

Community Health Center Network – 837 Professional 005010X222A1 Companion Guide, Rev4

LOOP	POSITION	SEGMENT	HIPAA USA	X-12	SEGMENT NAME	NOTES	SEGMENT VALUE	COMMENTS/CONSTRAINTS
		ISA	R	M	Interchange Control Header	Starts and identifies an interchange of zero or more functional groups and interchange-related control segments.	ISA	
		ISA01	R	M	Authorization Information Qualifier	00 - No authorization information present	00	
		ISA02	R	M	Authorization Information	Information used for additional identification or authorization of the interchange sender or the data in the interchange.	10 Blank Spaces	
		ISA03	R	M	Security Information Qualifier	00 - No security information present	00	
		ISA04	R	M	Security Information	Used to identify the security information about the interchange sender or the data in the interchange.	10 Blank Spaces	
		ISA05	R	M	Interchange ID Qualifier	ZZ - Mutually Defined or 30 – Federal Tax ID	ZZ	
		ISA06	R	M	Interchange Sender ID	Sender ID	Sender ID	For CHCN Health Centers, use Medi Cal Submitter ID, Otherwise, mutually defined
		ISA07	R	M	Interchange ID Qualifier	ZZ - Mutually Defined	ZZ	
		ISA08	R	M	Interchange Receiver ID	Receiver ID	CHCN	
		ISA09	R	M	Interchange Date	Date of interchange in format YYMMDD	YYMMDD	
		ISA10	R	M	Interchange Time	Time of interchange in format HHMM	HHMM	0000 is acceptable
		ISA11	R	M	Interchange Control Standards ID	\$ - use non widely used character	\$	Use non widely used non-alpha character to prevent delimiter errors
		ISA12	R	M	Interchange Control Version Number	00501 - version 5, release 1	00501	
		ISA13	R	M	Interchange Control Number	Control number assigned by the sender. Must be identical to the associated Interchange Trailer IEA02	00000000#	
		ISA14	R	M	Acknowledgment Requested	Code sent by the sender to request an interchange acknowledgment 0 - No Acknowledgement Requested	0	
		ISA15	R	M	Usage Indicator	Usage Indicator P - Production Data T - Test Data	P	Production or Test
		ISA16	R	M	Component Element Separator	Designates the delimiter used to separate component data elements within a composite data structure.	>	> or :
		GS	R	M	Functional Group Header	Indicates the beginning of a functional group and provides control information	GS	
		GS01	R	M	Functional Identifier Code	Identifies a group of application related	HC	

						transaction sets HC - Health Care Claim (837)			
		GS02	R	M	Application Sender's Code	Identifies party sending transmission	User defined	Same as ISA06, For CHCN Health Centers, use Medi Cal submitter id. Otherwise, mutually defined	
		GS03	R	M	Application Receiver's Code	Identifies party receiving transmission	CHCN		
		GS04	R	M	Date	Date of transmission in format CCYYMMDD	CCTTMMDD		
		GS05	R	M	Time	Time of functional group creation in format HHMM	HHMM		
		GS06	R	M	Group Control Number	Assigned number originated and maintained by the sender; should be identical to GE02 in the functional group trailer	User defined		
		GS07	R	M	Responsible Agency Code	Code used in conjunction with Data Element 480 to identify the issuer of the standard X - Accredited Standards Committee X12	X		
		GS08	R	M	Version/Release/Industry Identifier Code	005010X222 - Draft Standards approved for publication by ASC X12	005010X222A1		
	0050	ST	R	M	Transaction Set Header	Start transaction set and assign a control number	ST	Only one ST segment in the entire file	
		ST01	R	M	Transaction Set Identifier Code	Indicates an ANSI 837 Health Care Claim Transaction Set.	837		
		ST02	R	M	Transaction Set Control Number	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set (match SE02)	Submitter-defined alphanumeric value		
		ST03	R	M	Implementation Convention Reference	Implementation Convention Reference	005010X222A1		
	0100	BHT	R	M	Beginning Hierarchy Transaction	Indicates beginning of a transaction set	BHT		
		BHT01	R	M	Hierarchal Structure Code	Indicates the hierarchical application struture of a transaction set that utilizes the HL segment to define the struture of the transaction set 0019 - Information Source, Subscriber, Dependent	0019		
		BHT02	R	M	Transaction Set Purpose Code	Identify purpose of the 837 transaction set 00 - Original: transmission which have never been sent to the receiver 18 - Reissue: resending transmission that have been previously sent	00		
		BHT03	R	O	Reference Identification	Number assigned by the originator to	Submitter-defined		

							identify the transaction within the originator's business application system.	alphanumeric value	
		BHT04	R	O	Date		Date of transaction creation	CCYYMMDD	
		BHT05	R	O	Time		Time of transaction creation	HHMM	
		BHT06	R	O	Transaction Type Code	X	Specifies the type of transaction: claims or encounters 32 – Subrogation Demand CH - Chargeable: when transmission contains claims only RP - Reporting: when transmission contains encounters only	CH	
1000A	0200	NM1	R	O	Submitter Name		Contains submitter information	NM1	
		NM101	R	M	Entity Identifier Code		Code identifying an organizational entity, a physical location, property or an individual 41 - Submitter	41	
		NM102	R	M	Entity Type Qualifier		Code qualifying the type of entity (NM102 qualifies NM103) 1 - Person 2 - Non-Person Entity	2	
		NM103	R	O	Name Last or Organization Name	X	Submitter's last name or organizational name	Company or Provider Name	
		NM104	S	O	Name First		Submitter's first name	Leave Blank	
		NM105	S	O	Name Middle		Submitter's middle name	Leave Blank	
		NM106	NU	O	Name Prefix		Submitter's name prefix	Leave Blank	
		NM107	NU	O	Name Suffix		Submitter's name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		Code designating the system/method of code structure used for the identification code 46 - Electronic Transmitter ID Number (ETIN); established by a trading partner agreement	46	
		NM109	R	X	Identification Code	X	Code identifying a party or other code - this code could be the submitter's vendor or provider number or some other code that distinguishes them from other submitters.	Submitter-defined alphanumeric value	TAX ID.
1000A	0450	PER	R	O	Submitter EDI Contact Information		Contact person from submitter organization.	PER	
		PER01	R	M	Contact Function Code		Code identifying the major duty or responsibility of the person or group named IC - Information Contact	IC	
		PER02	R	O	Name		Free-form name of contact	Submitter contact name	

		PER03	R	X	Communication Number Qualifier		Code identifying the type of communication number ED - EDI Access Number EM - E-mail address FX - Fax Number TE - Telephone Number	TE	
		PER04	R	X	Communication Number		Complete communications number including area code	Phone number	
		PER05	S	X	Communication Number Qualifier		Code identifying the type of communication number ED - EDI Access Number EM - E-mail address FX - Fax Number TE - Telephone Number	EM	
		PER06	R	X	Communication Number		Complete communications number including area code	E-mail Address	
		PER07	S	X	Communication Number Qualifier		Code identifying the type of communication number ED - EDI Access Number EM - E-mail address FX - Fax Number TE - Telephone Number	FX	
		PER08	S	X	Communication Number		Complete communications number including area code	Fax	
1000B	0200	NM1	R	O	Receiver Name		Contains receiver information	NM1	
		NM101	R	M	Entity Identifier Code		Code identifying an organizational entity, a physical location, property or an individual 40 - Receiver	40	
		NM102	R	M	Entity Type Qualifier		Code qualifying the type of entity (NM102 qualifies NM103) 1 - Person 2 - Non-Person Entity	2	
		NM103	R	O	Name Last or Organization Name		Receiver's last name or organizational name	Community Health Center Network	
		NM104	R	O	Name First		Receiver's first name	Leave Blank	
		NM105	R	O	Name Middle		Receiver's middle name	Leave Blank	
		NM106	R	O	Name Prefix		Receiver's name prefix	Leave Blank	
		NM107	R	O	Name Suffix		Receiver's name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		Code designating the system/method of code structure used for the identification code 46 - Electronic Transmitter ID Number (ETIN); established by a trading partner	46	
		NM109	R	X	Identification Code	X	Code identifying a party or other code	943253662	

2000A	0010	HL	R	M	Billing/Pay-To Provider Hierarchical Level		To identify dependencies among and the content of hierarchically related groups of data segments	HL	
		HL01	R	M	Hierarchical ID Number		HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. 1 - 1st HL segment	1	
		HL02	R	O	Hierarchical Parent ID Number		Not Used	Leave Blank	
		HL03	R	M	Hierarchical Level Code		Code defining the characteristic of a level in a hierarchical structure 20 - Information Source	20	
		HL04	R	O	Hierarchical Child Code		Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. 1 - additional subordinate HL data segment in this hierarchical structure	1	
2010AA	0150	NM1	R	O	Billing Provider Individual or Organization Name		Contains billing provider. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity.	NM1	
		NM101	R	M	Entity Identifier Code		Code identifying an organizational entity, a physical location, property or an individual 85 - Billing Provider	85	
		NM102	R	M	Entity Type Qualifier		Code qualifying the type of entity (NM102 qualifies NM103) 1 - Person 2 - Non-Person Entity	2	
		NM103	R	O	Name Last or Organization Name	X	Billing Provider's last name or organization name	xxxxxxxxxxxxxxxx	
		NM104	R	O	Name First		Billing Provider's first name		
		NM105	R	O	Name Middle		Billing Provider's middle name or initial		
		NM106	R	O	Name Prefix		Billing Provider's name prefix		
		NM107	R	O	Name Suffix		Billing Provider's name suffix		
		NM108	R	X	Identification Code Qualifier		XX - Health Care Financing Administration National Provider Identifier Required value	XX	
		NM109	R	X	Identification Code	X	NPI - 10 digit	1234567890	NPI
2010AA	0250	N3	R	O	Address Information		Address	N3	Must be physical street address. PO Box or Lock Box address can be submitted if necessary and entered in the Pay-To Address Loop 2010AB
		N301	R	M	Address 1		Billor's Address 1	xxxxxxxxxxxxxxxx	
		N302	R	O	Address 2		Billor's Address 2	Leave Blank	
2010AA	0300	N4	R	O	Geographic Location		City, state, zip	N4	
		N401	R	O	City		Billor's City	xxxxxxxxxxxxxxxx	
		N402	R	O	State		Billor's State	xxxxxxxxxxxxxxxx	
		N403	R	O	Zip Code		Billor's Zip Code	#####	Must be full 9 digit zip code with no hyphen or space

2010AA	0350	REF	R	O	Billing Prov. Secondary ID		Required as NPI is mandated as Primary ID.	REF	
		REF01	R	M	Reference Identification Qualifier		Code qualifying the Reference Identification EI - Employee Identification Number , SY - SSN	EI or SY	
		REF02	R	X	Reference Identification		Federal Tax ID or SSN	xx-xxxxxxx	Federal Tax ID or SSN
2010AA	0400	PER	S	O	Biller EDI Contact Information		Contact person from biller; required if this info is different form Loop 1000A	PER	NOT REQUIRED AS INFO IS THE SAME AS LOOP 1000A - SUBMITTER INFO
		PER01	S	M	Contact Function Code		Code identifying the major duty or responsibility of the person or group named IC - Information Contact	IC	
		PER02	S	O	Name		Free-form name of contact	Billor contact name	
		PER03	S	X	Communication Number Qualifier		Code identifying the type of communication number ED - EDI Access Number EM - E-mail address FX - Fax Number TE - Telephone Number	TE	
		PER04	S	X	Communication Number		Complete communications number including area code	Phone number	
		PER05	S	X	Communication Number Qualifier		Code identifying the type of communication number ED - EDI Access Number EM - E-mail address FX - Fax Number TE - Telephone Number	EM	
		PER06	S	X	Communication Number		Complete communications number including area code	E-mail Address	
2010AB	0150	NM1	S	O	Pay-To-Address Name		Payment Address info if different from Billing Provider		
		NM101	R	X	Entity Identifier Code		Code identifying an organizational entity, a physical location, property or an individual	87	
			R	X	Entity type qualifier		Code qualifying the type of entity	2	
		N3	S	O	Pay-To-Address		PO Box or Lock Box Address		
		N301	R	X	Address info		PO Box or Lock Box Address		
		N302	S	X	Secondary address line				
		N4							
2000B	0010	HL	R	M	Subscriber Hierarchical Level		To identify dependencies among and the content of hierarchically related groups of data degments	HL	
		HL01	R	M	Hierarchical ID Number		HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. 2 - 2nd HL segment	2	
		HL02	R	O	Hierarchical Parent ID Number		HL02 identifies the hierarchical ID	1	

							number of the HL segment to which the current HL segment is subordinate.		
		HL03	R	M	Hierarchical Level Code		Code defining the characteristic of a level in a hierarchical structure 22 - Subscriber	22	
		HL04	R	O	Hierarchical Child Code		Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. 0 - when subscriber is patient; 1 - when patient is a dependent of subscriber	0	
2000B	0050	SBR	R	O	Subscriber Information (SBR*P)		Contains current insurance carrier subscriber information	SBR	
		SBR01	R	M	Payor Responsibility Sequence Number Code		Identifies the insurance carrier's level of responsibility for a payment of a claim P - Primary S - Secondary T - Tertiary or payer of last resort	P	
		SBR02	S	O	Individual Relationship Code		Use this code only when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, leave blank. 18 -self	18	Assumption: CHCN members are ALWAYS the subscriber.
		SBR03	S	O	Reference Identification		The subscriber's group number; not the subscriber #	Leave Blank	
		SBR05	S	O	Insurance Type Code		Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals "S" or "T").	Leave Blank	
		SBR06	NU	O	Coordination of Benefits Code		Not Used	Leave Blank	
		SBR07	NU	O	Yes/No Condition or Response Code		Not Used	Leave Blank	
		SBR08	NU	O	Employment Status Code		Not Used	Leave Blank	
		SBR09	S	O	Claim Filing Indicator Code	x	HM - HMO	HM	
2000B	0070	PAT	S	O	Patient Information		Required if the subscriber is the same person as the patient (Loop 2000B SBR02 - 18) and information in this PAT segment (date of death, and/or patient weight - PAT05, 06, 07 and 08) is necessary to file the claim.	PAT	Required only if PT05 to PAT08 are used.
		PAT01	S	O	Individual Relationship Code		Not Used	Leave Blank	
		PAT02	S	O	Patient Location Code		Not Used	Leave Blank	
		PAT03	S	O	Employment Status Code		Not Used	Leave Blank	
		PAT04	S	O	Student Status Code		Not Used	Leave Blank	
		PAT05	S	X	Date Time Period Format Qualifier		Required if patient is known to be deceased D8 - CCYYMMDD format	Leave Blank	
		PAT06	S	X	Date Time Period		Not Used	Leave Blank	
		PAT07	S	X	Unit or Basis for Measurement Code		01 - Actual Pounds	Leave Blank	

		PAT08	S	X	Weight		Numeric value of weight	Leave Blank	
		PAT09	S	O	Pregnancy Indicator Yes/No Condition or Response Code		Indicates whether or not the patient is pregnant or not pregnant.	Leave Blank	
2010BA	0150	NM1	R	M	Subscriber's Name		Contains subscriber's name	NM1	
		NM101	R	M	Entity Identifier Code		IL - Insured or Subscriber	IL	
		NM102	R	M	Entity Type Qualifier		1 - Person	1	
		NM103	R	O	Name Last or Organization Name		Subscriber last name or organization	Public	
		NM104	R	O	Name First		Subscriber first name	John	
		NM105	S	O	Name Middle		Subscriber middle name or initial	Q	
		NM106	S	O	Name Prefix		Receiver name prefix	Leave Blank	
		NM107	S	O	Name Suffix		Receiver name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		MI - HMO Identification	MI	
		NM109	R	X	Identification Code	X	HMO ID	xxxxxxxxxxxxxxxx	Must use HMO ID; remove hyphens for Alameda Alliance for Health and include dependent indicator for Health Net
2010BA	0250	N3	R	O	Address Information		Address	N3	
		N301	R	M	Address 1		Subscriber's Address 1	xxxxxxxxxxxxxxxx	
		N302	R	O	Address 2		Subscriber's Address 2	Leave Blank	
2010BA	0300	N4	R	O	Geographic Location		City, state, zip (N4*Oakland*CA*94609)	N4	
		N401	R	O	City		Subscriber's City	xxxxxxxxxxxxxxxx	
		N402	R	O	State		Subscriber's State	xxxxxxxxxxxxxxxx	
		N403	R	O	Zip Code		Subscriber's Zip Code	xxxxxxxxxxxxxxxx	
2010BA	0320	DMG	S	O	Subscriber's Demographic Information		Required when the Patient is the same as the Subscriber (Loop 2000B SBR02 - 18 (self))	DMG	
		DMG01	R	M	Date Time Period Format Qualifier		Indicating date format CCYYMMDD	D8	
		DMG02	R	M	Date Time Period		Member DOB - "CCYYMMDD"	xxxxxxxxxxxxxxxx	
		DMG03	R	M	Gender Code		M or F or U	M	
2010BA	0350	REF	S	O	Subscriber's Secondary ID		Required when a 2nd id is needed to identify Subscriber. Primary ID number should be in NM109	REF	
		REF01	R	M	Reference Identification Qualifier		SY - Social Security Number	SY	SSN IDENTIFIER ONLY
		REF02	R	X	Reference Identification		Subscriber's SSN	SSN	

2010BB	015	NM1	R	O	Payer Name		Contains payer information	NM1	
		NM101	R	M	Entity Identifier Code		Code identifying an organizational entity, a physical location, property or an individual PR - Payer	PR	
		NM102	R	M	Entity Type Qualifier		Code qualifying the type of entity (NM102 qualifies NM103) 1 - Person 2 - Non-Person Entity	2	
		NM103	R	O	Name Last or Organization Name		Payer's last name or organization name	xxxxxxxxxxxxxx	
		NM104	R	O	Name First		Payer's first name	Leave Blank	
		NM105	R	O	Name Middle		Payer's middle name or initial	Leave Blank	
		NM106	R	O	Name Prefix		Payer's name prefix	Leave Blank	
		NM107	R	O	Name Suffix		Payer's name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		Code designating the system/method of code structure used for the identification code PI - Payor ID XV - HCFA National Plan ID	PI	
		NM109	R	X	Identification Code	X	Code identifying a party or other code	CHCN	
2010BB	025	N3	R	O	Address Information		Address	N3	
		N301	R	M	Address 1		Payer's Address 1	101 CALLAN AVE. #301	
		N302	R	O	Address 2		Payer's Address 2	Leave Blank	
2010BB	030	N4	R	O	Geographic Location		City, state, zip	N4	
		N401	R	O	City		Payer's City	SAN LEANDRO	
		N402	R	O	State		Payer's State	CA	
		N403	R	O	Zip Code		Payer's Zip Code	94577	
2010BB	035	REF	S	O	Payer's Secondary ID		Required when a 2nd id is needed to identify Payer. Primary ID number should be in NM109	REF	
		REF01	R	M	Reference Identification Qualifier		2U - Payer ID Number, EI - Federal TIN, FY - Claim Office Number, NF - NAIC Code	EI	
		REF02	R	X	Reference Identification		Reference information as specified by the Reference ID Qualifier	943216947	
2000C	001	HL	R	M	Patient Hierarchical Level		Required if the patient is different from the subscriber in Loop 210BA	HL	
		HL01	R	M	Hierarchical ID Number		HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. 2 - 2nd HL segment	2	
		HL02	R	O	Hierarchical Parent ID Number		HL02 identifies the hierarchical ID	1	

						number of the HL segment to which the current HL segment is subordinate.		
		HL03	R	M	Hierarchical Level Code	Code defining the characteristic of a level in a hierarchical structure 23 - Dependent	23	
		HL04	R	O	Hierarchical Child Code	Indicates whether or not there are subordinate (or child) HL segments related to the current HL segment. 0 - when subscriber is patient; 1 - when patient is a dependent of subscriber	0	
2000C	007	PAT	R	O	Patient Information	Required if the patient is different from the subscriber in Loop 210BA	PAT	Required only if PT05 to PAT08 are used.
		PAT01	R	O	Individual Relationship Code	Patient's relationship to subscriber		
		PAT02	R	O	Patient Location Code	Not Used	Leave Blank	
		PAT03	R	O	Employment Status Code	Not Used	Leave Blank	
		PAT04	R	O	Student Status Code	Not Used	Leave Blank	
		PAT05	S	X	Date Time Period Format Qualifier	Required if patient is known to be deceased D8 - CCYYMMDD format	D8	
		PAT06	S	X	Patient death date	Required if patient is known to be deceased - CCYYMMDD format	CCYYMMDD	
		PAT07	S	X	Unit or Basis for Measurement Code	01 - Actual Pounds	Leave Blank	
		PAT08	S	X	Weight	Numeric value of weight	Leave Blank	
		PAT09	S	O	Pregnancy Indicator Yes/No Condition or Response Code	Indicates whether or not the patient is pregnant or not pregnant.	Leave Blank	
2010CA	015	NM1	R	M	Patient's Name	Required if the patient is different from the subscriber in Loop 210BA	NM1	
		NM101	R	M	Entity Identifier Code	QC - Patient	QC	
		NM102	R	M	Entity Type Qualifier	1 - Person	1	
		NM103	R	O	Name Last or Organization Name	Patient last name	Public	
		NM104	R	O	Name First	Patient first name	John	
		NM105	S	O	Name Middle	Patient middle name or initial	Q	
		NM106	S	O	Name Prefix	Not used	Leave Blank	
		NM107	S	O	Name Suffix	Receiver name suffix	Jr	
2010CA	025	N3	R	O	Address Information	Patient's Address - Required if the patient is different from the subscriber in Loop 210BA	N3	
		N301	R	M	Address 1	Patient's Address 1	xxxxxxxxxxxxxx	
		N302	R	O	Address 2	Patient's Address 2	Leave Blank	
2010CA	030	N4	R	O	Geographic Location	City, state, zip (N4*Oakland*CA*94609)	N4	
		N401	R	O	City	Patient's City	xxxxxxxxxxxxxx	
		N402	R	O	State	Patient's State	xxxxxxxxxxxxxx	
		N403	R	O	Zip Code	Patient's Zip Code	xxxxxxxxxxxxxx	

2010CA	032	DMG	S	O	Patient's Demographic Information		Required if the patient is different from the subscriber in Loop 210BA	DMG	
		DMG01	R	M	Date Time Period Format Qualifier		Indicating date format CCYYMMDD	D8	
		DMG02	R	M	Date Time Period		Member DOB - "CCYYMMDD"	xxxxxxxxxxxxxxx	
		DMG03	R	M	Gender Code		M or F or U	M	
2300	130	CLM	R	M	Health Claim		Specifies basic data about claim header. Will follow loop 2010BC when subscriber is the patient.	CLM	
		CLM01	R	M	Claim Submitter's Identifier	X	Patient Control No. assigned by the provider of service	Assigned by Provider	
		CLM02	R	M	Monetary Amount		Total amount of all billed charges for this claim	####.##	Total billed
		CLM03	R		Claim Filing Indicator Code		Not used	Leave Blank	
		CLM04	R		Non-Institutional Claim Type Code		Not used	Leave Blank	
		CLM05	R	O	Health Care Service Location Info.		Identifies the place of service related to the location at which health care service was rendered.		
		CLM05 - 1	R	O	Facility Code	X	11 - Office 12 - Home 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room - Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care 34 - Hospice -41 - Ambulance - Land 42 - Ambulance - Air Or Water 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Tc -60 - Mass Immunization Center 61 - Comprehensive Ip Rehab Facility 62 - Comprehensive Outpatient Rehab Facility 65 - Esrd Treatment Facility 65 - End Stage Renal Disease Treatment Facility 71 - State Or Local Public Health Clinic	22	
		CLM05 - 2	R	O	Facility Code Qualifier		B – Professional Claims	B	
		CLM05 - 3	R	O	Claim Frequency Type Code		1 - Original (admit thru discharge claim) 6 - Corrected (adjustment of prior claim) 7 - Replacement (Replacement of Prior Claim) 8 - Void (void/cancel of prior claim)	1	
		CLM06	R	O	Provider Signature on File		Indication whether provider's signature is on file. N-No, Y-Yes	Y	
		CLM07	R	O	Provider Accept Assignment Code		Does provider accept Medicare assignment A - assigned B - Assignment Accepted on Clinical Lab Services Only C - not assigned	C	

		CLM08	R	O	Benefits Assignment Certification Indicator		Insured or authorized person authorizes benefits to be assigned to the provider. N-No, Y-Yes, W – Not Applicable	Y	
		CLM09	R	O	Release of Information Code		The provider has on file a signed statement by the patient authorizing the release of medical data to other organizations. I-informed consent Y-permitted to release data	I	
		CLM10	S	O	Patient Signature Source Code		P	P	
2300		DTP	S	O	Date of Admission		Admission date - required on all ambulance claims when the patient was known to be admitted to the hospital. OR Required on all claims involving inpatient medical visits.		
		DTP01	R	M	Date/Time Qualifier		Date/Time Qualifier	435	
		DTP02	R	M	Date/Time Format		D8 - Date Expressed in Format CCYYMMDD	D8	
		DTP03	R	M	Date/Time Period		Date/Time Period	CCYYMMDD	
2300	180	REF	S	O	Prior Authorization or Referral Number			REF	
		REF01	R	M	Reference Identification Qualifier		G1 - Prior Authorization Number	G1	
		REF02	R	X	Reference Identification		Prior Authorization Number	000123456	
2300	180	REF	S	O	Medical Record Identification Number			REF	
		REF01	R	M	Reference Identification Qualifier		EA - Medical Record Identification Number	EA	
		REF02	R	X	Reference Identification		Medical Record Identification Number	PU123456	
2300	180	REF	S	O	Claim Identification Number for Clearinghouses			REF	
		REF01	R	M	Reference Identification Qualifier		D9 – Claim Number	D9	
		REF02	R	X	Reference Identification		Clearinghouse Trace Number	000123456	
2300	231	HI	R	M	Health Care Information Codes		Principal Diagnosis Code is required on all inpatient and outpatient claims. Do not transmit the decimal points in the diagnosis code, they are assumed.	HI	
		HI01 - 1	R	M	Code List Qualifier Code		BK - Principal Diagnosis	BK	
		HI01 - 2	R	M	Industry Code		ICD-9-CM	0029	
		HI02	R	O	Health Care Code Information		Required when other conditions co-exists with the principal diagnosis.		
		HI02 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI02 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	

		HI03	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI03 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI03 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI04	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI04 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI04 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI05	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI05 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI05 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI06	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI06 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI06 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI07	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI07 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI07 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI08	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI08 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI08 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI09	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI09 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI09 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI10	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI10 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI10 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI11	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI11 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI11 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
		HI12	R	O	Health Care Code Information		Used when necessary to report multiple additional co-existing conditions.		
		HI12 - 1	R	M	Code List Qualifier Code		BF - Diagnosis	BF	
		HI12 - 2	R	M	Industry Code		ICD-9-CM	ICD-9 Code	
2300		HI	S	O	Anesthesia Related Procedure		Required on claims where anesthesiology services are being billed or reported when the provider knows the surgical code and knows the adjudication of the claim will depend on provision of the surgical		

							code. If not required by this implementation guide, do not send.		
		HI01	R	M	Health Care Code Information				
		HI01 - 1	R	M	Code List Qualifier Code		BP – Diagnosis Code	BP	
		HI01 – 2	R	M	Industry Code		CPT Code	CPT Code	
		HI02	R	M	Health Care Code Information		Required when it is necessary to report an additional procedure and the preceding HI data elements have been used to report other procedures. If not required by this implementation guide, do not send.		
		HI02 - 1	S	M	Code List Qualifier Code		BO	BO	
		HI02 – 2	S	M	Industry Code		CPT Code	CPT Code	
2310A	250	NM1	S	O	Referring Provider - Individual or Organization Name		Contains Referring Provider information	NM1	
		NM101	R	M	Entity Identifier Code		DN - Referring Provider	DN	
		NM102	R	M	Entity Type Qualifier		1 - Person only	1	
		NM103	R	M	Name Last or Organization Name		Referring Provider's last name	WELBY	
		NM104	R	M	Name First		Referring Provider's first name	MARCUS	
		NM105	R	M	Name Middle		Referring Provider's middle name or initial	Leave Blank	
		NM106	R	O	Name Prefix		Referring Provider's name prefix	Leave Blank	
		NM107	R	O	Name Suffix		Referring Provider's name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		XX - HCFA National Provider Identifier	XX	
		NM109	R	X	Identification Code		NPI - 10 Digit	1234567890	NPI
2310B	250	NM1	S	O	Rendering Provider - Individual or Organization Name		Contains Rendering Provider information	NM1	
		NM101	R	M	Entity Identifier Code		82 - Rendering Provider	82	
		NM102	R	M	Entity Type Qualifier		1 - Person 2 - Non-Person	1	
		NM103	R	M	Name Last or Organization Name		Rendering Provider's last name	xxxxxxxxxxxxxxx	
		NM104	R	M	Name First		Rendering Provider's's first name	xxxxxxxxxxxxxxx	
		NM105	R	M	Name Middle		Rendering Provider's middle name or initial	Leave Blank	
		NM106	R	O	Name Prefix		Rendering Provider's name prefix	Leave Blank	
		NM107	R	O	Name Suffix		Rendering Provider's name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		XX - HCFA National Provider Identifier	XX	
		NM109	R	X	Identification Code		NPI - 10 Digit	1234567890	NPI
2310B		PRV			Rendering Prov. Specialty		Rendering provider's specialty	PRV	
		PRV01			Provider Code		PE=Performing	PE	

		PRV02			Reference Identification Qualifier		PXC - Health Care Provider Taxonomy	PXC	
		PRV03			Reference Identification		Taxonomy Code	Taxonomy Code	
2310D	250	NM1	S	O	Service Facility - Individual or Organization Name	X	Contains Service Facility information	NM1	Required if different form Billing Provider loop 2010AA
		NM101	R	M	Entity Identifier Code		77 - Service Facility	77	
		NM102	R	M	Entity Type Qualifier		2 - Non-Person	2	
		NM103	R	M	Name Last or Organization Name		Service Facility Name	Asian Health	
		NM104	R	M	Name First		First name	Leave Blank	
		NM105	R	M	Name Middle		Middle name or initial	Leave Blank	
		NM106	R	O	Name Prefix		Name prefix	Leave Blank	
		NM107	R	O	Name Suffix		Name suffix	Leave Blank	
		NM108	R	X	Identification Code Qualifier		XX - HCFA National Provider Identifier	XX	
		NM109	R	X	Identification Code		NPI - 10 Digit	123456789	NPI
2310D	265	N3	R	O	Address Information		Address (N3*130 Main St*5th Floor)	N3	
		N301	R	M	Address 1		Service Facility's Address 1	1411 EAST 31ST ST	
		N302	R	O	Address 2		Service Facility's Address 2	Leave Blank	
2310D	270	N4	R	O	Geographic Location		City, state, zip (N4*Oakland*CA*946090001)	N4	
		N401	R	O	City		Service Facility's City	OAKLAND	
		N402	R	O	State		Service Facility's State	CA	
		N403	R	O	Zip Code		Service Facility's Zip Code	#####	Must be full 9 digit zip code with no hyphen or space
2320	290	SBR	S	O	Other Subscriber Information	X	Required if other payers are known to potentially be involved in paying on this claim.	SBR	
		SBR01	R	M	Payor Responsibility Sequence Number Code		Identifies the insurance carrier's level of responsibility for a payment of a claim P - Primary - identifies capitated plan as primary payer S - Secondary T - Tertiary or payer of last resort	P	
		SBR02	S	O	Individual Relationship Code		Patient's relationship to the person that is insured 18 -self	18	
		SBR03	S	O	Reference Identification		The subscriber's group number as assigned by the capitated plan; if none, leave blank.	Leave Blank	
		SBR04	S	O	Insured Group Name	X	Capitated group's name	CHCN	
		SBR05	R	O	Insurance Type Code		HM - Health Maintenance Organization (HMO)	HM	
		SBR06	NU	O	Coordination of Benefits Code		Not Used	Leave Blank	
		SBR07	NU	O	Yes/No Condition or Response Code		Not Used	Leave Blank	
		SBR08	NU	O	Employment Status Code		Not Used	Leave Blank	
		SBR09	S	O	Claim Filing Indicator Code		HM - HMO	HM	

2320	295	CAS	R	M	Claims Adjustment - Claim level	X	Submitters should use this CAS segment to report prior payers' claim level adjustments that cause the amount paid to differ from the amount originally charged.	CAS	
		CAS01	R	M	Claim Adjustment Group Code		CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	CO	
		CAS02	R	M	Claim Adjustment Reason Code		See HIPAA Claim Adjustment Reason Codes A2 - Contractual Adjustment 24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. 42 - Charges exceed our fee schedule or maximum allowable amount.	A2	
		CAS03	R	M	Adjustment Amount		Use this amount for the adjustment amount: Total Billed Amount - Total Amount Paid by Payer in Loop 2330B. When the submitted charges are paid in full, the value for CAS03 should be zero.	50	
2320	300	AMT	S	O	Payer Paid Amount	X	Required if claim has been adjudicated by payer identified in this loop. It is acceptable to show "0" amount paid.	AMT	
		AMT01	R	M	Amount Qualifier Code		D - Payor Paid Amount	D	
		AMT02	R	M	Monetary Amount		Claim Level amount made by payer	50	
		AMT03	NU	O	Credit/Debit Flag Code		Not Used	Leave Blank	
2320	305	DMG	S	O	Subscriber's Demographic Information		Required when 2330A NM102 = 1 (person).	DMG	
		DMG01	R	M	Date Time Period Format Qualifier		Indicating date formate CCYYMMDD	D8	
		DMG02	R	M	Date Time Period		Member DOB - "CCYYMMDD"	19640102	
		DMG03	R	M	Gender Code		M or F or U	M	
2320	310	OI	R	O	Assigned Number	X	All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of this iteration of the 2320 loop. It is specific only to that payer.	OI	
		OI01	NU	O	Claim Filing Indicator Code		Not Used	Leave Blank	
		OI02	NU	O	Claim Submission Reason Code		Not Used	Leave Blank	
		OI03	R	O	Assignment of Benefits Indicator		A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.	Y	

		OI04	S	O	Patient Signature Source Code		Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider. P - Signature generated by provider because the patient was not physically present for services	P	
		OI05	NU	O	Provider Agreement Code		Not Used	Leave Blank	
		OI06	R	O	Release of Information Code		Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations I - Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes Y - Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim	Y	
2330A	325	NM1	R	O	Other Subscriber's Name	X	Contains subscriber's name	NM1	
		NM101	R	M	Entity Identifier Code		IL - Insured or Subscriber	IL	
		NM102	R	M	Entity Type Qualifier		1 - Person	1	
		NM103	S	O	Name Last or Organization Name		Subscriber last name or organization	Public	
		NM104	S	O	Name First		Subscriber first name	John	
		NM105	S	O	Name Middle		Subscriber middle name or initial	Q	
		NM106	S	O	Name Prefix		Receiver name prefix	Leave Blank	
		NM107	S	O	Name Suffix		Receiver name suffix	Leave Blank	
		NM108	S	X	Identification Code Qualifier		MI - Member Identification # ZZ - Mutally Defined	MI	
		NM109	S	X	Identification Code	X	Use the unique member number assigned to the subscriber by the capitated plan indicated in loop 2330B.	00012345601	
2330A	332	N3	R	O	Other Subscriber's Address Information		Address	N3	
		N301	R	M	Address 1		Subscriber's Address 1	125 24th STREET	
		N302	R	O	Address 2		Subscriber's Address 2	Leave Blank	
2330A	340	N4	R	O	Geographic Location		City, state, zip (N4*Oakland*CA*94609)	N4	
		N401	R	O	City		Subscriber's City	OAKLAND	
		N402	R	O	State		Subscriber's State	CA	
		N403	R	O	Zip Code		Subscriber's Zip Code	94601	
2330B	325	NM1	R	O	Other Payer Name		Other Payer's name	NM1	
		NM101	R	M	Entity Identifier Code		PR - Payer	PR	
		NM102	R	M	Entity Type Qualifier		2 - Non-Person	2	
		NM103	S	O	Name Last or Organization Name		Payer last name or organization	CHCN	

		NM104	NU	O	Name First		Not Used	Leave Blank	
		NM105	NU	O	Name Middle		Not Used	Leave Blank	
		NM106	NU	O	Name Prefix		Not Used	Leave Blank	
		NM107	NU	O	Name Suffix		Not Used	Leave Blank	
		NM108	S	X	Identification Code Qualifier		PI - Payor Identification XV - HCFA National Plan ID	PI	
		NM109	S	X	Identification Code	X	Code identifying a party or other code - this code could be the capitated plan's vendor or provider number or some other code that distinguishes them from other submitters.	CHCN	
2330B	355	REF	S	O	Other Payer Secondary ID		Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8). Code F8 is not used by providers.	REF	
		REF01	R	M	Reference Identification Qualifier		F8 - Original Reference Number Use to indicate the payer's claim number for this claim for the payer identified in this iteration of the 2330B loop.	F8	
		REF02	R	X	Reference Identification		Claim Number	72568956	
2330B	355	REF	S	O	Other Payer Secondary ID		Used when the payer identified in this loop (the capitated plan) has given a prior authorization or referral number to this claim. Do not use the Prior Authorization number in the 2300 loop (which is specific to the destination payer).	REF	
		REF01	R	M	Reference Identification Qualifier		G1 - Prior Authorization Number	G1	
		REF02	R	X	Reference Identification		Prior Authorization Number	00172596	
2400	365	LX	R	M	Assigned Number		Contains service line information	LX	
		LX01	R	M	Assigned Number		Line No.	01	
2400	370	SV1	R	M	Professional Service	X	Claim service detail for Health Care Professional	SV1	
		SV101	R	X	Composite Medical Procedure Identifier				
		SV101 - 1	R	M	Product/Service ID Qualifier		HC - HCPCS Codes IV - HIEC Product/Service Code	HC	Valid HCPCS code
		SV101 - 2	R	M	Product/Service ID		Procedure Code	#####	
		SV101 - 3	S	O	Procedure Modifier		Modifier 1	##	Required when a modifier clarifies or improves the reporting accuracy of the associated procedure code. This is the first procedure code modifier.
		SV101 - 4	S	O	Procedure Modifier		Modifier 2	##	Required when a second modifier clarifies or improves the reporting accuracy of the associated procedure code.
		SV101 - 5	S	O	Procedure Modifier		Modifier 3	##	Required when a third modifier clarifies or improves

									the reporting accuracy of the associated procedure code.
		SV101 - 6	S	O	Procedure Modifier		Modifier 4	##	Required when a fourth modifier clarifies or improves the reporting accuracy of the associated procedure code.
		SV101-7	S	O	Description		Description of procedure		Required when, in the judgment of the submitter, the Procedure Code does not definitively describe the service/product/supply and loop 2410 is not used. OR Required when SV101-2 is a non-specific Procedure Code. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified; Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name.
		SV102	R	O	Monetary Amount		Amount billed by provider.	####	
		SV103	R	C	Unit or Basis for Measurement Code		UN - Unit MJ - minutes	UN	MJ is required for Anesthesia claims
		SV104	R	C	Quantity		Quantity	1	Total minutes for anesthesia claims
		SV105	S	O	Place of Service		11 - Office 12 - Home 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room - Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care 34 - Hospice -41 - Ambulance - Land 42 - Ambulance - Air Or Water 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Tc -60 - Mass Immunization Center 61 - Comprehensive Ip Rehab Facility 62 - Comprehensive Outpatient Rehab Facility 65 - Esrd Treatment Facility 65 - End Stage Renal Disease Treatment Facility 71 - State Or Local Public Health Clinic	##	

		SV107	R	O	Composite Diagnosis Code Pointer		A pointer to the diagnosis code in the order of importance to this service		
		SV107-1	R	O	Composite Diagnosis Code Pointer 1		A pointer to the diagnosis code in the order of importance to this service	#	This first pointer designates the primary diagnosis for this service line. Remaining diagnosis pointers indicate declining level of importance to service line. Acceptable values are 1 through 12, and correspond to Composite Data Elements 01 through 12 in the Health Care Diagnosis Code HI segment in the Claim Loop ID-2300.
		SV107-2	S	O	Composite Diagnosis Code Pointer 2		A pointer to the diagnosis code in the order of importance to this service	#	Required when it is necessary to point to a second diagnosis related to this service line. Acceptable values are the same as SV107-1.
		SV107-3	S	O	Composite Diagnosis Code Pointer 3		A pointer to the diagnosis code in the order of importance to this service	#	Required when it is necessary to point to a third diagnosis related to this service line. Acceptable values are the same as SV107-1.
		SV107-4	S	O	Composite Diagnosis Code Pointer 4		A pointer to the diagnosis code in the order of importance to this service	#	Required when it is necessary to point to a fourth diagnosis related to this service line. Acceptable values are the same as SV107-1.
		SV109	S	O	Yes/No Condition or Response Code		SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related.	Y	Required when the service is known to be an emergency by the provider. If not required by this implementation guide, do not send.
		SV111	S	O	Yes/No Condition or Response Code		SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.	Y	Required when Medicaid services are the result of a screening referral.
		SV112	S	O	Yes/No Condition or Response Code		SV112 is the family planning involvement indicator. A "Y" value indicates family planning services involvement; an "N" value indicates no family planning services involvement.	Y	Required when applicable for Medicaid claims.
		SV115	S	O	Copay Status Code		Code indicating whether or not co-payment requirements were met on a line by line basis; "0" – Copay exempt	0	Required when patient is exempt from co-pay.
2400	480	K3	R	O	File Information – use for Anesthesia Start Time		Required for anesthesia service line – start time	K3	
		K301	R		Anesthesia start time		Time format in hhmm	0120	
2400	485	NTE	R		Line Note – use for Anesthesia End Time		Required for anesthesia service line – end time. Situational for other uses	NTE	

		NTE01	R		Line note information		Use ADD for Anesthesia end time	ADD	
		NTE02	R		Line note text		For anesthesia end time – use time format hhmm	0159	
2410		LIN	S	O	LIN – DRUG IDENTIFICATION		Required for administered office/home injectibles and immunizations. CPT code must also be reported in the SV1 segment		
		LIN02	R	O	Product /Service ID Qualifier		Code identifying the type/source of the descriptive number used in Product/Service ID	N4	
		LIN03	R	M	Product/Service ID		National Drug Code	###	
2430	540	SVD	S	O	Service Line Adjudication	X	Required if the claim has been previously adjudicated by per identified in Loop 2330B.	SVD	
		SVD01	R	M	Identification Code		Other Payer identification code - This number should match NM109 in Loop ID2330B identifying Other Payer.		
		SVD02	R	M	Monetary Amount		The amount paid for this service line. Zero "0" is an acceptable value for this element.	50	Paid by Payer A.
		SVD03	R	O	Composite Medical Procedure Identifier		This element contains the procedure code that was used to pay this service line. It crosswalks from SVC01 in the 835 transmission.		
		SVD03 - 1	R	M	Product/Service ID Qualifier		HC - HCPCS Codes IV - HIEC Product/Service Code ZZ - Mutually Defined	HC	
		SVD03 - 2	R	M	Product/Service ID		Procedure Code	77605	Procedure Code paid by Payer A CHCN.
		SVD03 - 3	S	O	Procedure Modifier		Modifier 1	TC	Modifier paid by Payer A CHCN.
		SVD04	NU	O	Product/Service ID		Not Used	Leave Blank	
		SVD05	R	O	Quantity		Use original billed units.	1	
2430	545	CAS	R	M	Claims Adjustment - Line level	X	Required if the payer identified in Loop 2330B made line level adjustments which caused the amount paid to differ from the amount originally charged.	CAS	
		CAS01	R	M	Claim Adjustment Group Code		CO - Contractual Obligations CR - Correction and Reversals OA - Other adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	CO	The group code in combination with the reason codes will establish claim status: CO - Paid, Capitated, or Denied claim; CR -Reversal; OA - adjustment; PR -Patient Liability (NA for CHCN)

		CAS02	R	M	Claim Adjustment Reason Code		See HIPAA Claim Adjustment Reason Codes A2 - Contractual Adjustment 24 - Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan. 42 - Charges exceed our fee schedule or maximum allowable amount.	A2	1: Deductible (patient liability) - N/A fo CHCN; 2:Coinsurance (other health coverage); 3:Co-pay - N/A for CHCN; A1: Denied claim; A2: Paid claim (FFS); 24 Capitated claim
		CAS03	R	M	Adjustment Amount		Use this amount for the adjustment amount: Billed Amount - Amount Paid by Payer in Loop 2330B. When the submitted charges are paid in full, the value for CAS03 should be zero.	50	
2430	550	DTP	R	O	Line Adjudication Date	X		DTP	Loop through 2X: (1) Adjudication Date; (2) Paid Date
		DTP01	R	M	Date/Time Qualifier		573 - Date Claim Paid	573	
		DTP02	R	M	Date Time Period Format Qualifier		D8 - CCYYMMDD format RD8 - CCYYMMDD-CCYYMMDD format	D8	
		DTP03	R	M	Date Time Period		Adjudication or Payment Date	20010215	
	555	SE	R	M	Transaction Set Trailer			SE	
		SE01	R	M	Number of Included Segments		Total number of segments included in a transaction set including ST and SE segments.	###	
		SE02	R	M	Transaction Set Control Number		Must match value in ST02	User defined control no. established in the ST segment	
		GE	R	M	Functional Group Header		Indicates the end of a functional group and provides control information	GE	
		GE01	R	M	Number of Transaction Sets Included		Total number of transactions included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	1	
		GE02	R	M	Group Control Number		Assigned number originated and maintained by the sender; should be identical to GS06 in the functional group header	User defined	
		IEA	R	M	Interchange Control Trailer		Defines the end of an interchange of zero or more functional groups and interchange-related control segments.	IEA	
		ISA01	R	M	Number of Included Functional Groups		A count of the number of functional groups included in an interchange.	1	
		ISA02	R	M	Interchange Control Number		A control number assigned by the interchange sender; should be the same as ISA13	0000000#	