ADDENDA

National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Claim: Professional

837

ASC X12N 837 (004010X098A1)

October 2002

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Table of Contents

1 Introduction to Modified Pages

This document is addenda to the X12N Health Care Claim: Professional Implementation Guide, originally published May 2000 as 004010X098. As a result of the post publication review process, items were identified that could be considered impediments to implementation. These items were passed to the X12N Health Care Work Group that created the original Implementation Guide for their review.

Modifications based on those comments were reflected in a draft version of the Addenda to the X12N 004010X098 Implementation Guide. Since the X12N 004010X098 Implementation Guide is named for use under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), an NPRM Draft Addenda went through a Notice of Proposed Rule Making (NPRM) comment process that began on May 31, 2002. The Addenda reflects changes based on comments received during the NPRM process and X12N's own review processes. Only the modifications noted in the NPRM Draft Addenda were considered in the NPRM and X12N review processes. The Addenda was approved for publication by X12N on October 10, 2002. When using the X12N Health Care Claim: Professional Implementation Guide, originally published May 2000 as 004010X098 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X098A1".

Each of the changes made to the 004010X098 Implementation Guide has been annotated with a note in red and a line pointing to the location of the change. In the event that a segment or loop has been deleted, the deletion will be identified in the Implementation table beginning on Page 7. For convenience, the affected 004010X098 Implementation Guide page number is noted at the bottom of the page. Please note that as a result of insertion or deletion of material Addenda pages may not begin or end at the same place as the original referenced page. Because of this, Addenda pages are not page for page replacements and the original pages should be retained.

Changes in the Addenda may have caused changes to the Data Element Dictionary and the Data Element Name Index (Appendix E in the original Implementation Guide), but these changes are not identified in the Addenda. Changes in the Addenda may also have caused changes to the Examples and the EDI Transmission Examples (Section 4 in the original Implementation Guide), again these are not identified in the Addenda.

IMPLEMENTATION

837 Health Care Claim: Professional

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.

2. This standard is also recommended for the submission of similar data within a pre-paid managed care context. Referred to as capitated encounters, this data usually does not result in a payment, though it is possible to submit a "mixed" claim that includes both pre-paid and request for payment services. This standard will allow for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may also be used by payers to share data with plan sponsors, employers, regulatory entities and Community Health Information Networks.

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

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
61	005	ST	Transaction Set Header	R	1	
62	010	BHT	Beginning of Hierarchical Transaction	R	1	
65	015	REF	Transmission Type Identification	R	1	
			LOOP ID - 1000A SUBMITTER NAME			1
66	020	NM1	Submitter Name	R	1	
69	045	PER	Submitter EDI Contact Information	R	2	
			LOOP ID - 1000B RECEIVER NAME			1
72	020	NM1	Receiver Name	R	1	

N2 Deleted

Table 2 - Billing/Pay-to Provider Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			>1
74	001	HL	Billing/Pay-to Provider Hierarchical Level	R	1	
76	003	PRV	Billing/Pay-to Provider Specialty Information	S	1	
78	010	CUR	Foreign Currency Information	S	1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
81	015	NM1	Billing Provider Name	R	1	
84	025	N3	Billing Provider Address	R	1	
85	030	N4	Billing Provider City/State/ZIP Code	R	1	
87	035	REF	Billing Provider Secondary Identification	S	8	
90	035	REF	Credit/Debit Card Billing Information	S	8	
92	040	PER	Billing Provider Contact Information	S	2	
			LOOP ID - 2010AB PAY-TO PROVIDER NAME			1
95	015	NM1	Pay-to Provider Name	S	1	
98	025	N3	Pay-to Provider Address	R	1	
99	030	N4	Pay-to Provider City/State/ZIP Code	R	1	
101	035	REF	Pay-to-Provider Secondary Identification	S	5	

N2 Deleted

Table 2 - Subscriber Detail

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			**>1**
103	001	HL	Subscriber Hierarchical Level	R	1	
105	005	SBR	Subscriber Information	R	1	
109	007	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			**1**
112	015	NM1	Subscriber Name	R	1	
115	025	N3	Subscriber Address	S	1	
116	030	N4	Subscriber City/State/ZIP Code	S	1	
118	032	DMG	Subscriber Demographic Information	S	1	
120	035	REF	Subscriber Secondary Identification	S	4	
122	035	REF	Property and Casualty Claim Number	S	1	
			LOOP ID - 2010BB PAYER NAME			**1**
124	015	NM1	Payer Name	R	1	
127	025	N3	Payer Address	S	1	
128	030	N4	Payer City/State/ZIP Code	S	1	
130	035	REF	Payer Secondary Identification	S	3	
			LOOP ID - 2010BC RESPONSIBLE PARTY NAME			**1**
132	015	NM1	Responsible Party Name	S	1	
135	025	N3	Responsible Party Address	R	1	
136	030	N4	Responsible Party City/State/ZIP Code	R	1	
			LOOP ID - 2010BD CREDIT/DEBIT CARD HOLDER NAME			**1**
138	015	NM1	Credit/Debit Card Holder Name	S	1	
141	035	REF	Credit/Debit Card Information	S	2	

N2 Deleted

Table 2 - Patient Detail

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to “float.” Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			**>1**
143	001	HL	Patient Hierarchical Level	S	1	
145	007	PAT	Patient Information	R	1	
			LOOP ID - 2010CA PATIENT NAME			**1**
148	015	NM1	Patient Name	R	1	
151	025	N3	Patient Address	R	1	
152	030	N4	Patient City/State/ZIP Code	R	1	
154	032	DMG	Patient Demographic Information	R	1	
156	035	REF	Patient Secondary Identification	S	5	
158	035	REF	Property and Casualty Claim Number	S	1	

N2 Deleted

			LOOP ID - 2300 CLAIM INFORMATION			**100**
160	130	CLM	Claim Information	R	1	
170	135	DTP	Date - Initial Treatment	S	1	
172	135	DTP	Date - Date Last Seen	S	1	
174	135	DTP	Date - Onset of Current Illness/Symptom	S	1	
175	135	DTP	Date - Acute Manifestation	S	5	
178	135	DTP	Date - Similar Illness/Symptom Onset	S	10	
180	135	DTP	Date - Accident	S	10	
182	135	DTP	Date - Last Menstrual Period	S	1	
183	135	DTP	Date - Last X-ray	S	1	
185	135	DTP	Date - Hearing and Vision Prescription Date	S	1	
186	135	DTP	Date - Disability Begin	S	5	
188	135	DTP	Date - Disability End	S	5	
190	135	DTP	Date - Last Worked	S	1	
191	135	DTP	Date - Authorized Return to Work	S	1	
193	135	DTP	Date - Admission	S	1	
195	135	DTP	Date - Discharge	S	1	
197	135	DTP	Date - Assumed and Relinquished Care Dates	S	2	
199	155	PWK	Claim Supplemental Information	S	10	
202	160	CN1	Contract Information	S	1	
204	175	AMT	Credit/Debit Card Maximum Amount	S	1	
205	175	AMT	Patient Amount Paid	S	1	
206	175	AMT	Total Purchased Service Amount	S	1	
208	180	REF	Service Authorization Exception Code	S	1	
210	180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	S	1	
212	180	REF	Mammography Certification Number	S	1	
214	180	REF	Prior Authorization or Referral Number	S	2	
216	180	REF	Original Reference Number (ICN/DCN)	S	1	
218	180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	S	3	
220	180	REF	Repriced Claim Number	S	1	
222	180	REF	Adjusted Repriced Claim Number	S	1	
223	180	REF	Investigational Device Exemption Number	S	1	
225	180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	S	1	
227	180	REF	Ambulatory Patient Group (APG)	S	4	
228	180	REF	Medical Record Number	S	1	
229	180	REF	Demonstration Project Identifier	S	1	
231	185	K3	File Information	S	10	
233	190	NTE	Claim Note	S	1	
235	195	CR1	Ambulance Transport Information	S	1	
238	200	CR2	Spinal Manipulation Service Information	S	1	
241	220	CRC	Ambulance Certification	S	3	
246	220	CRC	Patient Condition Information: Vision	S	3	
249	220	CRC	Homebound Indicator	S	1	
251	220	CRC	EPSDT Referral	S	1	
254	231	HI	Health Care Diagnosis Code	S	1	
260	241	HCP	Claim Pricing/Repricing Information	S	1	
			LOOP ID - 2305 HOME HEALTH CARE PLAN INFORMATION			**6**
265	242	CR7	Home Health Care Plan Information	S	1	
267	243	HSD	Health Care Services Delivery	S	3	
			LOOP ID - 2310A REFERRING PROVIDER NAME			**2**
271	250	NM1	Referring Provider Name	S	1	
274	255	PRV	Referring Provider Specialty Information	S	1	

DTP Deleted

New Segment Added

N2 Deleted

276	271	REF	Referring Provider Secondary Identification	S	5	
			LOOP ID - 2310B RENDERING PROVIDER NAME			1
278	250	NM1	Rendering Provider Name	S	1	Usage Changed
281	255	PRV	Rendering Provider Specialty Information	S	1	
283	271	REF	Rendering Provider Secondary Identification	S	5	N2 Deleted
			LOOP ID - 2310C PURCHASED SERVICE PROVIDER NAME			1
285	250	NM1	Purchased Service Provider Name	S	1	
288	271	REF	Purchased Service Provider Secondary Identification	S	5	
			LOOP ID - 2310D SERVICE FACILITY LOCATION			1
290	250	NM1	Service Facility Location	S	1	N2 Deleted
293	265	N3	Service Facility Location Address	R	1	
294	270	N4	Service Facility Location City/State/ZIP	R	1	
296	271	REF	Service Facility Location Secondary Identification	S	5	
			LOOP ID - 2310E SUPERVISING PROVIDER NAME			1
298	250	NM1	Supervising Provider Name	S	1	N2 Deleted
301	271	REF	Supervising Provider Secondary Identification	S	5	
			LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			10
303	290	SBR	Other Subscriber Information	S	1	
308	295	CAS	Claim Level Adjustments	S	5	
317	300	AMT	Coordination of Benefits (COB) Payer Paid Amount	S	1	
318	300	AMT	Coordination of Benefits (COB) Approved Amount	S	1	
319	300	AMT	Coordination of Benefits (COB) Allowed Amount	S	1	
320	300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	S	1	
321	300	AMT	Coordination of Benefits (COB) Covered Amount	S	1	
322	300	AMT	Coordination of Benefits (COB) Discount Amount	S	1	
323	300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	S	1	
324	300	AMT	Coordination of Benefits (COB) Patient Paid Amount	S	1	
325	300	AMT	Coordination of Benefits (COB) Tax Amount	S	1	
326	300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	S	1	
327	305	DMG	Subscriber Demographic Information	S	1	
329	310	OI	Other Insurance Coverage Information	R	1	
332	320	MOA	Medicare Outpatient Adjudication Information	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME			1
335	325	NM1	Other Subscriber Name	R	1	N2 Deleted
338	332	N3	Other Subscriber Address	S	1	
339	340	N4	Other Subscriber City/State/ZIP Code	S	1	
341	355	REF	Other Subscriber Secondary Identification	S	3	
			LOOP ID - 2330B OTHER PAYER NAME			1
343	325	NM1	Other Payer Name	R	1	N2 Deleted
346	345	PER	Other Payer Contact Information	S	2	
349	345	DTP	Claim Adjudication Date	S	1	
351	355	REF	Other Payer Secondary Identifier	S	2	
353	355	REF	Other Payer Prior Authorization or Referral Number	S	2	
355	355	REF	Other Payer Claim Adjustment Indicator	S	2	
			LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION			1
357	325	NM1	Other Payer Patient Information	S	1	
359	355	REF	Other Payer Patient Identification	S	3	
			LOOP ID - 2330D OTHER PAYER REFERRING PROVIDER			2
361	325	NM1	Other Payer Referring Provider	S	1	

363	355	REF	Other Payer Referring Provider Identification	R	3	
			LOOP ID - 2330E OTHER PAYER RENDERING PROVIDER			1
365	325	NM1	Other Payer Rendering Provider	S	1	
367	355	REF	Other Payer Rendering Provider Secondary Identification	R	3	
			LOOP ID - 2330F OTHER PAYER PURCHASED SERVICE PROVIDER			1
369	325	NM1	Other Payer Purchased Service Provider	S	1	
371	355	REF	Other Payer Purchased Service Provider Identification	R	3	
			LOOP ID - 2330G OTHER PAYER SERVICE FACILITY LOCATION			1
373	325	NM1	Other Payer Service Facility Location	S	1	
375	355	REF	Other Payer Service Facility Location Identification	R	3	
			LOOP ID - 2330H OTHER PAYER SUPERVISING PROVIDER			1
377	325	NM1	Other Payer Supervising Provider	S	1	
379	355	REF	Other Payer Supervising Provider Identification	R	3	
			LOOP ID - 2400 SERVICE LINE			50
381	365	LX	Service Line	R	1	
383	370	SV1	Professional Service	R	1	SV4 Deleted
391	400	SV5	Durable Medical Equipment Service	S	1	SV5 Added
394	420	PWK	DMERC CMN Indicator	S	1	
396	425	CR1	Ambulance Transport Information	S	1	
399	430	CR2	Spinal Manipulation Service Information	S	5	
402	435	CR3	Durable Medical Equipment Certification	S	1	
404	445	CR5	Home Oxygen Therapy Information	S	1	
408	450	CRC	Ambulance Certification	S	3	
411	450	CRC	Hospice Employee Indicator	S	1	
413	450	CRC	DMERC Condition Indicator	S	2	
416	455	DTP	Date - Service Date	R	1	
418	455	DTP	Date - Certification Revision Date	S	1	
420	455	DTP	Date - Begin Therapy Date	S	1	DTP Deleted
422	455	DTP	Date - Last Certification Date	S	1	
424	455	DTP	Date - Date Last Seen	S	1	
426	455	DTP	Date - Test	S	2	
428	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	S	3	
430	455	DTP	Date - Shipped	S	1	
431	455	DTP	Date - Onset of Current Symptom/Illness	S	1	
433	455	DTP	Date - Last X-ray	S	1	
435	455	DTP	Date - Acute Manifestation	S	1	
437	455	DTP	Date - Initial Treatment	S	1	
439	455	DTP	Date - Similar Illness/Symptom Onset	S	1	QTY Deleted
441	462	MEA	Test Result	S	20	
444	465	CN1	Contract Information	S	1	
446	470	REF	Repriced Line Item Reference Number	S	1	
447	470	REF	Adjusted Repriced Line Item Reference Number	S	1	
448	470	REF	Prior Authorization or Referral Number	S	2	
450	470	REF	Line Item Control Number	S	1	
452	470	REF	Mammography Certification Number	S	1	
454	470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	S	1	
456	470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	S	1	
457	470	REF	Immunization Batch Number	S	1	
458	470	REF	Ambulatory Patient Group (APG)	S	4	
459	470	REF	Oxygen Flow Rate	S	1	

461	470	REF	Universal Product Number (UPN)	S	1	
463	475	AMT	Sales Tax Amount	S	1	
464	475	AMT	Approved Amount	S	1	
465	475	AMT	Postage Claimed Amount	S	1	
466	480	K3	File Information	S	10	
467	485	NTE	Line Note	S	1	
468	488	PS1	Purchased Service Information	S	1	
470	491	HSD	Health Care Services Delivery	S	1	New Loop Added
474	492	HCP	Line Pricing/Repricing Information	S	1	
			LOOP ID - 2410 DRUG IDENTIFICATION			**25**
480	494	LIN	Drug Identification	S	1	
483	495	CTP	Drug Pricing	S	1	
486	496	REF	Prescription Number	S	1	
			LOOP ID - 2420A RENDERING PROVIDER NAME			**1**
488	500	NM1	Rendering Provider Name	S	1	Usage Changed
491	505	PRV	Rendering Provider Specialty Information	S	1	
493	525	REF	Rendering Provider Secondary Identification	S	5	N2 Deleted
			LOOP ID - 2420B PURCHASED SERVICE PROVIDER NAME			**1**
495	500	NM1	Purchased Service Provider Name	S	1	
498	525	REF	Purchased Service Provider Secondary Identification	S	5	
			LOOP ID - 2420C SERVICE FACILITY LOCATION			**1**
500	500	NM1	Service Facility Location	S	1	N2 Deleted
503	514	N3	Service Facility Location Address	R	1	
504	520	N4	Service Facility Location City/State/ZIP	R	1	
506	525	REF	Service Facility Location Secondary Identification	S	5	
			LOOP ID - 2420D SUPERVISING PROVIDER NAME			**1**
508	500	NM1	Supervising Provider Name	S	1	N2 Deleted
511	525	REF	Supervising Provider Secondary Identification	S	5	
			LOOP ID - 2420E ORDERING PROVIDER NAME			**1**
513	500	NM1	Ordering Provider Name	S	1	N2 Deleted
516	514	N3	Ordering Provider Address	S	1	
517	520	N4	Ordering Provider City/State/ZIP Code	S	1	
519	525	REF	Ordering Provider Secondary Identification	S	5	
521	530	PER	Ordering Provider Contact Information	S	1	
			LOOP ID - 2420F REFERRING PROVIDER NAME			**2**
524	500	NM1	Referring Provider Name	S	1	
527	505	PRV	Referring Provider Specialty Information	S	1	N2 Deleted
529	525	REF	Referring Provider Secondary Identification	S	5	
			LOOP ID - 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER			**4**
531	500	NM1	Other Payer Prior Authorization or Referral Number	S	1	
534	525	REF	Other Payer Prior Authorization or Referral Number	R	2	
			LOOP ID - 2430 LINE ADJUDICATION INFORMATION			**25**
536	540	SVD	Line Adjudication Information	S	1	
540	545	CAS	Line Adjustment	S	99	
548	550	DTP	Line Adjudication Date	R	1	
			LOOP ID - 2440 FORM IDENTIFICATION CODE			**5**
549	551	LQ	Form Identification Code	S	1	
551	552	FRM	Supporting Documentation	R	99	
554	555	SE	Transaction Set Trailer	R	1	

IMPLEMENTATION

TRANSMISSION TYPE IDENTIFICATION

Usage: **REQUIRED**

Repeat: **1**

Example: **REF*87*004010X098A1~** — Example Changed

STANDARD

REF Reference Identification

Level: Header

Position: 015

Loop: ____

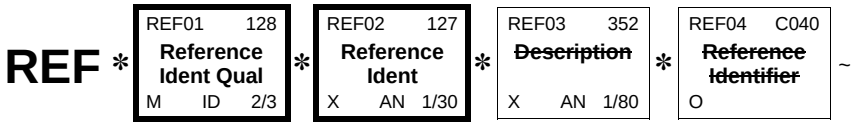
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION **87 — Functional Category**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Transmission Type Code*** SYNTAX: R0203 **When piloting the transaction set, this value is 004010X098DA1. When sending the transaction set in a production mode, this value is 004010X098A1.** — Note Changed	**X AN 1/30**
NOT USED	**REF03**	**352**	**Description**	**X AN 1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**

IMPLEMENTATION

BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION

Loop: 2000A — BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes:

Note 1. Changed

1. **Required when adjudication is known to be impacted by the provider taxonomy code, and the Rendering Provider is the same entity as the Billing and/or Pay-to Provider. In these cases, the Rendering Provider is being identified at this level for all subsequent claims/encounters in this HL and Loop ID-2310B is not used.**

2. **This PRV is not used when the Billing or Pay-to Provider is a group and the individual Rendering Provider is in loop 2310B. The PRV segment is then coded with the Rendering Provider in loop 2310B.**

3. **PRV02 qualifies PRV03.**

Example: PRV*BI*ZZ*203BA050N~

STANDARD

PRV Provider Information

Level: Detail

Position: 003

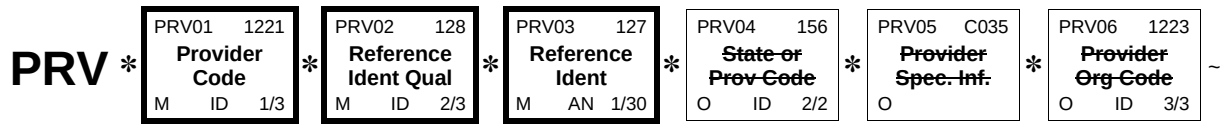
Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
BI	**Billing**
PT	**Pay-To**

SITUATIONAL **PAT05** **1250** **Date Time Period Format Qualifier** **X** **ID** **2/3**
Code indicating the date format, time format, or date and time format

SYNTAX: P0506

Note Changed

Required if patient is known to be deceased and the date of death is available to the provider billing system.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

SITUATIONAL **PAT06** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Insured Individual Death Date***

ALIAS: ***Date of Death***

SYNTAX: P0506

SEMANTIC: PAT06 is the date of death.

NSF Reference:

CA0-21.0

Note Changed

Required if patient is known to be deceased and the date of death is available to the provider billing system.

SITUATIONAL **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

SYNTAX: P0708

Note Changed

Required when PAT08 is used.

Code 01 Added
Code GR Deleted

CODE	DEFINITION
01	**Actual Pounds**

SITUATIONAL **PAT08** **81** **Weight** **X** **R** **1/10**
Numeric value of weight

INDUSTRY: ***Patient Weight***

SYNTAX: P0708

SEMANTIC: PAT08 is the patient's weight.

NSF Reference:

FA0-44.0, GU0-17.0

Note Changed

Required on:
1) claims/encounters involving EPO (epoetin) for patients on dialysis.
2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

SITUATIONAL	**PAT09**	**1073**	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	**O**	**ID**	**1/1**

INDUSTRY: ***Pregnancy Indicator***

SEMANTIC: 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.

Note Changed

Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.

CODE	DEFINITION
Y	**Yes**

SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **SYNTAX:** P0809	**X**	**ID**	**1/2**

Required if NM102 = 1 (person)

CODE	DEFINITION
MI	**Member Identification Number** **The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.** **MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State).** **In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02.**
ZZ	**Mutually Defined** **The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.**

SITUATIONAL	**NM109**	**67**	**Identification Code** Code identifying a party or other code ***INDUSTRY:* *Subscriber Primary Identifier*** **SYNTAX:** P0809 **NSF Reference:** **DA0-18.0, CA1-05.0, CA1-06.0**	**X**	**AN**	**2/80**

Note Changed

Required if the Subscriber is the patient. If the subscriber is not the patient, use if known. An identifier must be present in either the subscriber or the patient loop.

NOT USED	**NM110**	**706**	**Entity Relationship Code**	**X**	**ID**	**2/2**
NOT USED	**NM111**	**98**	**Entity Identifier Code**	**O**	**ID**	**2/3**

IMPLEMENTATION

PROPERTY AND CASUALTY CLAIM NUMBER

Loop: **2010BA — SUBSCRIBER NAME**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.**

2. **This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.**

New Note Added

3. **Not required for HIPAA (The statutory definition of a health plan does not specifically include workers' compensation programs, property and casualty programs, or disability insurance programs, and, consequently, we are not requiring them to comply with the standards.) but may be required for other uses.**

Example: **REF*Y4*4445555~**

STANDARD

REF Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

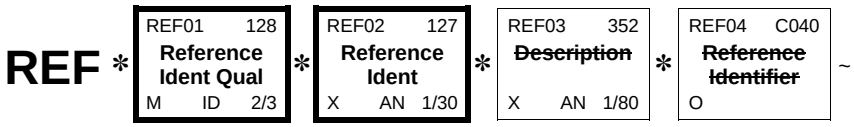
Max Use: 20

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



05	Grandson or Granddaughter
07	Nephew or Niece
09	Adopted Child
10	Foster Child
15	Ward
17	Stepson or Stepdaughter
19	Child
20	Employee
21	Unknown
22	Handicapped Dependent
23	Sponsored Dependent
24	Dependent of a Minor Dependent
29	Significant Other
32	Mother
33	Father
34	Other Adult
36	Emancipated Minor
39	Organ Donor
40	Cadaver Donor
41	Injured Plaintiff
43	Child Where Insured Has No Financial Responsibility
53	Life Partner
G8	Other Relationship

NOT USED	PAT02	1384	Patient Location Code	O	ID	1/1
NOT USED	PAT03	584	Employment Status Code	O	ID	2/2
NOT USED	PAT04	1220	Student Status Code	O	ID	1/1
SITUATIONAL	PAT05	1250	Date Time Period Format Qualifier	X	ID	2/3

Code indicating the date format, time format, or date and time format

SYNTAX: P0506

Note Changed

Required if patient is known to be deceased and the date of death is available to the provider billing system.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

SITUATIONAL **PAT06** **1251** **Date Time Period** **X** **AN** **1/35**
Expression of a date, a time, or range of dates, times or dates and times

INDUSTRY: ***Patient Death Date***

ALIAS: ***Date of Death***

SYNTAX: P0506

SEMANTIC: PAT06 is the date of death.

NSF Reference:

CA0-21.0

Note Changed

Required if patient is known to be deceased and the date of death is available to the provider billing system.

SITUATIONAL **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

SYNTAX: P0708

Note Changed

Required when PAT08 is used.

CODE	DEFINITION

Code 01 Added
Code GR Deleted

01	**Actual Pounds**

SITUATIONAL **PAT08** **81** **Weight** **X** **R** **1/10**
Numeric value of weight

INDUSTRY: ***Patient Weight***

SYNTAX: P0708

SEMANTIC: PAT08 is the patient's weight.

NSF Reference:

FA0-44.0, GU0-17.0

Note Changed

Required on:
1) claims/encounters involving EPO (epoetin) for patients on dialysis.
2) Medicare Durable Medical Equipment Regional Carriers certificate of medical necessity (DMERC CMN) 02.03 and 10.02.

SITUATIONAL **PAT09** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***Pregnancy Indicator***

SEMANTIC: 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.

Note Changed

Required when mandated by law. The determination of pregnancy should be completed in compliance with applicable law. The "Y" code indicates that the patient is pregnant. If PAT09 is not used it means the patient is not pregnant.

CODE	DEFINITION
Y	**Yes**

IMPLEMENTATION

PROPERTY AND CASUALTY CLAIM NUMBER

Loop: 2010CA — PATIENT NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **In the case where the patient is the same person as the subscriber, the property and casualty claim number is placed in Loop ID-2010BA. In the case where the patient is a different person than the subscriber, this number is placed in Loop ID-2010CA. This number should be transmitted in only one place.**

2. **This is a property and casualty payer-assigned claim number. It is required on property and casualty claims. Providers receive this number from the property and casualty payer during eligibility determinations or some other communication with that payer. See Section 4.2, Property and Casualty, for additional information about property and casualty claims.**

New Note Added

3. **Not required for HIPAA (The statutory definition of a health plan does not specifically include workers' compensation programs, property and casualty programs, or disability insurance programs, and, consequently, we are not requiring them to comply with the standards.) but may be required for other uses.**

Example: **REF*Y4*4445555~**

STANDARD

REF Reference Identification

Level: Detail

Position: 035

Loop: 2010

Requirement: Optional

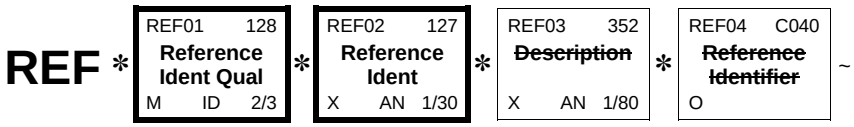
Max Use: 20

Purpose: To specify identifying information

Syntax:

1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



REQUIRED **CLM05 - 3** **1325** **Claim Frequency Type Code** **O** **ID** **1/1**

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

INDUSTRY: ***Claim Frequency Code***

ALIAS: ***Claim Submission Reason Code***

CODE SOURCE **235:** Claim Frequency Type Code

Note and Codes Deleted

REQUIRED **CLM06** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**

Code indicating a Yes or No condition or response

INDUSTRY: ***Provider or Supplier Signature Indicator***

ALIAS: ***Provider Signature on File***

SEMANTIC: CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signatue is not on file.

NSF Reference:

EA0-37.0

CODE	DEFINITION
N	**No**
Y	**Yes**

REQUIRED **CLM07** **1359** **Provider Accept Assignment Code** **O** **ID** **1/1**

Code indicating whether the provider accepts assignment

INDUSTRY: ***Medicare Assignment Code***

NSF Reference:

EA0-36.0, FA0-59.0

CLM07 indicates whether the provider accepts Medicare assignment.

The NSF mapping to FA0-59.0 occurs only in payer-to-payer COB situations.

CODE	DEFINITION
A	**Assigned**
B	**Assignment Accepted on Clinical Lab Services Only**
C	**Not Assigned**
P	**Patient Refuses to Assign Benefits**

SITUATIONAL **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

ALIAS: ***Patient Signature Source Code***

NSF Reference:

DA0-16.0

CLM10 is required except in cases where code ''N'' is used in CLM09.

CODE	DEFINITION
B	**Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file**
C	**Signed HCFA-1500 Claim Form on file**
M	**Signed signature authorization form for HCFA-1500 Claim Form block 13 on file**
P	**Signature generated by provider because the patient was not physically present for services**
S	**Signed signature authorization form for HCFA-1500 Claim Form block 12 on file**

SITUATIONAL **CLM11** **C024** **RELATED CAUSES INFORMATION** **O**
To identify one or more related causes and associated state or country information

ALIAS: ***Accident/Employment/Related Causes***

CLM11-1, CLM11-2, or CLM11-3 are required when the condition being reported is accident or employment related. If CLM11-1, CLM11-2, or CLM11-3 equals AP, then map Yes to EA0-09.0.

If DTP - Date of Accident (DTP01=439) is used, then CLM11 is required.

REQUIRED **CLM11 - 1** **1362** **Related-Causes Code** **M** **ID** **2/3**
Code identifying an accompanying cause of an illness, injury or an accident

INDUSTRY: ***Related Causes Code***

NSF Reference:

EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator

CODE	DEFINITION
AA	**Auto Accident**
AP	**Another Party Responsible**
EM	**Employment**
OA	**Other Accident**

Code AB Deleted

SITUATIONAL **CLM11 - 2** **1362** **Related-Causes Code** **O ID 2/3**
Code identifying an accompanying cause of an illness, injury or an accident

INDUSTRY: ***Related Causes Code***

NSF Reference:

EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator

Used if more than one code applies.

CODE	DEFINITION
AA	Auto Accident
AP	Another Party Responsible
EM	Employment
OA	Other Accident

Code AB Deleted

SITUATIONAL **CLM11 - 3** **1362** **Related-Causes Code** **O ID 2/3**
Code identifying an accompanying cause of an illness, injury or an accident

INDUSTRY: ***Related Causes Code***

NSF Reference:

EA0-05.0 - Auto Accident or Other Accident, EA0-04.0 - Employment, EA0-09.0 - Responsibility Indicator

Used if more than one code applies.

CODE	DEFINITION
AA	Auto Accident
AP	Another Party Responsible
EM	Employment
OA	Other Accident

Code AB Deleted

SITUATIONAL **CLM11 - 4** **156** **State or Province Code** **O ID 2/2**
Code (Standard State/Province) as defined by appropriate government agency

INDUSTRY: ***Auto Accident State or Province Code***

CODE SOURCE **22:** States and Outlying Areas of the U.S.

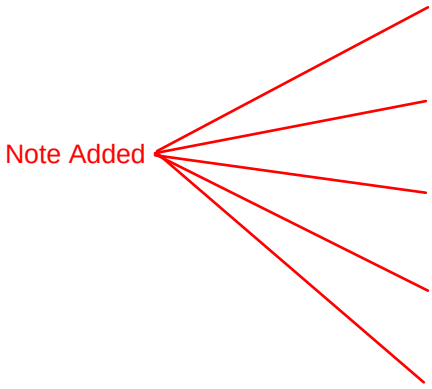
NSF Reference:

EA0-10.0

Required if CLM11-1, -2, or -3 = AA to identify the state in which the automobile accident occurred. Use state postal code (CA = California, UT = Utah, etc).

SITUATIONAL	**CLM11 - 5**		**26**	**Country Code** Code identifying the country CODE SOURCE **5:** Countries, Currencies and Funds **Required if the automobile accident occurred out of the United States to identify the country in which the accident occurred.**	**O**	**ID**	**2/3**
SITUATIONAL	**CLM12**	**1366**	**Special Program Code** Code indicating the Special Program under which the services rendered to the patient were performed *INDUSTRY:* ***Special Program Indicator*** *ALIAS:* ***Special Program Code*** **NSF Reference:** **EA0-43.0** **Required if the services were rendered under one of the following circumstances/programs/projects.**		**O**	**ID**	**2/3**

CODE	DEFINITION
01	**Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP)**
02	**Physically Handicapped Children's Program**
03	**Special Federal Funding** **This code is used for Medicaid claims only.**
05	**Disability** **This code is used for Medicaid claims only.**
07	**Induced Abortion - Danger to Life** **This code is used for Medicaid claims only.**
08	**Induced Abortion - Rape or Incest** **This code is used for Medicaid claims only.**
09	**Second Opinion or Surgery** **This code is used for Medicaid claims only.**



NOT USED	**CLM13**	**1073**	**Yes/No Condition or Response Code**		**O**	**ID**	**1/1**
NOT USED	**CLM14**	**1338**	**Level of Service Code**		**O**	**ID**	**1/3**
NOT USED	**CLM15**	**1073**	**Yes/No Condition or Response Code**		**O**	**ID**	**1/1**

IMPLEMENTATION

DATE - INITIAL TREATMENT

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

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

Replaced Note 2.

2. **Required on all claims involving spinal manipulation for Medicare Part B.**

Example: DTP*454*D8*19970115~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 135

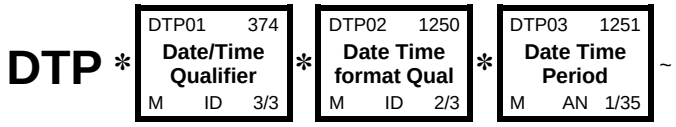
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	M ID 3/3

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
454	Initial Treatment

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	M ID 2/3

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

IMPLEMENTATION

DATE - DATE LAST SEEN

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

Note 1. Changed

1. **Required when claims involve services from an independent physical therapist, occupational therapist, or physician services involving routine foot care and it is known to impact the payer's adjudication process.**

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

Example: DTP*304*D8*19970115~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 135

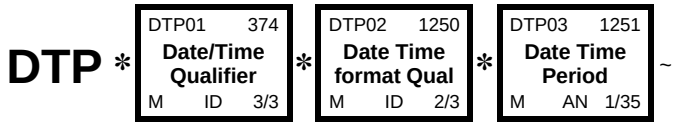
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	M ID 3/3
			INDUSTRY: ***Date Time Qualifier***	
			CODE: **304** — DEFINITION: **Latest Visit or Consultation**	
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	M ID 2/3
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	
			CODE: **D8** — DEFINITION: **Date Expressed in Format CCYYMMDD**	

IMPLEMENTATION

DATE - DISABILITY BEGIN

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **5**

Notes:

1. **Required on claims involving disability where, in the opinion of the provider, the patient was or will be unable to perform the duties normally associated with his/her work.**

New Note 2. Added

2. **Not required for HIPAA but may be required for other uses. (The statutory definition of a health plan does not specifically include workers compensation programs, property and casualty programs, or disability insurance programs.)**

Example: **DTP*360*D8*19970114~**

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 135

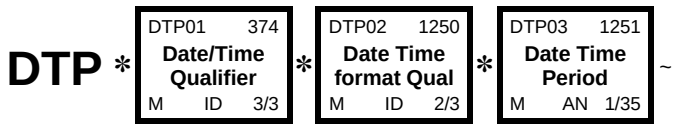
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	**M ID 3/3**

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
360	**Disability Begin**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	**M ID 2/3**

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
D8	**Date Expressed in Format CCYYMMDD**

IMPLEMENTATION

DATE - DISABILITY END

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 5

Notes:

1. **Required on claims/encounters involving disability where, in the opinion of the provider, the patient, after having been absent from work for reasons related to the disability, was or will be able to perform the duties normally associated with his/her work.**

New Note 2. Added

2. **Not required for HIPAA but may be required for other uses. (The statutory definition of a health plan does not specifically include workers compensation programs, property and casualty programs, or disability insurance programs.)**

Example: DTP*361*D8*19970613~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 135

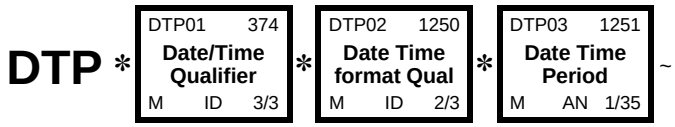
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	M ID 3/3

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
361	Disability End

IMPLEMENTATION

PATIENT AMOUNT PAID

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

Note Changed

1. **Required when patient has made payment specifically toward this claim.**

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

Note 3. Deleted

Example: AMT*F5*152.45~

STANDARD

AMT Monetary Amount

Level: Detail

Position: 175

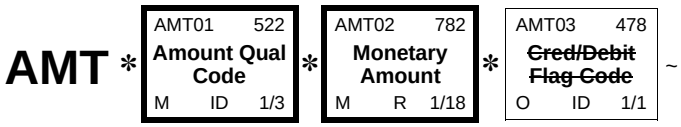
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	AMT01	522	**Amount Qualifier Code** Code to qualify amount CODE / DEFINITION **F5 — Patient Amount Paid**	M ID 1/3
REQUIRED	AMT02	782	**Monetary Amount** Monetary amount *INDUSTRY:* ***Patient Amount Paid*** **NSF Reference:** **XA0-19.0**	M R 1/18
NOT USED	AMT03	478	**Credit/Debit Flag Code**	O ID 1/1

IMPLEMENTATION

TOTAL PURCHASED SERVICE AMOUNT

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Required if there are purchased service components to this claim.**

New Note Added

2. **Use this segment on vision claims when the acquisition cost of lenses is known to impact adjudication or reimbursement.**
3. **Required on service lines when the purchased service charge amount is necessary for processing.**

Example: AMT*NE*57.35~

STANDARD

AMT Monetary Amount

Level: Detail

Position: 175

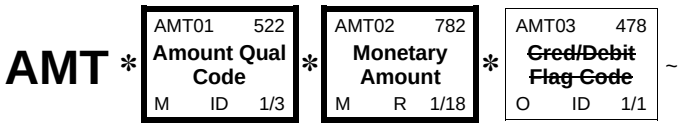
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	AMT01	522	**Amount Qualifier Code** Code to qualify amount CODE / DEFINITION **NE** — **Net Billed** **Use this code to indicate Total Purchased Service Charges.**	M ID 1/3
REQUIRED	AMT02	782	**Monetary Amount** Monetary amount *INDUSTRY:* ***Total Purchased Service Amount*** **NSF Reference:** **EA0-31.0**	M R 1/18

IMPLEMENTATION

MAMMOGRAPHY CERTIFICATION NUMBER

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required when mammography services are rendered by a certified mammography provider.**

Note Changed

Example: **REF*EW*T554~**

STANDARD

REF Reference Identification

Level: Detail

Position: 180

Loop: 2300

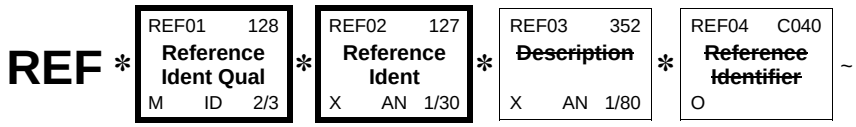
Requirement: Optional

Max Use: 30

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION **EW — Mammography Certification Number**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Mammography Certification Number*** **SYNTAX:** R0203 **NSF Reference:** **FA0-31.0**	**X AN 1/30**
NOT USED	**REF03**	**352**	**Description**	**X AN 1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**

IMPLEMENTATION

SPINAL MANIPULATION SERVICE INFORMATION

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **The CR2 segment in Loop ID-2300 applies to the entire claim unless overridden by the presence of a CR2 segment in Loop ID-2400.**
2. **Required on chiropractic claims involving spinal manipulation and known to impact payer's adjudication process.**

Note 2. Changed

Example: **CR2*******M****Y~** Example Changed

STANDARD

CR2 Chiropractic Certification

Level: Detail

Position: 200

Loop: 2300

Requirement: Optional

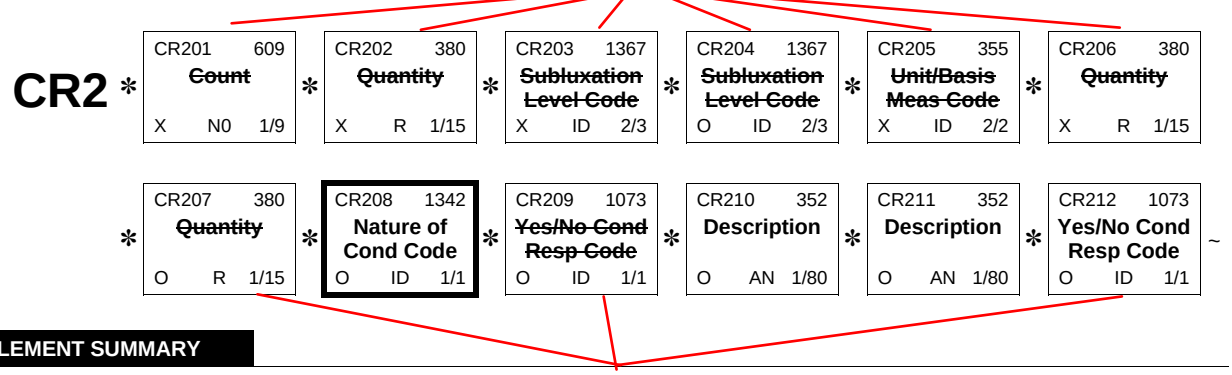
Max Use: 1

Purpose: To supply information related to the chiropractic service rendered to a patient

Syntax:
1. **P0102**
   If either CR201 or CR202 is present, then the other is required.
2. **C0403**
   If CR204 is present, then CR203 is required.
3. **P0506**
   If either CR205 or CR206 is present, then the other is required.

DIAGRAM

Usage Changed



ELEMENT SUMMARY

Usage Changed

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	CR201	609	Count	X	N0	1/9
NOT USED	CR202	380	Quantity	X	R	1/15

Usage Changed

NOT USED	CR203	1367	Subluxation Level Code	X	ID	2/3
NOT USED	CR204	1367	Subluxation Level Code	O	ID	2/3
NOT USED	CR205	355	Unit or Basis for Measurement Code	X	ID	2/2
NOT USED	CR206	380	Quantity	X	R	1/15
NOT USED	CR207	380	Quantity	O	R	1/15
REQUIRED	CR208	1342	Nature of Condition Code Code indicating the nature of a patient's condition *INDUSTRY:* ***Patient Condition Code*** *ALIAS:* ***Nature of Condition Code. Spinal Manipulation*** **NSF Reference:** **GC0-11.0**	O	ID	1/1

Usage Changed

CODE	DEFINITION
A	Acute Condition
C	Chronic Condition
D	Non-acute
E	Non-Life Threatening
F	Routine
G	Symptomatic
M	Acute Manifestation of a Chronic Condition

NOT USED	CR209	1073	Yes/No Condition or Response Code	O	ID	1/1
SITUATIONAL	CR210	352	Description A free-form description to clarify the related data elements and their content *INDUSTRY:* ***Patient Condition Description*** *ALIAS:* ***Patient Condition Description. Spinal Manipulation*** **SEMANTIC:** CR210 is a description of the patient's condition. **NSF Reference:** **GC0-14.0** **Used at discretion of submitter.**	O	AN	1/80
SITUATIONAL	CR211	352	Description A free-form description to clarify the related data elements and their content *INDUSTRY:* ***Patient Condition Description*** *ALIAS:* ***Patient Condition Description. Spinal Manipulation*** **SEMANTIC:** CR211 is an additional description of the patient's condition. **NSF Reference:** **GC0-14.0** **Used at discretion of submitter.**	O	AN	1/80

SITUATIONAL **CR212** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**

Usage Changed

Code indicating a Yes or No condition or response

INDUSTRY: ***X-ray Availability Indicator***

ALIAS: ***X-ray Availability Indicator. Spinal Manipulation***

SEMANTIC: CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

NSF Reference:

GC0-15.0

New Note Added

Required for service dates prior to January 1, 2000.

CODE	DEFINITION
N	**No**
Y	**Yes**

IMPLEMENTATION

PATIENT CONDITION INFORMATION: VISION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 3

Notes: 1. Required on vision claims/encounters involving replacement lenses or frames when this information is known to impact reimbursement.

Note Changed

Example: CRC*E1*Y*L1~

STANDARD

CRC Conditions Indicator

Level: Detail

Position: 220

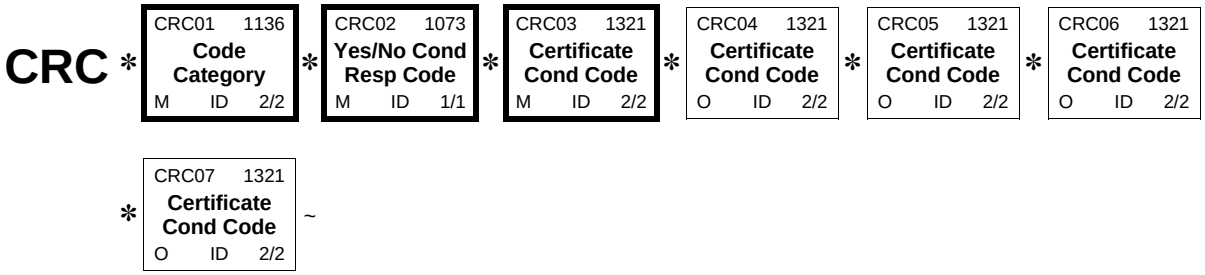
Loop: 2300

Requirement: Optional

Max Use: 100

Purpose: To supply information on conditions

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	CRC01	1136	**Code Category** Specifies the situation or category to which the code applies SEMANTIC: CRC01 qualifies CRC03 through CRC07.	M ID 2/2

CODE	DEFINITION
E1	Spectacle Lenses
E2	Contact Lenses
E3	Spectacle Frames

IMPLEMENTATION

EPSDT REFERRAL

Loop: **2300 — CLAIM INFORMATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims/encounters.**

Example: **CRC*ZZ*Y*ST~**

STANDARD

CRC Conditions Indicator

Level: Detail

Position: 220

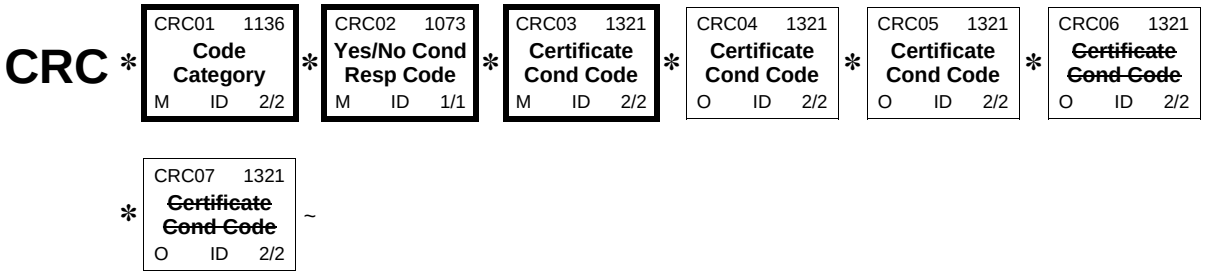
Loop: 2300

Requirement: Optional

Max Use: 100

Purpose: To supply information on conditions

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**CRC01**	**1136**	**Code Category** Specifies the situation or category to which the code applies **SEMANTIC:** CRC01 qualifies CRC03 through CRC07.	**M ID 2/2**

CODE	DEFINITION
ZZ	**Mutually Defined** **EPSDT Screening referral information.**

REQUIRED **CRC02** **1073** **Yes/No Condition or Response Code** **M** **ID** **1/1**
Code indicating a Yes or No condition or response

INDUSTRY: ***Certification Condition Indicator***

ALIAS: ***Certification Condition Code Applies Indicator***

SEMANTIC: CRC02 is a Certification Condition Code applies indicator. A "Y" value indicates the condition codes in CRC03 through CRC07 apply; an "N" value indicates the condition codes in CRC03 through CRC07 do not apply.

Was an EPSDT referral given to the patient?

CODE	DEFINITION
N	**No** **If no, then choose "NU" in CRC03 indicating no referral given.**
Y	**Yes**

REQUIRED **CRC03** **1321** **Condition Indicator** **M** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

ALIAS: ***Condition Indicator***

The codes for CRC03 also can be used for CRC04 through CRC07.

CODE	DEFINITION
AV	**Available - Not Used** **Patient refused referral.**
NU	**Not Used** **This conditioner indicator must be used when the submitter answers "N" in CRC02.**
S2	**Under Treatment** **Patient is currently under treatment for referred diagnostic or corrective health problem.**
ST	**New Services Requested** **Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (not including dental referrals).**

SITUATIONAL **CRC04** **1321** **Condition Indicator** **O** **ID** **2/2**
Code indicating a condition

INDUSTRY: ***Condition Code***

Use codes listed in CRC03.

Required if additional condition codes are needed.

SITUATIONAL	**CRC05**	**1321**	**Condition Indicator** Code indicating a condition *INDUSTRY:* ***Condition Code*** **Use codes listed in CRC03.** **Required if additional condition codes are needed.**	**O**	**ID**	**2/2**
NOT USED	**CRC06**	**1321**	**Condition Indicator**	**O**	**ID**	**2/2**
NOT USED	**CRC07**	**1321**	**Condition Indicator**	**O**	**ID**	**2/2**

IMPLEMENTATION

REFERRING PROVIDER SPECIALTY INFORMATION

Loop: 2310A — REFERRING PROVIDER NAME

Usage: SITUATIONAL

Repeat: 1

Notes:

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

Note 2. Changed

2. **Required when adjudication is known to be impacted by provider taxonomy code.**

3. **PRV02 qualifies PRV03.**

Example: PRV*RF*ZZ*363LP0200N~

STANDARD

PRV Provider Information

Level: Detail

Position: 255

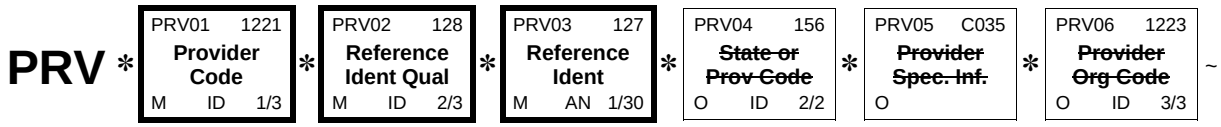
Loop: 2310

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
RF	**Referring**

IMPLEMENTATION

RENDERING PROVIDER SPECIALTY INFORMATION

Loop: 2310B — RENDERING PROVIDER NAME

Usage: SITUATIONAL — Usage Changed

Repeat: 1

Notes:

1. **The PRV segment in Loop ID-2310 applies to the entire claim unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.**
2. **PRV02 qualifies PRV03.**

New Note Added —

3. **Required when adjudication is known to be impacted by provider taxonomy code.**

Example: PRV*PE*ZZ*203BA0200N~

STANDARD

PRV Provider Information

Level: Detail

Position: 255

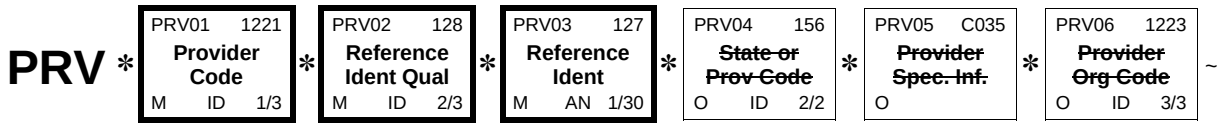
Loop: 2310

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



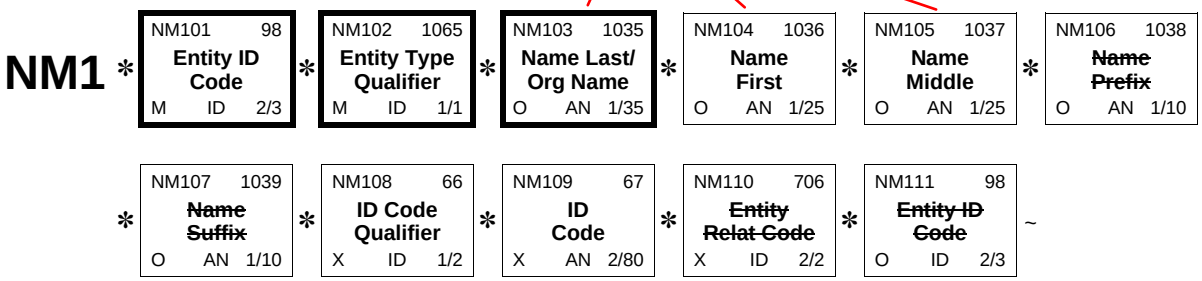
ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PRV01**	**1221**	**Provider Code** Code indentifying the type of provider	**M ID 1/3**

CODE	DEFINITION
PE	**Performing**

Usage Changed

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**NM101**	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	**M ID 2/3**
			CODE: **QB** — DEFINITION: **Purchase Service Provider**	
REQUIRED	**NM102**	**1065**	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	**M ID 1/1**
			CODE: **1** — DEFINITION: **Person**	
			CODE: **2** — DEFINITION: **Non-Person Entity**	
REQUIRED	**NM103**	**1035**	**Name Last or Organization Name** Individual last name or organizational name	**O AN 1/35**
SITUATIONAL	**NM104**	**1036**	**Name First** Individual first name	**O AN 1/25**
			Required if NM102 = 1.	
SITUATIONAL	**NM105**	**1037**	**Name Middle** Individual middle name or initial	**O AN 1/25**
			Required if NM102=1 and the middle name/initial of the person is known.	
NOT USED	**NM106**	**1038**	**Name Prefix**	**O AN 1/10**
NOT USED	**NM107**	**1039**	**Name Suffix**	**O AN 1/10**
SITUATIONAL	**NM108**	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809	**X ID 1/2**
			Required if either Employer's Identification/Social Security Number or National Provider Identifier is known.	
			CODE: **24** — DEFINITION: **Employer's Identification Number**	

Usage Changed

New Notes Added

IMPLEMENTATION

OTHER PAYER PATIENT INFORMATION

Loop: **2330C — OTHER PAYER PATIENT INFORMATION** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Required when it is necessary, in COB situations, to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330 loop are those patient ID's which belong to non-destination (COB) payers. The patient ID(s) forr the destination payer are carried in the 2010CA loop NM1 and REF segments. See Section 1.4.5 Crosswalking COB Data Elements for more information on handling non-destination payer patient identifiers and other COB elements.**

2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**

Example: **NM1*QC*1******MI*6677U801~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

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

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

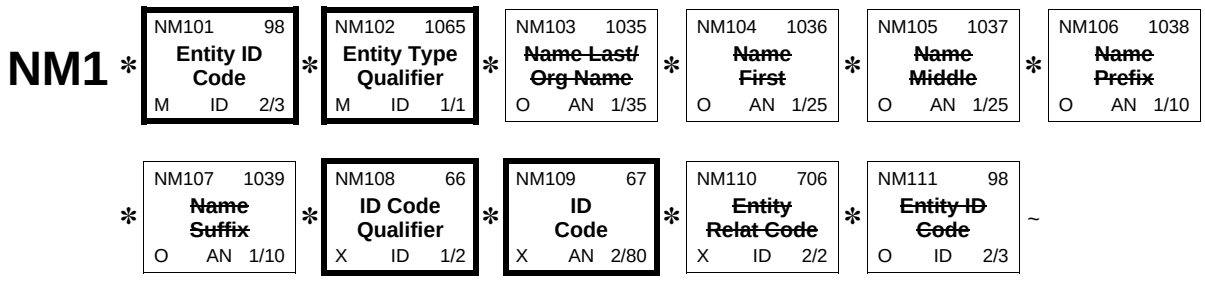
Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.

2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM

Usage Changed



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: QC — DEFINITION: Patient	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M ID 1/1
NOT USED	NM103	1035	**Name Last or Organization Name**	O AN 1/35
NOT USED	NM104	1036	**Name First**	O AN 1/25
NOT USED	NM105	1037	**Name Middle**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
NOT USED	NM107	1039	**Name Suffix**	O AN 1/10
REQUIRED	NM108	66	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) SYNTAX: P0809 CODE: MI — DEFINITION: Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number. Therefore the 837 Professional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Health Insurance Claim Number (HIC), etc.	X ID 1/2
REQUIRED	NM109	67	**Identification Code** Code identifying a party or other code INDUSTRY: ***Other Payer Patient Primary Identifier*** ALIAS: ***Patient's Other Payer Primary Identification Number*** SYNTAX: P0809	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2
NOT USED	NM111	98	**Entity Identifier Code**	O ID 2/3

Usage Changed

IMPLEMENTATION

OTHER PAYER REFERRING PROVIDER

Loop: **2330D — OTHER PAYER REFERRING PROVIDER** **Repeat:** **2**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.**
2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**
3. **See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.**

Example: **NM1*DN*1~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

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

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM

Usage Changed

NM1 * NM101 98 **Entity ID Code** M ID 2/3 * NM102 1065 **Entity Type Qualifier** M ID 1/1 * NM103 1035 ~~**Name Last/ Org Name**~~ O AN 1/35 * NM104 1036 ~~**Name First**~~ O AN 1/25 * NM105 1037 ~~**Name Middle**~~ O AN 1/25 * NM106 1038 ~~**Name Prefix**~~ O AN 1/10

* NM107 1039 ~~**Name Suffix**~~ O AN 1/10 * NM108 66 ~~**ID Code Qualifier**~~ X ID 1/2 * NM109 67 ~~**ID Code**~~ X AN 2/80 * NM110 706 ~~**Entity Relat Code**~~ X ID 2/2 * NM111 98 ~~**Entity ID Code**~~ O ID 2/3 ~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE / DEFINITION DN — Referring Provider Use on first iteration of this loop. Use if loop is used only once. P3 — Primary Care Provider Use only if loop is used twice. Use only on second iteration of this loop.	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE / DEFINITION 1 — Person 2 — Non-Person Entity	M ID 1/1
NOT USED	NM103	1035	**Name Last or Organization Name**	O AN 1/35
NOT USED	NM104	1036	**Name First**	O AN 1/25
NOT USED	NM105	1037	**Name Middle**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
NOT USED	NM107	1039	**Name Suffix**	O AN 1/10
NOT USED	NM108	66	**Identification Code Qualifier**	X ID 1/2
NOT USED	NM109	67	**Identification Code**	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2
NOT USED	NM111	98	**Entity Identifier Code**	O ID 2/3

Usage Changed

IMPLEMENTATION

OTHER PAYER RENDERING PROVIDER

Loop: **2330E — OTHER PAYER RENDERING PROVIDER** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.**
2. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**
3. **See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.**

Example: **NM1*82*1~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

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

Set Notes:

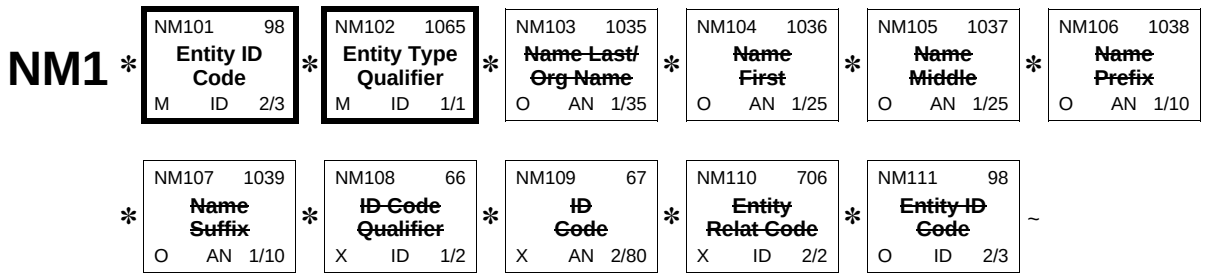
1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM

Usage Changed



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: 82 — DEFINITION: Rendering Provider	M	ID	2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person CODE: 2 — DEFINITION: Non-Person Entity	M	ID	1/1
NOT USED	NM103	1035	Name Last or Organization Name	O	AN	1/35
NOT USED	NM104	1036	Name First	O	AN	1/25
NOT USED	NM105	1037	Name Middle	O	AN	1/25
NOT USED	NM106	1038	Name Prefix	O	AN	1/10
NOT USED	NM107	1039	Name Suffix	O	AN	1/10
NOT USED	NM108	66	Identification Code Qualifier	X	ID	1/2
NOT USED	NM109	67	Identification Code	X	AN	2/80
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O	ID	2/3

Usage Changed

IMPLEMENTATION

OTHER PAYER PURCHASED SERVICE PROVIDER

Loop: **2330F — OTHER PAYER PURCHASED SERVICE PROVIDER** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**
2. **Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.**
3. **See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.**

Example: **NM1*QB*2~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

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

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM

Usage Changed

NM1	NM101 98 **Entity ID Code** M ID 2/3	NM102 1065 **Entity Type Qualifier** M ID 1/1	NM103 1035 ~~**Name Last/ Org Name**~~ O AN 1/35	NM104 1036 ~~**Name First**~~ O AN 1/25	NM105 1037 ~~**Name Middle**~~ O AN 1/25	NM106 1038 ~~**Name Prefix**~~ O AN 1/10	
	NM107 1039 ~~**Name Suffix**~~ O AN 1/10	NM108 66 ~~**ID Code Qualifier**~~ X ID 1/2	NM109 67 ~~**ID Code**~~ X AN 2/80	NM110 706 ~~**Entity Relat Code**~~ X ID 2/2	NM111 98 ~~**Entity ID Code**~~ O ID 2/3	~	

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: QB — DEFINITION: Purchase Service Provider	M ID 2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person CODE: 2 — DEFINITION: Non-Person Entity	M ID 1/1
NOT USED	NM103	1035	Name Last or Organization Name	O AN 1/35
NOT USED	NM104	1036	Name First	O AN 1/25
NOT USED	NM105	1037	Name Middle	O AN 1/25
NOT USED	NM106	1038	Name Prefix	O AN 1/10
NOT USED	NM107	1039	Name Suffix	O AN 1/10
NOT USED	NM108	66	Identification Code Qualifier	X ID 1/2
NOT USED	NM109	67	Identification Code	X AN 2/80
NOT USED	NM110	706	Entity Relationship Code	X ID 2/2
NOT USED	NM111	98	Entity Identifier Code	O ID 2/3

Usage Changed

IMPLEMENTATION

OTHER PAYER SERVICE FACILITY LOCATION

Loop: **2330G — OTHER PAYER SERVICE FACILITY LOCATION** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**
2. **Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.**
3. **See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.**

Example: **NM1*TL*2~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

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

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM

Usage Changed

NM1	*	NM101 98 **Entity ID Code** M ID 2/3	*	NM102 1065 **Entity Type Qualifier** M ID 1/1	*	NM103 1035 ~~**Name Last/ Org Name**~~ O AN 1/35	*	NM104 1036 ~~**Name First**~~ O AN 1/25	*	NM105 1037 ~~**Name Middle**~~ O AN 1/25	*	NM106 1038 ~~**Name Prefix**~~ O AN 1/10
	*	NM107 1039 ~~**Name Suffix**~~ O AN 1/10	*	NM108 66 ~~**ID Code Qualifier**~~ X ID 1/2	*	NM109 67 ~~**ID Code**~~ X AN 2/80	*	NM110 706 ~~**Entity Relat Code**~~ X ID 2/2	*	NM111 98 ~~**Entity ID Code**~~ O ID 2/3	~	

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual	M ID 2/3
			CODE: 77 — DEFINITION: **Service Location** **Use when other codes in this element do not apply.**	
			FA — **Facility**	
			LI — **Independent Lab**	
			TL — **Testing Laboratory**	
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103.	M ID 1/1
			CODE: 2 — DEFINITION: **Non-Person Entity**	
NOT USED	NM103	1035	**Name Last or Organization Name**	O AN 1/35
NOT USED	NM104	1036	**Name First**	O AN 1/25
NOT USED	NM105	1037	**Name Middle**	O AN 1/25
NOT USED	NM106	1038	**Name Prefix**	O AN 1/10
NOT USED	NM107	1039	**Name Suffix**	O AN 1/10
NOT USED	NM108	66	**Identification Code Qualifier**	X ID 1/2
NOT USED	NM109	67	**Identification Code**	X AN 2/80
NOT USED	NM110	706	**Entity Relationship Code**	X ID 2/2
NOT USED	NM111	98	**Entity Identifier Code**	O ID 2/3

Usage Changed

IMPLEMENTATION

OTHER PAYER SUPERVISING PROVIDER

Loop: **2330H — OTHER PAYER SUPERVISING PROVIDER** **Repeat:** **1**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 syntax rules.**
2. **Used when it is necessary to send an additional payer-specific provider identification number for non-destination (COB) payers.**
3. **See Section 1.4.5 Crosswalking COB Data Elements for more information on handling COB in the 837.**

Example: **NM1*DQ*1~**

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 325

Loop: 2330 **Repeat:** 10

Requirement: Optional

Max Use: 1

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

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax:

1. **P0809**
   If either NM108 or NM109 is present, then the other is required.
2. **C1110**
   If NM111 is present, then NM110 is required.

DIAGRAM

Usage Changed

NM1 * NM101 98 **Entity ID Code** M ID 2/3 * NM102 1065 **Entity Type Qualifier** M ID 1/1 * NM103 1035 ~~**Name Last/ Org Name**~~ O AN 1/35 * NM104 1036 ~~**Name First**~~ O AN 1/25 * NM105 1037 ~~**Name Middle**~~ O AN 1/25 * NM106 1038 ~~**Name Prefix**~~ O AN 1/10

* NM107 1039 ~~**Name Suffix**~~ O AN 1/10 * NM108 66 ~~**ID Code Qualifier**~~ X ID 1/2 * NM109 67 ~~**ID Code**~~ X AN 2/80 * NM110 706 ~~**Entity Relat Code**~~ X ID 2/2 * NM111 98 ~~**Entity ID Code**~~ O ID 2/3 ~

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual CODE: DQ — DEFINITION: Supervising Physician	M	ID	2/3
REQUIRED	NM102	1065	**Entity Type Qualifier** Code qualifying the type of entity SEMANTIC: NM102 qualifies NM103. CODE: 1 — DEFINITION: Person	M	ID	1/1
NOT USED	NM103	1035	**Name Last or Organization Name**	O	AN	1/35
NOT USED	NM104	1036	**Name First**	O	AN	1/25
NOT USED	NM105	1037	**Name Middle**	O	AN	1/25
NOT USED	NM106	1038	**Name Prefix**	O	AN	1/10
NOT USED	NM107	1039	**Name Suffix**	O	AN	1/10
NOT USED	NM108	66	**Identification Code Qualifier**	X	ID	1/2
NOT USED	NM109	67	**Identification Code**	X	AN	2/80
NOT USED	NM110	706	**Entity Relationship Code**	X	ID	2/2
NOT USED	NM111	98	**Entity Identifier Code**	O	ID	2/3

Usage Changed

IMPLEMENTATION

PROFESSIONAL SERVICE

Loop: **2400 — SERVICE LINE**

Usage: **REQUIRED**

Repeat: **1**

Example: **SV1*HC:99211:25*12.25*UN*1*11**1:2:3**N~**

STANDARD

SV1 Professional Service

Level: Detail

Position: 370

Loop: 2400

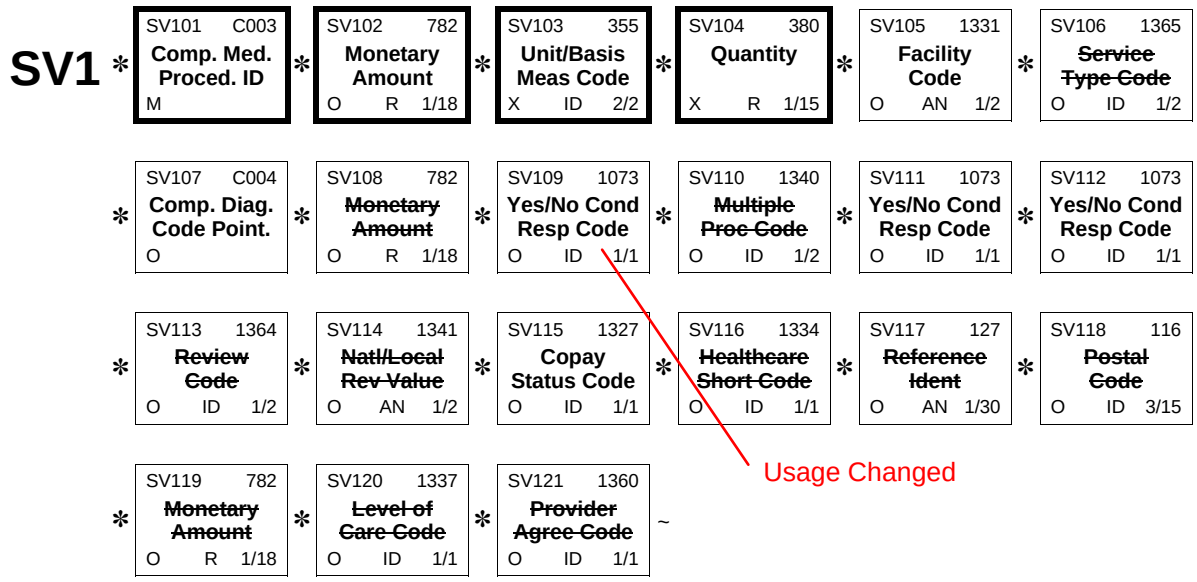
Requirement: Optional

Max Use: 1

Purpose: To specify the claim service detail for a Health Care professional

Syntax: **1. P0304**
If either SV103 or SV104 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SV101**	**C003**	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER** To identify a medical procedure by its standardized codes and applicable modifiers *ALIAS:* ***Procedure identifier***	**M**

REQUIRED **SV101 - 1** **235** **Product/Service ID Qualifier** **M ID 2/2**
Code identifying the type/source of the descriptive number used in Product/Service ID (234)

INDUSTRY: ***Product or Service ID Qualifier***

New Note Added

The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.

CODE	DEFINITION
HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes** **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
IV	**Home Infusion EDI Coalition (HIEC) Product/Service Code** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used:** **1) If a new rule names HIEC as an allowable code set under HIPAA.** **2) For Property & Casualty claims/encounters that are not covered under HIPAA.**
	CODE SOURCE **513:** Home Infusion EDI Coalition (HIEC) Product/Service Code List
ZZ	**Mutually Defined** **Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.**

New Note Added

Codes N1, N2, N3 and N4 Deleted

REQUIRED **SV101 - 2** **234** **Product/Service ID** **M AN 1/48**
Identifying number for a product or service

INDUSTRY: ***Procedure Code***

NSF Reference:

FA0-09.0, FB0-15.0, GU0-07.0

SITUATIONAL **SV101 - 3** **1339** **Procedure Modifier** **O AN 2/2**
This identifies special circumstances related to the performance of the service, as defined by trading partners

ALIAS: ***Procedure Modifier 1***

NSF Reference:

FA0-10.0, GU0-08.0

Use this modifier for the first procedure code modifier.

Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.

SITUATIONAL	SV109	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	O	ID	1/1

Usage Changed

INDUSTRY: ***Emergency Indicator***

SEMANTIC: SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related.

NSF Reference:

FA0-20.0

New Note Added

Required when the service is known to be an emergency by the provider.

Emergency definition: The patient requires immediate medical intervention as a result of severe, life threatening, or potentially disabling conditions.

Code N Deleted

CODE	DEFINITION
Y	Yes

NOT USED	SV110	1340	**Multiple Procedure Code**	O	ID	1/2
SITUATIONAL	SV111	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	O	ID	1/1

INDUSTRY: ***EPSDT Indicator***

SEMANTIC: SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.

NSF Reference:

FB0-22.0

Required if Medicaid services are the result of a screening referral.

CODE	DEFINITION
Y	Yes

SITUATIONAL	SV112	1073	**Yes/No Condition or Response Code** Code indicating a Yes or No condition or response	O	ID	1/1

INDUSTRY: ***Family Planning Indicator***

SEMANTIC: SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement.

NSF Reference:

FB0-23.0

Required if applicable for Medicaid claims.

CODE	DEFINITION
Y	Yes

NOT USED	SV113	1364	**Review Code**	O	ID	1/2
NOT USED	SV114	1341	**National or Local Assigned Review Value**	O	AN	1/2

IMPLEMENTATION

DURABLE MEDICAL EQUIPMENT SERVICE

Loop: **2400 — SERVICE LINE**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required when reporting rental and purchase price information for durable medical equipment.**

Example: **SV5*HC:A4631*DA*30*50*5000*4~**

STANDARD

SV5 Durable Medical Equipment Service

Level: Detail

Position: 400

Loop: 2400

Requirement: Optional

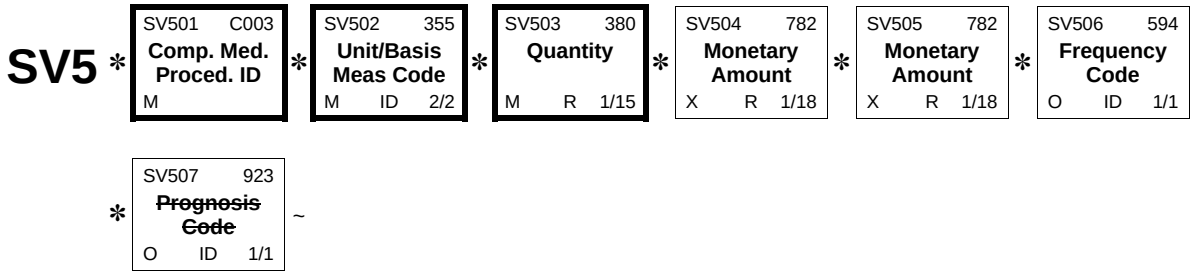
Max Use: 1

Purpose: To specify the claim service detail for durable medical equipment

Syntax:

1. **R0405**
   At least one of SV504 or SV505 is required.
2. **C0604**
   If SV506 is present, then SV504 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SV501**	**C003**	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER** To identify a medical procedure by its standardized codes and applicable modifiers	**M**

REQUIRED **SV501 - 1** **235** **Product/Service ID Qualifier** **M ID 2/2**
Code identifying the type/source of the descriptive number used in Product/Service ID (234)

INDUSTRY: Procedure Identifier

CODE	DEFINITION
HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes**

CODE SOURCE **130:** Health Care Financing Administration Common Procedural Coding System

REQUIRED **SV501 - 2** **234** **Product/Service ID** **M AN 1/48**
Identifying number for a product or service

INDUSTRY: Procedure Code

This value must be the same as that reported in SV101-2.

NOT USED **SV501 - 3** **1339** **Procedure Modifier** **O AN 2/2**

NOT USED **SV501 - 4** **1339** **Procedure Modifier** **O AN 2/2**

NOT USED **SV501 - 5** **1339** **Procedure Modifier** **O AN 2/2**

NOT USED **SV501 - 6** **1339** **Procedure Modifier** **O AN 2/2**

NOT USED **SV501 - 7** **352** **Description** **O AN 1/80**

REQUIRED **SV502** **355** **Unit or Basis for Measurement Code** **M ID 2/2**
Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

CODE	DEFINITION
DA	**Days**

REQUIRED **SV503** **380** **Quantity** **M R 1/15**
Numeric value of quantity

INDUSTRY: ***Length of Medical Necessity***

SEMANTIC: SV503 is the length of medical treatment required.

SITUATIONAL **SV504** **782** **Monetary Amount** **X R 1/18**
Monetary amount

INDUSTRY: ***DME Rental Price***

SYNTAX: R0405, C0604

SEMANTIC: SV504 is the rental price.

SITUATIONAL **SV505** **782** **Monetary Amount** **X R 1/18**
Monetary amount

INDUSTRY: ***DME Purchase Price***

SYNTAX: R0405

SEMANTIC: SV505 is the purchase price.

SITUATIONAL **SV506** **594** **Frequency Code** **O ID 1/1**
Code indicating frequency or type of payment

INDUSTRY: ***Rental Unit Price Indicator***

SYNTAX: C0604

SEMANTIC: SV506 is the frequency at which the rental equipment is billed.

CODE	DEFINITION
1	**Weekly**

			4	Monthly			
			6	Daily			
NOT USED	SV507	923	Prognosis Code		O	ID	1/1

IMPLEMENTATION

SPINAL MANIPULATION SERVICE INFORMATION

Loop: 2400 — SERVICE LINE

Usage: SITUATIONAL

Repeat: 5

Notes: 1. Required on chiropractic claims involving spinal manipulation and known to impact payer's adjudication process.

Note Changed

Example: CR2*******M****Y~ — Example Changed

STANDARD

CR2 Chiropractic Certification

Level: Detail

Position: 430

Loop: 2400

Requirement: Optional

Max Use: 5

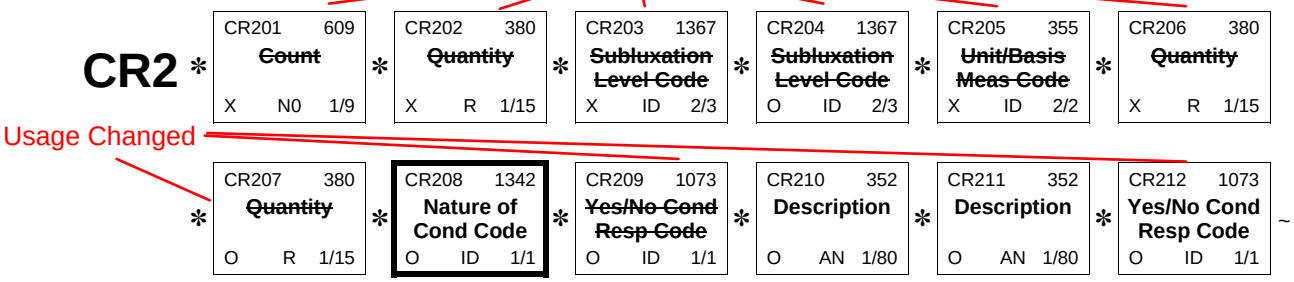
Purpose: To supply information related to the chiropractic service rendered to a patient

Syntax:

1. **P0102**
   If either CR201 or CR202 is present, then the other is required.
2. **C0403**
   If CR204 is present, then CR203 is required.
3. **P0506**
   If either CR205 or CR206 is present, then the other is required.

DIAGRAM

Usage Changed



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	CR201	609	Count	X	N0	1/9
NOT USED	CR202	380	Quantity	X	R	1/15
NOT USED	CR203	1367	Subluxation Level Code	X	ID	2/3
NOT USED	CR204	1367	Subluxation Level Code	O	ID	2/3

Usage Changed

NOT USED	CR205	355	Unit or Basis for Measurement Code	X	ID	2/2
NOT USED	CR206	380	Quantity	X	R	1/15
NOT USED	CR207	380	Quantity	O	R	1/15
REQUIRED	CR208	1342	Nature of Condition Code Code indicating the nature of a patient's condition *INDUSTRY:* ***Patient Condition Code*** *ALIAS:* ***Nature of Condition Code. Spinal Manipulation***	O	ID	1/1

Usage Changed

NSF Reference:

GC0-11.0

CODE	DEFINITION
A	Acute Condition
C	Chronic Condition
D	Non-acute
E	Non-Life Threatening
F	Routine
G	Symptomatic
M	Acute Manifestation of a Chronic Condition

NOT USED	CR209	1073	Yes/No Condition or Response Code	O	ID	1/1
SITUATIONAL	CR210	352	Description A free-form description to clarify the related data elements and their content *INDUSTRY:* ***Patient Condition Description*** *ALIAS:* ***Patient Condition Description, Chiropractic*** **SEMANTIC:** CR210 is a description of the patient's condition.	O	AN	1/80

NSF Reference:

GC0-14.0

Used at discretion of submitter.

SITUATIONAL	CR211	352	Description A free-form description to clarify the related data elements and their content *INDUSTRY:* ***Patient Condition Description*** *ALIAS:* ***Patient Condition Description, Chiropractic*** **SEMANTIC:** CR211 is an additional description of the patient's condition.	O	AN	1/80

NSF Reference:

GC0-14.0

Used at discretion of submitter.

SITUATIONAL **CR212** **1073** **Yes/No Condition or Response Code** **O** **ID** **1/1**

Usage Changed

Code indicating a Yes or No condition or response

INDUSTRY: ***X-ray Availability Indicator***

ALIAS: ***X-ray Availability Indicator, Chiropractic***

SEMANTIC: CR212 is X-rays availability indicator. A “Y” value indicates X-rays are maintained and available for carrier review; an “N” value indicates X-rays are not maintained and available for carrier review.

NSF Reference:

GC0-15.0

New Note Added

Required for service dates prior to January 1, 2000.

CODE	DEFINITION
N	**No**
Y	**Yes**

IMPLEMENTATION

DATE - DATE LAST SEEN

Loop: 2400 — SERVICE LINE

Usage: SITUATIONAL

Repeat: 1

Notes:

1. **Required when a claim involves services from an independent physical therapist, occupational therapist, or physician service involving routine foot care and is different than the date listed at the claim level and is known to impact the payer's adjudication process.**

Note 1. Changed

2. **The total number of DTP segments in the 2400 loop cannot exceed 15.**

Example: DTP*304*D8*19970813~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 455

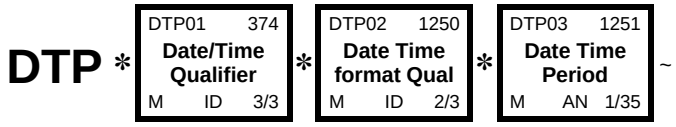
Loop: 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** CODE: **304** — DEFINITION: **Latest Visit or Consultation**	M ID 3/3
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. CODE: **D8** — DEFINITION: **Date Expressed in Format CCYYMMDD**	M ID 2/3

IMPLEMENTATION

DATE - TEST

Loop: 2400 — SERVICE LINE

Usage: SITUATIONAL

Repeat: 2

Notes:
1. Required on initial EPO claims service lines for dialysis patients where test results are being billed/reported.

Replaced Note 1.

2. The total number of DTP segments in the 2400 loop cannot exceed 15.

Example: DTP*738*D8*19970615~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 455

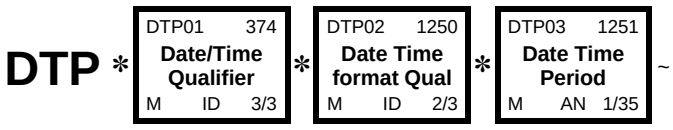
Loop: 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	**Date/Time Qualifier** Code specifying type of date or time, or both date and time	M ID 3/3

INDUSTRY: ***Date Time Qualifier***

CODE	DEFINITION
738	Most Recent Hemoglobin or Hematocrit or Both
739	Most Recent Serum Creatine

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP02	1250	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format	M ID 2/3

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
D8	Date Expressed in Format CCYYMMDD

IMPLEMENTATION

DATE - INITIAL TREATMENT

Loop: 2400 — SERVICE LINE

Usage: SITUATIONAL

Repeat: 1

Notes:
1. **Required on all claims involving spinal manipulation for Medicare Part B if different than information at the claim level (Loop ID-2300).**
2. **The total number of DTP segments in the 2400 loop cannot exceed 15.**

Changed Note 1.

Example: DTP*454*D8*19970112~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 455

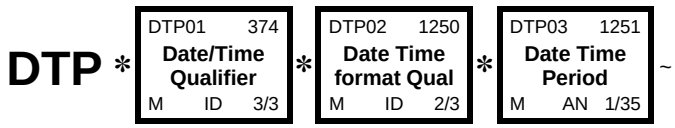
Loop: 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**DTP01**	**374**	**Date/Time Qualifier** Code specifying type of date or time, or both date and time *INDUSTRY:* ***Date Time Qualifier*** **454** = **Initial Treatment**	**M ID 3/3**
REQUIRED	**DTP02**	**1250**	**Date Time Period Format Qualifier** Code indicating the date format, time format, or date and time format SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. **D8** = **Date Expressed in Format CCYYMMDD**	**M ID 2/3**

IMPLEMENTATION

TEST RESULT

Loop: **2400 — SERVICE LINE**

Usage: **SITUATIONAL**

Repeat: **20**

Notes:

Note 1. Changed

1. **Required on service lines for Dialysis for ESRD. Use R1, R2, R3, or R4 to qualify the Hemoglobin, Hematocrit, Epoetin Starting Dosage and Creatinine test results.**

New Notes Added

2. **Required on Oxygen Therapy service lines to report the Oxygen Saturation measurement from the Certificate of Medical Necessity (CMN). Use ZO qualifier.**
3. **Required on Oxygen Therapy service lines to report the Arterial Blood Gas measurement from the Certificate of Medical Necessity (CMN). Use GRA qualifier.**
4. **Required on DMERC service lines to report the Patient's Height from the Certificate of Medical Necessity (CMN). Use HT qualifier.**

Example: **MEA*TR*R1*113.4~**

STANDARD

MEA Measurements

Level: Detail

Position: 462

Loop: 2400

Requirement: Optional

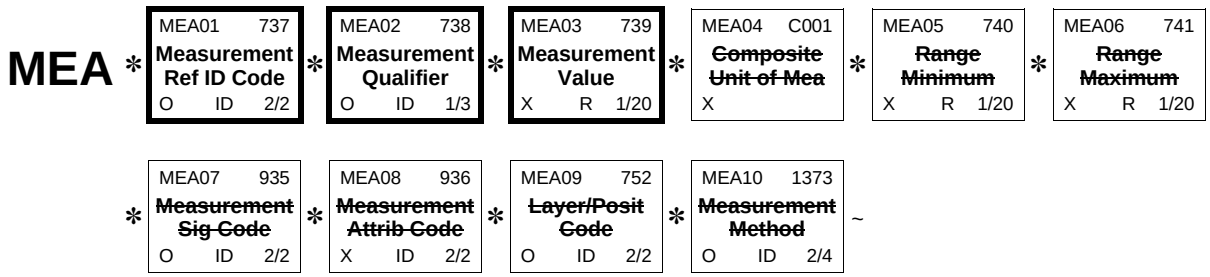
Max Use: 20

Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances, and weights

Syntax:

1. **R03050608**
   At least one of MEA03, MEA05, MEA06 or MEA08 is required.
2. **C0504**
   If MEA05 is present, then MEA04 is required.
3. **C0604**
   If MEA06 is present, then MEA04 is required.
4. **L07030506**
   If MEA07 is present, then at least one of MEA03, MEA05 or MEA06 are required.
5. **E0803**
   Only one of MEA08 or MEA03 may be present.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	MEA01	737	**Measurement Reference ID Code** Code identifying the broad category to which a measurement applies *INDUSTRY:* ***Measurement Reference Identification Code*** *ALIAS:* ***Measurement identifier***	O ID 2/2

CODE	DEFINITION
OG	Original Starting dosage
TR	Test Results

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	MEA02	738	**Measurement Qualifier** Code identifying a specific product or process characteristic to which a measurement applies	O ID 1/3

Code CON Deleted

CODE	DEFINITION
GRA	Gas Test Rate
HT	Height
R1	Hemoglobin
R2	Hematocrit
R3	Epoetin Starting Dosage
R4	Creatin
ZO	Oxygen

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	MEA03	739	**Measurement Value** The value of the measurement *INDUSTRY:* ***Test Results*** **SYNTAX:** R03050608, L07030506, E0803 **NSF Reference:**	X R 1/20

Note Changed

FA0-42.0 - Hemoglobin, FA0-43.0 - Hematocrit, FA0-45.0 - Epoetin Starting Dosage, FA0-47.0 - Creatin, GX0-17.0 - Arterial Blood Gas on 4 liters/minute, GX0-18.0 - Oxygen Saturation on 4 liters/minute, GU0-16.0 - Patient Height

IMPLEMENTATION

MAMMOGRAPHY CERTIFICATION NUMBER

Loop: **2400 — SERVICE LINE**

Usage: **SITUATIONAL**

Repeat: **1**

Notes: **1. Required when mammography services are rendered by a certified mammography provider.**

Note Changed

Example: **REF*EW*T554~**

STANDARD

REF Reference Identification

Level: Detail

Position: 470

Loop: 2400

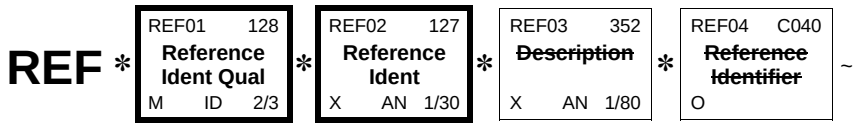
Requirement: Optional

Max Use: 30

Purpose: To specify identifying information

Syntax: **1. R0203**
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification	**M ID 2/3**
			CODE / DEFINITION **EW — Mammography Certification Number**	
REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Mammography Certification Number*** **SYNTAX:** R0203 **NSF Reference:** **FA0-31.0**	**X AN 1/30**
NOT USED	**REF03**	**352**	**Description**	**X AN 1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**

IMPLEMENTATION

PURCHASED SERVICE INFORMATION

Loop: **2400 — SERVICE LINE**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **Using the PS1 segment indicates that services were purchased from another source.**

Note Changed

2. **Required on service lines when the purchased service charge amount is necessary for processing.**

New Note Added

3. **Use this segment on vision claims when the acquisition cost of lenses is known to impact adjudication or reimbursement.**

Example: **PS1*PN222222*110~**

STANDARD

PS1 Purchase Service

Level: Detail

Position: 488

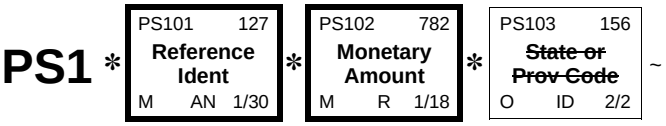
Loop: 2400

Requirement: Optional

Max Use: 1

Purpose: To specify the information about services that are purchased

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**PS101**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Purchased Service Provider Identifier*** SEMANTIC: PS101 is provider identification number. **NSF Reference:** **FB0-11.0**	**M AN 1/30**

IMPLEMENTATION

DRUG IDENTIFICATION

Loop: **2410 — DRUG IDENTIFICATION** **Repeat:** **25**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:

1. **The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410.**

2. **Use Loop ID 2410 to specify billing/reporting for drugs provided that may be part of the service(s) described in SV1.**

Example: **LIN****N4*01234567891~**

STANDARD

LIN Item Identification

Level: Detail

Position: 494

Loop: 2410 **Repeat:** >1

Requirement: Optional

Max Use: 1

Purpose: To specify basic item identification data

Set Notes:

1. Loop 2410 contains compound drug components, quantities and prices.

Syntax:

1. **P0405**
   If either LIN04 or LIN05 is present, then the other is required.
2. **P0607**
   If either LIN06 or LIN07 is present, then the other is required.
3. **P0809**
   If either LIN08 or LIN09 is present, then the other is required.
4. **P1011**
   If either LIN10 or LIN11 is present, then the other is required.
5. **P1213**
   If either LIN12 or LIN13 is present, then the other is required.
6. **P1415**
   If either LIN14 or LIN15 is present, then the other is required.
7. **P1617**
   If either LIN16 or LIN17 is present, then the other is required.
8. **P1819**
   If either LIN18 or LIN19 is present, then the other is required.
9. **P2021**
   If either LIN20 or LIN21 is present, then the other is required.

10. P2223
If either LIN22 or LIN23 is present, then the other is required.

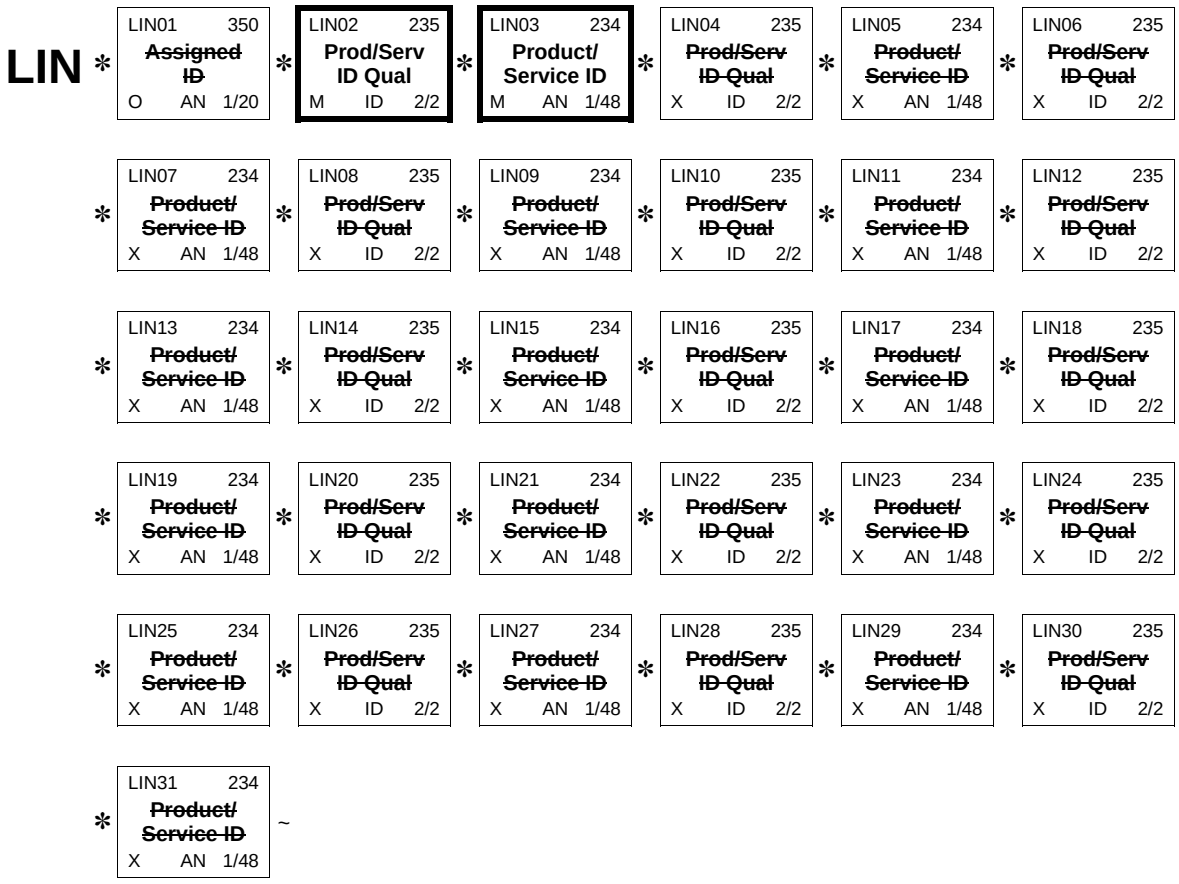
11. P2425
If either LIN24 or LIN25 is present, then the other is required.

12. P2627
If either LIN26 or LIN27 is present, then the other is required.

13. P2829
If either LIN28 or LIN29 is present, then the other is required.

14. P3031
If either LIN30 or LIN31 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	LIN01	350	Assigned Identification	O	AN	1/20

REQUIRED	LIN02	235	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234) COMMENT: LIN02 through LIN31 provide for fifteen different product/service IDs for each item. For example: Case, Color, Drawing No., U.P.C. No., ISBN No., Model No., or SKU. *INDUSTRY:* ***Product or Service ID Qualifier*** CODE / DEFINITION **N4** — **National Drug Code in 5-4-2 Format** CODE SOURCE **240:** National Drug Code by Format	M	ID	2/2
REQUIRED	LIN03	234	**Product/Service ID** Identifying number for a product or service *INDUSTRY:* ***National Drug Code*** *ALIAS:* ***National Drug Code***	M	AN	1/48
NOT USED	LIN04	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN05	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN06	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN07	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN08	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN09	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN10	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN11	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN12	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN13	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN14	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN15	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN16	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN17	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN18	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN19	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN20	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN21	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN22	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN23	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN24	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN25	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN26	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN27	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN28	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN29	234	**Product/Service ID**	X	AN	1/48
NOT USED	LIN30	235	**Product/Service ID Qualifier**	X	ID	2/2
NOT USED	LIN31	234	**Product/Service ID**	X	AN	1/48

IMPLEMENTATION

DRUG PRICING

Loop: **2410 — DRUG IDENTIFICATION**

Usage: **SITUATIONAL**

Repeat: **1**

Notes:
1. **Required when it is necessary to provide a price specific to the NDC provided in LIN03 that is different than the price reported in SV102.**

Example: **CTP***1.15*2*UN~

STANDARD

CTP Pricing Information

Level: Detail

Position: 495

Loop: 2410

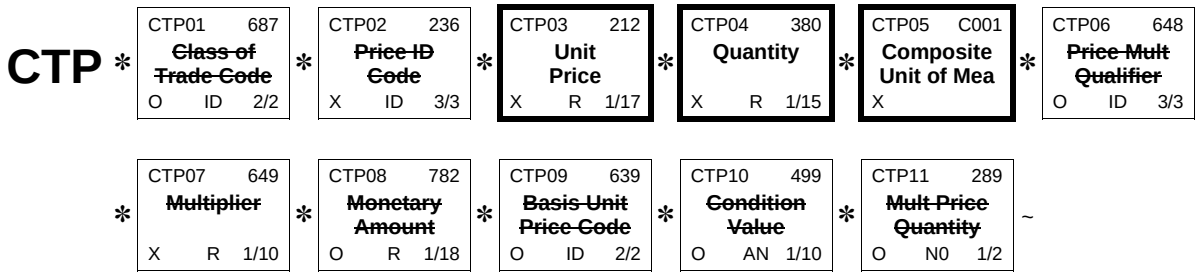
Requirement: Optional

Max Use: 1

Purpose: To specify pricing information

Syntax:
1. **P0405**
   If either CTP04 or CTP05 is present, then the other is required.
2. **C0607**
   If CTP06 is present, then CTP07 is required.
3. **C0902**
   If CTP09 is present, then CTP02 is required.
4. **C1002**
   If CTP10 is present, then CTP02 is required.
5. **C1103**
   If CTP11 is present, then CTP03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	CTP01	687	Class of Trade Code	O	ID	2/2

NOT USED	CTP02	236	Price Identifier Code		X	ID	3/3
REQUIRED	CTP03	212	**Unit Price** Price per unit of product, service, commodity, etc. *INDUSTRY:* ***Drug Unit Price*** *ALIAS:* ***Drug Unit Price*** SYNTAX: C1103		X	R	1/17
REQUIRED	CTP04	380	**Quantity** Numeric value of quantity *INDUSTRY:* ***National Drug Unit Count*** *ALIAS:* ***National Drug Unit Count*** SYNTAX: P0405		X	R	1/15
REQUIRED	CTP05	C001	**COMPOSITE UNIT OF MEASURE** To identify a composite unit of measure *INDUSTRY:* ***Unit or Basis of Measurement*** *ALIAS:* ***Unit/Basis of Measurement***		X		
REQUIRED	CTP05 - 1		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 *ALIAS:* ***Code qualifier***	M	ID	2/2

CODE	DEFINITION
F2	International Unit
GR	Gram
ML	Milliliter
UN	Unit

NOT USED	CTP05 - 2		1018	Exponent	O	R	1/15
NOT USED	CTP05 - 3		649	Multiplier	O	R	1/10
NOT USED	CTP05 - 4		355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	CTP05 - 5		1018	Exponent	O	R	1/15
NOT USED	CTP05 - 6		649	Multiplier	O	R	1/10
NOT USED	CTP05 - 7		355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	CTP05 - 8		1018	Exponent	O	R	1/15
NOT USED	CTP05 - 9		649	Multiplier	O	R	1/10
NOT USED	CTP05 - 10		355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	CTP05 - 11		1018	Exponent	O	R	1/15
NOT USED	CTP05 - 12		649	Multiplier	O	R	1/10
NOT USED	CTP05 - 13		355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	CTP05 - 14		1018	Exponent	O	R	1/15
NOT USED	CTP05 - 15		649	Multiplier	O	R	1/10
NOT USED	CTP06	648	Price Multiplier Qualifier		O	ID	3/3
NOT USED	CTP07	649	Multiplier		X	R	1/10
NOT USED	CTP08	782	Monetary Amount		O	R	1/18

NOT USED	CTP09	639	Basis of Unit Price Code	O	ID	2/2
NOT USED	CTP10	499	Condition Value	O	AN	1/10
NOT USED	CTP11	289	Multiple Price Quantity	O	N0	1/2

IMPLEMENTATION

PRESCRIPTION NUMBER

Loop: 2410 — DRUG IDENTIFICATION

Usage: SITUATIONAL

Repeat: 1

Notes:
1. **Required if dispensing of the drug has been done with an assigned Rx number.**
2. **In cases where a compound drug is being billed, the components of the compound will all have the same prescription number. Payers receiving the claim can relate all the components by matching the prescription number.**

Example: REF*XZ*123456~

STANDARD

REF Reference Identification

Level: Detail

Position: 496

Loop: 2410

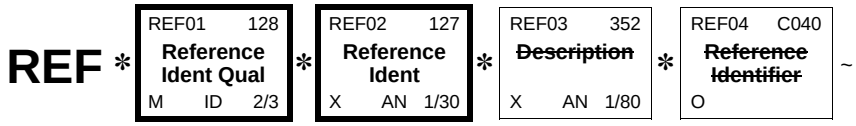
Requirement: Optional

Max Use: 1

Purpose: To specify identifying information

Syntax:
1. **R0203**
   At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	**REF01**	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification *ALIAS:* ***Code qualifier***	**M**	**ID**	**2/3**

CODE	DEFINITION
XZ	**Pharmacy Prescription Number**

REQUIRED	**REF02**	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier *INDUSTRY:* ***Prescription Number*** *ALIAS:* ***Prescription Number*** SYNTAX: R0203	**X**	**AN**	**1/30**
NOT USED	**REF03**	**352**	**Description**	**X**	**AN**	**1/80**
NOT USED	**REF04**	**C040**	**REFERENCE IDENTIFIER**	**O**		

IMPLEMENTATION

RENDERING PROVIDER SPECIALTY INFORMATION

Loop: 2420A — RENDERING PROVIDER NAME

Usage: SITUATIONAL ——— Usage Changed

Repeat: 1

Notes:
1. **PRV02 qualifies PRV03.**

New Note Added ——
2. **Required when adjudication is known to be impacted by provider taxonomy code.**

Example: PRV*PE*ZZ*203BA050N~

STANDARD

PRV Provider Information

Level: Detail

Position: 505

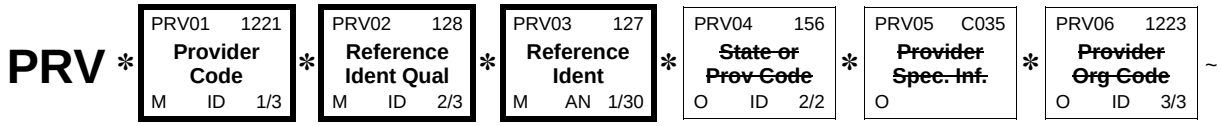
Loop: 2420

Requirement: Optional

Max Use: 1

Purpose: To specify the identifying characteristics of a provider

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	PRV01	1221	**Provider Code** Code indentifying the type of provider	M ID 1/3

CODE	DEFINITION
PE	Performing

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	**SVD01**	**67**	**Identification Code** Code identifying a party or other code *INDUSTRY:* ***Other Payer Primary Identifier*** *ALIAS:* ***Other Payer identification code*** **SEMANTIC:** SVD01 is the payer identification code. **This number should match NM109 in Loop ID-2330B identifying Other Payer.**	**M AN 2/80**
REQUIRED	**SVD02**	**782**	**Monetary Amount** Monetary amount *INDUSTRY:* ***Service Line Paid Amount*** *ALIAS:* ***Paid Amount*** **SEMANTIC:** SVD02 is the amount paid for this service line. **NSF Reference:** **FA0-52.0** **Zero "0" is an acceptable value for this element.** **The FA0-52.0 NSF crosswalk is only used in payer-to-payer COB situations.**	**M R 1/18**
REQUIRED	**SVD03**	**C003**	**COMPOSITE MEDICAL PROCEDURE IDENTIFIER** To identify a medical procedure by its standardized codes and applicable modifiers *ALIAS:* ***Procedure identifier*** **This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.**	**O**
REQUIRED	**SVD03 - 1**	**235**	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234) *INDUSTRY:* ***Product or Service ID Qualifier*** **The NDC number is used for reporting prescribed drugs and biologics when required by government regulation, or as deemed by the provider to enhance claim reporting/adjudication processes. The NDC number is reported in the LIN segment of Loop ID-2410 only.**	**M ID 2/2**

Added New Note

CODE	DEFINITION
HC	**Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes** **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

New Note Added

			IV	**Home Infusion EDI Coalition (HIEC) Product/Service Code** **This code set is not allowed for use under HIPAA at the time of this writing. The qualifier can only be used: 1) If a new rule names HIEC as an allowable code set under HIPAA. 2) For Property & Casualty claims/encounters that are not covered under HIPAA.**			

Codes N1, N2, N3 and N4 Deleted

				CODE SOURCE **513:** Home Infusion EDI Coalition (HIEC) Product/Service Code List			
			ZZ	**Mutually Defined** **Jurisdictionally Defined Procedure and Supply Codes. (Used for Worker's Compensation claims). Contact your local (State) Jurisdiction for a list of these codes.**			
REQUIRED	**SVD03 - 2**	**234**	**Product/Service ID** Identifying number for a product or service *INDUSTRY:* ***Procedure Code***	**M**	**AN**	**1/48**
SITUATIONAL	**SVD03 - 3**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners *ALIAS:* ***Procedure Modifier 1*** **Use this modifier for the first procedure code modifier.** **Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.**	**O**	**AN**	**2/2**
SITUATIONAL	**SVD03 - 4**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners *ALIAS:* ***Procedure Modifier 2*** **Use this modifier for the second procedure code modifier.** **Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.**	**O**	**AN**	**2/2**
SITUATIONAL	**SVD03 - 5**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners *ALIAS:* ***Procedure Modifier 3*** **Use this modifier for the third procedure code modifier.** **Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.**	**O**	**AN**	**2/2**
SITUATIONAL	**SVD03 - 6**	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners *ALIAS:* ***Procedure Modifier 4*** **Use this modifier for the fourth procedure code modifier.** **Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.**	**O**	**AN**	**2/2**

SITUATIONAL	SVD03 - 7	352	**Description** A free-form description to clarify the related data elements and their content *INDUSTRY:* ***Procedure Code Description*** **Required if SVC01-7 was returned in the 835 transaction.**	O	AN	1/80
NOT USED	SVD04	234	**Product/Service ID**	O	AN	1/48
REQUIRED	SVD05	380	**Quantity** Numeric value of quantity *INDUSTRY:* ***Paid Service Unit Count*** *ALIAS:* ***Paid units of service*** SEMANTIC: SVD05 is the paid units of service. **Crosswalk from SVC05 in 835 or, if not present in 835, use original billed units.**	O	R	1/15
SITUATIONAL	SVD06	554	**Assigned Number** Number assigned for differentiation within a transaction set *INDUSTRY:* ***Bundled Line Number*** *ALIAS:* ***Bundled Line Number*** COMMENT: 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. **Use the LX from this transaction which points to the bundled line.** **Required if payer bundled this service line.**	O	N0	1/6

Industry and Alias Names Changed

Notes Changed

Data elements are assigned a unique reference number. Each data element has a name, description, type, minimum length, and maximum length. For ID type data elements, this guide provides the applicable ASC X12 code values and their descriptions or references where the valid code list can be obtained.

Each data element is assigned a minimum and maximum length. The length of the data element value is the number of character positions used except as noted for numeric, decimal, and binary elements.

The data element types shown in matrix A4, Data Element Types, appear in this implementation guide.

SYMBOL	TYPE
Nn	Numeric
R	Decimal
ID	Identifier
AN	String
DT	Date
TM	Time
B	Binary

Matrix A4. Data Element Types

A.1.3.1.1 Numeric

A numeric data element is represented by one or more digits with an optional leading sign representing a value in the normal base of 10. The value of a numeric data element includes an implied decimal point. It is used when the position of the decimal point within the data is permanently fixed and is not to be transmitted with the data.

This set of guides denotes the number of implied decimal positions. The representation for this data element type is “Nn” where N indicates that it is numeric and n indicates the number of decimal positions to the right of the implied decimal point.

If n is 0, it need not appear in the specification; N is equivalent to N0. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

EXAMPLE
A transmitted value of 1234, when specified as numeric type N2, represents a value of 12.34.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. The length of a numeric type data element does not include the optional sign.

A.1.3.1.2 Decimal

A decimal data element may contain an explicit decimal point and is used for numeric values that have a varying number of decimal positions. This data element type is represented as “R.”

The decimal point always appears in the character stream if the decimal point is at any place other than the right end. If the value is an integer (decimal point at the right end) the decimal point should be omitted. For negative values, the leading minus sign (-) is used. Absence of a sign indicates a positive value. The plus sign (+) should not be transmitted.

Leading zeros should be suppressed unless necessary to satisfy a minimum length requirement. Trailing zeros following the decimal point should be suppressed unless necessary to indicate precision. The use of triad separators (for example, the commas in 1,000,000) is expressly prohibited. The length of a decimal type data element does not include the optional leading sign or decimal point.

EXAMPLE
A transmitted value of 12.34 represents a decimal value of 12.34.

New note

For implementation of this guide under the rules promulgated under the Health Insurance Portability and Accountability Act (HIPAA), decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including reported or implied places for cents (implied value of 00 after the decimal point). Note the statement in the preceding paragraph that the decimal point and leading sign, if sent, are not part of the character count.

A.1.3.1.3 Identifier

An identifier data element always contains a value from a predefined list of codes that is maintained by the ASC X12 Committee or some other body recognized by the Committee. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. An identifier is always left justified. The representation for this data element type is “ID.”

A.1.3.1.4 String

A string data element is a sequence of any characters from the basic or extended character sets. The significant characters shall be left justified. Leading spaces, when they occur, are presumed to be significant characters. Trailing spaces should be suppressed unless they are necessary to satisfy a minimum length. The representation for this data element type is “AN.”

A.1.3.1.5 Date

A date data element is used to express the standard date in either YYMMDD or CCYYMMDD format in which CC is the first two digits of the calendar year, YY is the last two digits of the calendar year, MM is the month (01 to 12), and DD is the day in the month (01 to 31). The representation for this data element type is “DT.” Users of this guide should note that all dates within transactions are 8-character dates (millennium compliant) in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment, and also used in the TA1 Interchange Acknowledgment, where the century can be readily interpolated because of the nature of an interchange header.

A.1.3.1.6 Time

A time data element is used to express the ISO standard time HHMMSSd..d format in which HH is the hour for a 24 hour clock (00 to 23), MM is the minute (00 to 59), SS is the second (00 to 59) and d..d is decimal seconds. The representation for this data element type is “TM.” The length of the data element determines the format of the transmitted time.

EXAMPLE
Transmitted data elements of four characters denote HHMM. Transmitted data elements of six characters denote HHMMSS.

IMPLEMENTATION

FUNCTIONAL GROUP HEADER

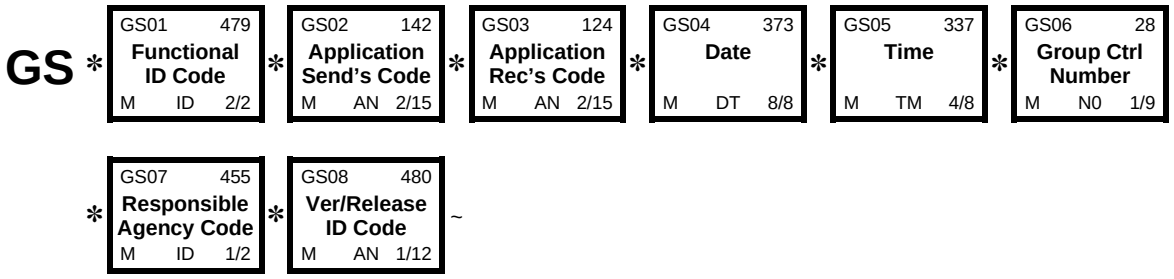
Example: **GS*HC*SENDER CODE*RECEIVER CODE*19940331*0802*1*X*004010X098A1~** ——— Example Changed

STANDARD

GS Functional Group Header

Purpose: To indicate the beginning of a functional group and to provide control information

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	GS01	479	**Functional Identifier Code** Code identifying a group of application related transaction sets	M ID 2/2
			CODE: **HC** — DEFINITION: **Health Care Claim (837)**	
REQUIRED	GS02	142	**Application Sender's Code** Code identifying party sending transmission; codes agreed to by trading partners	M AN 2/15
			Use this code to identify the unit sending the information.	
REQUIRED	GS03	124	**Application Receiver's Code** Code identifying party receiving transmission. Codes agreed to by trading partners	M AN 2/15
			Use this code to identify the unit receiving the information.	
REQUIRED	GS04	373	**Date** Date expressed as CCYYMMDD **SEMANTIC:** GS04 is the group date.	M DT 8/8
			Use this date for the functional group creation date.	
REQUIRED	GS05	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) **SEMANTIC:** GS05 is the group time.	M TM 4/8
			Use this time for the creation time. The recommended format is HHMM.	

REQUIRED	GS06	28	**Group Control Number**	M	N0	1/9

Assigned number originated and maintained by the sender

SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.

REQUIRED	GS07	455	**Responsible Agency Code**	M	ID	1/2

Code used in conjunction with Data Element 480 to identify the issuer of the standard

CODE	DEFINITION
X	**Accredited Standards Committee X12**

REQUIRED	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

CODE	DEFINITION
004010X098A1	**Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide.** **When using the X12N Health Care Claim: Professional Implementation Guide, originally published May 2000 as 004010X098 and incorporating the changes identified in the Addenda, the value used in GS08 must be "004010X098A1".**

New Code Value Added