMC v4.1 Record Type 70 Field No. 4. Used by BCMH processing.</i> * For Principle Diagnosis Code, enter the ICD-9-CM code, coded to the last available digit. Diagnosis codes are found in the ICD-9-CM, Volumes One and Two. Do not use decimal points. Principle Diagnosis is the condition established to be chiefly responsible for causing the need for the hospitalization/services. * For Principle Diagnosis on Inpatient Hospital, do not use "E" codes or the claim will be rejected. Do not use "unspecified" diagnosis codes or the claim will be rejected.	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format	
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	
	HI02	C022	Health Care Code Information	O

Bureau for Children with Medical Handicaps

			To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple diagnosis codes.		
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BJ Admitting Diagnosis	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Admit Diagnosis Code, when HI02-1='BJ'. UB-92 Form Location 76. EMC v4.1 Record Type 70, Field No. 25.</i>	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
	HI03	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple diagnosis codes.	O	
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BN United States Department of Health and Human Services, Office of Vital Statistics E-code	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Injury Cause Code, when HI03-1='BN'. UB-92 Form Location 77. EMC v4.1 Record Type 70, Field No. 26.</i>	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI04	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI05	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3

Bureau for Children with Medical Handicaps

X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI06	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI07	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI08	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30

Bureau for Children with Medical Handicaps

X	HI09	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI10	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI11	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI12	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18

Bureau for Children with Medical Handicaps

X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30

Segment: **HI** Other Diagnosis Codes
Position: 231
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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 If either C02203 or C02204 is present, then the other is required.
 3 If either C02203 or C02204 is present, then the other is required.
 4 If either C02203 or C02204 is present, then the other is required.
 5 If either C02203 or C02204 is present, then the other is required.
 6 If either C02203 or C02204 is present, then the other is required.
 7 If either C02203 or C02204 is present, then the other is required.
 8 If either C02203 or C02204 is present, then the other is required.
 9 If either C02203 or C02204 is present, then the other is required.
 10 If either C02203 or C02204 is present, then the other is required.
 11 If either C02203 or C02204 is present, then the other is required.
 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

Required for Other Diagnosis Information when other condition(s), co-exists with the principle diagnosis, co-exists at the time of admission or develops subsequently during the patient's treatment.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	HI01	C022	Health Care Code Information	M
			To send health care codes and their associated dates, amounts and quantities * Diagnosis Codes (secondary) are required for Inpatient Hospital, Outpatient Hospital, Nursing Facility Therapy Services, Nursing Facility crossover and Home Health, for cases which require supplementary / multiple medical treatment(s). When services are rendered as a result of an accident, appropriate accident ICD-9-CM codes may be used.	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
		BF	Diagnosis	
			Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM).	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list <i>Diagnosis Code, when HI01-1='BF'. UB-92 Form Location 68-75. EMC v4.1 Record Type 70 Field Nos. 5-12. Used by BCMH processing.</i> * For Diagnosis Code(s), enter the ICD-9-CM code, coded to the last available digit. Diagnosis codes are found in the ICD-9-CM, Volumes One and Two. Do not use decimal points.	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format	
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	
	HI02	C022	Health Care Code Information	O
			To send health care codes and their associated dates, amounts and quantities	

			Use when necessary to report multiple diagnosis codes.		
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Diagnosis Code, when HI01-1='BF'. Used by BCMH processing.</i>	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
	HI03	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
			Use when necessary to report multiple diagnosis codes.		
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Diagnosis Code, when HI01-1='BF'. Used by BCMH processing.</i>	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
	HI04	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
			Use when necessary to report multiple diagnosis codes.		
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Diagnosis Code, when HI01-1='BF'. Used by BCMH processing.</i>	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI05	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code	M	AN 1/30

Bureau for Children with Medical Handicaps

X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI06	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	
X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI07	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	
X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI08	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	
X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI09	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	

Bureau for Children with Medical Handicaps

X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI10	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	
X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI11	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	
X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15
X	C02207	799	Numeric value of quantity Version Identifier	O	AN 1/30
X	HI12	C022	Revision level of a particular format, program, technique or algorithm Health Care Code Information	O	
X	C02201	1270	To send health care codes and their associated dates, amounts and quantities Code List Qualifier Code	M	ID 1/3
X	C02202	1271	Code identifying a specific industry code list Industry Code	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list Date Time Period Format Qualifier	X	ID 2/3
X	C02204	1251	Code indicating the date format, time format, or date and time format Date Time Period	X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates and times Monetary Amount	O	R 1/18
X	C02206	380	Monetary amount Quantity	O	R 1/15

X	C02207	799	Numeric value of quantity Version Identifier	O AN 1/30
			Revision level of a particular format, program, technique or algorithm	

Segment: **HI** Principle Procedure Codes
Position: 231
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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 If either C02203 or C02204 is present, then the other is required.
 3 If either C02203 or C02204 is present, then the other is required.
 4 If either C02203 or C02204 is present, then the other is required.
 5 If either C02203 or C02204 is present, then the other is required.
 6 If either C02203 or C02204 is present, then the other is required.
 7 If either C02203 or C02204 is present, then the other is required.
 8 If either C02203 or C02204 is present, then the other is required.
 9 If either C02203 or C02204 is present, then the other is required.
 10 If either C02203 or C02204 is present, then the other is required.
 11 If either C02203 or C02204 is present, then the other is required.
 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

Required for Principle Procedure Information on inpatient claims and required on IV therapy claims when surgery was performed during the inpatient stay from which the course of therapy was initiated.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	HI01	C022	Health Care Code Information M To send health care codes and their associated dates, amounts and quantities * Principle Procedure Code and Date are required for Inpatient Hospital. * Principle Procedure Code and Date are not required for Outpatient Hospital.
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 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under 'BP'. Code Source 130: Health Care Financing Administration Common Procedural Coding System. BR International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure.
M	C02202	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list <i>Principle Procedure Code, when HI01-1='BP' or 'BR'. UB-92 Form Location 80. EMC v4.1 Record Type 70 Field No. 13. Used by BCMH processing.</i> * For Principle Procedure codes on Inpatient Hospital claims, only the ICD-9-CM procedure codes are acceptable. Enter the ICD-9-CM code identifying the principle surgical, obstetrical, or medical procedure, coded to the last available digit of the ICD-9-CM code structure. Procedure codes are found in the ICD-9-CM Volume Three. When principle procedure is completed, then the Operating Physician, NM1 (2/250) and REF02 (2/271) must be included.
	C02203	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD Required when H01-1= 'BH', 'BR', 'BP', 'BO' or 'BQ'.
	C02204	1251	Date Time Period X AN 1/35

Bureau for Children with Medical Handicaps

Expression of a date, a time, or range of dates, times or dates and times
Principle Procedure Date, when HI01-1='BP' or 'BR'. UB-92 Form Location 80, Date field. EMC v4.1 Record Type 70, Field No. 14. Used by BCMH processing.

Required when H01-1 is 'BR', 'BP'.

* For Principle Procedure Date, enter the date the procedure was performed.

X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI02	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI03	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI04	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30

Bureau for Children with Medical Handicaps

X	HI05	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI06	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI07	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI08	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18

Bureau for Children with Medical Handicaps

X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI09	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI10	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI11	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI12	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3

Bureau for Children with Medical Handicaps

X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30

Segment: **HI** Other Procedure Codes
Position: 231
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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 If either C02203 or C02204 is present, then the other is required.
 3 If either C02203 or C02204 is present, then the other is required.
 4 If either C02203 or C02204 is present, then the other is required.
 5 If either C02203 or C02204 is present, then the other is required.
 6 If either C02203 or C02204 is present, then the other is required.
 7 If either C02203 or C02204 is present, then the other is required.
 8 If either C02203 or C02204 is present, then the other is required.
 9 If either C02203 or C02204 is present, then the other is required.
 10 If either C02203 or C02204 is present, then the other is required.
 11 If either C02203 or C02204 is present, then the other is required.
 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

Required for Other Procedure Information on inpatient claims when additional procedures must be reported, and required on IV therapy claims when surgery was performed during the inpatient stay from which the course of therapy was initiated.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
M	HI01	C022	Health Care Code Information	M
			To send health care codes and their associated dates, amounts and quantities * Procedure Code(s) and Date(s) are used for Inpatient Hospital, if applicable. * Procedure Code and Date are not required for Outpatient Hospital.	
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 Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under 'BO'. Code Source 130: Health Care Financing Administration Common Procedural Coding System.	
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure.	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list <i>Procedure Code, when HI01-1='BO' or 'BQ'. UB-92 Form Location 81 (A-E). EMC v4.1 Record Type 70 Field Nos. 15, 17, 19, 21, 23. Used by BCMH processing.</i> * For Procedure Code(s) on Inpatient Hospital, if applicable, enter the ICD-9_CM procedure codes of other procedures and the dates performed, coded to the last available digit if the ICD-9-CM code structure. Procedure codes are found in the ICD-9-CM Volume Three.	
	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format	
		D8	Date Expressed in Format CCYYMMDD Required when H01-1= 'BO' or 'BQ'.	
	C02204	1251	Date Time Period	X AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	

Procedure Date, when HI01-1='BO' or 'BQ'. UB-92 Form Location 81(A-E). EMC v4.1 Record Type 70, Field No. 16, 18, 20 ,22, 24. Used by BCMH processing.

Required when H01-1 is 'BO' or 'BQ'.

* For Occurrence Date, refer to the Ohio UB-92 manual for instructions on what date to enter.

* For Principle Procedure Date, enter the date the procedure was performed.

X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
	HI02	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BO Health Care Financing Administration Common Procedural Coding System BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X	ID 2/3
	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Procedure Date, when HI02-1='BO' or 'BQ'. UB-92 Form Location 81(A-E). EMC v4.1 Record Type 70, Field No. 16, 18, 20 ,22, 24. Used by BCMH processing.</i>	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI03	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI04	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code	M	ID 1/3

Bureau for Children with Medical Handicaps

			Code identifying a specific industry code list		
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		
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	HI05	C022	Health Care Code Information	O	
			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		
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		
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	HI06	C022	Health Care Code Information	O	
			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		
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		
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	HI07	C022	Health Care Code Information	O	
			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		
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		
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		

Bureau for Children with Medical Handicaps

X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI08	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI09	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI10	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI11	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X AN 1/35

Bureau for Children with Medical Handicaps

X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI12	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30

Segment: **HI** **Condition Codes**
Position: 231
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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 If either C02203 or C02204 is present, then the other is required.
 3 If either C02203 or C02204 is present, then the other is required.
 4 If either C02203 or C02204 is present, then the other is required.
 5 If either C02203 or C02204 is present, then the other is required.
 6 If either C02203 or C02204 is present, then the other is required.
 7 If either C02203 or C02204 is present, then the other is required.
 8 If either C02203 or C02204 is present, then the other is required.
 9 If either C02203 or C02204 is present, then the other is required.
 10 If either C02203 or C02204 is present, then the other is required.
 11 If either C02203 or C02204 is present, then the other is required.
 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

Required for Condition Information when it applies to the claim or encounter.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	HI01	C022	Health Care Code Information	M
			To send health care codes and their associated dates, amounts and quantities * Condition Codes are required for Inpatient Hospital and Outpatient Hospital.	
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 <i>Condition Code, when HI01-1='BG'. UB-92 Form Location 24-30. EMC v4.1 Record Type 41 Field Nos. 4-13. Used by BCMH processing.</i>	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format	
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	
	HI02	C022	Health Care Code Information	O
			To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple co-existing conditions.	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list BG Condition	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list <i>Condition Code, when HI02-1='BG'. Used by BCMH processing.</i>	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3

Bureau for Children with Medical Handicaps

			Code indicating the date format, time format, or date and time format		
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		
	HI03	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Use when necessary to report multiple co-existing conditions.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BG Condition		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			<i>Condition Code, when HI03-1='BG'. Used by BCMH processing.</i>		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
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		
	HI04	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Use when necessary to report multiple co-existing conditions.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BG Condition		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			<i>Condition Code, when HI04-1='BG'. Used by BCMH processing.</i>		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
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		
	HI05	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Use when necessary to report multiple co-existing conditions.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BG Condition		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			<i>Condition Code, when HI05-1='BG'. Used by BCMH Processing.</i>		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
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		

Bureau for Children with Medical Handicaps

X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI06	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple additional co-existing conditions.	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI07	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple additional co-existing conditions.	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI08	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple additional co-existing conditions.	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI09	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	

Bureau for Children with Medical Handicaps

X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI10	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI11	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI12	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15

X

C02207

799

Version Identifier

O AN 1/30

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

Segment: **HI Occurrence Codes**
Position: 231
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- 10 If either C02203 or C02204 is present, then the other is required.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:

Comments:

Notes:

Required for Occurrence Information when it applies to the claim.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	HI01	C022	Health Care Code Information	M
			To send health care codes and their associated dates, amounts and quantities * Occurrence Codes and Dates are required for Inpatient Hospital and Outpatient Hospital.	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list BH Occurrence 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 <i>Occurrence Code, when HI01-1='BH'. UB-92 Form Location 32-35 (a-b). EMC v4.1 Record Type 40 Field Nos. 8-27 even. Used by BCMH processing.</i> * Occurrence Code valid values: A3 - Benefits exhausted - Payer A B3 - Benefits exhausted - Payer B C3 - Benefits exhausted - Payer C 01 - Auto accident 02 - Auto accident / no fault ins. 03 - Accident / TORT liability 04 - Accident / Employment related 05 - Other accident 06 - Crime victim 23 - Medicare benefits exhausted 24 - Date insurance denied 25 - Date benefits exhausted 42 - Claim Statement through date is not discharge date; type of bill (CLM05) indicates final bill 43 - Canceled surgery after 9/30/88. 50 - Medicaid benefits exhausted, applicable when limits placed on spell of illness. 51 - No response from carrier / 90 day 52 - No coverage	

53 - Noncovered service
 54 - Liability
 55 - Recipient denies coverage
 56 - Recipient not cooperative
 57 - Medicare paid date

	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD Required when H01-1= 'BH', 'BR', 'BP', 'BO' or 'BQ'.	X	ID 2/3
	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Occurrence Date, when HI01-1='BH' . UB-92 Form Location 32-35(a-b), Date field. EMC v4.1 Record Type 40, Field Nos. 9-27 odd. Used by BCMH processing.</i> Required when H01-1 is 'BH'. * For Occurrence Date, refer to the Ohio UB-92 manual for instructions on what date to enter.	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
	HI02	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple occurrence codes and dates.	O	
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BH Occurrence	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Occurrence Code, when HI02-1='BH' . Used by BCMH processing.</i>	M	AN 1/30
	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD Required when H02-1= 'BH','BO' or 'BQ'.	X	ID 2/3
	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Occurrence Date, when HI02-1='BH' . Used by BCMH processing.</i> Required when HI02-1 is 'BH'.	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
	HI03	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple occurrence codes and dates.	O	
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BH Occurrence	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Occurrence Code, when HI03-1='BH' . Used by BCMH processing.</i>	M	AN 1/30
	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X	ID 2/3

			Required when H03-1 = 'BH'.	
	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Occurrence Date, when HI03-1='BH'. Used by BCMH processing.</i>	X AN 1/35
			Required when HI03-1 is 'BH'.	
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
	HI04	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities <i>Use when necessary to report multiple occurrence codes and dates.</i>	O
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BH Occurrence	M ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Occurrence Code, when HI04-1='BH'. Used by BCMH processing.</i>	M AN 1/30
	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X ID 2/3
			Required when H04-1 = 'BH'.	
	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Occurrence Date, when HI04-1='BH'. Used by BCMH processing.</i>	X AN 1/35
			Required when HI04-1 is 'BH'.	
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
	HI05	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities <i>Use when necessary to report multiple occurrence codes and dates.</i>	O
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BH Occurrence	M ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Occurrence Code, when HI05-1='BH'. Used by BCMH processing.</i>	M AN 1/30
	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X ID 2/3
			Required when H05-1 = 'BH'.	
	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Occurrence Date, when HI05-1='BH'. Used by BCMH processing.</i>	X AN 1/35
			Required when HI05-1 is 'BH'.	
X	C02205	782	Monetary Amount Monetary amount	O R 1/18
X	C02206	380	Quantity Numeric value of quantity	O R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O AN 1/30
X	HI06	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O
X	C02201	1270	Code List Qualifier Code	M ID 1/3

Bureau for Children with Medical Handicaps

			Code identifying a specific industry code list	
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	
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	HI07	C022	Health Care Code Information	O
			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	
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	
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	HI08	C022	Health Care Code Information	O
			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	
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	
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	HI09	C022	Health Care Code Information	O
			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	
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	
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

Bureau for Children with Medical Handicaps

			Revision level of a particular format, program, technique or algorithm	
X	HI10	C022	Health Care Code Information	O
			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	
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	
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	HI11	C022	Health Care Code Information	O
			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	
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	
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	HI12	C022	Health Care Code Information	O
			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	
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	
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	

Segment: **HI** Value Codes
Position: 231
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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 If either C02203 or C02204 is present, then the other is required.
 3 If either C02203 or C02204 is present, then the other is required.
 4 If either C02203 or C02204 is present, then the other is required.
 5 If either C02203 or C02204 is present, then the other is required.
 6 If either C02203 or C02204 is present, then the other is required.
 7 If either C02203 or C02204 is present, then the other is required.
 8 If either C02203 or C02204 is present, then the other is required.
 9 If either C02203 or C02204 is present, then the other is required.
 10 If either C02203 or C02204 is present, then the other is required.
 11 If either C02203 or C02204 is present, then the other is required.
 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes:
Comments:
Notes:

Required for Value Information when it applies to the claim or encounter.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	HI01	C022	Health Care Code Information	M
			To send health care codes and their associated dates, amounts and quantities * Value Codes and Amounts are required for Inpatient Hospital and Outpatient Hospital.	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list BE Value 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 Value Code, when HI01-1='BE'. UB-92 Form Location 39-41 (a-d). EMC v4.1 Record Type 41 Field Nos. 16-39. Used by BCMH processing.	
X	C02203	1250	Date Time Period Format Qualifier	X ID 2/3
			Code indicating the date format, time format, or date and time format	
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	
	C02205	782	Monetary Amount	O R 1/18
			Monetary amount Value Amount, when H01-1='BE'. Used by BCMH processing. Required when HI01-1 is 'BE'.	
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	
	HI02	C022	Health Care Code Information	O
			To send health care codes and their associated dates, amounts and quantities Use when necessary to report multiple value codes and amounts.	
M	C02201	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list BE Value	
M	C02202	1271	Industry Code	M AN 1/30
			Code indicating a code from a specific industry code list	

Bureau for Children with Medical Handicaps

			<i>Value Code, when HI02-1='BE'. Used by BCMH processing.</i>		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
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		
	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
			<i>Value Amount, when HI02-1='BE'. Used by BCMH processing.</i>		
			Required when HI02-1 is 'BE'.		
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		
	HI03	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Use when necessary to report multiple value codes and amounts.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BE Value		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			<i>Value Code, when HI03-1='BE'. Used by BCMH processing.</i>		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
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		
	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
			<i>Value Amount, when HI03-1='BE'. Used by BCMH processing.</i>		
			Required when HI03-1 is 'BE'.		
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		
	HI04	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Use when necessary to report multiple value codes and amounts.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BE Value		
M	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
			<i>Value Code, when HI04-1='BE'. Used by BCMH processing.</i>		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time format		
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		
	C02205	782	Monetary Amount	O	R 1/18
			Monetary amount		
			<i>Value Amount, when HI04-1='BE'. Used by BCMH processing.</i>		
			Required when HI04-1 is 'BE'.		
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		
	HI05	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts and quantities		
			Use when necessary to report multiple value codes and amounts.		
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		

Bureau for Children with Medical Handicaps

			BE	Value		
M	C02202	1271	Industry Code		M	AN 1/30
			Code indicating a code from a specific industry code list			
			<i>Value Code, when HI05-1='BE'. Used by BCMH processing.</i>			
X	C02203	1250	Date Time Period Format Qualifier		X	ID 2/3
			Code indicating the date format, time format, or date and time format			
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			
	C02205	782	Monetary Amount		O	R 1/18
			Monetary amount			
			<i>Value Amount, when HI05-1='BE'. Used by BCMH processing.</i>			
			Required when HI05-1 is 'BE'.			
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			
	HI06	C022	Health Care Code Information		O	
			To send health care codes and their associated dates, amounts and quantities			
			Use when necessary to report multiple value codes and amounts.			
M	C02201	1270	Code List Qualifier Code		M	ID 1/3
			Code identifying a specific industry code list			
			BE	Value		
M	C02202	1271	Industry Code		M	AN 1/30
			Code indicating a code from a specific industry code list			
			<i>Value Code, when HI05-1='BE'. Used by BCMH processing.</i>			
X	C02203	1250	Date Time Period Format Qualifier		X	ID 2/3
			Code indicating the date format, time format, or date and time format			
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			
	C02205	782	Monetary Amount		O	R 1/18
			Monetary amount			
			<i>Value Amount, when HI06-1='BE'. Used by BCMH processing.</i>			
			Required when HI06-1 is 'BE'.			
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			
	HI07	C022	Health Care Code Information		O	
			To send health care codes and their associated dates, amounts and quantities			
			Use when necessary to report multiple value codes and amounts.			
M	C02201	1270	Code List Qualifier Code		M	ID 1/3
			Code identifying a specific industry code list			
			BE	Value		
M	C02202	1271	Industry Code		M	AN 1/30
			Code indicating a code from a specific industry code list			
			<i>Value Code, when HI07-1='BE'. Used by BCMH processing.</i>			
X	C02203	1250	Date Time Period Format Qualifier		X	ID 2/3
			Code indicating the date format, time format, or date and time format			
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			
	C02205	782	Monetary Amount		O	R 1/18
			Monetary amount			
			<i>Value Amount, when HI07-1='BE'. Used by BCMH processing.</i>			
			Required when HI07-1 is 'BE'.			
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			
	HI08	C022	Health Care Code Information		O	
			To send health care codes and their associated dates, amounts and quantities			

			Use when necessary to report multiple value codes and amounts.		
M	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list BE Value	M	ID 1/3
M	C02202	1271	Industry Code Code indicating a code from a specific industry code list <i>Value Code, when HI08-1='BE'. Used by BCMH processing.</i>	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
	C02205	782	Monetary Amount Monetary amount <i>Value Amount, when HI08-1='BE'. Used by BCMH processing.</i>	O	R 1/18
			Required when HI08-1 is 'BE'.		
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI09	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI10	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times	X	AN 1/35
X	C02205	782	Monetary Amount Monetary amount	O	R 1/18
X	C02206	380	Quantity Numeric value of quantity	O	R 1/15
X	C02207	799	Version Identifier Revision level of a particular format, program, technique or algorithm	O	AN 1/30
X	HI11	C022	Health Care Code Information To send health care codes and their associated dates, amounts and quantities	O	
X	C02201	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID 1/3
X	C02202	1271	Industry Code Code indicating a code from a specific industry code list	M	AN 1/30
X	C02203	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format	X	ID 2/3
X	C02204	1251	Date Time Period Code indicating the date format, time format, or date and time format	X	AN 1/35

Bureau for Children with Medical Handicaps

			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	HI12	C022	Health Care Code Information	O
			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	
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	
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	

Segment: **QTY** Quantity
Position: 240
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
Max Use: 4
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: *Covered Days, when QTY01='CA'.*
Non-Covered Days, when QTY01='NA'.
Coinsurance Days, when QTY01='CD'.
Lifetime Reserve Days, when QTY01='LA'.

Maximum occurrence of 1 for each of the above.

Required on Inpatient claims or encounters when covered, co-insured, life-time reserved or non-covered days are being reported.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	QTY01	673	Quantity Qualifier Code specifying the type of quantity CA Covered - Actual Days covered on this service Valid value for Covered Days. CD Co-insured - Actual Valid Value for Coinsurance Days. LA Life-time Reserve - Actual Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve Valid value for Lifetime Reserve Days. NA Number of Non-covered Days Valid value for Non-Covered Days.	M ID 2/2
>>	QTY02	380	Quantity Numeric value of quantity <i>Covered Days, when QTY01='CA'. UB-92 Form Location 7. EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 20. Used by BCMH Processing.</i> <i>Non-Covered Days, when QTY01='NA'. UB-92 Form Location 8. EMC v4.1 Record Type 30 Field No. 21. Used by BCMH Processing.</i> <i>Coinsurance Days, when QTY01='CD'. UB-92 Form Location 9. EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 22. Used by BCMH Processing.</i> <i>Lifetime Reserve Days, when QTY01='LA'. UB-92 Form Location 10. EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 23. Used by BCMH Processing.</i> * Required for Covered Days and Noncovered Days on all inpatient claims. * Not required for Outpatient Hospital.	X R 1/15
>>	QTY03	C001	Composite Unit of Measure To identify a composite unit of measure (See Figures Appendix for examples of use)	O
M	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 DA Days	M ID 2/2
X	C00102	1018	Exponent	O R 1/15

Bureau for Children with Medical Handicaps

			Power to which a unit is raised	
X	C00103	649	Multiplier	O R 1/10
			Value to be used as a multiplier to obtain a new value	
X	C00104	355	Unit or Basis for Measurement Code	O ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
X	C00105	1018	Exponent	O R 1/15
			Power to which a unit is raised	
X	C00106	649	Multiplier	O R 1/10
			Value to be used as a multiplier to obtain a new value	
X	C00107	355	Unit or Basis for Measurement Code	O ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
X	C00108	1018	Exponent	O R 1/15
			Power to which a unit is raised	
X	C00109	649	Multiplier	O R 1/10
			Value to be used as a multiplier to obtain a new value	
X	C00110	355	Unit or Basis for Measurement Code	O ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
X	C00111	1018	Exponent	O R 1/15
			Power to which a unit is raised	
X	C00112	649	Multiplier	O R 1/10
			Value to be used as a multiplier to obtain a new value	
X	C00113	355	Unit or Basis for Measurement Code	O ID 2/2
			Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken	
X	C00114	1018	Exponent	O R 1/15
			Power to which a unit is raised	
X	C00115	649	Multiplier	O R 1/10
			Value to be used as a multiplier to obtain a new value	
X	QTY04	61	Free-Form Message	X AN 1/30
			Free-form information	

Segment: **NM1** **Attending Physician Name**
Position: 250
Loop: 2310A Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Attending Physician, when NM101='71'.*

The entity identifier in NM101 applies to all segments in Loop-ID 2310. The information in Loop-ID-2310 applies to the entire claim and all service lines. Required for Attending Physician on all inpatient claims/encounters or to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.

Data Element Summary

Ref.	Data Des.	Data Element	Name	Attributes
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual 71 Attending Physician Physician present when medical services are performed	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity Valid value for Attending Physician.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Attending Physician Last or Organization Name, when NM101='71'. UB-92 Form Location 82, line b. EMC v4.1 Record Type 80, Field No. 9, Positions 91-106. (Also maps to EMC v4.1 Record Type 71, Field No. 20, if creating this attachment.)</i>	O AN 1/35
	NM104	1036	Name First Individual first name <i>Attending Physician First Name, when NM101='71'. UB-92 Form Location 82, Line b. EMC v4.1 Record Type 80, Field No. 9, Positions 107-114. (Also maps to EMC v4.1 Record Type 71, Field No. 20, if creating this attachment.)</i> Required if NM102='1'.	O AN 1/25
	NM105	1037	Name Middle Individual middle name or initial <i>Attending Physician Middle Name/Initial, when NM101='71'.</i> Required if NM102='1' and the middle name/initial is known.	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039	Name Suffix Suffix to individual name <i>Attending Physician Name Suffix, when NM101='71'.</i> Required if known.	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Attending Physician.	X ID 1/2

Bureau for Children with Medical Handicaps

24	Employer's Identification Number
34	Social Security Number
XX	Health Care Financing Administration National Provider Identifier
	Required value when the National Provider Id is available.

>>	NM109	67	Identification Code	X	AN 2/80
			Code identifying a party or other code <i>Attending Physician Primary Identifier, when NM101='71'. UB-92 Form Location 82, line a. EMC v4.1 Record Type 80, Field No. 5.</i>		
			Required for Attending Physician.		
X	NM110	706	Entity Relationship Code	X	ID 2/2
			Code describing entity relationship		
X	NM111	98	Entity Identifier Code	O	ID 2/3
			Code identifying an organizational entity, a physical location, property or an individual		

Segment: **PRV** **Attending Provider Information**
Position: 255
Loop: 2310A Optional (Recommended)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the identifying characteristics of a provider
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Attending Physician Specialty Information, when NM101='71'.*

This segment in Loop ID-2310 applies to the entire claim and all service lines. Required for Attending Physician Specialty Information, if Attending Physician Loop ID-2310 is used.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PRV01	1221	Provider Code Code identifying the type of provider AT Attending <i>Use this value to report the specialty of the Attending Physician.</i> Valid value for Attending Physician. SU Supervising <i>Use this value when the physician is responsible for the patient's Home Health Plan of Treatment.</i> Valid value for Attending Physician.	M ID 1/3
M	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification 'ZZ' indicates the 'Health Care Provider Taxonomy' Code list (provider specialty code) which is available on the Washington Publishing web site: http://www.wpc-edi.com . ZZ Mutually Defined <i>Use this value for Provider Taxonomy Code.</i>	M ID 2/3
M	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Provider Specialty Code. 'ZZ' is used to indicate the 'Health Care Provider Taxonomy' Code list (provider specialty code) which is available on the Washington Publishing web site: http://www.wpc-edi.com.</i>	M AN 1/30
	PRV04	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency	O ID 2/2
X	PRV05	C035	Provider Specialty Information To provide provider specialty information	O
X	C03501	1222	Provider Specialty Code Code indicating the primary specialty of the provider, as defined by the receiver	M AN 1/3
X	C03502	559	Agency Qualifier Code Code identifying the agency assigning the code values	O ID 2/2
X	C03503	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O ID 1/1
X	PRV06	1223	Provider Organization Code Code identifying the organizational structure of a provider	O ID 3/3

Segment: **REF** **Attending Physician Secondary Identification**
Position: 271
Loop: 2310A Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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: *Attending Physician Medicaid Number, when NM101='71'.*
Maximum occurrence of 1.

Information on this segment applies to the entire claim.
 Required for Attending Physician on all Inpatient claims.

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 1D Medicaid Provider Number	M ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Attending Physician Medicaid Number, when NM101='71'. Used by BCMH processing.</i> * Attending Physician is required for Inpatient Hospital, Outpatient Hospital, Nursing Facility and Home Health. Enter the 7 digit Ohio Medicaid provider number. If the attending physician does not have an Ohio Medicaid provider number, enter "9111115".	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **NM1** **Operating Physician Name**
Position: 250
Loop: 2310B Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Operating Physician, when NM101='72'.*

The entity identifier in NM101 applies to all segments in Loop-ID 2310. The information in Loop-ID-2310 applies to the entire claim and all service lines. Required for Operating Physician when any surgical procedure code is listed on the claim. * Required for Operating Physician for the physician performing the principle surgical, obstetrical or medical procedure, when principle procedure code and date, HI(2/231), are used.

Data Element Summary

Ref.	Data			
<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 72 Operating Physician Doctor who performs a surgical procedure	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person Required value for Operating Physician.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Operating Physician Last Name, when NM101='72'. UB-92 Form Location 83A, Line b. EMC v4.1 Record Type 80, Field No. 10, Positions 116-131.</i>	O AN 1/35
	NM104	1036	Name First Individual first name <i>Operating Physician First Name, when NM101='72'. UB-92 Form Location 83A, Line b. EMC v4.1 Record Type 80, Field No. 10, Positions 132-139.</i> Required if NM102='1'.	O AN 1/25
	NM105	1037	Name Middle Individual middle name or initial <i>Operating Physician Middle Name/Initial, when NM101='72'.</i> Required if NM102='1' and the middle name/initial is known.	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039	Name Suffix Suffix to individual name <i>Operating Physician Name Suffix, when NM101='72'.</i> Required if known.	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Operating Physician. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Required value when the National Provider Id is	X ID 1/2

available.

>>	NM109	67	Identification Code Code identifying a party or other code <i>Operating Physician Primary Identifier, when NM101='72'. UB-92 Form Location 83A, line a. EMC v4.1 Record Type 80, Field No. 6.</i> Required for Operating Physician.	X	AN 2/80
X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **REF** **Operating Physician Secondary Identification**
Position: 271
Loop: 2310B Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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: *Operating Physician Medicaid Number, when NM101='72'.*
Maximum occurrence of 1.

Information on this segment applies to the entire claim.
 Required for Operating Physician when any surgical procedure is listed on the claim.

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification ID Medicaid Provider Number	M ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Operating Physician Medicaid Number, when NM101='72'.</i> * Attending Physician is required for Inpatient Hospital, Outpatient Hospital, Nursing Facility and Home Health. Enter the 7 digit Ohio Medicaid provider number. If the attending physician does not have an Ohio Medicaid provider number, enter "9111115". * Operating Physician is required for the physician performing the principle surgical, obstetrical or medical procedure, when principle procedure code and date, HI(2/231), are used. If the operating physician does not have an Ohio Medicaid provider number, enter "9111115". * Future Use for Encounter, the Service Facility Medicaid Number is the HMO Provider Medicaid Number. Used by BCMH processing.	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **NM1 Other Physician Name**
Position: 250
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Other Physician, when NM101='73'.*

Required for Other Physician on non-outpatient claims or encounters to indicate the physician who rendered service for the principle procedure, if other than the operating physician reported in loop ID-2310. Not required on non-outpatient claims or encounters if no principle procedure was performed. Also, required for Other Physician on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here. Also, required for Other Physician when the Other Provider NM1 information is different than that carried in the Billing Provider NM1 or the Pay-to Provider NM1 loops ID-2010.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data 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 73 Other Physician Physician not one of the other specified choices	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person 2 Non-Person Entity Valid value for Other Physician.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Other Physician Last Name, when NM101='73'. UB-92 Form Location 83B, Line b. EMC v4.1 Record Type 80, Field Nos. 11-12.</i>	O AN 1/35
	NM104	1036	Name First Individual first name <i>Other Physician First Name, when NM101='73'. UB-92 Form Location 83B, Line b. EMC v4.1 Record Type 80, Field Nos. 11-12.</i> Required if NM102='1'.	O AN 1/25
	NM105	1037	Name Middle Individual middle name or initial <i>Other Physician Middle Name/Initial, when NM101='73'.</i> Required if NM102='1' and the middle name/initial is known.	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039	Name Suffix Suffix to individual name <i>Other Physician Name Suffix, when NM101='73'.</i> Required if known.	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)	X ID 1/2

Required for Other Physician.

- 24 Employer's Identification Number
- 34 Social Security Number
- XX Health Care Financing Administration National Provider Identifier

Required value when the National Provider Id is available.

>>	NM109	67	Identification Code Code identifying a party or other code <i>Other Physician Primary Identifier, when NM101='73'. UB-92 Form Location 83B, Line a. EMC v4.1 Record Type 80, Field No. 7. EMC v4.1 Record Type 81, Field No. 6.</i>	X	AN 2/80
			Required for Other Physician.		
X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **PRV** Other Provider Information
Position: 255
Loop: 2310C Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the identifying characteristics of a provider
Syntax Notes:
Semantic Notes:
Comments:
Notes: Other Physician Specialty Information, when NM101='73'.

This segment in Loop ID-2310 applies to the entire claim and all service lines.
 Required for Other Physician Specialty Information, if Other Physician Loop ID-2310 is used.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PRV01	1221	Provider Code Code identifying the type of provider OT Other Physician <i>Use this value on non-outpatient claims/encounters.</i> Valid value for Other Physician. PE Performing <i>Use this value on outpatient and home health agency claims/encounters.</i> Valid value for Other Physician.	M ID 1/3
M	PRV02	128	Reference Identification Qualifier Code qualifying the Reference Identification 'ZZ' indicates the 'Health Care Provider Taxonomy' Code list (provider specialty code) which is available on the Washington Publishing web site: http://www.wpc-edi.com . ZZ Mutually Defined <i>Use this value for Provider Taxonomy Code.</i>	M ID 2/3
M	PRV03	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Provider Specialty Code. 'ZZ' is used to indicate the 'Health Care Provider Taxonomy' Code list (provider specialty code) which is available on the Washington Publishing web site: http://www.wpc-edi.com.</i>	M AN 1/30
	PRV04	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency	O ID 2/2
X	PRV05	C035	Provider Specialty Information To provide provider specialty information	O
X	C03501	1222	Provider Specialty Code Code indicating the primary specialty of the provider, as defined by the receiver	M AN 1/3
X	C03502	559	Agency Qualifier Code Code identifying the agency assigning the code values	O ID 2/2
X	C03503	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O ID 1/1
X	PRV06	1223	Provider Organization Code Code identifying the organizational structure of a provider	O ID 3/3

Segment: **REF** Other Physician Secondary Identification
Position: 271
Loop: 2310C Optional
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: Other Physician Medicaid Number, when NM101='73'.
 Information on this segment applies to the entire claim.

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification 1D Medicaid Provider Number	M ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Other Physician Medicaid Number, when NM101='73'. UB-92 Form Location 83A, Line B. Used by BCMH processing.</i>	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **NM1** Referring Provider Name
Position: 250
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Referring Provider, when NM101='DN'.*
 Required for Referring Provider if the claim or encounter involved a referral/order.

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 DN Referring Provider	M ID 2/3
M	NM102	1065 Entity Type Qualifier Code qualifying the type of entity 1 Person Valid value for Referring Provider. 2 Non-Person Entity Valid value for Referring Provider.	M ID 1/1
>>	NM103	1035 Name Last or Organization Name Individual last name or organizational name <i>Referring Provider Last or Organization Name, when NM101='DN'.</i>	O AN 1/35
	NM104	1036 Name First Individual first name <i>Referring Provider First Name, when NM101='DN'.</i> Required if NM102='1'.	O AN 1/25
	NM105	1037 Name Middle Individual middle name or initial <i>Referring Provider Middle Name, when NM101='DN'.</i> Required if NM102='1' and the middle name/initial is known.	O AN 1/25
X	NM106	1038 Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039 Name Suffix Suffix to individual name <i>Referring Provider Name Suffix, when NM101='DN'.</i> Required if known.	O AN 1/10
	NM108	66 Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Referring Provider, if the Employer's Identification/Social Security Number or National Provider Identifier is known. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Required value when the National Provider Id is available.	X ID 1/2
	NM109	67 Identification Code Code identifying a party or other code	X AN 2/80

Bureau for Children with Medical Handicaps

Referring Provider Primary Identifier, when NM101='DN'.

Required for Referring Provider, if the Employer's Identification/Social Security Number, UPIN or National Provider Identifier is known.

X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **REF** Referring Physician Secondary Identification
Position: 271
Loop: 2310D Optional
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: *Referring Physician Medicaid Number, when NM101='DN'.*
 Information on this segment applies to the entire claim.

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification 1D Medicaid Provider Number	M ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Referring Physician Medicaid Number, when NM101='DN'.</i>	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **NM1** Service Facility Name
Position: 250
Loop: 2310E Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Service Facility, when NM101='FA'.*

The entity identifier in NM101 applies to all segments in Loop-ID 2310. The information in Loop-ID-2310 applies to the entire claim and all service lines. Required for Service Facility when the location of health care service is different than that carried in the Billing Provider or Pay-to Provider loops ID-2010.
 * Future Use - For Encounters, the Service Facility is the HMO Provider information.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual FA Facility Valid value for Service Facility.	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity Required value for Service Facility.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Service Facility Name, when NM101='FA'. Future Use- for Encounters, the Service Facility Name is the HMO Provider name.</i>	O AN 1/35
X	NM104	1036	Name First Individual first name Required if NM102='1'.	O AN 1/25
X	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required for Service Facility. 24 Employer's Identification Number 34 Social Security Number XX Health Care Financing Administration National Provider Identifier Required value when the National Provider Id is available.	X ID 1/2
>>	NM109	67	Identification Code Code identifying a party or other code <i>Service Facility Primary Identifier, when NM101='FA'. Future Use - For Encounters, the Service Facility Name is the HMO Provider name.</i> Required for Service Facility.	X AN 2/80

Bureau for Children with Medical Handicaps

* For encounters, the Service Facility Id is the HMO Id.

X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **N3 Service Facility Address Information**
Position: 265
Loop: 2310E Optional (Recommended)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Service Facility Address, when NM101='FA'.*
 Required, when Service Facility loop ID-2310 is used.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	N301	166	Address Information Address information <i>Service Facility Address 1, when NM101='FA'.</i>	M AN 1/55
	N302	166	Address Information Address information <i>Service Facility Address 2, when NM101='FA'.</i> Required if second address line exists.	O AN 1/55

Segment: **N4 Service Facility Geographic Location**
Position: 270
Loop: 2310E Optional (Recommended)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 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: *Service Facility Location, when NM101='FA'.*
 Required, when Service Facility loop ID-2310 is used.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	N401	19	City Name Free-form text for city name <i>Service Facility City, when NM101='FA'.</i>	O AN 2/30
>>	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency <i>Service Facility State, when NM101='FA'.</i>	O ID 2/2
>>	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <i>Service Facility Zip, when NM101='FA'.</i>	O ID 3/15
	N404	26	Country Code Code identifying the country <i>Service Facility Country Code, when NM101='FA'.</i> Required when the address is outside of the U.S. Code Source 5: Countries, Currencies and Funds.	O ID 2/3
X	N405	309	Location Qualifier Code identifying type of location	X ID 1/2
X	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

Segment: **REF** **Service Facility Secondary Identification**
Position: 271
Loop: 2310E Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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: *Service Facility Medicaid Number, when NM101='FA'.
Maximum occurrence of 1.*
Information on this segment applies to the entire claim.
*Future Use for Encounter, the Service Facility Medicaid Number is the HMO Provider Medicaid Number.

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 1D Medicaid Provider Number	M ID 2/3
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Service Facility Medicaid Number, when NM101='FA'.</i> * Future Use for Encounter, the Service Facility Medicaid Number is the HMO Provider Medicaid Number.	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **SBR** Other Subscriber Information
Position: 290
Loop: 2320 Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
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: *Other Subscriber's Information. * The BCMH program can only make payment for covered services only after any available third party benefits are exhausted. Benefits available under the BCMH program must be reduced to the extent that they are payable by any third party resource.*

** Providers who have attempted to collect from another payer without success, must use occurrence codes, HI (2/231) segment, to report insurance denials or no carrier response. The provider must retain in the patient's record, appropriate documentation to justify use of the denial or no response codes.*

Required if other payers are known to potentially be involved in paying on this claim. All information contained in the Other Subscriber loop ID-2320 applies only to the payer who is identified in the Other Payer loop ID-2330, of this iteration of the loop ID-2320. If information on additional payers is needed, create another Other Subscriber loop ID-2320, and include the Other Payer loop ID-2330.

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 ID 1/1
		Code identifying the insurance carrier's level of responsibility for a payment of a claim	
		UB-92 Form Location 50-55 (A-C) and 58-66 (A-C). EMC v4.1 Record Type 30, 31, 32 (Sequence 01-03), Field No. 2. EMC v4.1 Record Type 40, Field Nos. 5-7.	
		P Primary	
		S Secondary	
>>	SBR02	1069 Individual Relationship Code	O ID 2/2
		Code indicating the relationship between two individuals or entities	
		Patient Relationship Code. UB-92 Form Location 59 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 18. Used by BCMH Processing.	
		Use this code to specify the patient's relationship to the person insured.	
		01 Spouse	
		UB-92 Code '02'.	
		04 Grandfather or Grandmother	
		UB-92 Code '19'.	
		05 Grandson or Granddaughter	
		UB-92 Code '13'.	
		07 Nephew or Niece	
		UB-92 Code '14'.	
		10 Foster Child	
		UB-92 Code '06'.	
		15 Ward	
		Ward of the Court. UB-92 Code '07'.	
		This value indicates that the patient is a ward of the insured as a result of a court order.	

Bureau for Children with Medical Handicaps

- 17 Stepson or Stepdaughter
UB-92 Code '05'.
- 18 Self
UB-92 Code '01'.
- 19 Child
Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
UB-92 Code '03'.
- 20 Employee
UB-92 Code '08'.
- 21 Unknown
UB-92 Code '09'.
- 22 Handicapped Dependent
UB-92 Code '10'.
- 23 Sponsored Dependent
Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy
UB-92 Code '16'.
- 24 Dependent of a Minor Dependent
A child not legally of age who has been granted adult status
UB-92 Code '17'.
- 29 Significant Other
- 32 Mother
- 33 Father
- 36 Emancipated Minor
A person who has been judged by a court of competent jurisdiction to be allowed to act in his or her own interest; no adult is legally responsible for this minor; this may be declared as a result of marriage
- 39 Organ Donor
Individual receiving medical service in order to donate organs for a transplant
UB-92 Code '11'.
- 40 Cadaver Donor
Deceased individual donating body to be used for research or transplants
UB-92 Code '12'.
- 41 Injured Plaintiff
UB-92 Code '15'.
- 43 Child Where Insured Has No Financial Responsibility
Child is covered by the insured but the insured is not the legal guardian
UB-92 Code '04'.
- 53 Life Partner
UB-92 Code '20'.
- G8 Other Relationship

SBR03 127 Reference Identification O AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier
Other Subscriber Group or Policy Number. UB-92 Form Location 62 (A-C). EMC v4.1 Record Type 30 (Sequence 01-3), Field No.10. Insurance Group Number

Use this element to carry the subscriber's group number, but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using NM101=IL' identifies the number in NM109 as the insured's identification number.

SBR04 93 Name O AN 1/60

Free-form name
Other Subscriber Plan Name (Group Name). UB-92 Form Location 61 (A-C).

Bureau for Children with Medical Handicaps

EMC v4.1 Record Type 30 (Sequence 01-03) Field Nos. 11.

Required when the provider has the Plan Name (Group Name) within his files.

X	SBR05	1336	Insurance Type Code	O	ID 1/3
			Code identifying the type of insurance policy within a specific insurance program		
X	SBR06	1143	Coordination of Benefits Code	O	ID 1/1
			Code identifying whether there is a coordination of benefits		
X	SBR07	1073	Yes/No Condition or Response Code	O	ID 1/1
			Code indicating a Yes or No condition or response		
X	SBR08	584	Employment Status Code	O	ID 2/2
			Code showing the general employment status of an employee/claimant		
>>	SBR09	1032	Claim Filing Indicator Code	O	ID 1/2
			Code identifying type of claim		

UB-92 Form Location N/A. EMC v4.1 Record Type 30 Sequence 01-03 Field No. 4.

09	Self-pay <i>UB-92 Code N/A. EMC v4.1 Code 'A'.</i> Use this value for Self-Administered.
10	Central Certification
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
AM	Automobile Medical
BL	Blue Cross/Blue Shield <i>UB-92 Code N/A. EMC v4.1 Code 'G'.</i>
CH	Champus <i>UB-92 Code N/A. EMC v4.1 Code 'H'.</i>
CI	Commercial Insurance Co. <i>UB-92 Code N/A. EMC v4.1 Code 'F'.</i>
DS	Disability
HM	Health Maintenance Organization <i>UB-92 Form Location N/A. There is no map to EMC v4. (Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment)</i> This value includes any Managed Care Program
LI	Liability
LM	Liability Medical
MA	Medicare Part A <i>UB-92 Code N/A. EMC v4.1 Code 'C'. (Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.)</i>
MB	Medicare Part B <i>Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.</i>
MC	Medicaid <i>UB-92 Code N/A. EMC v4.1 Code 'D'.</i>
OF	Other Federal Program <i>UB-92 Code N/A. EMC v4.1 Code 'E'.</i> This value includes Federal Employees Program also.
TV	Title V <i>Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.</i>
VA	Veteran Administration Plan <i>Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.</i> Refers to Veterans Affairs Plan
WC	Workers' Compensation Health Claim

Bureau for Children with Medical Handicaps

*UB-92 Code N/A. EMC v4.1 Code 'B'. (Same as the
qualifier used in CLP06 of the 835 Health Care Claim
Payment.)*

ZZ

Mutually Defined

Segment: **CAS** Claims Adjustment

Position: 295

Loop: 2320 Optional (Recommended)

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.
 - 2 When the submitted charges are paid in full, the value for CAS03 should be zero.

Notes: *Other Subscriber Claim Level Adjustment.*

Required if this claim has been adjudicated by the payer identified in this loop and has claim level adjustment information. Submitter should use this CAS segment to report prior payers claim level adjustments that cause the amount paid to differ from the amount originally charged. Only one Group Code is allowed per CAS. A Maximum Occurrence of 5 CAS segments are allowed per loop ID-2320. Codes and associated amount should come from the 835 (Remittance Advice) received on the claim. If no previous payments have been made, omit this segment. For the claim adjustment reason codes, see the Washington Publishing web site: <http://www.wpc-edi.com>. Follow the buttons to Code Lists - Claim Adjustment Reason Codes.

Data Element Summary

Ref.	Data	Attributes
<u>Des.</u>	<u>Element</u> <u>Name</u>	<u>M</u> <u>ID</u> <u>1/2</u>
M	CAS01 1033 Claim Adjustment Group Code	
	Code identifying the general category of payment adjustment UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No 5.	
	CO Contractual Obligations	
	CR Correction and Reversals	
	OA Other adjustments	

PI Payor Initiated Reductions
 PR Patient Responsibility

M	CAS02	1034	Claim Adjustment Reason Code	M	ID 1/5
			Code identifying the detailed reason the adjustment was made <i>UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No 6 .</i>		
			Code Source 139: Claim Adjustment Reason Code		
M	CAS03	782	Monetary Amount	M	R 1/18
			Monetary amount <i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.7.</i>		
	CAS04	380	Quantity	O	R 1/15
			Numeric value of quantity <i>Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No. 8.</i>		
			Use this number for the units of service being adjusted.		
	CAS05	1034	Claim Adjustment Reason Code	X	ID 1/5
			Code identifying the detailed reason the adjustment was made <i>UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No. 9.</i>		
			See CAS02. Code Source 139: Claim Adjustment Reason Code		
	CAS06	782	Monetary Amount	X	R 1/18
			Monetary amount <i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.10.</i>		
			See CAS03.		
	CAS07	380	Quantity	X	R 1/15
			Numeric value of quantity <i>Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.11.</i>		
			See CAS04.		
	CAS08	1034	Claim Adjustment Reason Code	X	ID 1/5
			Code identifying the detailed reason the adjustment was made <i>UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.12.</i>		
			See CAS02. Code Source 139: Claim Adjustment Reason Code.		
	CAS09	782	Monetary Amount	X	R 1/18
			Monetary amount <i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.13.</i>		
			See CAS03.		
	CAS10	380	Quantity	X	R 1/15
			Numeric value of quantity <i>Adjustment Quantity UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.14.</i>		
			See CAS04.		
	CAS11	1034	Claim Adjustment Reason Code	X	ID 1/5
			Code identifying the detailed reason the adjustment was made <i>UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.15.</i>		
			See CAS02. Code Source 139: Claim Adjustment Reason Code.		
	CAS12	782	Monetary Amount	X	R 1/18
			Monetary amount <i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.16.</i>		
			See CAS03.		
	CAS13	380	Quantity	X	R 1/15
			Numeric value of quantity <i>Adjustment Quantity UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.17.</i>		
			See CAS04.		

CAS14	1034	Claim Adjustment Reason Code	X	ID 1/5
		Code identifying the detailed reason the adjustment was made <i>UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.18.</i>		
		See CAS02. Code Source 139: Claim Adjustment Reason Code.		
CAS15	782	Monetary Amount	X	R 1/18
		Monetary amount <i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.19.</i>		
		See CAS03.		
CAS16	380	Quantity	X	R 1/15
		Numeric value of quantity <i>Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No. 20.</i>		
		See CAS04.		
CAS17	1034	Claim Adjustment Reason Code	X	ID 1/5
		Code identifying the detailed reason the adjustment was made <i>UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.21.</i>		
		See CAS02. Code Source 139: Claim Adjustment Reason Code.		
CAS18	782	Monetary Amount	X	R 1/18
		Monetary amount <i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No.22.</i>		
		See CAS03.		
CAS19	380	Quantity	X	R 1/15
		Numeric value of quantity <i>Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 42 Field No. 23.</i>		
		See CAS04.		

Segment: **AMT** Monetary Amount
Position: 300
Loop: 2320 Optional (Recommended)
Level: Detail
Usage: Optional (Recommended)
Max Use: 12
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes: *Payer Prior Payment, when AMT01='C4'.*

Maximum occurrence of 1 for each of the above.

Required for Payer Prior Payment, when this payer has paid an amount to the provider towards this bill.

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	AMT01	522	Amount Qualifier Code Code to qualify amount C4 Prior Payment - Actual Amount paid in reality at an earlier time Valid value for Payer Prior Payment.	M ID 1/3
M	AMT02	782	Monetary Amount Monetary amount <i>Payer Prior Payment, when AMT01='C4'. UB-92 Form Location 54 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 25. Used by BCMH Processing.</i>	M R 1/18
			<p>Payer Prior Payment is the amount this payer has paid to the provider towards this bill. * Required for Payer Prior Payment for Inpatient and Outpatient Hospital. This is the amount the hospital is obligated to accept or has received, whichever is greater, toward the payment of the bill from another source prior to billing Ohio BCMH. Non-payment must reported using the occurrence codes on the HI (2/231) segment.</p>	
X	AMT03	478	Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

Segment: **DMG Demographic Information**
Position: 305
Loop: 2320 Optional (Recommended)
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.
Semantic Notes: 1 DMG02 is the date of birth.
 2 DMG07 is the country of citizenship.
 3 DMG09 is the age in years.

Comments:

Notes: *Other Subscriber's Demographic Information*
 Required when Other Subscriber Name loop ID-2330, NM102='1' (Person).

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
>>	DMG01	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	X ID 2/3
>>	DMG02	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Other Subscriber Birth Date</i>	X AN 1/35
	DMG03	1068	Gender Code Code indicating the sex of the individual <i>Other Subscriber's Gender Code. UB-92 Form Location N/A. EMC v4.1 Record Type 30, Field No. 15.</i> F Female M Male U Unknown	O ID 1/1
X	DMG04	1067	Marital Status Code Code defining the marital status of a person	O ID 1/1
X	DMG05	1109	Race or Ethnicity Code 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	O ID 1/1
X	DMG06	1066	Citizenship Status Code Code indicating citizenship status	O ID 1/2
X	DMG07	26	Country Code Code identifying the country	O ID 2/3
X	DMG08	659	Basis of Verification Code Code indicating the basis of verification	O ID 1/2
X	DMG09	380	Quantity Numeric value of quantity	O R 1/15

Segment: **OI Other Health Insurance Information**
Position: 310
Loop: 2320 Optional (Recommended)
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: *Other Subscriber's Information.*

Required when Other Subscriber Loop ID-2320 is used. All information contained in this segment applies only to the payer who is identified in the Other Payer loop ID-2330 of this iteration of the Other Subscriber loop ID-2320.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
X	OI01	1032	Claim Filing Indicator Code Code identifying type of claim	O ID 1/2
X	OI02	1383	Claim Submission Reason Code Code identifying reason for claim submission	O ID 2/2
>>	OI03	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response <i>Benefits Assignment Certification Indicator. UB-92 Form Location N/A. EMC v4.1 Record Type 30, Field No. 17.</i> N No Y Yes	O ID 1/1
X	OI04	1351	Patient Signature Source Code Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider	O ID 1/1
X	OI05	1360	Provider Agreement Code Code indicating the type of agreement under which the provider is submitting this claim	O ID 1/1
>>	OI06	1363	Release of Information Code Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations <i>UB-92 Form Location N/A. EMC v4.1 Record Type 30, Field No. 16.</i> A Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes M The Provider has Limited or Restricted Ability to Release Data Related to a Claim <i>UB-92 Code N/A. EMC v4.1 Code 'R'.</i> N No, Provider is Not Allowed to Release Data <i>UB-92 Code N/A. EMC v4.1 Code 'N'.</i> O On file at Payor or at Plan Sponsor Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim <i>UB-92 Code N/A. EMC v4.1 Code 'Y'.</i>	O ID 1/1

Segment: **NM1** Other Subscriber Name
Position: 325
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Other Subscriber Name, when NM101='IL'.*

Submitters are required to send information on all known other subscribers in separate Other Subscriber loops ID-2320, including the Other Subscriber Name loop ID-2330A.. Other Subscriber Name loop ID-2330A, is required when Other Subscriber's loop ID-2320 information is used. Otherwise, this loop is not used.

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual IL Insured or Subscriber Valid value for Other Subscriber Name	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 1 Person Valid value for Other Subscriber Name. 2 Non-Person Entity Valid value for Other Subscriber Name.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Other Subscriber Last Name, when NM101='IL'. UB-92 Form Location 58 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 12.</i>	O AN 1/35
	NM104	1036	Name First Individual first name <i>Other Subscriber First Name, when NM101='IL'. UB-92 Form Location 58 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 13.</i>	O AN 1/25
	NM105	1037	Required, when NM102='1'. Name Middle Individual middle name or initial <i>Other Subscriber Middle Name/Initial, when NM101='IL'. UB-92 Form Location 58 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 14.</i> Required when NM102 equals one (1) and the Middle Name/ Initial of the person is known by the Provider.	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039	Name Suffix Suffix to individual name <i>Other Subscriber Name Suffix, when NM101='IL'.</i>	O AN 1/10
>>	NM108	66	Identification Code Qualifier	X ID 1/2

Bureau for Children with Medical Handicaps

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

Required when the information is known by the Provider.

MI Member Identification Number
Valid value for the Other Subscriber Id until the National Individual Id is available, which uses value 'ZZ'.

ZZ Mutually Defined
Valid value for the HIPAA Individual Identifier, when this identifier is available.

>>	NM109	67	Identification Code Code identifying a party or other code <i>Other Subscriber Primary Identifier, when NM101='IL'. UB-92 Form Location 60 (A-C) . EMC v4.1 Record Type 30 (Sequence 01-03) Field No. 7. Used by BCMH Processing.</i>	X	AN 2/80
X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **N3 Other Subscriber Address Information**
Position: 332
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: *Other Subscriber Address, when NM101='IL'.*

Required for the Other Subscriber Address when the Provider has the Other Subscriber Address information on file.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166	Address Information Address information <i>Other Subscriber Address Line 1, when NM101='IL'. UB-92-Form Location 84, Line b. EMC v4.1 Record Type 31(Sequence 01-03) Field No. 4.</i> Required when information is available.	M AN 1/55
	N302	166	Address Information Address information <i>Other Subscriber Address Line 2, when NM101='IL'. UB-92-Form Location 84, Line b. EMC v4.1 Record Type 31(Sequence 01-03) Field No. 5.</i> Required if second address line is needed.	O AN 1/55

Segment: **N4 Other Subscriber Geographic Location**
Position: 340
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 If N406 is present, then N405 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: *Other Subscriber Location, when NM101='IL'.*
 Required when the associated N3 segment is present.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	N401	19	City Name Free-form text for city name <i>Other Subscriber City, when NM101='IL'. UB-92 Form Location 84, Line c. EMC v. 4.1 Record Type 31 (Sequence 01-03) Field No. 6.</i>	O AN 2/30
>>	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency <i>Other Subscriber State, when NM101='IL'. UB-92 Form Location 84, Line c. EMC v. 4.1 Record Type 31 (Sequence 01-03) Field No. 7.</i> Code Source 22: States and Outlying Areas of the U.S.	O ID 2/2
>>	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States) <i>Other Subscriber Zip, when NM101='IL'. UB-92 Form Location 84, Line d. EMC v. 4.1 Record Type 31 (Sequence 01-03) Field No.8.</i> Code Source 51: Zip Code	O ID 3/15
	N404	26	Country Code Code identifying the country <i>Other Subscriber Country Code, when NM101='IL'.</i> Required when the address is outside of the U.S. Code Source 5: Countries, Currencies and Funds.	O ID 2/3
X	N405	309	Location Qualifier Code identifying type of location	X ID 1/2
X	N406	310	Location Identifier Code which identifies a specific location	O AN 1/30

Segment: **NM1** Other Payer Name
Position: 325
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.
Semantic Notes: 1 NM102 qualifies NM103.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: *Other Payer Name, when NM101='PR'.*

Submitters are required to send information on all known other payers in separate Other Subscriber loops ID-2320, including the Other Payer loop ID-2330B. Other Payer loop ID-2330B, is required when Other Subscriber's loop ID-2320 information is used. Otherwise, this loop is not used.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual PR Payer Valid value for Other Payer Name.	M ID 2/3
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity 2 Non-Person Entity Required value for Other Payer Name.	M ID 1/1
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name <i>Other Payer Organization Name, when NM102='PR'. UB-92 Form Location 50 (A-C). EMC v4.1 Record Type 30 (Sequence 01-03), Field No. 8b. EMC v4.1 Record Type 32 (Sequence 01-03), Field No. 4.</i>	O AN 1/35
X	NM104	1036	Name First Individual first name	O AN 1/25
X	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
X	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
X	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
>>	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) Required when the information is known by the Provider. PI Payor Identification Required value for Payer Id, until the National Payer ID is available. XV Health Care Financing Administration National Payer Identification Number (PAYERID) Required for Payer Id when the National Payer Id is	X ID 1/2

available.
 Code Source 540: Health Care Financing
 Administration National Payer Id

>>	NM109	67	Identification Code Code identifying a party or other code <i>Other Payer Primary Identifier, when NM101='PR'. UB-92 Form Location N/A . EMC v4.1 Record Type 30 (Sequence 01-03) Field Nos. 5-6.</i>	X	AN 2/80
X	NM110	706	Entity Relationship Code Code describing entity relationship	X	ID 2/2
X	NM111	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual	O	ID 2/3

Segment: **DTP** Other Payer's Claim Adjudication Date
Position: 350
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: *Other Payer's Claim Adjudication Date, when DTP01='573'.*
 Required when Loop ID-2430 (Line Adjudication Date) is not used.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>		<u>Attributes</u>
M	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time 573 Date Claim Paid	M ID 3/3
M	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M ID 2/3
M	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Other Payer's Claim Adjudication Date, when DTP01='573' and NM101='PR'.</i>	M AN 1/35

Segment: **REF** **Reference Identification**
Position: 355
Loop: 2330B Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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: *Payer Id Type, when REF01='2U' and NM101='PR'.*
 Required when Other Payer loop ID-2330B is used.

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification 2U Payer Identification Number	M ID 2/3
	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <i>Payer Id Type, when REF01='2U' and NM101='PR'. Used by BCMH Processing.</i> 00200 Private Insurance 00300 Blue Cross/ Blue Shield 00400 Employer Union 00500 Medicare 00900 Other	X AN 1/30
X	REF03	352	Description A free-form description to clarify the related data elements and their content	X 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
X	C04001	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04003	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30
X	C04005	128	Reference Identification Qualifier Code qualifying the Reference Identification	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 1/30

Segment: **LX** Assigned Number
Position: 365
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: *Service Line Number. Maximum of 50 occurrences per claim.*

Service Line LX begins with 1 and is incremented by one for each additional service line of a claim. The LX01 functions as a line counter.
 The data in the LX is not returned in the 835 Remittance Advice transaction. It is used to indicate bundling/unbundling in SVC06. The data in the LX is returned in the 277 Unsolicited Health Care Claim Status when reporting errors that occurred on the 837 Health Care Claim service line back to the claim submitter.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	LX01	554 Assigned Number	M N0 1/6
		Number assigned for differentiation within a transaction set	
		<i>Service Line Number.</i>	
		This is the service line number. Begin with 1 and increment by 1 for each new service line, LX, within a claim.	

Segment: **SV2 Institutional Service**
Position: 375
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the claim service detail for a Health Care institution
Syntax Notes:
 1 At least one of SV201 or SV202 is required.
 2 If either SV204 or SV205 is present, then the other is required.
Semantic Notes:
 1 SV201 is the revenue code.
 2 SV203 is a submitted charge amount.
 3 SV207 is a noncovered charge amount.
 4 SV208 is the detail service line indicator. A "Y" value indicates a detail service line; an "N" value indicates a summary service line.
Comments:
Notes: Required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for claim adjudication. BCMH requires this segment for claim adjudication.

Data Element Summary

Ref.	Data Element	Name	Attributes
>>	SV201	234 Product/Service ID	X AN 1/48
		Identifying number for a product or service <i>Service Line Revenue Code. UB-92 Form Location 42. EMC v4.1 Record Type 50, Field Nos. 4, 11-13. EMC v4.1 Record Type 60, Field Nos. 4, 13-14. EMC v4.1 Record Type 61, Field Nos. 4, 14-15. Used by BCMH Processing.</i> Code Source 132: National Uniform Billing Committee (NUBC) Codes * Required for Inpatient Hospital. * For Inpatient Hospital, enter the appropriate 3 digit revenue center code. * For Outpatient Hospital, enter the appropriate 3 digit revenue center code. * If the revenue center code indicates room and board charges, enter the daily rate in SV206. * For revenue center codes 200-210 and 720-729, if used for room and board, room rates and units of service are required in order for the code to be counted as an accommodations day. If the revenue center codes 200-219, 720-729 are not used for room and board charges, do not include any rate in SV206 and put the charges in SV203. * Any units of service accompanied by a rate for revenue center codes 100-179, 200-219 or 720-729 will be counted as accommodation days. Total accommodation days must be equal to covered days. Any claim with accommodation units which do not equal covered days will be denied.	
	SV202	C003 Composite Medical Procedure Identifier	X
		To identify a medical procedure by its standardized codes and applicable modifiers <i>UB-92 Form Location 44 (HCPCS).</i> Required for all Outpatient Claims.	
M	C00301	235 Product/Service ID Qualifier	M ID 2/2
		Code identifying the type/source of the descriptive number used in Product/Service ID (234) 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 <i>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under 'HC'.</i> Code Source 130: Health Care Financing	

Administration Common Procedural Coding System.

M	C00302	234	Product/Service ID Identifying number for a product or service <i>Procedure Code. UB-92 Form Location 44 (HCPCS). EMC v4.1 Record Type 60, Field Nos. 5, 13, 14. EMC v4.1 Record Type 61, Field Nos. 5, 14, 15. Used by BCMH Processing.</i> * For Outpatient Hospital, most outpatient services require a code.	M	AN 1/48
X	C00303	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN 2/2
X	C00304	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN 2/2
X	C00305	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN 2/2
X	C00306	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O	AN 2/2
X	C00307	352	Description A free-form description to clarify the related data elements and their content	O	AN 1/80
>>	SV203	782	Monetary Amount Monetary amount <i>Service Line Charge Amount. UB-92 Form Location 47. EMC v4.1 Record Type 50, Field No.7. EMC v4.1 Record Type 60, Field No.9. EMC v4.1 Record Type 61, Field No.10. Used by BCMH Processing.</i> Use this amount to indicate the submitted charge amount. * Required. This amount is by revenue center code category. Enter the line charge for each revenue center code.	O	R 1/18
>>	SV204	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 DA Days UN Unit	X	ID 2/2
>>	SV205	380	Quantity Numeric value of quantity <i>Service Unit Count. UB-92 Form Location 46. EMC v4.1 Record Type 50, Field No. 6, 11, 12, 13. EMC v4.1 Record Type 60, Field No. 8, 13, 14. EMC v4.1 Record Type 61, Field No. 8, 14, 15. Used by BCMH Processing.</i> * Required for Inpatient Hospital. This element is Accommodation Days (SV204='DA'), and is required for inpatient room and board codes. Enter the number of days. * Required for Outpatient Hospital. Units (SV204='UN') can only be used in payment calculation when billed in conjunction with laboratory, radiology, physical therapy CPT codes, occupational therapy local level codes and local level code.	X	R 1/15
	SV206	1371	Unit Rate The rate per unit of associate revenue for hospital accommodation <i>Service Line Rate. UB-92 From Location 44 ('RATES') EMC v4.1 Record Type 50, Field No. 5. Used by BCMH Processing.</i> Required when the associated revenue code is 100-219. * If the revenue center code (SV201) indicates room and board charges, enter the daily rate. * Required for Inpatient Hospital. Enter the daily room rate for Revenue Center Codes 100-219.	O	R 1/10
	SV207	782	Monetary Amount Monetary amount <i>Line Item Non-Covered Charge Amount. UB-92 Form Location 48. EMC v4.1 Record Type 50, Field No. 8, 11, 12, 13. EMC v4.1 Record Type 60, Field No.</i>	O	R 1/18

Bureau for Children with Medical Handicaps

10, 13, 14. EMC v4.1 Record Type 61, Field No. 11, 14, 15. Used by BCMH Processing.

* Enter the line charges for services not covered by BCMH or any third party payer on the line corresponding to the revenue center code for the service.

X	SV208	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O ID 1/1
X	SV209	1345	Nursing Home Residential Status Code Code specifying the status of a nursing home resident at the time of service	O ID 1/1
X	SV210	1337	Level of Care Code Code specifying the level of care provided by a nursing home facility	O ID 1/1

Segment: **SV4 Drug Service**
Position: 385
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the claim service detail for prescription drugs
Syntax Notes:
Semantic Notes:

- 1 SV401 is a prescription number.
- 2 SV403 is a new or refill number. A value of zero indicates a new prescription, any other value is the refill number of an existing prescription.
- 3 SV404 is the generic indicator. A "Y" value indicates a generic drug; an "N" value indicates a branded drug.
- 4 SV408 is the drug name.
- 5 SV409 is the multisource indicator. A "Y" indicates drug is available from more than one manufacturer; an "N" value indicates drug is available from one manufacturer.
- 6 SV410 is the compound indicator. A "Y" indicates a compound drug; an "N" value indicates a noncompound drug. A "U" value indicates a nonspecified drug compound.

Comments:

Notes:

Prescription Number.

Required when a drug has been dispensed with an assigned Rx number.

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u> <u>Name</u>	
M	SV401	127 Reference Identification	M AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
		<i>Prescription Number.</i>	
X	SV402	C003 Composite Medical Procedure Identifier	O
		To identify a medical procedure by its standardized codes and applicable modifiers	
X	C00301	235 Product/Service ID Qualifier	M ID 2/2
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)	
X	C00302	234 Product/Service ID	M AN 1/48
		Identifying number for a product or service	
X	C00303	1339 Procedure Modifier	O AN 2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners	
X	C00304	1339 Procedure Modifier	O AN 2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners	
X	C00305	1339 Procedure Modifier	O AN 2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners	
X	C00306	1339 Procedure Modifier	O AN 2/2
		This identifies special circumstances related to the performance of the service, as defined by trading partners	
X	C00307	352 Description	O AN 1/80
		A free-form description to clarify the related data elements and their content	
X	SV403	127 Reference Identification	O AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
X	SV404	1073 Yes/No Condition or Response Code	O ID 1/1
		Code indicating a Yes or No condition or response	
X	SV405	1329 Dispense as Written Code	O ID 1/1
		Code indicating whether or not the prescriber's instructions regarding generic substitution were followed	

Bureau for Children with Medical Handicaps

X	SV406	1338	Level of Service Code Code specifying the level of service rendered	O ID 1/3
X	SV407	1356	Prescription Origin Code Code indicating the origin of a prescription	O ID 1/1
X	SV408	352	Description A free-form description to clarify the related data elements and their content	O AN 1/80
X	SV409	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O ID 1/1
X	SV410	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	O ID 1/1
X	SV411	1370	Unit Dose Code Code indicating the type of unit dose dispensing done	O ID 1/1
X	SV412	1319	Basis of Cost Determination Code Code indicating the method by which the ingredient cost was calculated	O ID 1/2
X	SV413	1320	Basis of Days Supply Determination Code Code indicating the method by which the days supply was determined	O ID 1/1
X	SV414	1330	Dosage Form Code Code indicating the form in which the drug is dispensed	O ID 2/2
X	SV415	1327	Copay Status Code Code indicating whether or not co-payment requirements were met on a line by line basis	O ID 1/1
X	SV416	1384	Patient Location Code Code identifying the location where patient is receiving medical treatment	O ID 1/1
X	SV417	1337	Level of Care Code Code specifying the level of care provided by a nursing home facility	O ID 1/1
X	SV418	1357	Prior Authorization Type Code Code indicating the type of prior authorization or medical certification that has occurred	O ID 1/1

Segment: **PWK** Paperwork
Position: 420
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 5
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: *Line Supplemental Information.*
 Required if the provider will be sending paper documentation supporting this claim. PWK segment should not be used, if the information related to the claim is sent within the 837 ST-SE envelope.
 Required to identify attachments that are sent electronically (PWK02='EL'), but are transmitted in another functional group, rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
 The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but is not being sent with the claim. Use code 'AA' in PWK02 to convey this specific use of the PWK segment.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	PWK01	755	Report Type Code Code indicating the title or contents of a document, report or supporting item 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 CT Certification DA Dental Models Cast of the teeth; they are usually taken before partial dentures or braces are placed DG Diagnostic Report Report describing the results of lab tests x-rays or radiology films 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 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

			OZ	operation Support Data for Claim Medical records that would support procedures performed; tests given and necessary for a claim	
			PN	Physical Therapy Notes	
			PO	Prosthetics or Orthotic Certification	
			PZ	Physical Therapy Certification	
			RB	Radiology Films 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	
	PWK02	756	Report Transmission Code		O ID 1/2
				Code defining timing, transmission method or format by which reports are to be sent	
			AA	Available on Request at Provider Site	
			BM	By Mail	
			EL	Electronically Only	
			EM	E-Mail	
			FX	By Fax	
X	PWK03	757	Report Copies Needed		O NO 1/2
				The number of copies of a report that should be sent to the addressee	
X	PWK04	98	Entity Identifier Code		O ID 2/3
				Code identifying an organizational entity, a physical location, property or an individual	
	PWK05	66	Identification Code Qualifier		X ID 1/2
				Code designating the system/method of code structure used for Identification Code (67)	
				Required, if PWK02='BM', 'EL', 'EM' or 'FX'.	
			AC	Attachment Control Number Means of associating electronic claim with documentation forwarded by other means	
	PWK06	67	Identification Code		X AN 2/80
				Code identifying a party or other code <i>Attachment Control Number.</i>	
				Required, if PWK02='BM', 'EL', 'EM' or 'FX'.	
X	PWK07	352	Description		O AN 1/80
				A free-form description to clarify the related data elements and their content	
X	PWK08	C002	Actions Indicated		O
				Actions to be performed on the piece of paperwork identified	
X	C00201	704	Paperwork/Report Action Code		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	
X	C00202	704	Paperwork/Report Action Code		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	
X	C00203	704	Paperwork/Report Action Code		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	
X	C00204	704	Paperwork/Report Action Code		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	
X	C00205	704	Paperwork/Report Action Code		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	
X	PWK09	1525	Request Category Code		O ID 1/2
				Code indicating a type of request	

Segment: **DTP** **Service Date**
Position: 455
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
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: *Service Date, when DTP01='472' and DTP02='D8'. Used by BCMH Processing.*
 Required for all Outpatient claims when revenue, or procedure codes are reported in the SV2 segment.

Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time 472 Service Begin and end dates of the service being rendered	M ID 3/3
M	DTP02	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format D8 Date Expressed in Format CCYYMMDD	M ID 2/3
M	DTP03	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times <i>Service Date, when DTP01='472' and DTP02='D8'. UB-92 Form Location 45. EMC v4.1 Record Type 60, Field No. 12, 13, 14. EMC v4.1 Record Type 61, Field No. 9, 14, 15. Used by BCMH Processing.</i>	M AN 1/35
* Required for Outpatient Hospital. For each line item on an outpatient bill, the corresponding 8 digit date of service must be reported. Invoices without a date of service on every line item will be rejected.				

Segment: **DTP Prescription Fill**
Position: 455
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:

Prescription Fill Date(s), when DTP01='472' and a drug is billed on this service line.
 In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written, when DTP02='D8'.
 In cases were a drug is being billed on a service line, the Date of Service may be used to indicate the prescription fill date, if necessary. The Prescription Fill indicates the number of days a drug supply was dispensed, when DTP02='RD8'.

Data Element Summary

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	DTP01	374	Date/Time Qualifier	M ID 3/3
			Code specifying type of date or time, or both date and time	
			472 Service	
			Begin and end dates of the service being rendered	
M	DTP02	1250	Date Time Period Format Qualifier	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			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 CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date	
M	DTP03	1251	Date Time Period	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
			<i>Prescription Fill Date, when DTP01='472' and DTP02='D8'.</i>	
			<i>Prescription Fill Dates, when DTP01='472' and DTP02='RD8'.</i>	

Segment: **AMT** Monetary Amount
Position: 475
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To indicate the total monetary amount
Syntax Notes:
Semantic Notes:
Comments:
Notes:

*Service Tax Amount, when AMT01='GT'.
 Facility Tax Amount, when AMT01='N8'.*

Required for Service Tax Amount, when a service tax/surcharge applies to the service being reported in SV201.

Required for Facility Tax Amount, when a service tax/surcharge applies to the service being reported in SV201.

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	AMT01	522	Amount Qualifier Code Code to qualify amount	M ID 1/3
			GT Goods and Services Tax Canadian value-added tax	
			N8 Miscellaneous Taxes	
			Valid value for Service Tax Amount.	
			Valid value for Facility Tax Amount.	
M	AMT02	782	Monetary Amount Monetary amount	M R 1/18
			<i>Service Tax Amount, when AMT01='GT'. Facility Tax Amount, when AMT01='N8'.</i>	
X	AMT03	478	Credit/Debit Flag Code Code indicating whether amount is a credit or debit	O ID 1/1

Segment: **SVD** Service Line Adjudication

Position: 540
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: Required if claim has been previously adjudicated by the payer identified in the Other Payer loop ID-2330, and the service line has adjustments applied to it. To show unbundled lines: If in the original claim, line 3 is unbundled into (for example) two additional lines, the the SVD for line three is used three times: once for the original adjustment to line 3 and then two more times for the additional unbundled lines. If a line item control number (REF01= 6R) exists for the line, that number may be used in SVD06 instead of the LX number when a line is unbundled.

Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	SVD01	67	Identification Code Code identifying a party or other code <i>Payer Identifier. UB-92 Form Location N/A. EMC v4.1 Record Type 30 Field Nos. 5, 6.</i> This identifier must match data in NM109 in one of the corresponding loops: Payer loop ID-2010 or Other Payer loop ID-2330.	M AN 2/80
M	SVD02	782	Monetary Amount Monetary amount <i>Service Line Paid Amount</i>	M R 1/18
	SVD03	C003	Composite Medical Procedure Identifier To identify a medical procedure by its standardized codes and applicable modifiers Required when returned on an 835 payment for this claim or when needed to identify the service line adjudicated.	O
M	C00301	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive number used in Product/Service ID (234) 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: Health Care Financing Administration Common Procedural Coding System.	M ID 2/2
M	C00302	234	Product/Service ID Identifying number for a product or service <i>Procedure Code.</i>	M AN 1/48
	C00303	1339	Procedure Modifier	O AN 2/2

Bureau for Children with Medical Handicaps

			This identifies special circumstances related to the performance of the service, as defined by trading partners Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.	
X	C00304	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O AN 2/2
X	C00305	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O AN 2/2
X	C00306	1339	Procedure Modifier This identifies special circumstances related to the performance of the service, as defined by trading partners	O AN 2/2
	C00307	352	Description A free-form description to clarify the related data elements and their content Required if SVC01-7 was returned in the 835 Remittance Advice transaction.	O AN 1/80
>>	SVD04	234	Product/Service ID Identifying number for a product or service <i>Service Line Revenue Code. UB-92 Form Location N/A. EMC v4.1 Record Type 52, Field No. 5.</i>	O AN 1/48
>>	SVD05	380	Quantity Numeric value of quantity <i>Paid Units of Service.</i>	O R 1/15
	SVD06	554	Assigned Number Number assigned for differentiation within a transaction set <i>Bundled/Unbundled Line Number.</i> Required if payer bundled/unbundled this service line. Use the LX from this transaction which points to the bundled/unbundled line.	O N0 1/6

Segment: **CAS** Claims Adjustment

Position: 545

Loop: 2430 Optional

Level: Detail

Usage: Optional

Max Use: 99

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.
 - 2 When the submitted charges are paid in full, the value for CAS03 should be zero.

Notes: *Inpatient or Outpatient Service Line Adjustments.*

Required when the prior payment had service line adjustments reported on a remittance. Submitters should use this segment to report line level adjustments from prior payments which cause the amount paid to differ from the amount originally charged. The Claim Adjustment Reason codes are located on the Washington Publishing web site: <http://www.wpc-edi.com>.

Data Element Summary

Ref.	Data		Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	
M	CAS01	1033	Claim Adjustment Group Code Code identifying the general category of payment adjustment <i>UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 6. EMC v4.1 Record Type 63 Field No. 6.</i> CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payor Initiated Reductions PR Patient Responsibility
M	CAS02	1034	Claim Adjustment Reason Code M ID 1/5

Code identifying the detailed reason the adjustment was made
UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 7. EMC v4.1 Record Type 63 Field No. 7.

M CAS03 782 Monetary Amount M R 1/18

Monetary amount
Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 8. EMC v4.1 Record Type 63 Field No.8.

Use this amount for the charges applied to the preceding reason code.

CAS04 380 Quantity O R 1/15

Numeric value of quantity
Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 9. EMC v4.1 Record Type 63 Field No. 9.

Use this value for the quantity applied to the preceding reason code.

CAS05 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made
UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 10. EMC v4.1 Record Type 63 Field No. 10.

See CAS02.

CAS06 782 Monetary Amount X R 1/18

Monetary amount
Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 11. EMC v4.1 Record Type 63 Field No. 11.

See CAS03.

CAS07 380 Quantity X R 1/15

Numeric value of quantity
Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 12. EMC v4.1 Record Type 63 Field No. 12.

See CAS04.

CAS08 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made
UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 13. EMC v4.1 Record Type 63 Field No. 13.

See CAS02.

CAS09 782 Monetary Amount X R 1/18

Monetary amount
Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 14. EMC v4.1 Record Type 63 Field No. 14.

See CAS03.

CAS10 380 Quantity X R 1/15

Numeric value of quantity
Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 15. EMC v4.1 Record Type 63 Field No. 15.

See CAS04.

CAS11 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made
UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 16. EMC v4.1 Record Type 63 Field No. 16.

See CAS02.

CAS12 782 Monetary Amount X R 1/18

Monetary amount
Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 17. EMC v4.1 Record Type 63 Field No. 17.

See CAS03.

CAS13 380 Quantity X R 1/15

Numeric value of quantity
Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 18. EMC v4.1 Record Type 63 Field No. 18.

See CAS04.

CAS14 1034 Claim Adjustment Reason Code X ID 1/5

Code identifying the detailed reason the adjustment was made

Bureau for Children with Medical Handicaps

		<i>UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 19. EMC v4.1 Record Type 63 Field No. 19.</i>		
		See CAS02.		
CAS15	782	Monetary Amount	X	R 1/18
		Monetary amount		
		<i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 20. EMC v4.1 Record Type 63 Field No. 20.</i>		
		See CAS03.		
CAS16	380	Quantity	X	R 1/15
		Numeric value of quantity		
		<i>Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 21. EMC v4.1 Record Type 63 Field No. 21.</i>		
		See CAS04.		
CAS17	1034	Claim Adjustment Reason Code	X	ID 1/5
		Code identifying the detailed reason the adjustment was made		
		<i>UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 22. EMC v4.1 Record Type 63 Field No. 22.</i>		
		See CAS02.		
CAS18	782	Monetary Amount	X	R 1/18
		Monetary amount		
		<i>Adjustment Amount. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 23. EMC v4.1 Record Type 63 Field No. 23.</i>		
		See CAS03.		
CAS19	380	Quantity	X	R 1/15
		Numeric value of quantity		
		<i>Adjustment Quantity. UB-92 Form Location N/A. EMC v4.1 Record Type 52 Field No. 24. EMC v4.1 Record Type 63 Field No. 24.</i>		
		See CAS04.		

Segment: **DTP** **Date or Time or Period**
Position: 550
Loop: 2430 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: *Claim Adjudication Date, when DTP01='573'.*
 Required when Service Line adjudication has been performed.

Data Element Summary

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

Segment: **SE** Transaction Set Trailer

Position: 555

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.

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	SE01	96	Number of Included Segments Total number of segments included in a transaction set including ST and SE segments	M N0 1/10
M	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	M AN 4/9

Segment: **GE** Functional Group Trailer
Position: 560
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of a functional group and to provide control information
Syntax Notes:
Semantic Notes: 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.
Comments: 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	GE01	97	Number of Transaction Sets Included Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	M N0 1/6
M	GE02	28	Group Control Number Assigned number originated and maintained by the sender	M N0 1/9

Segment: **IEA** Interchange Control Trailer
Position: 570
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:
Semantic Notes:
Comments:

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	IEA01	I16	Number of Included Functional Groups A count of the number of functional groups included in an interchange	M N0 1/5
M	IEA02	I12	Interchange Control Number A control number assigned by the interchange sender Must be identical to the associated Interchange Control Number (ISA13).	M N0 9/9