837I
Inbound
Companion Guide

Institutional Claim Submission

Version 2.2

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REVISION HISTORY

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
V1.0	4/23/07	Original	Other Ohio guide was out dated.	EDI team
V2.0	April 2007	Various	NPI Information added, Loops with Dual submission info in notes. Sample Audit Reports and List of Front-end Error Codes	EDI team
V2.0	May 2007		Taxonomy loops	EDI team
V2.1	July 2007	Various	Removed TP Agreement Sample form	EDI team
Version 2.2	April 2008	Page 8	Provider Selection Criteria	**EDI TEAM**

SECTION 01: INTRODUCTION

Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that many of the major health care electronic data exchanges, such as electronic claims and eligibility, be standardized into the same national format for all payers, providers and clearinghouses.

HIPAA specifies the electronic standards that must be followed when certain health care information is exchanged. These standards are published in National Electronic Data Interchange Transaction Set Implementation Guides. They are commonly called Implementation Guides (IG) and are referred to as IG throughout this document. The following table illustrates the adopted standards and the related BUCKEYE COMMUNITY HEALTH PLAN business categories.

Table 1.1 – Standards and Business Categories

Business Category	Transaction Name – Implementation Guide (IG)	Description
Enrollment Roster	ASC X12N 834 (004010X095A1)	Enrollment/Disenrollment in a Health Plan
Capitation Payment Reporting	ASC X12N 820 (004010X061A1)	Health Plan Premium Payments
Claims Processing	ASC X12N 837 (004010X098A1)	Healthcare Claim or Encounter: Professional
Claims Processing	ASC X12N 837 (004010X097A1)	Healthcare Claim or Encounter: Dental
Claims Processing	ASC X12N 837 (004010X096A1)	Healthcare Claim or Encounter: Institutional
Explanation of Payment/Remittance Advice	ASC X12N 835 (004010X091A1)	Claim payment and Remittance Advice
Eligibility Verification	ASC X12N 270/271 (004010X092A1)	Health Plan Eligibility
Claim Status	ASC X12N 276/277 (004010X093A1)	Health Claim Status
Prior Authorization	ASC X12N 278 (004010X094A1)	Referral Certification and Authorization

The IG's are available for download through the Washington Publishing Company Web site at http://hipaa.wpc-edi.com. Developers should have copies of the respective IG's prior to beginning the development process.

BUCKEYE COMMUNITY HEALTH PLAN has developed technical companion guides to assist application developers during the implementation process. The information contained in the BUCKEYE COMMUNITY HEALTH PLAN Companion Guide is only intended to supplement the adopted IG's and provide guidance and clarification as it applies to BUCKEYE COMMUNITY HEALTH PLAN. The BUCKEYE COMMUNITY HEALTH PLAN

Companion Guide is never intended to modify, contradict, or interpret the rules established in HIPAA or IG's.

Data Flow

BUCKEYE COMMUNITY HEALTH PLAN has secure options available for exchanging data electronically. All transactions will be submitted in a batch mode. *Section 02: Method of Transmission* provides information on data transmissions.

For each batch transaction received, BUCKEYE COMMUNITY HEALTH PLAN will return a 997 – Functional Acknowledgement. This file acknowledges the receipt of the file and reports any data compliance issues. BUCKEYE COMMUNITY HEALTH PLAN also expects to receive a 997 – Functional Acknowledgement transaction when the trading partner receives any outbound batch transaction. For additional information about the use of the 997 transactions, refer to *Section 04: Acknowledgements and Reports*, of this companion guide.

BUCKEYE COMMUNITY HEALTH PLAN has created an Audit Report for any health care claim transaction (837I and 837P) received. This is not a HIPAA-mandated report; however it summarizes the number of claims received and any claims that were rejected due to invalid information. Additional information is available in *Section 04 – Acknowledgements and Reports*.

A batch request or inquiry transaction, 270, 276, 278 results in the creation of the response transaction, 271, 277 or 278 respectively. BUCKEYE COMMUNITY HEALTH PLAN will post the responses in a reasonable amount of time for the requestor to retrieve. *Section 02: Method of Transmission* provides communication specifications for data exchange.

Finally, some transactions can be submitted interactively. BUCKEYE COMMUNITY HEALTH PLAN only creates a *997 – Acknowledgement* for an interactive request transaction if it fails the compliance check. Otherwise, the appropriate response transaction serves as the acknowledgement of the receipt of the transaction.

Processing Assumptions

Some transactions are created and generated by, or on behalf of, a provider. Others are created by BUCKEYE COMMUNITY HEALTH PLAN either in response to a request received from a provider or as a means to provide pertinent information to providers or contracted vendors. The following list identifies each transaction by BUCKEYE COMMUNITY HEALTH PLAN'S definition as inbound and/or outbound:

Table 1.2 – BUCKEYE COMMUNITY HEALTH PLAN Transaction Definition

Inbound	Outbound
NCPDP (Provider)	NCPDP (State Agency)
270	271
276	277
278 (request)	278 (response)
820 (State Agency)	820 (Provider)
834 (State Agency)	834 (Provider)
835 (State Agency)	835 (Provider)
837I (Provider)	837I (State Agency)
837P (Provider)	837P (State Agency)
837D (Provider)	837D (State Agency)

Basic Technical Information

The following list includes basic technical information for each transaction:

- Lower case characters on inbound transactions are converted to uppercase on outbound transactions

- The following delimiters are used for all outbound transactions:

*	(Asterisk)	=	Data element separator
:	(Colon)	=	Sub element separator
~	(Tilde)	=	Segment separator

- All monetary amounts and quantity fields have explicit decimals. 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, with the decimal point at the right end, the decimal point should be omitted. See the *IG* for additional clarification. BUCKEYE COMMUNITY HEALTH PLAN is referred to as BUCKEYE COMMUNITY HEALTH PLAN in applicable Submitter and Receiver segments.

- The *TA1 – Interchange Acknowledgement*, is not used.

- The *997 – Functional Acknowledgement*, is generated in response to all inbound batch transactions.

- The *997 – Functional Acknowledgement*, is expected in response to all outbound batch transactions created by BUCKEYE COMMUNITY HEALTH PLAN.

- Required data elements considered non-critical to BUCKEYE COMMUNITY HEALTH PLAN processing that must be returned on outbound transactions, such as member's birth date, are returned as they appear on the MANAGED HEATLH SERVICES files.

- If one item within a functional group is non-compliant, the entire transaction, ST-SE, is rejected.

- Data elements required by the *IG*, but not used by BUCKEYE COMMUNITY HEALTH PLAN can be gap-filled with any valid value to avoid compliance errors.

- The submitter number will be assigned by Centene and will need to be evident in the following ASC X12N 837 locations: ISA06 and Loop 1000A, NM109

- The ASC X12N 837 location in which this value must be present in Loop 2010BB (Payer Name), NM109

Provider Selection Criteria Information

The following criteria will be used to select the appropriate provider for claim processing.

- **NM109 = Provider NPI**
- **REF01 = Tax ID**
- **PRV03 = Provider Taxonomy**
- **N403 = Provider 9-digit Zip Code (required in loop 2010AA only)**

Loop 2010AA – Billing Provider is a required loop. The provider TaxID, NPI and Taxonomy Code are required in this loop. The billing provider can also be the pay-to provider as well as the rendering provider.

Provider Selection Criteria if used from loop 2010AA:

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code

If the Pay-To provider on the claim is different then the Billing provider, the provider TaxID, NPI and Taxonomy Code are required in Loop 2010AB.

Provider Selection Criteria if used from loop 2010AB:

- NM108 = qualifier XX , NM109 = Provider NPI number
- REF01 = qualifier EI, REF02 = Employer/Tax Identification number
- PRV01= qualifier BI or PT, PRV02 = Provider Taxonomy Code

Atypical Provider Selection Criteria Information

Atypical providers – are not always assigned a NPI number, however, if an Atypical provider has been assigned a NPI number, then they need to follow the same requirements as Medical providers.

Atypical Providers who provide non-medical services are not required to have an NPI number, (e.g., carpenters, transportation, etc.).

Atypical providers need to only send the Provider TaxID in the NM1 segment and their Medicaid number or Health Plan Identifier in REF segment.

Atypical Provider Selection Criteria used in all loops:

- NM108 = qualifier 24, NM109 = Provider TaxID number
- N403 = Provider 9-digit Zip Code (required in loop 2010AA only)
- REF01 = qualifier 1D, REF02 = Medicaid number or Health Plan Identifier

SECTION 02: METHOD OF TRANSMISSION

Communications

The methods of sending and receiving electronic transactions with BUCKEYE COMMUNITY HEALTH PLAN are:

- ✓ BUCKEYE COMMUNITY HEALTH PLAN an Bulletin Board System (BBS)
    - Requires terminal emulation software
        - Hypterminal (standard on windows O/S), ProComm Plus, Tiny Term
- ✓ BUCKEYE COMMUNITY HEALTH PLAN secure ftp site (sftp)
    - Requires transfer client that can support SSL/TLS:
        - CoreFTP, CuteFtp, WSFTP Pro

If you would prefer to utilize the BUCKEYE COMMUNITY HEALTH PLAN'S BBS, please contact an EDI Business Analyst at 800-225-2573 extension 25525. Direct submitters are required to receive approval from the health plan along with completion of the EDI registration form (Trading Partner Profile and Agreement).

SECTION 03: INTERCHANGE CONTROL STRUCTURE

Overview

Appendix A, Section A.1.1 of each *X12N HIPAA IG* provides detail about the rules for ensuring integrity and maintaining the efficiency of data exchange. Data files are transmitted in an *electronic envelope*. The communication envelope consists of an interchange envelope and functional groups. The interchange control structure is used for inbound and outbound files. An inbound interchange control structure is the envelope that wraps all transaction data (ST-SE) sent to BUCKEYE COMMUNITY HEALTH PLAN for processing. Examples include 837, 270 and 276 transactions. An outbound interchange control structure wraps transactions that are created by BUCKEYE COMMUNITY HEALTH PLAN and returned to the requesting provider or contracted vendor. Examples of outbound transactions include 835, 271 and 277 transactions. The following tables define the use of this control structure as it relates to communication with BUCKEYE COMMUNITY HEALTH PLAN.

Inbound Transactions

<table>
<tr><th>Segment Name</th><th colspan="3">Interchange Control Header</th></tr>
<tr><td>Segment ID</td><td colspan="3">ISA</td></tr>
<tr><td>Loop ID</td><td colspan="3">N/A</td></tr>
<tr><td>Usage</td><td colspan="3">Required</td></tr>
<tr><td>Segment Notes</td><td colspan="3">All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment.
The character immediately following the segment ID, ISA, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:</td></tr>
<tr><td></td><td>Character</td><td>Name</td><td>Delimiter</td></tr>
<tr><td></td><td>*</td><td>Asterisk</td><td>Data Element Separator</td></tr>
<tr><td></td><td>:</td><td>Colon</td><td>Sub-element Separator</td></tr>
<tr><td></td><td>~</td><td>Tilde</td><td>Segment Terminator</td></tr>
<tr><td colspan="4">While it is not required that submitters use these specific delimiters it is recommended, since they are the ones that the BUCKEYE COMMUNITY HEALTH PLAN uses for all outbound transactions.</td></tr>
</table>

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier **00 – No Authorization Information Present**	
ISA02	R	Authorization Information	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier **00 – No Security Information Present**	

Element ID	Usage	Guide Description/Valid Values	Comments
ISA04	R	Security Information	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier **ZZ – Mutually Defined**	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by the Trading Partner.. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier	
ISA08	R	Interchange Receiver ID	This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards Identifier **U – U.S. EDI Community of ASC X12, TDCC, and UCS**	
ISA12	R	Interchange Control Version Number **00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997**	
ISA13	R	Interchange Control Number	The interchange control number is created by the submitter and must be identical to the associated Interchange Trailer (IEA02). This is a numeric field and must be zero filled. This number should be unique and BUCKEYE COMMUNITY HEALTH PLAN recommends that it be incremented by one with each ISA segment.
ISA14	R	Acknowledgment Requested **0 – No acknowledgment requested** **1 – Interchange Acknowledgment Requested**	BUCKEYE COMMUNITY HEALTH PLAN always creates an acknowledgment file for each file received.
ISA15	R	Usage Indicator **P – Production Data** **T – Test Data**	During testing the usage indicator entered must be **T**. After testing approval, **P** must be entered for production transactions.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator.

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code **HC – Health Care Claim (837)**	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	Assigned number originated and maintained by the sender. This must match the number in the corresponding GE02 data element on the GE group trailer segment.
GS07	R	Responsible Agency Code **X – Accredited Standards Committee X12**	
GS08	R	Version/Release/Industry Identifier Code **004010X098A1 – 837P** **004010X096A1 – 837 I**	Use the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment. Refer to specific transaction *IG* for proper value.

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	Use the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	Use the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer must be identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

Outbound Transactions

Segment Name	Interchange Control Header		
Segment ID	ISA		
Loop ID	N/A		
Usage	Required		
Segment Notes	All positions within each data element in the ISA segment must be filled. Delimiters are specified in the interchange header segment. The character immediately following the segment ID, *ISA*, defines the data elements separator. The last character in the segment defines the component element separator, and the segment terminator is the byte that immediately follows the component element separator. Examples of the separators are as follows:		
	Character	**Name**	**Delimiter**
	*	Asterisk	Data Element Separator
	:	Colon	Sub-element Separator
	~	Tilde	Segment Terminator
While it is not required that submitters use these specific delimiters it is recommended, since they are the ones that the MANAGED HEATLH SERVICES uses for all outbound transactions.			

Element ID	Usage	Guide Description/Valid Values	Comments
ISA01	R	Authorization Information Qualifier **00** – **No Authorization Information Present**	
ISA02	R	Authorization Information	Always blank. Insert 10 blank spaces.
ISA03	R	Security Information Qualifier **00 – No Security Information Present**	
ISA04	R	Security Information	Always blank. Insert 10 blank spaces.
ISA05	R	Interchange ID Qualifier	
ISA06	R	Interchange Sender ID	For batch transactions, this is the sender ID assigned by BUCKEYE COMMUNITY HEALTH PLAN. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA07	R	Interchange ID Qualifier **ZZ – Mutually Defined**	
ISA08	R	Interchange Receiver ID	For batch transactions, this is the sender ID assigned by the Trading Partner. This field has a required length of 15 bytes; therefore, the field must be blank filled to the right.
ISA09	R	Interchange Date	The date format is YYMMDD.
ISA10	R	Interchange Time	The time format is HHMM.
ISA11	R	Interchange Control Standards	

Element ID	Usage	Guide Description/Valid Values	Comments
		Identifier **U – U.S. EDI Community of ASC X12, TDCC, and UCS**	
ISA12	R	Interchange Control Version Number **00401 – Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997**	
ISA13	R	Interchange Control Number	This number is unique and increments by 1 with each ISA segment. It also matches the interchange control number of the IEA02 of the interchange control trailer.
ISA14	R	Acknowledgment Requested **1 – Interchange Acknowledgment Requested**	BUCKEYE COMMUNITY HEALTH PLAN always requires an acknowledgment file for each file submitted to a trading partner.
ISA15	R	Usage Indicator **P – Production Data** **T – Test Data**	During testing the usage indicator is a **T**. After the trading partner has approved, the usage indicator will be a **P**.
ISA16	R	Component Element Separator	The component element separator is a delimiter and not a data element. This is always a colon **(:)**.

Segment Name	Functional Group Header
Segment ID	GS
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GS01	R	Functional Identifier Code **HC – Health Care Claim (837)**	Use the appropriate identifier to designate the type of transaction data to follow the GS segment.
GS02	R	Application Sender's Code	Same as ISA06
GS03	R	Application Receiver's Code	Same as ISA08
GS04	R	Date	The date format is CCYYMMDD.
GS05	R	Time	The time format is HHMMSS
GS06	R	Group Control Number	This data element contains a uniquely assigned number and matches the number in the corresponding GS02 data element on the GE group trailer segment
GS07	R	Responsible Agency Code **X – Accredited Standards Committee X12**	

Element ID	Usage	Guide Description/Valid Values	Comments
GS08	R	Version/Release/Industry Identifier Code **004010X098A1 – 837P** **004010X096A1 – 837 I**	This data element contains the appropriate identifier to designate the identifier code for the type of transaction data to follow the GS segment.

Segment Name	Functional Group Trailer
Segment ID	GE
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
GE01	R	Number of Transaction Sets Included	This data element contains the number of transaction sets included in this functional group.
GE01	R	Group Control Number	Group control number GE02 in this trailer is identical to the same data element in the associated functional group header, GS06.

Segment Name	Interchange Control Trailer
Segment ID	IEA
Loop ID	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
IEA01	R	Number of Included Functional Groups	This data element contains the number of functional groups included in this interchange envelope.
IEA02	R	Interchange Control Number	Interchange control number IEA02 in this trailer is identical to the same data element in the associated interchange control header, ISA13, including padded zeros.

SECTION 04: INSTITUTIONAL CLAIM SUBMISSIONS

Introduction

The ASC X12N 837 (004010X096) transaction is the HIPAA-mandated transaction for submitting BUCKEYE COMMUNITY HEALTH PLAN benefit and enrollment information to Covered Entities and Business Associates.

One version of the 837 file will be made available by BUCKEYE COMMUNITY HEALTH PLAN which will be considered an Audit File in 834 terminology.

The Audit File will be made available based on the schedule you have been using prior to HIPAA implementation. This file will contain member information on currently enrolled and active members only. Terminated members will not be provided in this file. If a member was in the previous file submitted but is not in the current file received, the expectation is that member has been terminated or placed on review.

This is intended only as a companion guide and is not intended to contradict or replace any information in the Implementation Guide or Health Plan Provider Manual's.

It is highly recommended that implementers have the following resources available during the development process:

- This document (837 Implementation Companion Document)
- ASC X12N 837 (004010X096A1) Implementation Guide

Segment Usage

The following matrix lists all segments available to be submitted on the 4010 version of the 837 Implementation Guide. Additionally, it includes a Usage column that identifies those segments, which are required, situational, or not used by BUCKEYE COMMUNITY HEALTH PLAN. A required segment element will be reported on all transactions. A situational segment may not be reported on every transaction record; however, a situational segment may be reported under certain circumstances. For example, any data in a segment that is identified in the Usage column with an X will be ignored by BUCKEYE COMMUNITY HEALTH PLAN. Any segment identified in the Usage column as required is explained in detail in the Data and Element Description Section of the Companion Document.

Reminders

1. The maximum number of claims within a single ST/SE Transaction Set is 1,000. Therefore, multiple ST/SE Transaction Sets may exist within one file. Multiple 837 transactions may also exist within one file.
2. Some element values may be defined as NULL. This means that there will not be a value in this element (i.e. INS*Y*18*001**A*B**FT)

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
ST	N/A	Transaction Set Header	R
BHT	N/A	Beginning of Hierarchical Transaction	R
REF	N/A	Transmission Type Identification	R
NM1	1000A	Submitter Name	R
PER	1000A	Submitter EDI Contact Information	R
NM1	1000B	Receiver Name	R
HL	2000A	Billing/Pay-To Hierarchical Level	S
PRV	2000A	Billing/Pay-To Specialty Information	S
CUR	2000A	Foreign Currency Information	X
NM1	2010AA	Billing Provider Name	R
N3	2010AA	Billing Provider Address	R
N4	2010AA	Billing Provider City/State/Zip Code	R
REF	2010AA	Billing Provider Secondary Information	R
REF	2010AA	Credit/Debit Card Billing Information	X
PER	2010AA	Billing Provider Contact Information	R
NM1	2010AB	Pay-To Provider Name	S
N3	2010AB	Pay-To Provider Address	S
N4	2010AB	Pay-To Provider City/State/Zip Code	S
REF	2010AB	Pay-To Provider Secondary Information	S
HL	2000B	Subscriber Hierarchical Level	R
SBR	2000B	Subscriber Information	R
PAT	2000B	Patient Information	X – deleted per addenda
NM1	2010BA	Subscriber Name	R
N3	2010BA	Subscriber Address	R
N4	2010BA	Subscriber City/State/Zip Code	R
DMG	2010BA	Subscriber Demographic Information	R
REF	2010BA	Subscriber Secondary Information	X
REF	2010BA	Property and Casualty Claim Number	X
NM1	2010BB	Credit/Debit Card Account Holder Name	X
REF	2010BB	Credit/Debit Card Information	X
NM1	2010BC	Payer Name	R

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
N3	2010BC	Payer Address	R
N4	2010BC	Payer City/State/Zip Code	R
REF	2010BC	Payer Secondary Information	S
NM1	2010BD	Responsible Party Name	X
N3	2010BD	Responsible Party Address	X
N4	2010BD	Responsible Party City/State/Zip Code	X
HL	2000C	Patient Hierarchical Level	S
PAT	2000C	Patient Information	S
NM1	2010CA	Patient Name	S
N3	2010CA	Patient Address	S
N4	2010CA	Patient City/State/Zip Code	S
DMG	2010CA	Patient Demographic Information	S
REF	2010CA	Patient Secondary Information Number	X
REF	2010CA	Property and Casualty Claim Number	X
CLM	2300	Claim Information	R
DTP	2300	Discharge Hour	S
DTP	2300	Statement Dates	R
DTP	2300	Admission Date/Hour	S
CL1	2300	Institutional Claim Code	S
PWK	2300	Claim Supplemental Information	X
CN1	2300	Contract Information	X
AMT	2300	Payer Estimated Amount Due	R
AMT	2300	Patient Estimated Amount Due	X
AMT	2300	Patient Paid Amount	S
AMT	2300	Credit/Debit Card Maximum Amount	X
REF	2300	Adjusted Repriced Claim Number	X
REF	2300	Repriced Claim Number	X
REF	2300	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	X
REF	2300	Document Identification Code	S
REF	2300	Original Reference Number (ICN/DCN)	S
REF	2300	Investigational Device Exemption Number	S

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
REF	2300	Service Authorization Exception Code	X
REF	2300	Peer Review Organization (PRO) Approval Number	X
REF	2300	Prior Authorization or Referral Number	S
REF	2300	Medical Record Number	S
REF	2300	Demonstration Project Identifier	X
K3	2300	File Information	X
NTE	2300	Claim Note	S
NTE	2300	Billing Note	S
CR6	2300	Home Health Care Information	S
CRC	2300	Home Health Functional Liabilities	S
CRC	2300	Home Health Activities Permitted	S
CRC	2300	Home Health Mental Status	S
HI	2300	Principal, Admitting, E-code, and Patient Reason for Visit Diagnosis Information	R
HI	2300	Diagnosis Related Group (DRG) Information	S
HI	2300	Other Diagnosis Information	S
HI	2300	Principal Procedure Information	S
HI	2300	Other Procedure Information	S
HI	2300	Occurrence Span Information	S
HI	2300	Occurrence Information	S
HI	2300	Value Information	S
HI	2300	Condition Information	S
HI	2300	Treatment Code Information	S
QTY	2300	Claim Quantity	S
HCP	2300	Claim Pricing/Repricing Information	X
CR7	2305	Home Health Care Plan Information	S
HSD	2305	Home Care Services Delivery	S
NM1	2310A	Attending Physician Name	S
PRV	2310A	Attending Physician Specialty Information	S
REF	2310A	Attending Physician Secondary Information	S
NM1	2310B	Operating Physician Name	S

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
PRV	2310B	Operating Physician Specialty Information	S
REF	2310B	Operating Physician Secondary Information	S
NM1	2310C	Other Provider Name	S
PRV	2310C	Other Provider Specialty Information	S
REF	2310C	Other Provider Secondary Information	S
NM1	2310D	Referring Provider Name	S
PRV	2310D	Referring Provider Specialty Information	S
REF	2310D	Referring Provider Secondary Information	S
NM1	2310E	Service Facility Name	S
PRV	2310E	Service Facility Specialty Information	S
N3	2310E	Service Facility Address	X
N4	2310E	Service Facility City/State/Zip Code	X
REF	2310E	Service Facility Secondary Information	X
SBR	2320	Other Subscriber Information	S
CAS	2320	Claim Level Adjustment	X
AMT	2320	Payer Prior Payment	S
AMT	2320	Coordination of Benefits (COB) Total Allowed Amount	X
AMT	2320	Coordination of Benefits (COB) Total Submitted Charges	X
AMT	2320	Diagnosis Related Group (DRG) Outlier Amount	X
AMT	2320	Coordination of Benefits (COB) Total Medicare Paid Amount	X
AMT	2320	Medicare Paid Amount – 100%	X
AMT	2320	Medicare Paid Amount – 80%	X
AMT	2320	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	X
AMT	2320	Coordination of Benefits (COB) Total Non-covered Amount	X
AMT	2320	Coordination of Benefits (COB) Total Denied Amount	X

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
DMG	2320	Other Subscriber Demographic Information	S
OI	2320	Other Insurance Coverage Information	S
MIA	2320	Medicare Inpatient Adjudication Information	X
MOA	2320	Medicare Outpatient Adjudication Information	X
NM1	2330A	Other Subscriber Name	S
N3	2330A	Other Subscriber Address	S
N4	2330A	Other Subscriber City/State/Zip Code	S
REF	2330A	Other Subscriber Secondary Information	S
NM1	2330B	Other Payer Name	S
N3	2330B	Other Payer Address	S
N4	2330B	Other Payer City/State/Zip Code	S
DTP	2330B	Claim Adjudication Date	X
REF	2330B	Other Payer Secondary Identification and Reference Number	S
REF	2330B	Other Payer Prior Authorization or Referral Number	X
NM1	2330C	Other Payer Patient Information	X
REF	2330C	Other Payer Patient Identification Number	X
NM1	2330D	Other Payer Attending Provider	X
REF	2330D	Other Payer Attending Provider Identification	X
NM1	2330E	Other Payer Operating Provider	X
REF	2330E	Other Payer Operating Provider Identification	X
NM1	2330F	Other Payer Other Provider	X
REF	2330F	Other Payer Other Provider Identification	X
NM1	2330G	Other Payer Referring Provider	X
REF	2330G	Other Payer Referring Provider Identification	X
NM1	2330H	Other Payer Service Facility Provider	X
REF	2330H	Other Payer Service Facility Provider Identification	X
LX	2400	Service Line Number	R

Table 3.1 – Segment Usage – 837 Institutional

Segment ID	Loop ID	Segment Name	IHCP Usage R –Required S- Situational X – Not Used
SV2	2400	Institutional Service Line	R
SV4	2400	Prescription Number	X – deleted per addenda
PWK	2400	Line Supplemental Information	X
DTP	2400	Service Line Date	S
STP	2400	Assessment Date	X
AMT	2400	Service Tax Amount	X
AMT	2400	Facility Tax Amount	X
LIN	2410	Drug Identification – *New segment per addenda*	X
CTP	2410	Drug Pricing – *New segment per addenda*	X
REF	2410	Prescription Number	X
NM1	2420A	Attending Physician Name	S
PRV	2420A	Attending Physician Specialty Information	S
REF	2420A	Attending Physician Secondary Information	S
NM1	2420B	Operating Physician Name	S
PRV	2420B	Operating Physician Specialty Information	S
REF	2420B	Operating Physician Secondary Information	S
NM1	2420C	Other Provider Name	S
PRV	2420C	Other Provider Specialty Information	S
REF	2420C	Other Provider Secondary Information	S
NM1	2420D	Referring Provider Name	S
PRV	2420D	Referring Provider Specialty Information	S
REF	2420D	Referring Provider Secondary Information	S
SVD	2430	Service Line Adjudication Information	X
CAS	2430	Service Line Adjustment	X
DTP	2430	Service Line Adjudication Date	X
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a tabular representation of any segment that is required or situational for the BUCKEYE COMMUNITY HEALTH PLAN HIPAA implementation of the 837. Each segment table contains rows and columns describing different elements of the segment.

Segment Name	The industry assigned segment name as identified in the Implementation Guide (IG)
Segment ID	The industry assigned segment ID as identified in the IG
Loop ID	The loop within which the segment should appear
Usage	Identifies the segment as required or situational
Segment Notes	A brief description of the purpose or use of the segment
Element ID	
Usage	Identifies the data element as R-required, S-situational, or X-not used
Guide Description/Valid Values	Industry name associated with the data element. If no industry name exists, this is the IG data element name. This column also lists in **BOLD** type values and/or code sets to be used.
Comments	Description of the contents of the data elements (including field lengths)

Segment Name		**Transaction Set Header**	
Segment ID		ST	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
ST01	R	Transaction Set Identifier Code	**837: Health Care Claim**
ST02	R	Transaction set Control Number	

Segment Name		**Beginning of Hierarchical Transaction**	
Segment ID		BHT	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
BHT01	R	Hierarchical Structure Code	**0019- Information Source, Subscriber, Dependent**
BHT02	R	Transaction Set Purpose Code	**00: Original** **18 Reissue**
BHT03	R	Originator Application	**Use this reference identifier to identify the**

		Transaction Identifier	**inventory file number of the tape or transmission assigned by the submitter's system.**
BHT04	R	Transaction Set Creation Date	**Date expressed CCYYMMDD. Use this date to identify the date on which the submitter created the file.**
BHT05	R	Transaction Set Creation Time	**Use this time to identify the time of day that the submitter created the file.**
BHT06	R	Claim or Encounter Identifier	**CH: Chargeable** **Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line item.** **RP: Reporting** **Use this code to send a batch of encounters.**

Segment Name		**Transmission type Identification**	
Segment ID		REF	
Loop ID		N/A	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	**87: Functional Category**
REF02	R	Transmission Type Code	**When this draft is used to pilot the transaction set, this value is 004010X096A1. When this draft is used to send the transaction set in a production mode, this value is 004010X096A1.**
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used.

Segment Name		**Submitter Name**	
Segment ID		NM1	
Loop ID		1000A	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**41: Submitter**
NM102	R	Entity Type Qualifier	**1: Person** **2: Non-Person Entity**
NM103	R	Submitter Last or Organizational Name	.
NM104	S	Submitter First Name	**Required if NM102 = 1(person)**
NM105	S	Submitter Middle Name	**Required if NM102 +1 and the middle name/initial of the person is known.**

NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	**46: Electronic Transmitter Identification Number (ETIN) Established by a Trading Partner Agreement.**
NM109	R	Submitter Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	**Submitter EDI Contact Information**
Segment ID	PER
Loop ID	1000A
Usage	Required
Segment Notes	

Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PER01	R	Contact Function Code	**IC: Information Contact**
PER02	R	Submitter Contact Name	
PER03	R	Communication Number Qualifier	**ED: Electronic Data Interchange Access Number** **EM: Electronic Mail** **FX: Facsimile** **TE: Telephone**
PER04	R	Communication Number	
PER05	S	Communication Number Qualifier	**Used when additional contact numbers are to be communicated.** **ED Electronic Data Interchange Access Number** **EM: Electronic Mail** **EX Telephone Extension- the use of this number indicates it is the extension of the number in PER04.** **FX: Facsimile** **TE: Phone**
PER06	S	Communication Number	
PER07	S	Communication Number Qualifier	**Used when additional contact numbers are to be communicated.** **ED Electronic Data Interchange Access Number** **EM: Electronic Mail** **EX Telephone Extension- the use of this number indicates it is the extension of the number in PER06.**

			FX: Facsimile **TE: Phone**
PER08	S	Communication Number	
PER09	N/A	Contact Inquiry Reference	Not Used

Segment Name		**Billing/Pay to Provider Hierarchical Level**	
Segment ID		HL	
Loop ID		2000A	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HL01	R	Hierarchical ID Number	
HL02	X	Hierarchical Parent ID number	
HL03	R	Hierarchical Level Code	
HL04	R	Hierarchical Child Code	

Segment Name		**Billing/Pay to Provider Specialty Information**	
Segment ID		PRV	
Loop ID		2000A	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PRV01	R	Provider Code	**BI = Billing** **PT = Pay to**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		**Provider Billing Name**	
Segment ID		NM1	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element	**Usage**	**Guide**	**Comments**

ID		Description/Valid Values	
NM101	R	Entity Identifier Code	**85: Billing Provider** **Use this code to indicate billing provider, billing submitter, and encounter reporting entity.**
NM102	R	Entity Type Qualifier	**2: Non-person Entity**
NM103	R	Billing Provider Last or Organizational Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	**If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment in this loop.** **24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Billing Provider Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		**Billing Provider Address**	
Segment ID		N3	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N301	R	Billing Provider Address Line	
N302	S	Billing Provider Address Line	**Required if a second address line exists**

Segment Name		**Billing Provider City/State/Zip Code**	
Segment ID		N4	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**

N401	R	Billing Provider City Name	
N402	R	Billing Provider State or Province Code	
N403	R	Billing Provider Postal Zone or ZIP code	
N404	S	Country Code	**This data element is required when the address is outside of the U.S.**
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		**Billing Provider Secondary Information**	
Segment ID		REF	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identifier Qualifier **1D – Medicaid Provider Number** **B3 – Preferred Provider Organization Number**	ID B3 is only used by MCOs.
REF02	R	Billing Provider Additional Identifier	Use the 6-digit BCHP provider number
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		**Billing Provider Contact Information**	
Segment ID		PER	
Loop ID		2010AA	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PER01	R	Contact Function Code	**IC: Information Contact**
PER02	R	Billing Provider Contact Name	
PER03	R	Communication Number Qualifier	**EM: Electronic Mail** **FX: Facsimile** **TE: Telephone**
PER05	S	Communication	**EM: Electronic Mail**

		Number Qualifier	**FX: Facsimile** **TE: Telephone**
PER06	S	Communication Number	
PER07	S	Communication Number Qualifier	**EM: Electronic Mail** **EX Telephone Extension** **FX: Facsimile** **TE: Telephone**
PER08	S	Communication Number	
PER09	N/A	Contact Inquiry Reference	Not Used

Segment Name	**Subscriber Information**		
Segment ID	SBR		
Loop ID	2000B		
Usage	Required		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
SBR01	R	Payer Responsibility Sequence Number Code	**Code:** **P: Primary** **S: Secondary** **T: Tertiary** **Use to indicate 'payor of last resort'**
SBR02	S	Individual Relationship Code	**18: Self**
SBR03	S	Insured Group or Policy Number	
SBR04	S	Insured Group Name	**Used only when no group number is reported in SBR03.**
SBR05	N/A	Insurance Type Code	Not Used
SBR06	N/A	Coordination of Benefits Code	Not Used
SBR07	N/A	Yes/No Condition or Response Code	Not Used
SBR08	**N/A**	Employment Status Code	
SBR09	**S**	Claim Filing Indicator Code	

Segment Name	**Subscriber Name**
Segment ID	NM1
Loop ID	2010BA

Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	**IL Insured or Subscriber**
NM102	R	Entity Type Qualifier	**1 Person** **2 Non-Person Entity**
NM103	R	Subscriber Last Name	
NM104	S	Subscriber First Name	**This data element is required when NM102 equals one (1).**
NM105	S	Subscriber Middle Name	**This data element is required when NM102 equals one (1) and the middle initial of the person is known.**
NM106	N/A	Name Prefix	Not Used
NM107	S	Subscriber Name Suffix	**This data element is required when NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr. Sr.**
NM108	S	Identification Code Qualifier	**MI: Member Identification Number** **ZZ: Mutually defined**
NM109	S	Subscriber Primary Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	Subscriber Address
Segment ID	N3
Loop ID	2010B
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
N301	R	Subscriber Address Line	
N302	**S**	Subscriber Address Line	**Required if a second address line exists**

Segment Name	Subscriber City/State/ Zip Code
Segment ID	N4
Loop ID	2010BA
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
N401	R	Subscriber City Name	
N402	R	Subscriber State Code	
N403	R	Subscriber Postal Zone or ZIP code	
N404	S	Country Code	**This data element is required when the address is outside the US.**
N405	**N/A**	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name	**Subscriber Demographic Information**
Segment ID	DMG
Loop ID	2010
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
DMG01	R	Date Time Period Format Qualifier	**Date Expressed in Format CCYYMMDD**
DMG02	R	Subscriber Birth Date	
DMG03	R	Subscriber Gender Code	**F: Female** **M: Male** **U: Unknown**
DMG04	N/A	Martial Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification	Not Used
DMG09	N/A	Quantity	Not Used

Segment Name	**Payer Name**
Segment ID	NM1
Loop ID	2010BC
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments

NM101	R	Entity Identifier Code	**PR: Payer**
NM102	R	Entity Type Qualifier	**2: Non-person entity**
NM103	R	Payer Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	**PI: Payer Identification** **XV: Health Care Financing Administration National Plan ID**
NM109	R	Primary Payer ID	32004
NM110	N/A	Entity Relationship code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		**Payer Address**	
Segment ID		N3	
Loop ID		2010BC	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N301	R	Payer Address Line	
N302	S	Payer Address Line	**Required if a second address line exists.**

Segment Name		**Payer City/State/Zip Code**	
Segment ID		N4	
Loop ID		2010BC	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N401	R	Payer City Name	
N402	R	Payer State Code	
N403	R	Payer Postal Zone or Post Code	
N404	S	Payer Country Code	**This data element is required if the address is outside of the U.S.**
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name	Payer Secondary Information
Segment ID	REF
Loop ID	2010BC
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
REF01	R	Reference Identification Qualifier	**2U: Payer Identification Number** **FY: Claim Office Number** **NF: National Association of Insurance Commissioners Code** **TJ: Federal Taxpayer's Identification Number**
REF02	R	Payer Additional Identifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Patient Information
Segment ID	PAT
Loop ID	2000C
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
PAT01	R	Patients Relationship to Insured	
PAT02	N/A	Patient Location Code	Not Used
PAT03	N/A	Employment Status Code	Not Used
PAT04	N/A	Student Status Code	Not Used
PAT05	N/A	Date Time Period Format Qualifier	Not Used
PAT06	N/A	Date Time Period	
PAT07	S	Unit or Basis for Measurement Code	**This data element is used when the patient's age is less then 29 days old.**
PAT08	S	Patient Weight	
PAT09	S	Pregnancy Indicator	

Segment Name	Patient Name
Segment ID	NM1
Loop ID	2010C
Usage	Situational
Segment Notes	

Element	Usage	Guide	Comments

ID		Description/Valid Values	
NM101	R	Entity Identifier Code	**QC: Patient**
NM102	R	Entity Type Qualifier	**1: Person**
NM103	R	Patient Last Name	
NM104	R	Patient First Name	
NM105	S	Patient Middle Name	**This data element is required when NM102 equals one (1) and the middle initial of the person is known.**
NM106	N/A	Name Prefix	Not Used
NM107	S	Patient Name Suffix	**This data element is required when NM102 equals one (1) and the name suffix of the person is known.**
NM108	S	Identification Code Qualifier	**This data element is required when the Patient's identifier is different from the subscriber's ID.**
NM109	S	Identification Code	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		**Patient Address**	
Segment ID		N3	
Loop ID		2010C	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N301	R	Patient Address Information	
N302	S	Patient Address Information	**Required if a second address line exists.**

Segment Name		**Patient City/State/Zip Code**	
Segment ID		N4	
Loop ID		2010C	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N401	R	Patient City Name	
N402	R	Patient State Code	
N403	R	Patient Postal Code	
N404	S	Country Code	**This data element is required if the address is**

			outside of the U.S.
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		**Patient Demographic Information**	
Segment ID		DMG	
Loop ID		2010CA	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
DMG01	R	Date time Period Format Qualifier	**Date Expressed in format CCYYMMDD**
DMG02	R	Patient Birth Date	
DMG03	R	Patient Gender Code	**F: Female** **M: Male** **U: Unknown**
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification Code	Not Used
DMG09	N/A	Quantity	Not Used

Segment Name		**Claim Information**	
Segment ID		CLM	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CLM01	R	Patient Account Number	
CLM02	R	Total Claim Charge Amount	
CLM03	N/A	Claim Filing Indicator Code	Not Used
CLM04	N/A	Non- Institutional Claim type code	Not Used
CLM05	R	Health Care Service	

		Location Information	
CLM05-1	R	Facility Type Code	
CLM05-02	R	Facility Code Qualifier	**A: Uniform Billing Claim Form**
CLM05-03	R	Claim Frequency Code	
CLM06	R	Provider or Supplier Signature Indicator	**N: No** **Y: Yes**
CLM07	S	Medicare Assignment Code	**A: Assigned** **C: Not assigned**
CLM08	R	Benefits Assignment Certification Indicator	**N: No** **Y: Yes**
CLM09	R	Release of Information Code	
CLM10	N/A	Patient Signature Source Code	Not Used
CLM11	S	Related Causes Information	
CLM11-1	R	Related Causes Code	
CLM11-2	S	Related Causes Code	
CLM11-3	S	Related Causes Code	
CLM11-4	S	Auto Accident State or Province Code	
CLM11-5	S	Country Code	**This data element is required when CLM11-4 is present and the accident occurred outside of the U.S.**
CLM12	S	Special Program Indicator	
CLM13	N/A	Yes/No Condition Response Code	Not Used
CLM14	N/A	Level of Service Code	Not Used
CLM15	N/A	Yes/No Condition Response Code	Not Used
CLM16	N/A	Provider Agreement Code	Not Used
CLM17	N/A	Claim Status Code	Not Used
CLM18	R	Explanation of Benefits Indicator	**N: No** **Y: Yes**
CLM19	N/A	Claim Submission Reason Code	Not Used
CLM20	S	Delay Reason Code	

Segment Name	**Discharge Hour**

Segment ID	DTP		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
DTP01	R	Date Time Qualifier	**096: Discharge**
DTP02	R	Date Time Period Format Qualifier	**Time Expressed in HHMM**
DTP03	R	Discharge Hour	**21: Discharge hour**

Segment Name	Statement Dates		
Segment ID	DTP		
Loop ID	2300		
Usage	Required		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
DTP01	R	Date Time Qualifier	**434: Statement**
DTP02	R	Date Time Period Format Qualifier	**Date Expressed in format CCYYMMDD**
DTP03	R	Statement From or To Date	

Segment Name	Admission Date/Hour		
Segment ID	DTP		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
DTP01	R	Date Time Qualifier	**435: Admission**
DTP02	R	Date Time Period Format Qualifier	**Date Expressed in format CCYYMMDDHHMM**
DTP03	R	Admission Date and Hour	

Segment Name	Institutional Claim Code
Segment ID	CL1
Loop ID	2300

Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CL101	S	Admission Type Code	**Required when patient is being admitted to the hospital for inpatient services.**
CL102	S	Admission Source Code	
CL103	S	Patient Status Code	**This element is required for impatient claims/encounters.**
Cl104	N/A	Nursing Home Residential Status Code	Not Used

Segment Name		**Payer Estimated Amount Due**	
Segment ID		AMT	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
AMT01	R	Amount Qualifier Code	**C5: Claim Amount Due- Estimated**
AMT02	R	Estimated Claim Due Amount	
AMT 03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		**Patient Paid Amount**	
Segment ID		AMT	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
AMT01	R	Amount Qualifier Code	**F5: Patient Amount Paid**
AMT02	R	Patient Amount Paid	
AMT03	N/A	Credit/Debit Flag Code	Not Used

Segment Name	Document Identification Code		
Segment ID	REF		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	**DD Document Identification Code**
REF02	R	Document Control Identifier	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Original Reference Number (ICN/DCN)		
Segment ID	REF		
Loop ID	2300- Claim Information		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	**F8: Original Reference Number**
REF02	R	Claim Original Reference Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Investigational Device Exemption Number		
Segment ID	REF		
Loop ID	2300- Claim Information		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	**LX: Qualified Products List**
REF	R	Investigational Device Exemption Identifier	
REF	N/A	Description	Not Used
REF	N/A	Reference Identifier	Not Used

Segment Name		Prior Authorization or Referral Number	
Segment ID		REF	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	**9F: Referral Number** **G1: Prior Authorization Number**
REF02	R	Prior Authorization Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Medical Record Number	
Segment ID		REF	
Loop ID		2300- Claim Information	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	**EA: Medical Record Identification Number**
REF02	R	Medical Record Number	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Claim Note	
Segment ID		NTE	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid**	**Comments**

		Values	
NTE01	R	Note Reference Code	
NTE02	R	Claim Note text	

Segment Name		**Billing Note**	
Segment ID		NTE	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NTE01	R	Note Reference Code	**ADD: Additional Information**
NTE02	R	Description	

Segment Name		**Home Health Care Information**	
Segment ID		CR6	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CR601	R	Prognosis Code	
CR602	R	Service From Date	**MMDDYY**
CR603	S	Date Time Period Format Qualifier	**RD8: Range of Dates expressed on format CCYYMMDD – CCYYMMDD**
CR604	S	Date Time Period	**Required all claims/encounters when a certification for Home Health Services was previously or is being submitted to the destination payer.**
CR605	R	Diagnosis Date	**MMDDYY**
CR606	R	Skilled Nursing Facility Indicator	**N: No** **U: Unknown** **Y: Yes**
CR607	R	Medicare Coverage Indicator	**N: No** **Y: Yes**
CR608	R	Certification Type Indicator	**I: Initial** **R: Renewal** **S: Revised**
CR609	S	Surgery date	**This element is required when a surgical**

			procedure was preformed on the patient.
CR610	S	Product or Service ID Qualifier	**This element is required when a surgical procedure was preformed on the patient.**
CR611	S	Surgical Procedure Code	**This element is required when a surgical procedure was preformed on the patient.**
CR612	S	Physician Order Date	**MMDDYY**
CR613	S	Last Visit Date	**MMDDYY**
CR614	S	Physician Contact Date	
CR615	S	Date Time Period Format Qualifier	**RD8: Range of dates expressed in format CCYYMMDD-CCYYMMDD**
CR616	S	Last Admission Period	**MMDDYY**
CR617	R	Patient Discharge Facility Type Code	
CR618	S	Diagnosis Date	**CCYYMMDD**
CR619	S	Diagnosis Date	**This data element is required when a second secondary diagnosis code is present.**
CR620	S	Diagnosis Date	**This data element is required when a third secondary diagnosis code is present.**
CR621	S	Diagnosis Date	**This data element is required when a fourth secondary diagnosis code is present.**

Segment Name		**Home Health Functional Limitations**	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CRC01	R	Code Category	**75: Functional Limitations**
CRC02	R	Certification Condition Indicator	**N: No** **Y: Yes**
CRC03	R	Functional Limitation Code	**This data element is required when there is more than one Functional Limitation Code is applicable to the patient.**
CRC04	S	Functional Limitation Code	**This data element is required when there is more than one Functional Limitation Code is applicable to the patient.**
CRC05	S	Functional Limitation Code	**This data element is required when there is more than one Functional Limitation Code is applicable to the patient.**
CRC06	S	Functional Limitation Code	**This data element is required when there is more than one Functional Limitation Code is applicable to the patient.**
CRC07	S	Functional Limitation Code	**This data element is required when there is more than one Functional Limitation Code is**

			applicable to the patient.

Segment Name		**Home Health Activities Permitted**	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CRC01	R	Certification Condition Indicator	**76: Activities Permitted**
CRC02	R	Functional Limitations Code	**N: No** **Y: Yes**
CRC03	R	Activities Permitted Code	
CRC04	S	Activities Permitted Code	**This data element is required when there is more than one Activities Permitted Code is applicable to the patient.**
CRC05	S	Activities Permitted Code	**This data element is required when there is more than one Activities Permitted Code is applicable to the patient.**
CRC06	S	Activities Permitted Code	**This data element is required when there is more than one Activities Permitted Code is applicable to the patient.**
CRC07	S	Activities Permitted Code	**This data element is required when there is more than one Activities Permitted Code is applicable to the patient.**

Segment Name		**Home Health Mental Status**	
Segment ID		CRC	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CRC01	R	Certification Condition Indicator	**77: Mental Status**
CRC02	R	Functional Limitation Code	**N: No** **Y: Yes**
CRC03	R	Mental Status Code	
CRC04	S	Mental Status Code	**This data element is required when there is more than one Mental Status Code is applicable to the patient.**
CRC05	S	Mental Status Code	**This data element is required when there is more than one Mental Status Code is applicable to the patient.**

CRC06	S	Mental Status Code	**This data element is required when there is more than one Mental Status Code is applicable to the patient.**
CRC07	S	Mental Status Code	**This data element is required when there is more than one Mental Status Code is applicable to the patient.**

Segment Name		**Principal, Admitting, E-code, and Patient reason for Visit Diagnosis Information**	
Segment ID		HI	
Loop ID		2300	
Usage		Required	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BK: Principle Diagnosis**
HI01-2	R	Industry Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Required for all unscheduled outpatient visits or upon patient's admission to hospital.**
HI02 -1	R	Code List Qualifier Code	**BJ: Admitting Diagnosis** **ZZ: Mutually Defined**
HI02 -2	R	Industry Code	
HI02 -3	N/A	Date Time Period Format Qualifier	Not Used
HI02 –4	N/A	Date Time Period	Not Used
HI02- 5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02- 7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI03-1	R	Code List Qualifier Code	**BN: US Department of Health and Human Services, Office of Vital Statistics E-code**
HI03-2	R	Industry Code	**77: External Cause of Injury code (e-code)**
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used

HI03-7	N/A	Version Identifier	Not Used
HI04	N/A	Health Care Code Information	Not Used
HI05	N/A	Health Care Code Information	Not Used
HI06	N/A	Health Care Code Information	Not Used
HI07	N/A	Health Care Code Information	Not Used
HI08	N/A	Health Care Code Information	Not Used
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code Information	Not Used

Segment Name	**Diagnosis Related Group**		
Segment ID	HI		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**DR: Diagnosis Related Group**
HI01-2	R	Diagnosis Related Group (DRG) Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	N/A	Health Care Code Information	Not Used
HI03	N/A	Health Care Code Information	Not Used
HI04	N/A	Health Care Code Information	Not Used
HI05	N/A	Health Care Code Information	Not Used

HI06	N/A	Health Care Code Information	Not Used
HI07	N/A	Health Care Code Information	Not Used
HI08	N/A	Health Care Code Information	Not Used
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code Information	Not Used

Segment Name	**Other Diagnosis Information**
Segment ID	HI
Loop ID	2300
Usage	Situational
Segment Notes	

Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI01-2	R	Other Diagnosis	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI02-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI02-2	R	Other Diagnosis	
HI02-3	N/A	Date Time Period Format Qualifier	Not Used
HI02-4	N/A	Date Time Period	Not Used
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI03-1	R	Code List Qualifier	BF: Diagnosis

		Code	
HI03-2	R	Other Diagnosis	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI04-2	R	Other Diagnosis	
HI04-3	N/A	Date Time Period Format Qualifier	Not Used
HI04-4	N/A	Date Time Period	Not Used
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	R	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI05-1	S	Code List Qualifier Code	**BF: Diagnosis**
HI05-2	S	Other Diagnosis	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI06-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI06-2	R	Other Diagnosis	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	
HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI07-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI07-2	R	Other Diagnosis	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used

HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI08-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI08-2	R	Other Diagnosis	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	Used when necessary to report multiple additional co-existing conditions
HI09-1	R	Code List Qualifier Code	BF: Diagnosis
HI09-2	R	Other Diagnosis	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI10-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI10-2	R	Other Diagnosis	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI11-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI11-2	R	Other Diagnosis	
HI11-3	N/A	Date Time Period Format Qualifier	
HI11-4	N/A	Date Time Period	Not Used
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**

HI12-1	R	Code List Qualifier Code	**BF: Diagnosis**
HI12-2	R	Other Diagnosis	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		**Principal Procedure Information**	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BP: Health Care Financing Administration Common Procedural Coding System Principal Procedure** **BR: International Classification of Disease Clinical Modification (ICD-9-CM) Principal Procedure**
HI01-2	R	Principal Procedure Code	
HI01-3	S	Date Time Period Format Qualifier	**Date expressed in format CCYYMMDD** **Use code D8 when the value in composite data element HI01 equals "BR"**
HI01-4	S	Date Time Period	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	N/A	Health Care Code Information	Not Used
HI03	N/A	Health Care Code Information	Not Used
HI04	N/A	Health Care Code Information	Not Used
HI05	N/A	Health Care Code Information	Not Used
HI06	N/A	Health Care Code Information	Not Used
HI07	N/A	Health Care Code Information	Not Used
HI08	N/A	Health Care Code	Not Used

		Information	
HI09	N/A	Health Care Code Information	Not Used
HI10	N/A	Health Care Code Information	Not Used
HI11	N/A	Health Care Code Information	Not Used
HI12	N/A	Health Care Code Information	Not Used

Segment Name		**Other Procedure Information**	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System** **BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI01-2	R	Procedure Code	
HI01-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI01-4	S	Procedure Date	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI02-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System** **BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI02-2	R	Procedure Code	
HI02-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI02-4	S	Procedure Date	
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI03-1	R	Code List Qualifier	**BO: Health Care Financing Administration**

		Code	**Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI03-2	R	Procedure Code	
HI03-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI03-4	S	Procedure Date	
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04-	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI04-2	R	Procedure Code	
HI04-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI04-4	S	Procedure Date	
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI05-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI05-2	R	Procedure Code	
HI05-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI05-4	S	Procedure Date	
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI06-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI06-2	R	Procedure Code	
HI06-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI06-4	S	Procedure Date	
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used

HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI07-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI07-2	R	Procedure Code	
HI07-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI07-4	S	Procedure Date	
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI08-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI08-2	R	Procedure Code	
HI08-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI08-4	S	Procedure Date	
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI09-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI09-2	R	Procedure Code	
HI09-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI09-4	S	Procedure Date	
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI10-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI10-2	R	Procedure Code	
HI10-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI10-4	S	Procedure Date	

HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI11-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System** **BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI11-2	R	Procedure Code	
HI11-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI11-4	S	Procedure Date	
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions.**
HI12-1	R	Code List Qualifier Code	**BO: Health Care Financing Administration Common procedural Coding System** **BQ: International Classification of Diseases Clinical Modification (ICD-9-CM) procedure**
HI12-2	R	Procedure Code	
HI12-3	S	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI12-4	S	Procedure Date	
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		**Occurrence Span Information**	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI01-2	R	Occurrence Span Code	
HI01-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD**
HI01-4	R	Occurrence or Occurrence Span	

		Code Associated Date	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI02-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI02-2	R	Occurrence Span Code	
HI02-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI02-4	R	Occurrence or Occurrence Span Code Associated Date	
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI03-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI03-2	R	Occurrence Span Code	
HI03-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI03-4	R	Occurrence or Occurrence Span Code Associated Date	
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI04-2	R	Occurrence Span Code	
HI04-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI04-4	R	Occurrence or Occurrence Span Code Associated Date	
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI05-1	R	Code List Qualifier	**BI Occurrence Span**

		Code	
HI05-2	R	Occurrence Span Code	
HI05-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI05-4	R	Occurrence or Occurrence Span Code Associated Date	
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI06-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI06-2	R	Occurrence Span Code	
HI06-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI06-4	R	Occurrence or Occurrence Span Code Associated Date	
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI07-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI07-2	R	Occurrence Span Code	
HI07-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI07-4	R	Occurrence or Occurrence Span Code Associated Date	
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI08-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI08-2	R	Occurrence Span Code	
HI08-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI08-4	R	Occurrence or Occurrence Span	

		Code Associated Date	
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI09-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI09-2	R	Occurrence Span Code	
HI09-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI09-4	R	Occurrence or Occurrence Span Code Associated Date	
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI10-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI10-2	R	Occurrence Span Code	
HI10-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI10-4	R	Occurrence or Occurrence Span Code Associated Date	
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI11-1	R	Code List Qualifier Code	**BI Occurrence Span**
HI11-2	R	Occurrence Span Code	
HI11-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI11-4	R	Occurrence or Occurrence Span Code Associated Date	
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI12-1	R	Code List Qualifier	**BI Occurrence Span**

		Code	
HI12-2	R	Occurrence Span Code	
HI12-3	R	Date Time Period Format Qualifier	**Range of Dates expressed in format CCYYMMDD-CCYYMMDD**
HI12-4	R	Occurrence or Occurrence Span Code Associated Date	
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name	**Occurrence Information**		
Segment ID	HI		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier	**BH: Occurrence**
HI01-2	R	Occurrence Code	
HI01-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI01-4	R	Occurrence or Occurrence Span Code Associated Date	
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI02-1	R	Code List Qualifier	**BH: Occurrence**
HI02-2	R	Occurrence Code	
HI02-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI02-4	R	Occurrence or Occurrence Span Code Associated Date	
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI03-1	R	Code List Qualifier	**BH: Occurrence**

HI03-2	R	Occurrence Code	
HI03-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI03-4	R	Occurrence or Occurrence Span Code Associated Date	
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier	**BH: Occurrence**
HI04-2	R	Occurrence Code	
HI04-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI04-4	R	Occurrence or Occurrence Span Code Associated Date	
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI05-1	R	Code List Qualifier	**BH: Occurrence**
HI05-2	R	Occurrence Code	
HI05-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI05-4	R	Occurrence or Occurrence Span Code Associated Date	
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI06-1	R	Code List Qualifier	**BH: Occurrence**
HI06-2	R	Occurrence Code	
HI06-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI06-4	R	Occurrence or Occurrence Span Code Associated Date	
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI07-1	R	Code List Qualifier	**BH: Occurrence**
HI07-2	R	Occurrence Code	

HI07-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI07-4	R	Occurrence or Occurrence Span Code Associated Date	
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI08-1	R	Code List Qualifier	**BH: Occurrence**
HI08-2	R	Occurrence Code	
HI08-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI08-4	R	Occurrence or Occurrence Span Code Associated Date	
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI09-1	R	Code List Qualifier	**BH: Occurrence**
HI09-2	R	Occurrence Code	
HI09-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI09-4	R	Occurrence or Occurrence Span Code Associated Date	
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI10-1	R	Code List Qualifier	**BH: Occurrence**
HI10-2	R	Occurrence Code	
HI10-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI10-4	R	Occurrence or Occurrence Span Code Associated Date	
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI11-1	R	Code List Qualifier	**BH: Occurrence**
HI11-2	R	Occurrence Code	
HI11-3	R	Date Time Period	**D8: Date expressed in format CCYYMMDD**

		Format Qualifier	
HI11-4	R	Occurrence or Occurrence Span Code Associated Date	
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI12-1	R	Code List Qualifier	**BH: Occurrence**
HI12-2	R	Occurrence Code	
HI12-3	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
HI12-4	R	Occurrence or Occurrence Span Code Associated Date	
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name	**Value Information**		
Segment ID	HI		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	**R**	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BE: Value**
HI01-2	R	Value Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	R	Monetary Amount	
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI02-1	R	Code List Qualifier Code	**BE: Value**
HI02-2	R	Value Code	
HI02-3	N/A	Date Time Period Format Qualifier	Not Used
HI02-4	N/A	Date Time Period	Not Used
HI02-5	R	Monetary Amount	

HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI03-1	R	Code List Qualifier Code	**BE: Value**
HI03-2	R	Value Code	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	R	Monetary Amount	
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier Code	**BE: Value**
HI04-2	R	Value Code	
HI04-3	N/A	Date Time Period Format Qualifier	Not Used
HI04-4	N/A	Date Time Period	Not Used
HI04-5	R	Monetary Amount	
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI05-1	R	Code List Qualifier Code	**BE: Value**
HI05-2	R	Value Code	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	R	Monetary Amount	
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI06-1	R	Code List Qualifier Code	**BE: Value**
HI06-2	R	Value Code	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	R	Monetary Amount	
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI07-1	R	Code List Qualifier	**BE: Value**

		Code	
HI07-2	R	Value Code	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used
HI07-5	R	Monetary Amount	
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI08-1	R	Code List Qualifier Code	**BE: Value**
HI08-2	R	Value Code	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	R	Monetary Amount	
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI09-1	R	Code List Qualifier Code	**BE: Value**
HI09-2	R	Value Code	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	R	Monetary Amount	
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI10-1	R	Code List Qualifier Code	**BE: Value**
HI10-2	R	Value Code	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	R	Monetary Amount	
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI11-1	R	Code List Qualifier Code	**BE: Value**
HI11-2	R	Value Code	
HI11-3	N/A	Date Time Period Format Qualifier	Not Used
HI11-4	N/A	Date Time Period	Not Used

HI11-5	R	Monetary Amount	
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI12-1	R	Code List Qualifier Code	**BE: Value**
HI12-2	R	Value Code	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	R	Monetary Amount	
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name	**Condition Information**		
Segment ID	HI		
Loop ID	2300		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**BG: Condition**
HI01-2	R	Condition Code	
HI01-3	N/A	Date Time Period Format Qualifier	
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI02-1	R	Code List Qualifier Code	**BG: Condition**
HI02-2	R	Condition Code	
HI02-3	N/A	Date Time Period Format Qualifier	
HI02-4	N/A	Date Time Period	Not Used
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI03-1	R	Code List Qualifier	**BG: Condition**

		Code	
HI03-2	R	Condition Code	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used
HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier Code	**BG: Condition**
HI04-2	R	Condition Code	
HI04-3	N/A	Date Time Period Format Qualifier	Not Used
HI04-4	N/A	Date Time Period	Not Used
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI05-1	R	Code List Qualifier Code	**BG: Condition**
HI05-2	R	Condition Code	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI06-1	R	Code List Qualifier Code	**BG: Condition**
HI06-2	R	Condition Code	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI07-1	R	Code List Qualifier Code	**BG: Condition**
HI07-2	R	Condition Code	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used

HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI08-1	R	Code List Qualifier Code	**BG: Condition**
HI08-2	R	Condition Code	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI09-1	R	Code List Qualifier Code	**BG: Condition**
HI09-2	R	Condition Code	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI10-1	R	Code List Qualifier Code	**BG: Condition**
HI10-2	R	Condition Code	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI11-1	R	Code List Qualifier Code	**BG: Condition**
HI11-2	R	Condition Code	
HI11-3	N/A	Date Time Period Format Qualifier	Not Used
HI11-4	N/A	Date Time Period	Not Used
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**

HI12-1	R	Code List Qualifier Code	**BG: Condition**
HI12-2	R	Condition Code	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used
HI12-4	N/A	Date Time Period	Not Used
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		**Treatment Code Information**	
Segment ID		HI	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HI01	R	Health Care Code Information	
HI01-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI01-2	R	Treatment Code	
HI01-3	N/A	Date Time Period Format Qualifier	Not Used
HI01-4	N/A	Date Time Period	Not Used
HI01-5	N/A	Monetary Amount	Not Used
HI01-6	N/A	Quantity	Not Used
HI01-7	N/A	Version Identifier	Not Used
HI02	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI02-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI02-2	R	Treatment Code	
HI02-3	N/A	Date Time Period Format Qualifier	Not Used
HI02-4	N/A	Date Time Period	Not Used
HI02-5	N/A	Monetary Amount	Not Used
HI02-6	N/A	Quantity	Not Used
HI02-7	N/A	Version Identifier	Not Used
HI03	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI03-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI03-2	R	Treatment Code	
HI03-3	N/A	Date Time Period Format Qualifier	Not Used
HI03-4	N/A	Date Time Period	Not Used

HI03-5	N/A	Monetary Amount	Not Used
HI03-6	N/A	Quantity	Not Used
HI03-7	N/A	Version Identifier	Not Used
HI04	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI04-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI04-2	R	Treatment Code	
HI04-3	N/A	Date Time Period Format Qualifier	
HI04-4	N/A	Date Time Period	Not Used
HI04-5	N/A	Monetary Amount	Not Used
HI04-6	N/A	Quantity	Not Used
HI04-7	N/A	Version Identifier	Not Used
HI05	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI05-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI05-2	R	Treatment Code	
HI05-3	N/A	Date Time Period Format Qualifier	Not Used
HI05-4	N/A	Date Time Period	Not Used
HI05-5	N/A	Monetary Amount	Not Used
HI05-6	N/A	Quantity	Not Used
HI05-7	N/A	Version Identifier	Not Used
HI06	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI06-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI06-2	R	Treatment Code	
HI06-3	N/A	Date Time Period Format Qualifier	Not Used
HI06-4	N/A	Date Time Period	Not Used
HI06-5	N/A	Monetary Amount	Not Used
HI06-6	N/A	Quantity	Not Used
HI06-7	N/A	Version Identifier	Not Used
HI07	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI07-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI07-2	R	Treatment Code	
HI07-3	N/A	Date Time Period Format Qualifier	Not Used
HI07-4	N/A	Date Time Period	Not Used
HI07-5	N/A	Monetary Amount	Not Used
HI07-6	N/A	Quantity	Not Used
HI07-7	N/A	Version Identifier	Not Used
HI08	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**

HI08-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI08-2	R	Treatment Code	
HI08-3	N/A	Date Time Period Format Qualifier	Not Used
HI08-4	N/A	Date Time Period	Not Used
HI08-5	N/A	Monetary Amount	Not Used
HI08-6	N/A	Quantity	Not Used
HI08-7	N/A	Version Identifier	Not Used
HI09	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI09-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI09-2	R	Treatment Code	
HI09-3	N/A	Date Time Period Format Qualifier	Not Used
HI09-4	N/A	Date Time Period	Not Used
HI09-5	N/A	Monetary Amount	Not Used
HI09-6	N/A	Quantity	Not Used
HI09-7	N/A	Version Identifier	Not Used
HI10	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI10-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI10-2	R	Treatment Code	
HI10-3	N/A	Date Time Period Format Qualifier	Not Used
HI10-4	N/A	Date Time Period	Not Used
HI10-5	N/A	Monetary Amount	Not Used
HI10-6	N/A	Quantity	Not Used
HI10-7	N/A	Version Identifier	Not Used
HI11	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI11-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI11-2	R	Treatment Code	
HI11-3	N/A	Date Time Period Format Qualifier	Not Used
HI11-4	N/A	Date Time Period	Not Used
HI11-5	N/A	Monetary Amount	Not Used
HI11-6	N/A	Quantity	Not Used
HI11-7	N/A	Version Identifier	Not Used
HI12	S	Health Care Code Information	**Used when necessary to report multiple additional co-existing conditions**
HI12-1	R	Code List Qualifier Code	**TC: Treatment Codes**
HI12-2	R	Treatment Code	
HI12-3	N/A	Date Time Period Format Qualifier	Not Used

HI12-4	N/A	Date Time Period	Not Used
HI12-5	N/A	Monetary Amount	Not Used
HI12-6	N/A	Quantity	Not Used
HI12-7	N/A	Version Identifier	Not Used

Segment Name		**Claim Quantity**	
Segment ID		QTY	
Loop ID		2300	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
QTY 01	R	Quantity Qualifier	
QTY02	R	Claim Days Count	
QTY03	R	Composite Unit of Measure	
QTY03-1	R	Unit or Basis for Measurement Code	**DA: Days**
QTY03-2	N/A	Exponent	Not Used
QTY03-3	N/A	Multiplier	Not Used
QTY03-4	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-5	N/A	Exponent	Not Used
QTY03-6	N/A	Multiplier	Not Used
QTY03-7	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-8	N/A	Exponent	Not Used
QTY03-9	N/A	Multiplier	Not Used
QTY03-10	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-11	N/A	Exponent	Not Used
QTY03-12	N/A	Multiplier	Not Used
QTY03-13	N/A	Unit or Basis for Measurement Code	Not Used
QTY03-14	N/A	Exponent	Not Used
QTY03-15	N/A	Multiplier	Not Used

QTY04	N/A	Unit or Basis for Measurement Code	Not Used

Segment Name		**Home Health Care Plan Information**	
Segment ID		CR7	
Loop ID		2305	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
CR701	R	Discipline Type Code	
CR702	R	Visits Prior to Recertification Date Count	
CR703	R	Total Visits Projected this Certification Count	

Segment Name		**Home Care Services Delivery**	
Segment ID		HSD	
Loop ID		2305	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
HSD01	S	Quantity Qualifier	**VS: Visits**
HSD02	S	Number of Visits	**Required if the physician's orders or prescription for the service contains data.**
HSD03	S	Frequency Period	
HSD04	S	Frequency Count	**Required if the physician's orders or prescription for the service contains data.**
HSD05	S	Duration of Visits Units	**7: Day** **35: Week**
HSD06	S	Duration of Visits, Number of Units	**Required if the physician's orders or prescription for the service contains data.**
HSD07	S	Ship, Delivery, or Calendar Pattern Code	
HSD08	S	Delivery Pattern Time Code	

Segment Name	**Attending Physicians Name**
Segment ID	NM1

Loop ID	2310A
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	**71: Attending Physician**
NM102	R	Entity Type Qualifier	**1: Person** **2. Non-Person Entity**
NM103	R	Attending Physician Last Name	
NM104	S	Attending Physician First Name	**Required if NM=102=1 (person)**
NM105	S	Attending Physician Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Attending Physician Name Suffix	
NM108	R	Identification Code Qualifier	**If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment in this loop.** **24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Attending Physician Primary Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	Attending Physician Specialty Information
Segment ID	PRV
Loop ID	2310A
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	**AT = Attending** **SU= Supervising**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		Attending Physician Secondary Information	
Segment ID		REF	
Loop ID		2310A	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	1D
REF02	R	Attending Physician Secondary Identifier	Use the BCHP 6 digit provider number
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Operating Physician Name	
Segment ID		NM	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**72: Operating Physician**
NM102	R	Entity Type Qualifier	**1: Person**
NM103	R	Operating Physician Last Name	
NM104	R	Operating Physician First Name	
NM105	S	Operating Physician Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Operating Physician Name Suffix	
NM108	R	Identification Code Qualifier	XX = **If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment in this loop.** **24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier number**
NM109	R	Operating Physician Primary Identifier	
NM110	N/A	Entity Relationship	Not Used

		Code	
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		**Operating Physician Specialty Information**	
Segment ID		PRV	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PRV01	R	Provider Code	**OP**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		**Operating Physician Secondary Identification**	
Segment ID		REF	
Loop ID		2310B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	1D
REF02	R	Operating Physician Secondary Identifier	Ohio provider numbers will be a 6 positions in length
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		**Other Provider Name**	
Segment ID		NM1	
Loop ID		2310C	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**73: Other Physician**
NM102	R	Entity Type Qualifier	**1: Person** **2. Non-person entity**
NM103	R	Other Provider Last Name	

NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	**If "XX" is used, then either the Employer's Identification number or the Social Security Number of the provider must be carried in the REF segment in this loop.** **24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Other Physician Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		**Other Provider Specialty Information**	
Segment ID		PRV	
Loop ID		2310C	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PRV01	R	Provider Code	**OT = Other Physician** **PE = Performing**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		**Other Provider Secondary Information**	
Segment ID		REF	
Loop ID		2310C	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	1D
REF02	R	Other Provider Secondary Identifier	Ohio provider numbers will be a 6 positions in length

Segment Name	Referring Provider Name
Segment ID	NM1
Loop ID	2310D
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	**DN: Referring Provider** **P3: Primary Care Provider**
NM102	R	Entity Type Qualifier	**1: Person** **2. Non-person entity**
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	**24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Other Physician Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Other Provider Specialty Information
Segment ID	PRV
Loop ID	2310D
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	**RF = Referring**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	Other Provider Secondary Information

Segment ID	REF		
Loop ID	2310D		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Service Facility Name		
Segment ID	NM1		
Loop ID	2310E		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**FA: Facility**
NM102	R	Entity Type Qualifier	**2. Non-person entity**
NM103	R	Name Last or Organization Name	
NM104	N/A	First Name	
NM105	N/A	Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	
NM108	S	Identification Code Qualifier	**24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	S	Other Physician Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	Service Facility Specialty Information		
Segment ID	PRV		
Loop ID	2310E		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid**	**Comments**

		Values	
PRV01	R	Provider Code	**RP = Reporting Provider**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	**Service Facility Secondary Identification**		
Segment ID	REF		
Loop ID	2310E		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	Provider Number for Buckeye Health Plan
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	**Other Subscriber Information**		
Segment ID	SBR		
Loop ID	2320		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
SBR 01	R	Payer Responsibility Sequence Number Code	
SBR02	R	Individual Relationship Code	
SBR03	S	Industry Group or Policy Number	
SBR04	S	Other Insured Group Name	
SBR05	N/A	Insurance Type Code	Not Used
SBR06	N/A	Coordination of Benefits	Not Used
SBR07	N/A	Yes/No Condition or Response Code	Not Used
SBR08	N/A	Employment Status Code	Not Used
SBR09	S	Claim Filing Indicator	

		Code	

Segment Name		**Payer Prior Payment**	
Segment ID		AMT	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
AMT01	R	Amount Qualifier Code	**C4: Prior payment –actual**
AMT02	R	Other payer Patient Paid Amount	
AMT03	N/A	Credit/Debit Flag Code	Not Used

Segment Name		**Other Subscriber Demographic Information**	
Segment ID		DMG	
Loop ID		2320	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
DMG 01	R	Date Time Period Format Qualifier	**D8: Date expressed in format CCYYMMDD**
DMG02	R	Other Insured Birth Date	
DMG03	R	Other Insured Gender Code	**F: Female** **M: Male** **U: Unknown**
DMG04	N/A	Marital Status Code	Not Used
DMG05	N/A	Race or Ethnicity Code	Not Used
DMG06	N/A	Citizenship Status Code	Not Used
DMG07	N/A	Country Code	Not Used
DMG08	N/A	Basis of Verification Code	Not Used
DMG09	N/A	Quantity	Not Used

Segment Name	**Other Insurance Coverage Information**
Segment ID	OI
Loop ID	2320
Usage	Situational

Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
OI01	N/A	Claim Filing Indicator Code	Not Used
OI02	N/A	Claim Submission Reason Code	Not Used
OI03	R	Benefits Assignment Certification Indicator	N: NO Y: Yes
OI04	N/A	Patient Signature Source Code	Not Used
OI05	N/A	Provider Agreement Code	Not Used
OI06	R	Release of Information Code	

Segment Name	Other Subscriber Name		
Segment ID	NM1		
Loop ID	2330A		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	IL: Insured or Subscriber
NM102	R	Entity Type Qualifier	1: Person 2: Non-person entity
NM103	R	Other Insured Last Name	
NM104	S	Other Insured First Name	

Segment Name	Other Subscriber Address		
Segment ID	N3		
Loop ID	2330A		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N301	R	Other Insured Address Line	
N302	S	Other Insured Address Line	

Segment Name		Other Subscriber City/State/Zip Code	
Segment ID		N4	
Loop ID		2330A	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N401	R	Other Insured City Name	
N402	R	Other Insured State Code	
N403	R	Other Insured Postal Zone or Zip Code	
N404	S	Subscriber Country Code	**This data element is used when the address is outside of the U.S.**
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name		Other Subscriber Secondary Information	
Segment ID		REF	
Loop ID		2330A	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Other Insured Additional Qualifier	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		Other Payer Name	
Segment ID		NM1	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**PR: Payer**
NM102	R	Entity Type Qualifier	**2: Non-person entity**
NM103	R	Other payer Last or	

		Organization Name	
NM104	N/A	Name First	Not Used
NM105	N/A	Name Middle	Not Used
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	Not Used
NM108	R	Identification Code Qualifier	
NM109	R	Other Payer Primary Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name		**Other Payer Address**	
Segment ID		N3	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N301	R	Other Payer Address Line	
N302	S	Other Payer Address Line	**Required if a second address line exists.**

Segment Name		**Other payer City/State/Zip Code**	
Segment ID		N4	
Loop ID		2330B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
N401	R	Other Payer City Name	
N402	R	Other Payer State Code	
N403	R	Other Payer Postal Code or Zip Code	
N404	S	Payer Country Code	**This data element is required when the address is out of the U.S.**
N405	N/A	Location Qualifier	Not Used
N406	N/A	Location Identifier	Not Used

Segment Name	**Other Payer Secondary Identification and Reference Number**

Segment ID	REF		
Loop ID	2330B		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Service Line Number		
Segment ID	LX		
Loop ID	2400		
Usage	Required		
Segment Notes	This segment contains the line item number that is incremented by one for each service line/detail. BCHP processes a maximum of 99 LX segments (2400 loops) for each CLM segment.		
Example	`LX*1~`		
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
LX01	R	Assigned Number	The first service line should begin with the number **1**. Each subsequent service line/detail should be incremented by **1**.

Segment Name	Institutional Service Line		
Segment ID	SV2		
Loop ID	2400		
Usage	Required		
Segment Notes	This segment reports procedure code, modifiers, charge amounts, and units. BCHP only recognizes the first 99 service lines on a claim. The Total Claim Charge Amount from CLM02 must reflect the total of the first 99 details. Failure to comply results in denial of the claim for an out of balance condition.		
Example	`SV2*300*HC:80019*301*UN*5~`		
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
SV201	R	Service Line Revenue Code	Use the appropriate revenue code for the service rendered.
SV202	S	Composite Medical Procedure Identifier	This is a composite data element.

SV202-1	R	Product/Service ID Qualifier **HC – Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes**	*HC* is the only valid value accepted by BCHP. Per the addenda, NDC information now resides on the LIN/CTP segments in the 2410 loop.
SV202-2	R	Procedure Code	Use the five-digit HCPCS procedure code for the service rendered.
SV202-3	S	HCPCS Modifier 1	
SV202-4	S	HCPCS Modifier 2	
SV202-5	S	HCPCS Modifier 3	
SV202-6	S	HCPCS Modifier 4	
SV202-7	N/A	Description	Not used
SV203	R	Line Item Charge Amount	BCHP format 9999999.99
SV204	R	Unit or Basis of Measurement Code **DA – Days** **UN – Units**	
SV205	R	Service Unit Count	BCHP only recognizes up to a seven-digit whole number. Fractional quantities are not recognized. BCHP format 9999999
SV206	S	Service Line Rate	Not used by BCHP
SV207	S	Line Item Denied Charge or Non-Covered Charge Amount	Not used by BCHP
SV208	N/A	Yes/No Condition or Response Code	Not used
SV209	N/A	Nursing Home Residential Status Code	Not used
SV210	N/A	Level of Care Code	Not used

Segment Name		**Service Line Date**	
Segment ID		DTP	
Loop ID		2400	
Usage		Situational	
Segment Notes		This segment reports the detail date of service. Required for home health and outpatient claims.	
Example		`DTP*472*D8*20021130~`	
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
DTP01	R	Date/Time Qualifier **472 – Service**	
DTP02	R	Date Time Period Format Qualifier **D8 – Date Expressed in Format CCYYDDMM** **RD8 – Date Expressed in Format CCYYMMDD-CCYYMMDD**	If qualifier RD8 is used, BCHP uses the first occurrence of CCYYMMDD as the detail date of service.
DTP03	R	Service Date	

Segment Name	Attending Physician Name		
Segment ID	NM1		
Loop ID	2420A		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**71: Attending Physician**
NM102	R	Entity Type Qualifier	**1: Person** **2. Non-person entity**
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	**24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Other Physician Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	Attending Physician Specialty Information		
Segment ID	PRV		
Loop ID	2420A		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PRV01	R	Provider Code	**AT = Attending Physician**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	Attending Physician Secondary Identification		
Segment ID	REF		
Loop ID	2420A		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	Operating Physician Name		
Segment ID	NM1		
Loop ID	2420B		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**72: Operating Physician**
NM102	R	Entity Type Qualifier	**1: Person**
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	
NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	**24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Other Physician Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	Operating Physician Specialty Information

Segment ID		PRV	
Loop ID		2420B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PRV01	R	Provider Code	**OP = Operating**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name		**Operating Physician Secondary Identification**	
Segment ID		REF	
Loop ID		2420B	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name		**Other Provider Name**	
Segment ID		NM1	
Loop ID		2420C	
Usage		Situational	
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
NM101	R	Entity Identifier Code	**73: Other Physician**
NM102	R	Entity Type Qualifier	**1: Person** **2. Non-person entity**
NM103	R	Other Provider Last Name	
NM104	S	Other Provider First Name	
NM105	S	Other Provider Middle Name	

NM106	N/A	Name Prefix	Not Used
NM107	S	Other Provider Name Suffix	
NM108	R	Identification Code Qualifier	**24: Employer Identification Number** **34: Social Security number** **XX: HCFA National Provider Identifier**
NM109	R	Other Physician Identifier	
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	**Other Provider Specialty Information**		
Segment ID	PRV		
Loop ID	2420C		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
PRV01	R	Provider Code	**OT = Other Physician** **PE = Performing**
PRV02	R	Reference Identification Qualifier	ZZ
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	**Other Provider Secondary Information**		
Segment ID	REF		
Loop ID	2420C		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

Segment Name	**Referring Provider Name**
Segment ID	NM1
Loop ID	2420D
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
NM101	R	Entity Identifier Code	**DN: Referring Provider**
NM102	R	Entity Type Qualifier	**1: Person** **2: Non-person entity**
NM103	R	Other payer Last or Organization Name	
NM104	N/A	Name First	**Required if NM102 = 1 (person**)
NM105	N/A	Name Middle	
NM106	N/A	Name Prefix	Not Used
NM107	N/A	Name Suffix	**Required of known**
NM108	R	Identification Code Qualifier	**24: Employer's Identification Number** **34: Social Security Number** **XX: Health Care Financing Administration National Provider Identifier**
NM109	R	Identification Code	**Referring Provider Primary Identifier**
NM110	N/A	Entity Relationship Code	Not Used
NM111	N/A	Entity Identifier Code	Not Used

Segment Name	**Referring Provider Specialty Information**
Segment ID	PRV
Loop ID	2420D
Usage	Situational
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
PRV01	R	Provider Code	**RF = Referring**
PRV02	R	Reference Identification Qualifier	**ZZ**
PRV03	R	Reference Identification	Provider Taxonomy Code

Segment Name	Referring Provider Secondary Information		
Segment ID	REF		
Loop ID	2420D		
Usage	Situational		
Segment Notes			
Element ID	**Usage**	**Guide Description/Valid Values**	**Comments**
REF01	R	Reference Identification Qualifier	
REF02	R	Reference Identification	
REF03	N/A	Description	Not Used
REF04	N/A	Reference Identifier	Not Used

SECTION 05: ACKNOWLEDGEMENTS AND REPORTS

997 Functional Acknowledgement

A functional acknowledgement is used to report the acceptance or rejection of functional group, transaction set or segment. BUCKEYE COMMUNITY HEALTH PLAN will generate an outbound 997 to acknowledge all inbound transactions received. The software used by BUCKEYE COMMUNITY HEALTH PLAN is Sybase's *EC MAP* with a HIPAA toolkit extension. Sybase's method for creating a 997 acknowledgement is to run data through a compliance map. The compliance map is defined to validate the EDI against the complete standard transaction set definition or to validate EDI data against a specific subset of the standard transaction.

BUCKEYE COMMUNITY HEALTH PLAN implemented the standard HIPAA compliance maps created by Sybase without modifications. If any part of the transaction from the ISA to IEA does not pass Compliance, the entire file will not be processed and will need to be fixed by the sender and resent.

Segment Name	Transaction Set Header
Segment ID	ST
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Transaction Set Identifier Code	**997 – Functional Acknowledgement**
ST02	R	Transaction Set Control Number	This number is assigned locally and must match the value in the corresponding SE segment.

Segment Name	Functional Group Response Header
Segment ID	AK1
Loop	N/A
Usage	Required
Segment Notes	This segment is used to respond to the functional group information in the interchange envelope.

Element ID	Usage	Guide Description/Valid Values	Comments
AK101	R	Functional Identifier Code	This is only a list of identifier codes used for 997s generated by BUCKEYE COMMUNITY HEALTH PLAN in response to inbound transactions. **HC – Health Care Claim (837)**
AK102	R	Transaction Set Control Number	This data element contains the value from the GS06 data element from the GS segment of the original file being acknowledged.

Segment Name	Transaction Set Response Header
Segment ID	AK2
Loop	AK2
Usage	Situational
Segment Notes	This segment is used to start the acknowledgment of a transaction set. If there are no errors at the transaction set level, this segment is not returned.

Element ID	Usage	Guide Description/Valid Values	Comments
AK201	R	Functional Identifier Code	This is only a list of identifier codes used for 997's generated by BUCKEYE COMMUNITY HEALTH PLAN in response to inbound transactions. **837 – Health Care Claim**

AK202	R	Transaction Set Control Number	This data element contains the value from the ST02 data element from the ST segment of the original file being acknowledged.

Segment Name	Data Segment Note
Segment ID	AK3
Loop	AK2/AK3
Usage	Situational
Segment Notes	This segment is used to report segment/looping errors in the submitted transaction.

Element ID	Usage	Guide Description/Valid Values	Comments
AK301	R	Segment ID Code	This data element lists the two or three byte segment ID that contains the error, such as ST, SBR.
AK302	R	Segment Position in Transaction Set	This data element contains the sequential position of the Segment ID identified in AK301. This count begins with **1** for the ST segment and increments by **1** from that point.
AK303	S	Loop Identifier Code	This data element identifies the loop where the erroneous segment resides.
AK304	S	Segment Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***

Segment Name	Data Segment Note
Segment ID	AK4
Loop	AK2/AK3
Usage	Situational
Segment Notes	This segment is used to report data element/composite errors in the submitted transaction.

Element ID	Usage	Guide Description/Valid Values	Comments
AK401	R	Position in Segment	This is a composite data element.
AK401-1	R	Segment Position in Transaction Set	This data element contains the sequential position of the simple data element or composite data structure. This count begins with **1** for the initial element and increments by **1** from that point.
AK401-2	S	Component Data	This data element identifies within the composite

		Element Position in Composite	structure where the error occurs.
AK403	S	Data Element Reference Number	This is the Data Element Dictionary reference number associated with the erroneous data element/composite.
AK404	R	Data Element Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK405	S	Copy of Bad Data Element	

Segment Name	Transaction Set Response Trailer
Segment ID	AK5
Loop	AK2/AK3
Usage	Required
Segment Notes	This segment is used to acknowledge the acceptance or rejection of a transaction and any report errors.

Element ID	Usage	Guide Description/Valid Values	Comments
AK501	R	Transaction Set Acknowledgment Code	**A – Accepted** **R – Rejected**
AK502	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK503	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK504	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK505	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK506	S	Transaction Set Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***

Segment Name	Functional Group Response Trailer
Segment ID	AK9

Loop	N/A
Usage	Required
Segment Notes	This segment is used to acknowledge the acceptance or rejection of a functional group and report the number of transaction sets originally included, received, and accepted.

Element ID	Usage	Guide Description/Valid Values	Comments
AK901	R	Functional Group Acknowledgment Code	**A – Accepted** **R – Rejected** **P – Partial (Rejected)**
AK902	S	Number of Transaction Sets Included	This data element contains the value from the GE01 data element from the GE segment of the original file being acknowledged.
AK903	S	Number of Received Transaction Sets	
AK904	S	Number of Accepted Transaction Sets	
AK905	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK906	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK907	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK908	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***
AK909	S	Functional Group Syntax Error Code	This data element describes the type of error encountered. **See code list in the *IG***

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop	N/A
Usage	Required
Segment Notes	

Element ID	Usage	Guide Description/Valid Values	Comments
ST01	R	Number of Included Segments	This is the total number of segments included in this acknowledgment. This value includes the ST and SE segments.
ST02	R	Transaction Set Control Number	This number is assigned locally and matches the value in the preceding ST segment.

Claim Audit Report

BUCKEYE COMMUNITY HEALTH PLAN will continue to provide a Claim Audit report for each Inbound 837 Transaction received for both Institutional and Professional files. The format of the report has not changed and the error codes will remain the same. A sample of the report is available in *Appendix A & B*. A listing of the error codes can be found in *Appendix C*.

Any claim that has been rejected and acknowledged on this report must be fixed and resent either electronically via an 837 or on paper. Those claims that have been rejected are based on up front edits and do not pertain to our claims adjudication process.

SECTION 06: TESTING

Summary

There are three levels of transaction testing required before an application is considered approved by BUCKEYE COMMUNITY HEALTH PLAN. These testing levels include the following:

- Compliance Testing
- BUCKEYE COMMUNITY HEALTH PLAN Specification Validation Testing
- End-to-End Testing

Prior to testing, anyone wanting to exchange information electronically directly with BUCKEYE COMMUNITY HEALTH PLAN must get the plan's approval then complete and submit a signed Trading Partner Agreement.

BUCKEYE COMMUNITY HEALTH PLAN requires a minimum of a three week testing cycle to include sending three test files containing "live" information to its' business partners in the same manner as production files would be sent. This will allow us to test the file transmission process and the data content. The three files will contain multiple scenarios depending on the type of transaction being sent. If your company requires additional testing, please contact an EDI Business Analyst at 800-225-2573 extension 25525 or EDI Helpdesk at EDIBA@Centene.com.

Once both BUCKEYE COMMUNITY HEALTH PLAN and your company have approved this transaction, we will work together on setting up a timeframe to implement it into production.

A: Sample Audit Report

Process Date	6 characters	Date Claims Processed (CCMMDD)
Claim Number	12 characters	Health Plan Claim Number
Member#	12 characters	Health Plan Member Number
Amt Billed	10 characters	Billed Amount for Claim 9(07)v99
Status	6 characters	ACCEPT or INVALD
Prov Nbr	6 characters	Health Plan Provider Number
Tax ID	9 characters	Provider Tax ID Number
Reason	2 characters	Reason for error if INVALD status (see below)
Serv Date	8 characters	Date of Service
Patient ID	17 characters	Patient ID as sent by provider (from clm segment)

PROCESS DATE	CLAIM NUMBER	MEMBER	AMT BILLED	STATUS	PROV NBR	TAX ID	REASON	SERV DATE	PATIENT ID
080329	H089OHE00001	11111111111	000005500	INVALD	232323232	752674893	06	20011110	3T12579039
080329	H089OHE00002	22222222222	000160904	ACCEPT	200000	752674894		20011026	3T12579407
080329	H089OHE00003	33333333333	000007700	INVALD	300009	752674895	01	20011110	3T12579042
080329	H089OHE00004	44444444444	000014900	ACCEPT	555666	752674896		20011117	3T12579048
080329	H089OHE00005	44444444444	000007700	ACCEPT	555666	752674896		20011117	3T12579049
080329	H089OHE00006	44444444444	000007000	ACCEPT	555666	752674896		20011129	3T12580690
080329	H089OHE00007	44444444444	000022700	ACCEPT	555666	752674896	17	20011129	3T12580691
080329	H089OHE00008	44444444444	000005500	ACCEPT	555666	752674896		20011117	3T12579056
080329	H089OHE00009	44444444444	000009300	ACCEPT	555666	752674896		20011117	3T12580680
080329	H089OHE00010	55555555555	000030700	ACCEPT	808999	752674897		20011206	3T12583224
080329	H089OHE00011	55555555555	000036500	ACCEPT	808999	752674897		20011212	3T12583191
080329	H089OHE00012	66666666666	000027500	ACCEPT	776776	752674898		20011206	3T12583265
080329	H089OHE00013	77777777777	000037300	ACCEPT	220220	752674899		20011206	3T12583212
080329	H089OHE00014	12121212121	000022800	INVALD	100000	652674893	02	20011212	3T12583199
080329	H089OHE00015	13131313131	000110200	INVALD	999999999	652674893	08	20011209	3T12579770

***TOTAL CLAIMS ACCEPTED 00011

***TOTAL CLAIMS REJECTED 00004

B: Sample Audit Report

Process Date	6 characters	Date Claims Processed (CCMMDD)
Claim Number	12 characters	Health Plan Claim Number
Member Nbr	12 characters	Health Plan Member Number
Amt Billed	10 characters	Billed Amount for Claim 9(07)v99
Status	6 characters	ACCEPT or INVALD
Provider	6 characters	Health Plan Provider Number
Tax ID	9 characters	Provider Tax ID Number
Reason	2 characters	Reason for error if INVALD status (see below)
Serv Date	8 characters	Date of Service
Patient Acct	20 characters	Patient ID as sent by provider in clm segment (revised from 17characters)
Ref/D9	30 characters	Claim number for intermediaries

```
ST*864*000000001
BMG*00*CLAIM AUDIT REPORT*CK
MIT*20060601*PROFESSIONAL CLAIM AUDIT REPORT*136
MSG*PROCESS DATE CLAIM NUMBER MEMBER NBR   AMT BILLED STATUS PROV NBR    TAX ID     REASON SERV DATE PATIENT ACCT#   REF/D9 CLM NO FOR INTERMEDIARIES MSG*060531
061510001T80 00000242501  000003900  ACCEPT 100023     741842169       20060530  086987004792    12345678901234567890
MSG*060531     H089OHE00001 00012570801  000006850  ACCEPT 100023     741842169       20060530  117168004808    23456789012345678901
MSG*060531     H089OHE00002 00010908601  000003900  ACCEPT 100023     741842169       20060530  151696004839    34567890123456789012
MSG*060531     H089OHE00003 00004153901  000006550  ACCEPT 100023     741842169       20060530  151698004840    45678901234567890123
MSG*060531     H089OHE00004 00015280501  000003900  ACCEPT 100023     741842169       20060530  153592004843    56789012345678901234
MSG*060531     H089OHE00005 00000149901  000027575  ACCEPT 100023     741842169       20060530  154091004845    67890123456789012345
MSG*060531     H089OHE00006 00040551901  000003900  ACCEPT 100023     741842169       20060530  155920004848    78901234567890123456
MSG*060531     H089OHE00007 00040684801  000006200  ACCEPT 101472     741842169       20060530  057202004779    89012345678901234567
SE*13*000000001
```

Where:

```
BMG*00*CLAIM AUDIT REPORT*CK
   aa bbbbbbbbbbbbbbbbbb cc

a = submission type (00 = Original)
b = description
c = submission code (CK = Claim Submission)

MIT*20060601*PROFESSIONAL CLAIM AUDIT REPORT*115
   Aaaaaaaa bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb ccc

a = document control number
b = description (yet another one)
c = columns in report layout
```

BMG and MIT are mandatory, MSG can contain up to 264 characters of free-form text

C: Audit Report Error Codes

01 Invalid Mbr DOB
02 Invalid Mbr
06 Provider# or Medicaid TPI missing or does not match payer records
07 Invalid Member DOB; Invalid Provider ID or TPI nbr
08 Invalid Mbr & Prv
09 Mbr not valid at DOS
10 Invalid Mbr DOB; Mbr not valid at DOS
12 Provider# inactive at DOS
13 Invalid Mbr DOB; Prv not valid at DOS
14 Invalid Mbr; Prv not valid at DOS
15 Member inactive at DOS; Invalid Provider or TPI nbr
16 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv
17 Invalid Diag
18 Invalid Mbr DOB; Invalid Diag
19 Invalid Mbr; Invalid Diag
21 Mbr not valid at DOS; Prv not valid at DOS
22 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS
23 Invalid Prv; Invalid Diag
24 Invalid Mbr DOB; Invalid Prv; Invalid Diag
25 Invalid Mbr; Invalid Prv; Invalid Diag
26 Mbr not valid at DOS; Invalid Diag
27 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag
29 Prv not valid at DOS; Invalid Diag
30 Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag
31 Invalid Mbr; Prv not valid at DOS; Invalid Diag
32 Mbr not valid at DOS; Prv not valid; Invalid Diag
33 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag
34 Invalid Proc
35 Invalid Mbr DOB; Invalid Proc
36 Invalid Mbr; Invalid Proc
38 Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
39 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag
40 Invalid Prv; Invalid Proc
41 Invalid Mbr DOB, Invalid Prv; Invalid Proc
42 Invalid Mbr; Invalid Prv; Invalid Proc
43 Mbr not valid at DOS; Invalid Proc
44 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Proc
46 Prv not valid at DOS; Invalid Proc
48 Invalid Mbr; Prv not valid at DOS; Invalid Proc
49 Mbr not valid at DOS; Invalid Prv; Invalid Proc
51 Invalid Diag; Invalid Proc
52 Invalid Mbr DOB; Invalid Diag; Invalid Proc

53 Invalid Mbr; Invalid Diag; Invalid Proc
57 Invalid Prv; Invalid Diag; Invalid Proc
58 Invalid Mbr DOB; Invalid Prv; Invalid Diag; Invalid Proc
59 Invalid Mbr; Invalid Prv; Invalid Diag; Invalid Proc
60 Mbr not valid at DOS; Invalid Diag; Invalid Proc
61 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Diag; Invalid Proc
63 Prv not valid at DOS; Invalid Diag; Invalid Proc
64 Invalid Mbr DOB; Prv not valid at DOS; Invalid Diag; Invalid Proc
65 Invalid Mbr; Prv not valid at DOS; Invalid Diag; Invalid Proc
66 Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
67 Invalid Mbr DOB; Mbr not valid at DOS; Invalid Prv; Invalid Diag; Invalid Proc
72 Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
73 Invalid Mbr DOB; Mbr not valid at DOS; Prv not valid at DOS; Invalid Diag; Invalid Proc
74 Rejected. Date of service prior to mm/dd/ccyy
75 Invalid Units of service
81 Invalid Units, Invalid Prv