



IAIABC WORKERS' COMPENSATION MEDICAL BILL DATA REPORTING IMPLEMENTATION GUIDE

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Section 1.0
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Purpose and Business Information



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1.1 Introduction

1.1.1 What Is the IAIABC?

The International Association of Industrial Accident Boards and Commissions was founded in 1914 with the mission of improving the newly developed workers' compensation systems. To improve a system, it is first necessary to measure and analyze its current status. With data gathered from its own and other jurisdictions, each state can then compare how its workers' compensation structure is doing and enhance its system accordingly. Information collected for workers' compensation is used to:

- Measure aggregate system costs
- Identify cost drivers
- Identify causes of workplace injuries and illnesses
- Develop management information to measure the effectiveness of benefit delivery systems
- Measure the impact of legislative and regulatory change
- Compare experience across jurisdictional lines

1.1.2 Purpose of EDI

Electronic Data Interchange, commonly known as EDI, has been used in commerce and government since the 1960s. It is computer-to-computer communication, without human intervention, so that data can be passed as quickly, efficiently, and cost-effectively as possible. To achieve this communication, the computer systems involved must "speak" the same standard language. Different commercial ventures, such as shipping, purchasing, and banking, use different sets of standards for transmitting their requirements, and in the early 1990s, the IAIABC began developing standards for the insurance community to report workers' compensation information to jurisdictions. Previously, reporting workers' compensation information to the state regulatory agency had been a very paper-intensive process, and the hope was that EDI would save time, errors, and money by reducing or eliminating paper reporting.

1.1.3 IAIABC EDI Standards

The IAIABC EDI Committees, composed of representatives from jurisdictions and the insurance industry, meet regularly to develop and maintain standards for electronic reporting of workers' compensation information to jurisdictional regulatory agencies. To date, the IAIABC EDI Committees have developed national standards for jurisdictional reporting of

- First Reports of Injury
- Subsequent Reports of Injury
- Proof of Coverage
- Workers' Compensation Medical Bill Data Reporting

Additionally, the IAIABC ProPay Subcommittee has developed the IAIABC Workers' Compensation Electronic Billing and Payment National Companion Guides, based on ASC X12 005010 and NCPDP D.0, which addresses medical providers' specific needs for billing in a workers' compensation environment using the electronic transaction sets adopted under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II).

1.1.4 EDI Workers' Compensation Medical Bill Data Reporting

The IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide has been developed in order to standardize the manner in which payers report medical bill and payment data to various jurisdictions. To achieve the potential administrative cost savings with EDI, it is important that all organizations involved in workers' compensation bill review, processing, and reporting implement these standards consistently across jurisdictions. The IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide for reporting medical bill and payment information to workers' compensation jurisdictions is based on the ASC X12 837 Health Care Claims (837) and the ASC X12 824 Application Advice (824) 005010 standards (data submission and application level response). This document provides the details on what trading partners must support in this version of the implementation guide. This implementation guide does not address medical providers' submission of medical bills to payers or other EDI-related transaction sets.

This implementation guide is structured to base the majority of reporting requirements on the data that was contained on the paper medical bill, available to the insurer or claim administrator during normal bill review processes, or contained on the explanation of review/benefits. This implementation guide is not structured to duplicate the claims related data that is reportable through Claims or Coverage EDI processes. For example, policy numbers are not intrinsic to medical bill review processes and not contained in bill review systems. However, the insurer's or claim administrator's claim number and the jurisdiction's claim number is information that is typically contained in claim index files used by bill review agents and is usually contained on the explanation of review/benefits.

Important note: The IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide sets forth the national standards for EDI workers' compensation medical bill reporting to jurisdictions. Because each state has established its own laws and requirements, users will also need a copy of the state specific EDI requirements for a complete understanding of the state's reporting needs. The IAIABC EDI Standards pages of the IAIABC website (<http://www.iaiaabc.org>) present the Event Table, Element Requirement Table, and Edit Matrix tables for each jurisdiction to customize to its own needs.

1.1.5 Version Information

This implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010) ©2004 Data Interchange Standards Association, Inc. (DISA) in its capacity as Secretariat to Accredited Standards Committee (ASC) X12.

The unique Version/Release/Industry Identifier Code for transaction sets that are defined by this implementation guide is 005010I20. This identifier code denotes that the transaction sets defined herein are based on the ASC X12 005010 standards and the IAIABC EDI Medical Bill Data Reporting Implementation Guide, Release 2.0.

1.1.6 Cooperation with ASC X12 and DISA

This implementation guide has been reviewed by the ASC X12 Intellectual Property Review Committee and has been approved for publication. The IAIABC sincerely appreciates the support provided by the ASC X12 during the development of this implementation guide and the ongoing cooperation between the various organizations. Any jurisdiction that intends to adopt or publish requirements that deviate from the contents of this document must secure permission from the ASC X12 Intellectual Property Review Committee and DISA prior to publication.

This implementation guide was designed to comply with the structural requirements of the ASC X12 005010 standards and replicates portions of those standards with DISA's permission. Jurisdictions or organizations that need additional information on the control structures, data elements, code sources, and syntactical or semantic requirements are encouraged to purchase a copy of the ASC X12 005010 standard. This standard can be purchased from Washington Publishing Company at <http://www.wpc-edi.com>.

1.1.7 Implementation Guide Sections

The IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide is divided into six main sections. Each section fulfills a particular purpose, and it is important that you review the whole guide before starting your implementation. Follow-up reviews of the sections, as needed for further clarification of concerns, will be helpful as you move forward.

Section 1.0, Purpose and Business Information, includes information regarding the use of the implementation guide.

Section 2.0, Health Care Claim (ASC X12 837/005010), presents the loop and segment structure of the 837 transactions for payers to report their workers' compensation medical bill payments to regulators.

Section 3.0, Application Advice (ASC X12 824/005010), explains the acknowledgment transactions that the receiver of the 837 transaction returns to the submitter. The acknowledgment will communicate to the submitter the status of the submitted report and whether it has been accepted, accepted with errors, or rejected.

Section 4.0, Health Care Claim (ASC X12 837/005010) Scenarios, demonstrates "real-life" examples of medical bills and how to report their payments to the jurisdiction. The scenarios are helpful to understand similar reporting situations, from the perspectives of both the data submitter and the data receiver.

Section 5.0, Application Advice (ASC X12 824/005010) Scenarios, gives scenarios of various acknowledgment transactions.

Section 6.0, IAIABC Data Element/ASC X12 Crosswalk, provides the data element numbers assigned by the IAIABC and the ASC X12 in addition to the expected length of certain data elements. The expected length is provided to help regulators with the development of the appropriate databases, consistent with the data definitions for IAIABC data elements used in the IAIABC standards for First and Subsequent Reports of Injury and Proof of Coverage.

1.1.8 Updates to the IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide

As EDI reporting for workers' compensation claims evolves, users may encounter issues that had not been anticipated in the original development of the IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide. The IAIABC EDI Medical Committee continues to refine the product, based on the needs and requests of insurers, claim administrators, and jurisdictions. If there is a specific problem that you cannot find the answer to, please contact the IAIABC directly at 608-841-2017.

The IAIABC website, <http://www.iaiaabc.org>, includes much more information on EDI for workers' compensation. The EDI Committees work continuously on refining EDI reporting, and welcome new participants. Descriptions of the committees, contact lists, and other help with EDI are available on the website.

All IAIABC EDI products are created by the collaborative volunteer effort by members of the IAIABC EDI Committees, governed by the EDI Council.

1.2 Implementation Guidance

1.2.1 Hierarchical Level (HL) Segments

The following explanation provides a high level overview of the hierarchical level (HL) structure used in this implementation guide.

Parent child: This is the relationship between two record types. If a child record exists, (e.g. the claim) there must be a parent record (e.g. the employer). Thus, the claim is the child record of the employer. Similarly, if there is an employer record, there must be an insurer record. Thus, the employer is the child record to the insurer.

The hierarchy of the looping structure is the Insurer, Employer, Patient, Bill Level, and Bill Service Line level. The Insurer or Employer HLs may contain one or more "child" HLs. A child HL indicates an HL that is subordinate to the previous HL. Hierarchical levels may also have a parent HL. A parent HL is the HL that is one level out in the nesting structure.

Insurer HL	Parent HL to the Employer HL
Employer HL	Parent HL to the Claimant HL; Child HL to the Insurer HL
Claimant HL	Child HL to the Employer HL

In other words, the Insurer Loop may contain one or more Employer Loops, which may contain one or more Claimant Loops, which may contain one or more medical bill records.

1.2.2 Hierarchical Loop Example

The information related to a claim consists of three parts: the insurer that administers the claim, the employer against whom the claim is filed, and a list of these claims. The following example shows the information that would be reported in a transaction set:

ID#	Parent ID#	Level Code		Child Code
1	N/A	20	(1 st Insurer)	1
2	1	EM	(1 st Employer of 1 st Insurer)	1
3	2	CL		0
4	2	CL		0
5	2	CL		0
6	1	EM	(2 nd Employer of 1 st Insurer)	1
7	6	CL		0
8	6	CL		0
9	1	EM	(3 rd Employer of 1 st Insurer)	1
10	9	CL		0
11	N/A	20	(2 nd Insurer)	1
12	11	EM	(1 st Employer of 2 nd Insurer)	1
13	12	CL		0
14	12	CL		0

By moving downward through the example above, the computer will always have the answer to “which insurer and which employer” the claim refers. Why? Because by the time it runs into a claim, it will always have encountered at least one insurer record and at least one employer record.

If multiple insurers and/or multiple employers are encountered, the last one read is the one to which the claim refers.

From a conceptual point of view, it may be easier to see how this works by starting at the bottom and moving upward. All the claims belong to the first employer that is above it, and all employers belong to the first insurer that is above them.

1.2.3 Jurisdictional Requirements and Trading Partner Agreements

Jurisdictional requirements and trading partner agreements are used to further refine and document individual jurisdictions’ specific business and technical reporting requirements. Jurisdictional documents may not override the specifications in this implementation guide if a transmission is reported in GS08 to be a product of this implementation guide.

It is recognized that certain data elements and segments contained in this implementation guide may or may not be called for in an individual jurisdiction’s requirements. Jurisdictions that do not require these conditional data elements and segments should not reject incoming transactions solely on the basis that these segments and data elements are included, nor should jurisdictions edit data that they receive but do not require. Jurisdictions that do not need the data contained in conditional segments should not map the related data to their databases but should ignore it.

Except for data elements specifically required by the ASC X12 syntax and semantic rules, the usage and situational rule requirements contained in this implementation guide do not apply when a jurisdiction does not require a data element to be submitted. If a jurisdiction requires a conditional data element to be submitted, the jurisdiction should not change the situational rule regarding usage contained in these implementation guides. Many of these situational rules are structured to align the electronically-reported data with the data that would be expected to be populated on the medical bills. Jurisdictions that modify the situational rules may inadvertently create a reporting requirement that cannot be met by claim administrators and trading partners.

1.2.4 Health Care Provider Identification

Implementation and use of the National Provider Identifier (NPI) has a direct impact on the provider identification data that is available to be sent to a jurisdiction. Jurisdictions that require secondary identifiers beyond the NPI must understand that secondary identifiers may not be available on the medical bill received by the insurer or claim administrator. Accordingly, jurisdictions must recognize that requiring secondary identifiers may cause their trading partners to incur additional administrative costs to develop and maintain health care provider tables and databases to contain additional information that is not included on the medical bill. The IAIABC recommends that jurisdictions only require secondary identifiers from health care providers that are not eligible for an NPI, similar to the requirements contained in the ASC X12 Technical Report Type 3 (TR3) regarding the submission of health care claims.

While the identity of the health care provider who rendered the medical service/product is one of the critical data requirements for jurisdictions, provider identifiers may exist at various other levels within the transaction set. Depending on the information contained on the medical bill, the jurisdiction may receive either the line-level rendering provider's identifier, or the bill-level rendering provider's identifier, or neither. Identification data that is available on the various providers is contingent on how the insurer or claim administrator received the medical bill (either via paper or electronically) and the type of service being billed. As a general overview, the following information is generally expected on a medical EDI record.

- **DN0634 (Billing Provider National Provider ID)** is always reported if the provider is eligible for an NPI.
- **DN0647 (Rendering Bill Provider National Provider ID)** is reported when no line-level rendering providers are reported and the health care provider that rendered the service was not the Billing Provider.
- **DN0592 (Rendering Line Provider National Provider ID)** is reported when the health care provider that rendered the service was listed on the line level of the medical bill received by the insurer or claim administrator.

It is inconsistent with this implementation guide for a jurisdiction to always require DN0647 (Rendering Bill Provider National Provider ID). The Rendering Bill Provider NPI will not be contained on paper professional medical bills because this information is reported only at the line level. It is also inconsistent with this implementation guide for a jurisdiction to always require DN0592 (Rendering Line Provider National Provider ID). The Rendering Line Provider NPI may not be contained on institutional medical bills (paper or electronic), on pharmacy medical bills (paper or electronic), or on electronic professional medical bills.

Certain jurisdictions may require insurers or claim administrators to report services rendered by atypical providers who may not be eligible for a NPI. Atypical providers may include, but may not be limited to, certain transportation services (taxi or shuttle services), interpretation services,

and/or construction services (e.g., reconfiguring the injured employee's home for accessibility). This implementation guide supports reporting these services provided that the service codes exist in the national code sets, including workers' compensation specific service and procedure codes, and the atypical provider can be identified by either a state license number or by a federal employer identification number (FEIN).

When submitting records for retail pharmacy services using the SV4 Drug Service segment, the prescribing doctor is reported as the referring provider.

1.3 Balancing

In order to ensure that accurate information is submitted and received by the jurisdiction, the amounts reported in the transaction must balance at the bill and service line level.

1.3.1 Bill Level Balancing

There are three different ways the medical bill amount information must balance.

Medical Bill Charge Amounts

The amount reported for DN0501 (Total Charge Per Bill) must balance to the sum of all charge amounts reported at the line level, including:

- DN0552 (Total Charge Per Line); and
- DN0572 (Drugs/Supplies Billed Amount)

Example

DN0501	(Total Charge Per Bill)	100.00
DN0552	(Total Charge Per Line) for Line 1	50.00
DN0552	(Total Charge Per Line) for Line 2	35.00
DN0552	(Total Charge Per Line) for Line 3	15.00

Medical Bill Payment Amounts

The amount reported for DN0516 (Total Amount Paid Per Bill) must balance to the sum of all payment amounts reported at the line level for DN0574 (Total Amount Paid Per Line).

Example

DN0516	(Total Amount Paid Per Bill)	76.50
DN0574	(Total Amount Paid Per Line) for Line 1	45.00
DN0574	(Total Amount Paid Per Line) for Line 2	31.50
DN0574	(Total Amount Paid Per Line) for Line 3	0.00

76.50 (bill level payment) equals 76.50 (line level payments)

Medical Bill Charges/Payment/Adjustment Amounts

The amount reported for DN0501 (Total Charge Per Bill) minus the sum of all adjustment amounts [amounts reported in DN0545 (Bill Adjustment Amount) and DN0733 (Service Adjustment Amount)] must equal the amount reported in DN0516 (Total Amount Paid Per Bill).

When performing this balancing approach:

- Adjustments DECREASE the payment when the adjustment amount is POSITIVE.
- Adjustments INCREASE the payment when the adjustment amount is NEGATIVE.

Example (no bill level adjustment)

DN0501	(Total Charge Per Bill)	100.00
DN0733	(Service Adjustment Amount) for Line 1	5.00
DN0733	(Service Adjustment Amount) for Line 2	3.50
DN0733	(Service Adjustment Amount) for Line 3	13.50
DN0733	(Service Adjustment Amount) for Line 3	1.50
DN0516	(Total Amount Paid Per Bill)	76.50

100.00 (charges) minus 23.50 (adjustments) equals 76.50 (payments)

Example (includes bill level adjustment of 8.5% from charges)

DN0501	(Total Charge Per Bill)	100.00
DN0545	(Bill Adjustment Amount)	8.50
DN0733	(Service Adjustment Amount) for Line 1	0.00
DN0733	(Service Adjustment Amount) for Line 2	0.00
DN0733	(Service Adjustment Amount) for Line 3	13.50
DN0733	(Service Adjustment Amount) for Line 3	1.50
DN0516	(Total Amount Paid Per Bill)	76.50

100.00 (charges) minus 23.50 (adjustments) equals 76.50 (payments)

Example (payment greater than charge, such as a HPSA-type payment)

DN0501	(Total Charge Per Bill)	50.00
DN0733	(Service Adjustment Amount)	5.00
DN0516	(Total Amount Paid Per Bill)	55.00

50.00 (charges) minus negative 5.00 (adjustments) equals 55.00 (payments)

1.3.2 Line Level Balancing

For transactions that do not contain DN0545 (Bill Adjustment Amount), line level balancing is required and occurs independently for each individual service line reported in the transaction.

For each service line reported for bills that were not adjusted at the bill level, the amount reported for the total charge at the line level (DN0552, and DN0572) must balance to the sum of all payments and adjustments associated with that service line, including:

- DN0574 (Total Amount Paid Per Line); and
- DN0733 (Service Adjustment Amount)

Example

DN0552	(Total Charge per Line) for Line 1	50.00
DN0574	(Total Amount Paid Per Line) for Line 1	45.00
DN0733	(Service Adjustment Amount) for Line 1	5.00
DN0552	(Total Charge per Line) for Line 3	15.00
DN0574	(Total Amount Paid Per Line) for Line 3	0.00
DN0733	(Service Adjustment Amount) for Line 3	13.50
DN0733	(Service Adjustment Amount) for Line 3	1.50

1.4 Changes to Previously Submitted Records

In the course of submitting medical EDI records to jurisdictions, trading partners may need to send updates or changes to previously submitted records. These updates or changes are typically caused by three business situations:

- Cancellations
- Data corrections on medical bills, or
- Additional actions on medical bills

1.4.1 Cancellations

Cancellations are submitted only in situations where the trading partner determines that the medical EDI record should never have been submitted to the jurisdiction or when the original transactions contained errors in critical data elements (see Section 1.4.2.1). For example, a cancellation would be submitted if the injury occurs in one jurisdiction and the insurer or claim administrator later determines that the injury is covered by another jurisdiction (due to significant contacts, election of remedies, or similar liability issues). In these situations, the proper manner to correct the previously submitted medical EDI record is to submit a cancel transaction to the jurisdiction that received the incorrect record.

Cancellations are not submitted in order to correct non-critical data errors or anomalies, provided the jurisdiction to which the record was originally submitted was the correct jurisdiction. In those situations, the trading partner should submit a corrected and verified original record as discussed in Section 1.4.2.2 of this implementation guide.

When submitting cancellations, DN0508 (Bill Submission Reason Code) must contain the value '01' cancel, DN0500 (Unique Bill ID Number) must contain the same Unique Bill ID Number as contained in the medical EDI record that is being cancelled, and all entity demographic information must be the same (e.g., same insurer [DN0007], same claim administrator [DN0188], same employer [DN0018]).

Except for critical data element corrections, a cancellation informs the jurisdiction to remove the medical bill from its database. The number reported for DN0500 (Unique Bill ID Number) in the cancellation shall not be used in subsequent transactions except when correcting critical data elements under Section 1.4.2.1.

1.4.2 Data Corrections

Data corrections are submitted when the trading partner identifies that the information contained in a previously submitted medical EDI record, other than critical data elements, was incorrect or invalid. Data corrections may also be submitted in response to a jurisdiction's rejection of a transaction or for errors identified as part of a quality assurance process, audit, or delayed receipt of key information (such as data contained on a claim indexing file).

1.4.2.1 Critical Data Element Correction

The following data elements are considered critical and are used by jurisdictions to identify the entities associated with a medical bill or the medical bill transactions:

- DN0006 (Insurer FEIN); and
- DN0500 (Unique Bill ID Number)

If the data content of any of these critical data elements for a previously accepted medical EDI record was incorrect, the trading partner must file a cancellation (DN0508 Bill Submission Reason Code value/CLM19 = '01') using the previously submitted critical data and a new original (DN0508 Bill Submission Reason Code value/CLM19 = '00') containing the accurate or corrected data.

1.4.2.2 Non-Critical Data Elements

If the identified error was in any data element other than those listed in Section 1.4.2.1, the trading partner must file a corrected and verified original or replacement medical EDI record (DN0508 Bill Submission Reason Code Value/CLM19='02' or '05') containing the accurate or corrected values. This record must include the data values of DN0006 (Insurer FEIN) and DN0500 (Unique Bill ID Number) which must be identical to the data that was sent in the previously accepted medical EDI record.

1.4.2.3 Previously Rejected Transactions or Items

If the jurisdiction rejects a transaction set or item due to data content issues, the trading partner must correct the data errors and submit the transaction for processing using the same DN0508 Bill Submission Reason Code value as the rejected record. For example, if the jurisdiction rejects an original (CLM19 = '00'), the corrected record is submitted reporting an original (CLM19 = '00'.')

1.4.3 Subsequent Actions and Resubmissions

Subsequent actions are submitted in situations where the insurer or claim administrator "reconsidered" the medical bill. A health care provider may resubmit the same medical bill to the insurer or claim administrator because it disagreed with the prior payment action or it received a favorable decision as a result of an appeal. A resubmission may also occur when the insurer or claim administrator is ordered, as a result of an administrative proceeding or judicial review to pay a medical bill that had previously been denied. In either situation, the insurer or claim administrator must resubmit the medical EDI record to the jurisdiction to ensure complete reporting.

The insurer or claim administrator must report any of its subsequent actions on a previously accepted medical EDI record using a replacement (DN0508 Bill Submission Reason Code value/CLM19 = '05').

When submitting the replacement record for subsequent actions, the replacement must comply with the following requirements:

- **DN0006 (Insurer FEIN) and DN0500 (Unique Bill ID Number)** must be identical to the data that was sent in the previously accepted medical EDI record.
- **DN0544 (Bill Adjustment Reason Code) and DN0732 (Service Adjustment Reason Code)** will contain the appropriate Claim Adjustment Reason Code for prior payments and current adjustments.
- **DN0501 (Total Charge Per Bill)** and line level charge amounts must be identical to the data that was sent in the previously accepted medical EDI record.
- **DN0508 (Bill Submission Reason Code)** will be populated with '05' Replacement.
- **DN0510 (Date of Bill)** will be populated with the date the health care provider submitted the request for reconsideration or the date of the appeal decision resulting in the additional payment.
- **DN0511 (Date Insurer Received Bill)** will be populated with the date the insurer or claim administrator received the request for reconsideration or appeal decision.
- **DN0516 (Total Amount Paid Per Bill)** will be populated with the total amount resulting from the request for reconsideration or appeal decision (including prior payments/adjustments).
- **DN0574 (Total Amount Paid Per Line)** will be populated with the total amount resulting from the request for reconsideration or appeal decision (including prior payments/adjustments).
- **DN0760 (Prior Actual Amount Paid)** will be populated with the total amount the insurer or claim administrator previously paid for the medical bill prior to receipt of the request for reconsideration or appeal.

1.5 Bill Submission Reason Code

This implementation guide relies on the values used in CLM19 to represent the reason that the medical EDI record for the individual medical bill was submitted to the jurisdiction. While instructions for reporting information changes to previously submitted records are contained in the previous section, the following information is provided to help ensure that jurisdictions and trading partners understand the code values used for DN0508 (Bill Submission Reason Code).

- **'00' (Original)** is used to report that the medical EDI record is the first payment action taken by the insurer or claim administrator. A payment action may represent a payment to the health care provider or a denial. Only one original transaction is submitted for any individual medical bill.
- **'01' (Cancellation)** is used when a '00' original has been submitted which should never have been submitted to the jurisdiction or when the original transaction contained errors in critical data elements (see Section 1.4.2.1). It is recommended that the value in DN0500 Unique Bill Identification Number contained in a cancelled medical EDI record not be reused.
- **'02' (Corrected and Verified Original Claim)** is used when the trading partner must correct errors to non-critical data elements on a '00' original or '05' replace transaction. This value is not used if the amount of payment changed due to a subsequent payment action by the insurer or claim administrator.
- **'05' (Replace)** is used when the trading partner must report a subsequent payment action or denial by the insurer or claim administrator. A '00' original transaction must have been submitted and accepted before a '05' replace transaction is reported.

- '09' (Encounter) is used only when the jurisdiction requires reporting of medical services that do not involve a payment action. For example, if the jurisdiction allows capitated payments, services rendered after the initial service may not be reimbursable, but are reportable. It is recommended that this code value not be used if the jurisdiction's regulatory environment does not permit capitated reimbursement approaches.

1.6 Durable Medical Equipment Reporting

In the typical health care industry setting, health care providers in non-institutional settings bill for durable medical equipment (DME) using the National Uniform Claim Committee (NUCC) 1500 Health Insurance Claim Form or using the ASC X12N/005010X222A1 Health Care Claim: Professional. The ASC X12 framework requires the use of the SV1 Professional Services segment, supplemented by the SV5 Durable Medical Equipment Services segment when both the rental and purchase price were included with the medical bill.

This implementation guide uses a different framework than the ASC X12 Technical Report Type 3 for reporting DME services. In the event that a medical bill contains a charge for both the rental and the purchase of a durable medical equipment item, the rental and purchase are reported as individual lines in the SV1 Professional Services segment (one line for the rental, one line for the purchase).

1.7 Lump Sum Settlement, Aggregate, or Summary Record Reporting

This implementation guide is structured to support both the typical bill and line level reporting for individual medical bill transactions and an aggregate or summary reporting approach that only contains the bill level information. Limiting the reporting to the bill level may be necessary in some jurisdictions to simplify reporting requirements or to allow the reporting of certain jurisdiction-specific actions.

For example, certain jurisdictions allow liens to be placed on the outstanding balance of medical bills. After a settlement or judgment, a single amount may be paid covering numerous medical bills. Given that this payment is not rendered at the line level, it is not appropriate to report those payments with the line level information and distribution of amounts.

If the payment is a result from a lump sum settlement or award and multiple medical bills are being reported as an aggregate or summary record, the trading partner reports only bill level information with the following requirements:

- **DN0501 (Total Charge Per Bill)** will always be populated with the total amount charged in all medical records reported in the aggregate or summary record.
- **DN0502 (Billing Type Code)** will always be populated when reporting the aggregate or summary record. If more than one billing type applies, the trading partner should populate this field with 'O' Other.
- **DN0293 (Lump Sum Payment/Settlement Code)** will be populated if the payment is a result of a lump sum payment based on a settlement or award.
- **DN0509 (Service Bill Date(s) Range)** will be populated with the beginning and end dates of service considering all the medical bills contained in the aggregate or summary record.
- **DN0510 (Date of Bill)** will be populated with the date the insurer or claim administrator received the settlement or award.
- **DN0511 (Date Insurer Received Bill)** will be populated with the date the insurer or claim administrator received the settlement or award.

- **DN0516 (Total Amount Paid Per Bill)** will be populated with the total amount of the lump sum payment as a result of the settlement or award.
- **DN0543 (Bill Adjustment Group Code)** will be populated with 'RR' Regulatory Requirement if the total amount paid is less than the total amount charged.
- **DN0544 (Bill Adjustment Reason Code)** will be populated with '131' Claim Specific Negotiated Amount if the total amount paid is less than the total amount charged, the payment is a result from a lump sum settlement or award, and multiple medical bills are being reporting as an aggregate or summary record.
- **DN0760 (Prior Actual Amount Paid)** will be populated with the total amount the insurer or claim administrator previously paid for all medical bills contained in the aggregate or summary record.

1.8 Transaction Acknowledgments

There are several acknowledgment implementation transactions available for use in addition to the Application Advice (824) transaction that is included in this implementation guide. These other acknowledgments may be used between the trading partners, but are not specifically required by this implementation guide. Jurisdictions should document the use of other acknowledgments in their regulations, implementation guides, or trading partner agreements.

1.8.1 Functional Acknowledgment

The ASC X12C/005010X230, Functional Acknowledgment for Health Care Insurance (997) informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group.

The Functional Acknowledgment (997) must be used by jurisdictions to reject any files which contain defects at a functional level which preclude the generation of the Application Advice (824).

The Technical Type 3 Report (TR3) containing the technical information related to the structure of the Functional Acknowledgment (997) can be secured from the ASC X12 at: <http://store.x12.org/>.

1.8.2 Implementation Acknowledgment

The ASC X12C/005010X231 Implementation Acknowledgment for Health Care Insurance (999) informs the submitter that the functional group arrived at the destination. It may include information about the syntactical quality of the functional group and implementation guide compliance. It does not provide information on application level processing and validation.

The Implementation Acknowledgment (999) must be used by jurisdictions to reject any files which contain defects at a functional level which preclude the generation of the Application Advice (824).

The Technical Type 3 Report (TR3) containing the technical information related to the structure of the Implementation Acknowledgment (999) can be secured from the ASC X12 at: <http://store.x12.org/>.

1.9 Industry Usage

Industry usage in the IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide is similar to the language documented in the ASC X12N/005010X222. Industry usage describes when loops, segments, and elements are to be sent when complying with this implementation guide.

Required: This loop/segment/element must always be sent.
Required segments in Situational loops only occur when the loop is used.
Required elements in Situational segments only occur when the segment is used.
Required component elements in Situational composite elements only occur when the composite element is used.

Not Used: This element must never be sent.

Situational: Use of this loop/segment/element varies, depending on data content and business context as described in the defining rule. The defining rule is documented in a Situational Rule attached to the item.

There are two forms of Situational Rules.

The first form is "Required when <explicit condition statement>." The data qualified by such a situational rule cannot be required or requested by the receiver except as defined by the defining rule. In situations where the defining rule does not apply, transmission of this data is solely at the sender's discretion.

The alternative form is "Required when <explicit condition statement>. If not required by this implementation guide, do not send." The data qualified by such a situational rule cannot be sent except as described in the defining rule.

Section 2.0
Workers' Compensation Medical Bill Data Reporting
Health Care Claim (837)



Section 2.0: Health Care Claim (837)	Page
Implementation Notes.....	2.1
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Loop and Segment Detail	2.7

Health Care Claim (ASC X12 837/005010)

Implementation Notes

This technical implementation guide is intended to provide information to assist in developing and executing the electronic transfer of workers' compensation medical bill/payment records to regulatory agencies. The hierarchy of the looping structure is the insurer, employer, patient, bill level, and bill service line level. This hierarchical structure allows the reporting and processing of transaction sets in an efficient manner based on the business needs of the workers' compensation system environment. While this hierarchical structure is different than the ASC X12 837 Technical Type 3 Reports (TR3) related to submission of a health claim (medical bill), it is supported by the ASC X12 005010 standard.

This guide may be used for the submission of similar data within a pre-paid managed care context. Referred to as capitated encounters, this data usually does not result in a payment for each submitted bill, though it is possible to submit a "mixed" bill that includes both pre-paid and request for payment services.

This guide is for the submission of data from payers of health care products and services to a jurisdictional workers' compensation regulatory agency. The data collected as a result of this guide may be used to conduct research and data analysis across jurisdiction databases.

Understanding the Data Element Summary in the Loop and Segment Detail in Section 2.0

This implementation guide contains information to help users apply the various ASC X12 syntax, usage, and other data requirements. It is not a full statement of Interchange and Control Structure rules, which can be found in X12.5, X12.6, X12.59, and other X12 standards and official documents. In the Data Element Summary for each segment, this implementation guide lists the key reference information for association with the ASC X12 data format requirements and industry usage.

For example, the first data element in the Transaction Set Header displays the following information:

ST01 143	TRANSACTION SET IDENTIFIER CODE	M ID 3/3
	Code uniquely identifying a Transaction Set.	
	Note: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 837 selects the Health Care Claim Transaction Set).	
	Required 837 = Health Care Claim	

ST01 represents the ASC X12 Segment Identifier and Data Element Reference Designator.
143 is the ASC X12 Data Element Identifier.

Transaction Set Identifier Code is the ASC X12 Data Element Name.

M is the ASC X12 Data Element Requirement Designator.

ID is the ASC X12 Data Element Type.

3/3 is the ASC X12 Data Element Minimum and Maximum Length.

When a data element is used in this implementation guide, the purpose of the data element is listed on the following line. Implementation notes provide additional information related to the data element as defined by this implementation guide for use in workers' compensation data reporting.

Required is the industry usage for this data element based on this implementation guide. If the industry usage is situational, this implementation guide will also list any applicable situational rules.

If the data element has been assigned an IAIABC data element number or data content restrictions, this information is listed in the text that follows the industry usage information.

LOOP AND SEGMENT SUMMARY

R = Required: the segment must be present

S = Situational: the segment may or may not be used, based on jurisdictional direction

Transaction Set Header (Repeat 1) page 2.7			
Segment	Description	Usage	Max Use
ST	Transaction Set Header	R	1
BHT	Beginning of Hierarchical Transaction	R	1
Loop ID: 1000A Submitter Information (Repeat 1) page 2.9			
Segment	Description	Usage	Max Use
NM1	Submitter Information	R	1
Loop ID: 1000B Receiver Information (Repeat 1) page 2.10			
Segment	Description	Usage	Max Use
NM1	Receiver Information	R	1
Loop ID: 2000A Insurer Hierarchical Level Information (Repeat >1) page 2.11			
Segment	Description	Usage	Max Use
HL	Insurer Hierarchical Level	R	1
DTP	Reporting Period	S	1
Loop ID: 2010AA Insurer/Self-Insured Information (Repeat 1) page 2.12			
Segment	Description	Usage	Max Use
NM1	Insurer/Self-Insured Name	R	1
N4	Insurer/Self-Insured Postal Code	R	1
Loop ID: 2010AB Claim Administrator Information (Repeat 1) page 2.14			
Segment	Description	Usage	Max Use
NM1	Claim Administrator Name	S	1
N4	Claim Administrator Postal Code	S	1
Loop ID: 2000B Employer Hierarchical Information (Repeat >1) page 2.17			
Segment	Description	Usage	Max Use
HL	Employer Hierarchical Level	R	1
Loop ID: 2010BA Employer Information (Repeat 1) page 2.18			
Segment	Description	Usage	Max Use
NM1	Employer Name	R	1
N3	Employer's Address	S	1
N4	Employer's City, State, and Postal Code	S	1

Loop ID: 2000C Claimant Hierarchical Information (Repeat >1) [page 2.21](#)

Segment	Description	Usage	Max Use
HL	Claimant Hierarchical Level	R	1
DTP	Date of Injury	R	1

Loop ID: 2010CA Claimant Information (Repeat 1) [page 2.22](#)

Segment	Description	Usage	Max Use
NM1	Claimant Name	R	1
N3	Claimant Address	S	1
N4	Claimant City, State, and Postal Code	S	1
DMG	Claimant Demographic Information	S	1
REF	Claim Administrator Claim Number	R	1
REF	Replacement Claim Administrator Claim Number	S	1
REF	Jurisdiction Assigned Claim Number	S	1
PER	Claimant Telephone Number	S	1

Loop ID: 2300 Billing Information (Repeat 100) [page 2.29](#)

Segment	Description	Usage	Max Use
CLM	Bill Record Information	R	1
DTP	Date Insurer Received Bill	R	1
DTP	Date and Time of Admission	S	1
DTP	Date and Time of Discharge	S	1
DTP	Service Date(s) Range	S	1
DTP	Date of Prescription	S	1
DTP	Date of Bill	R	1
DTP	Date Insurer Paid Bill	R	1
CL1	Admission Type	S	1
CN1	Contract Information	S	1
AMT	Total Amount Paid Per Bill	R	1
REF	Unique Bill Identification Number	R	1
REF	Record Transmission Tracking Number	R	1
REF	Treatment Authorization Number	S	1
REF	Settlement or Award Identifier	S	1
HI	Institutional Bill Principal Diagnosis	S	1
HI	Institutional Bill Admitting Diagnosis	S	1
HI	Institutional Bill Other Diagnosis	S	1
HI	Outpatient Reason for Visit	S	1
HI	Non-Institutional Diagnosis Codes	S	1
HI	Institutional Bill Principal Procedure	S	1
HI	Institutional Bill Other Procedure Codes	S	1
HI	Condition Codes	S	1
HI	Diagnosis Related Group Information	S	1

Loop ID: 2310A Billing Provider Information (Repeat 1) [page 2.100](#)

Segment	Description	Usage	Max Use
NM1	Billing Provider Name	R	1
PRV	Billing Provider Specialty Information	S	1
N3	Billing Provider Address	R	1
N4	Billing Provider City, State, and Postal Code	R	1
REF	Billing Provider Tax Identification Number	R	1
REF	Billing Provider State License Number	S	1

Loop ID: 2310B Rendering Bill Provider Information (Repeat 1) [page 2.105](#)

Segment	Description	Usage	Max Use
NM1	Rendering Bill Provider Name	S	1
PRV	Rendering Bill Provider Specialty Information	S	1
REF	Rendering Bill Provider Secondary Identification	S	1

Loop ID: 2310C Supervising Provider Information (Repeat 1) [page 2.108](#)

Segment	Description	Usage	Max Use
NM1	Supervising Provider Name	S	1
PRV	Supervising Provider Specialty Information	S	1
REF	Supervising Provider State License Number	S	1

Loop ID: 2310D Service Facility Location Information (Repeat 1) [page 2.111](#)

Segment	Description	Usage	Max Use
NM1	Service Facility Location Name	S	1
N3	Service Facility Location Address	S	1
N4	Service Facility Location City, State, and Postal Code	S	1
REF	Service Facility Location Secondary Identification Number	S	2

Loop ID: 2310E Referring Provider Information (Repeat 2) [page 2.116](#)

Segment	Description	Usage	Max Use
NM1	Referring Provider Name	S	1
REF	Referring Provider State License Number	S	1

Loop ID: 2310F Managed Care Organization Information (Repeat 1) [page 2.117](#)

Segment	Description	Usage	Max Use
NM1	Managed Care Organization Name	S	1
REF	Managed Care Organization Secondary ID Number	S	1

Loop ID: 2320 Bill Level Adjustments and Amounts (Repeat 1) [page 2.119](#)

Segment	Description	Usage	Max Use
SBR	Subscriber Information	S	1
CAS	Bill Level Adjustment Reasons and Amounts	S	5
AMT	Prior Payment Amount	S	1

Loop ID: 2400 Service Line Information (Repeat 999) [page 2.123](#)

Segment	Description	Usage	Max Use
LX	Service Line Information	S	1
SV1	Professional Service Information	S	1
SV2	Institutional Service Information	S	1
SV3	Dental Service	S	1
SV4	Prescription Drug Service	S	1
DTP	Service Date(s)	R	1
DTP	Prescription Date	S	1
QTY	Prescription Quantity	S	2
CN1	Contract Information	S	1
REF	Treatment Authorization Number Per Line of Service	S	2
AMT	Pharmacy Dispensing Fee Paid Amount	S	1
AMT	Pharmacy Billed Amount	S	1
AMT	Line Item Tax Charge Amount	S	1
K3	Original Drug	S	10

Loop ID: 2410 Drug Identification (Repeat) [page 2.142](#)

Segment	Description	Usage	Max Use
LIN	Drug Identification	S	1
CTP	Drug Quantity	S	1
REF	Prescription or Compound Drug Association Number	S	1

Loop ID: 2420 Rendering Line Provider Information (Repeat 1) [page 2.148](#)

Segment	Description	Usage	Max Use
NM1	Rendering Line Provider Name	S	1
PRV	Rendering Line Provider Specialty Information	S	1
REF	Rendering Line Provider Secondary Identification	S	1

Loop ID: 2430 Service Line Adjustments and Amounts (Repeat 15) [page 2.161](#)

Segment	Description	Usage	Max Use
SVD	Service Line Adjudication	S	1
CAS	Service Line Adjustment	S	99
AMT	Line Item Prior Payment Amount	S	1
AMT	Line Item Tax Paid Amount	S	1

Transaction Set Trailer (Repeat 1) [page 2.169](#)

Segment	Description	Usage	Max Use
SE	Transaction Set Trailer	R	1

LOOP AND SEGMENT DETAIL

Transaction Set Header

SEGMENT: ST Transaction Set Header
WC NAME: TRANSACTION SET HEADER
LEVEL: Header
POSITION: 0050
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the start of a transaction set and to assign a control number.
EXAMPLE: ST*837*987654*005010I20~

DATA ELEMENT SUMMARY

ST01 143	TRANSACTION SET IDENTIFIER CODE Code uniquely identifying a Transaction Set. Note: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 837 selects the Health Care Claim Transaction Set). Required 837 = Health Care Claim	M ID 3/3
ST02 329	TRANSACTION SET CONTROL NUMBER Identifying control number that must be unique within the transaction set functional group assigned by the originator for transaction set. Note: The transaction set control number in ST02 and SE02 must be identical. The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges. Required	M AN 4/9
ST03 1705	IMPLEMENTATION CONVENTION REFERENCE Reference assigned to identify Implementation Convention. Required 005010I20 = IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide, Release 2.0	O AN 1/35

SEGMENT: BHT Beginning of Hierarchical Transaction
WC NAME: BEGINNING OF HIERARCHICAL TRANSACTION
LEVEL: Header
POSITION: 0100
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To define the business hierarchical structure of the transaction set and to identify the business application purpose and reference data, i.e., number, date, and time.
EXAMPLE: BHT*0080*00*0123*19960618*0932*RP~

DATA ELEMENT SUMMARY

BHT01 1005	HIERARCHICAL STRUCTURE CODE	M ID 4/4
	Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set.	
	Required 0080 = Information Source, Employer, Patient	
BHT02 353	TRANSACTION SET PURPOSE CODE	M ID 2/2
	Code identifying purpose of the transaction set. The Transaction Set Purpose Code denotes the purpose of the entire transaction set.	
	Note: The Transaction Set Purpose Code refers to the electronic transmission status of the 837 transaction set, not the status of an individual medical bill record.	
	Required 00 = Original	
BHT03 127	REFERENCE IDENTIFICATION	O AN 1/50
	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	
	Note: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system. The expected length of this field is less than 30.	
	Required DN0532 Originator Transaction Identification Number	
BHT04 373	DATE	O DT 8/8
	Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year.	
	Note: BHT04 is the date the transaction was created within the business application system.	
	Required DN0100 Date Transmission Sent	
BHT05 337	TIME	O TM 4/8
	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds: decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).	
	Note: BHT05 is the time the transaction was created within the business application system.	
	Required DN0101 Time Transmission Sent	
BHT06 640	TRANSACTION TYPE CODE	O ID 2/2
	Code specifying the type of transaction.	
	Required RP = Reporting	

Loop ID: 1000A Submitter Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: SUBMITTER INFORMATION
LEVEL: Header
POSITION: 0200
LOOP: 1000A
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of an individual or organizational entity.
NOTE: The submitter is the entity responsible for the creation and formatting of this transaction.
EXAMPLE: NM1*41*2*****46*123456789~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE	M ID 2/3
	Code identifying an organizational entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 1000A.	
	Required 41 = Submitter	
NM102 1065	ENTITY TYPE QUALIFIER	M ID 1/1
	Code qualifying the type of entity.	
	Required 2 = Non-Person Entity	
NM103 1035	NAME LAST OR ORGANIZATION NAME	O AN 1/60
	Not Used	
NM104 1036	NAME FIRST	O AN 1/35
	Not Used	
NM105 1037	NAME MIDDLE	O AN 1/25
	Not Used	
NM106 1038	NAME PREFIX	O AN 1/10
	Not Used	
NM107 1039	NAME SUFFIX	O AN 1/10
	Not Used	
NM108 66	IDENTIFICATION CODE QUALIFIER	X ID 1/2
	Code designating the system/method of code structure used for Identification Code (67).	
	Note: The Electronic Transmitter Identification Number (ETIN) is established by trading partner agreement (established by the jurisdiction receiving the data).	
	Required 46 = Electronic Transmitter Identification Number (ETIN)	

NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Required DN0098 Sender ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

Loop ID: 1000B Receiver Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: RECEIVER INFORMATION
LEVEL: Header
POSITION: 0200
LOOP: 1000B
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of an individual or organization entity.
EXAMPLE: NM1*40*2*****46*987654321~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organization entity, a physical location, property, or an individual. Required 40 = Receiver	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Required 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60
NM104 1036	NAME FIRST Not Used	O AN 1/35
NM105 1037	NAME MIDDLE Not Used	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Not Used	O AN 1/10

NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Note: The Electronic Transmitter Identification Number (ETIN) is established by trading partner agreement (established by the jurisdiction receiving the data.) Required 46 = Electronic Transmitter Identification Number (ETIN)	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Required DN0099 Receiver ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

Loop ID: 2000A Insurer Hierarchical Level Information (Repeat >1)

SEGMENT: HL Hierarchical Level
WCNAME: INSURER HIERARCHICAL LEVEL
LEVEL: Detail
POSITION: 0010
LOOP: 2000A
USAGE: Required
MAX USE: 1
PURPOSE: To identify dependencies among and the content of hierarchically related groups of data segments. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating employee to employer, and employer to insurer. The HL segment defines a top-down/left-right ordered structure.
EXAMPLE: HL*1**20*1~

DATA ELEMENT SUMMARY

HL01 628	HIERARCHICAL ID NUMBER A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Note: The first HL01 within each ST-SE envelope must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. Required	M AN 1/12
HL02 734	HIERARCHICAL PARENT ID NUMBER Not Used	O AN 1/12

HL03 735	HIERARCHICAL LEVEL CODE Code defining the characteristic of a level in a hierarchical structure. Required 20 = Information Source	M ID 1/2
HL04 736	HIERARCHICAL CHILD CODE Code indicating if there are hierarchical child data segments subordinate to the level being described. Required 1 = Additional Subordinate HL data segment in this hierarchical structure	O ID 1/1

SEGMENT: DTP Date or Time or Period
WCNAME: REPORTING PERIOD
LEVEL: Detail
POSITION: 0090
LOOP: 2000A
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
EXAMPLE: DTP*582*RD8*19970201-19970228~

DATA EXAMPLE SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Required 582 = Reporting Period	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, time, or range of dates, times, or dates and times. Required DN0615 Reporting Period	M AN 1/35

Loop ID: 2010AA Insurer/Self-Insured Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WCNAME: INSURER/SELF-INSURED NAME
LEVEL: Detail
POSITION: 0150
LOOP: 2010AA
USAGE: Required
MAX USE: 1
PURPOSE: To supply the full name of an individual or organizational entity.
EXAMPLE: NM1*CA*2*PREMIERE INSURANCE COMPANY OF NORTH*****EI*111223333~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organization entity, a physical location, property, or an individual. Required CA = Carrier IR = Self Insured	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Required 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Identifies individual last name or organization name. Required DN0007 Insurer Name (Carrier or Self-Insured)	O AN 1/60
NM104 1036	NAME FIRST Not Used	O AN 1/35
NM105 1037	NAME MIDDLE Not Used	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Not Used	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Required EI = Federal Taxpayer's Identification Number (FEIN)	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Required DN0006 Insurer FEIN	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: N4 Geographic Location
WC NAME: INSURER/SELF-INSURED POSTAL CODE
LEVEL: Detail
POSITION: 0300
LOOP: 2010AA
USAGE: Required
MAX USE: 1
PURPOSE: To specify the geographical place of the named party.
EXAMPLE: N4***171110064~

DATA ELEMENT SUMMARY

N401 19	CITY NAME Not Used	O AN 2/30
N402 156	STATE OR PROVINCE CODE Not Used	O ID 2/2
N403 116	POSTAL CODE Code defining international postal zone code, excluding punctuation and blanks (zip code for United States). Required DN0616 Insurer Postal Code	O ID 3/15
N404 26	COUNTRY CODE Not Used	O ID 2/3
N405 309	LOCATION QUALIFIER Not Used	X ID 1/2
N406 310	LOCATION IDENTIFIER Not Used	O AN 1/30
N407 1715	COUNTRY SUBDIVISION CODE Not Used	X ID 1/3

Loop ID: 2010AB Claim Administrator Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WCNAME: CLAIM ADMINISTRATOR NAME
LEVEL: Detail
POSITION: 0150
LOOP: 2010AB
USAGE: Situational. Required when the claim administrator is a different entity than the insurer or self-insured.
MAX USE: 1
PURPOSE: To supply the full name of an individual or organizational entity.
EXAMPLE: NM1*CX*2*TPA INCORPORATED*****EI*222334444~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organization entity, a physical location, property, or an individual. Required CX = Claim Administrator	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Required 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Identifies individual last name or organization name. Required DN0188 Claim Administrator Name	O AN 1/60
NM104 1036	NAME FIRST Not Used	O AN 1/35
NM105 1037	NAME MIDDLE Not Used	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Not Used	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Required EI = Federal Taxpayer's Identification Number (FEIN)	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Required DN0187 Claim Administrator FEIN	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: **N4 Geographic Location**
WC NAME: CLAIM ADMINISTRATOR POSTAL CODE
LEVEL: Detail
POSITION: 0300
LOOP: 2010AB
USAGE: Situational. Required when Claim Administrator information is reported in Loop 2010AB.
MAX USE: 1
PURPOSE: To specify the geographical place of the named party.
EXAMPLE: N4***171110064~

DATA ELEMENT SUMMARY

N401 19	CITY NAME Not Used	O AN 2/30
N402 156	STATE OR PROVINCE CODE Not Used	O ID 2/2
N403 116	POSTAL CODE Code defining international postal zone code, excluding punctuation and blanks (zip code for United States). Required DN0014 Claim Administrator Mailing Postal Code	O ID 3/15
N404 26	COUNTRY CODE Not Used	O ID 2/3
N405 309	LOCATION QUALIFIER Not Used	X ID 1/2
N406 310	LOCATION IDENTIFIER Not Used	O AN 1/30
N407 1715	COUNTRY SUBDIVISION CODE Not Used	X ID 1/3

Loop ID: 2000B Employer Hierarchical Information (Repeat >1)

SEGMENT: HL Hierarchical Level
WCNAME: EMPLOYER HIERARCHICAL LEVEL
LEVEL: Detail
POSITION: 0010
LOOP: 2000B Repeat: >1
USAGE: Required
MAX USE: 1
PURPOSE: To identify dependencies among and the content of hierarchically related groups of data segments. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating employee to employer, and employer to insurer. The HL segment defines a top-down/left-right ordered structure.
EXAMPLE: HL*2*1* EM*1~

DATA ELEMENT SUMMARY

HL01 628	HIERARCHICAL ID NUMBER A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Note: The first HL01 within each ST-SE envelope must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. <p style="text-align: center;">Required</p>	M AN 1/12
HL02 734	HIERARCHICAL PARENT ID NUMBER Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. <p style="text-align: center;">Required</p>	O AN 1/12
HL03 735	HIERARCHICAL LEVEL CODE Code defining the characteristic of a level in a hierarchical structure. <p style="text-align: center;">Required EM = Employer</p>	M ID 1/2
HL04 736	HIERARCHICAL CHILD CODE Code indicating if there are hierarchical child data segments subordinate to the level being described. <p style="text-align: center;">Required 1 = Additional subordinate HL data segment in this hierarchical structure</p>	O ID 1/1

Loop ID: 2010BA Employer Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WCNAME: EMPLOYER NAME
LEVEL: Detail
POSITION: 0150
LOOP: 2010BA
USAGE: Required
MAX USE: 1
PURPOSE: To supply the full name of an individual or organizational entity. Identifies employer at time of injury.
EXAMPLE: NM1*36*2*PENNSYLVANIA HEATING AND COOLING*****EI*123456789~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organizational entity, a physical location, property, or an individual. Required 36 = Employer	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Required 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Individual last name or organization name. Required DN0018 Employer Name	O AN 1/60
NM104 1036	NAME FIRST Not Used	O AN 1/35
NM105 1037	NAME MIDDLE Not Used	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Not Used	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Situational Required when NM109 is reported. EI = Federal Taxpayer's Identification Number	X ID 1/2

NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required when the reported medical bill was not denied based on lack of coverage. DN0016 Employer FEIN	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: N3 Party Location
WC NAME: EMPLOYER'S ADDRESS
LEVEL: Detail
POSITION: 0250
LOOP: 2010BA
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166	ADDRESS INFORMATION Free-form description used for address information. Required DN0019 Employer Physical Primary Address	M AN 1/55
N302 166	ADDRESS INFORMATION Free-form description used for address information. Situational Required when there is a second address line. If not required by this implementation guide, do not send. DN0020 Employer Physical Secondary Address	O AN 1/55

SEGMENT: N4 Geographic Location
WC NAME: EMPLOYER'S CITY, STATE, AND POSTAL CODE
LEVEL: Detail
POSITION: 0300
LOOP: 2010BA
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the geographic place of the named party.
EXAMPLE: N4*CENTERVILLE*PA*17111~

DATA ELEMENT SUMMARY

N401 19	CITY NAME Free-form description used for city name. Required DN0021 Employer Physical City	O AN 2/30
N402 156	STATE OR PROVINCE CODE Code (Standard State/Province) as defined by appropriate government agency. Situational Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. DN0022 Employer Physical State Code	O ID 2/2
N403 116	POSTAL CODE Code defining international postal zone code, excluding punctuation and blanks (zip code for United States). Situational Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. DN0023 Employer Physical Postal Code	O ID 3/15
N404 26	COUNTRY CODE Code identifying the country. Note: Use the alpha-2 country codes from Part 1 of ISO 3166. Situational Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. DN0164 Employer Physical Country Code	O ID 2/3
N405 309	LOCATION QUALIFIER Not Used	X ID 1/2
N406 310	LOCATION IDENTIFIER Not Used	O AN 1/30
N407 1715	COUNTRY SUBDIVISION CODE Not Used	X ID 1/3

Loop ID: 2000C Claimant Hierarchical Information (Repeat >1)

SEGMENT: HL Hierarchical Level
WC NAME: CLAIMANT HIERARCHICAL LEVEL
LEVEL: Detail
POSITION: 0010
LOOP: 2000C Repeat: >1
USAGE: Required
MAX USE: 1
PURPOSE: To identify dependencies among and the content of hierarchically related groups of data segments. The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating employee to employer, and employer to insurer. The HL segment defines a top-down/left-right ordered structure.
EXAMPLE: HL*3*2*CL*0~

DATA ELEMENT SUMMARY

HL01 628	HIERARCHICAL ID NUMBER A unique number assigned by the sender to identify a particular data segment in a hierarchical structure. Note: The first HL01 within each ST-SE envelope must begin with '1' and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01. Required	M AN 1/12
HL02 734	HIERARCHICAL PARENT ID NUMBER Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to. Required	O AN 1/12
HL03 735	HIERARCHICAL LEVEL CODE Code defining the characteristic of a level in hierarchical structure. Required CL = Claimant	M ID 1/2
HL04 736	HIERARCHICAL CHILD CODE Code identifying if there are hierarchical child data segments subordinate to the level being described. Required 0 = No subordinate HL segment in this hierarchical structure.	O ID 1/1

SEGMENT: DTP Date or Time or Period
WC NAME: DATE OF INJURY
LEVEL: Detail
POSITION: 0090
LOOP: 2000C
USAGE: Required
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
EXAMPLE: DTP*558*D8*19920101~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER	M ID 3/3
	Code specifying type of date or time, or both date and time.	
	Required 558 = Injury or Illness	
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER	M ID 2/3
	Code indicating the date format, time format, or date and time format.	
	Required D8 = Date Expressed in Format CCYYMMDD	
	RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD	
DTP03 1251	DATE TIME PERIOD	M AN 1/35
	Expression of a date, a time, or range of dates, times, or dates and times.	
	Required DN0031 Date of Injury	

Loop ID: 2010CA Claimant Information (Repeat 1)
--

SEGMENT: NM1 Individual or Organizational Name
WC NAME: CLAIMANT NAME
LEVEL: Detail
POSITION: 0150
LOOP: 2010CA
USAGE: Required
MAX USE: 1
PURPOSE: To supply the full name of an individual.
EXAMPLE: NM1*CC*1*DOE*SALLY*J***34*012345678~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE	M ID 2/3
	Code identifying an organizational entity, a physical location, property, or an individual.	
	Required CC = Claimant	
NM102 1065	ENTITY TYPE QUALIFIER	M ID 1/1
	Code qualifying the type of entity.	
	Required 1 = Person	

NM103 1035	NAME LAST OR ORGANIZATION NAME Individual last name or organizational name. Required DN0043 Employee Last Name	O AN 1/60
NM104 1036	NAME FIRST Identifies individual first name. Situational Required when NM102 = 1 (person) and the person has a first name. DN0044 Employee First Name	O AN 1/35
NM105 1037	NAME MIDDLE Identifies individual middle name or initial. Situational Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. DN0045 Employee Middle Name/Initial	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Suffix to individual name. Situational Required when NM102 = 1 (person) and the suffix of the person is needed to identify the individual. DN0255 Employee Last Name Suffix	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Required 34 = Social Security Number EI = Employee ID Assigned by Jurisdiction ZZ = Mutually Defined (see jurisdiction's implementation guide or regulations)	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Required If '34' use DN0042 Employee SSN If 'EI' use DN0154 Employee ID Assigned by Jurisdiction If 'ZZ' refer to jurisdiction's implementation guide or regulations; options include but are not limited to DN0153 Employee Green Card, DN0156 Employee Passport Number, and DN0152 Employee Employment Visa	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: N3 Party Location
WC NAME: CLAIMANT ADDRESS
LEVEL: Detail
POSITION: 0250
LOOP: 2010CA
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*RFD 10*100 COUNTRY LANE~

DATA ELEMENT SUMMARY

N301 166	ADDRESS INFORMATION Free-form description used for address information. Required DN0046 Employee Mailing Primary Address	M AN 1/55
N302 166	ADDRESS INFORMATION Free-form description used for address information. Situational Required when there is a second address line. If not required by this implementation guide, do not send. DN0047 Employee Mailing Secondary Address	O AN 1/55

SEGMENT: N4 Geographic Location
WC NAME: CLAIMANT CITY, STATE, AND POSTAL CODE
LEVEL: Detail
POSITION: 0300
LOOP: 2010CA
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the geographical place of the named party. The trading partner agreement should indicate that either the city and state, or the zip code be mandatory.
EXAMPLE: N4*CORNFIELD TOWNSHIP*IA*99999~

DATA ELEMENT SUMMARY

N401 19	CITY NAME Free-form description used for city name. Required DN0048 Employee Mailing City	O AN 2/30
N402 156	STATE OR PROVINCE CODE Code (Standard State/Province) as defined by appropriate government agency. Situational Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. DN0049 Employee Mailing State Code	O ID 2/2

N403 116	POSTAL CODE Code defining international postal zone code excluding punctuation and blanks (zip code for the United States). Situational Required when the address is in the United States of America, including its territories, or Canada; or when a postal code exists for the country listed in N404. If not required by this implementation guide, do not send. DN0050 Employee Mailing Postal Code	O ID 3/15
N404 26	COUNTRY CODE Code identifying the country. Note: Use the alpha-2 country codes from Part 1 of ISO 3166. Situational Required when the address is outside the United States of America. If not required by this implementation guide, do not send. DN0155 Employee Mailing Country Code	O ID 2/3
N405 309	LOCATION QUALIFIER Not Used	X ID 1/2
N406 310	LOCATION IDENTIFIER Not Used	O AN 1/30
N407 1715	COUNTRY SUBDIVISION CODE Not Used	X ID 1/3

SEGMENT: **DMG Demographic Information**
WC NAME: CLAIMANT DEMOGRAPHIC INFORMATION
LEVEL: Detail
POSITION: 0320
LOOP: 2010CA
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To supply demographic information.
EXAMPLE: DMG*D8*19530101*F~

DATA ELEMENT SUMMARY

DMG01 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
DMG02 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0052 Employee Date of Birth	X AN 1/35

DMG03 1068 GENDER CODE	O ID 1/1
Code indicating the sex of the individual.	
Required DN0053 Employee Gender Code	
F = Female	
M = Male	
U = Unknown	
DMG04 1067 MARITAL STATUS CODE	O ID 1/1
Not Used	
DMG05 1109 RACE OR ETHNICITY CODE	O ID 1/1
Not Used	
DMG06 1066 CITIZENSHIP STATUS CODE	O ID 1/2
Not Used	
DMG07 26 COUNTRY CODE	O ID 2/3
Not Used	
DMG08 659 BASIS OF VERIFICATION CODE	O ID 1/2
Not Used	
DMG09 380 QUANTITY	O R 1/15
Not Used	
DMG10 1270 CODE LIST QUALIFIER CODE	X ID 1/3
Not Used	
DMG11 1271 INDUSTRY CODE	X AN 1/30
Not Used	

SEGMENT: REF Reference Information
WC NAME: CLAIM ADMINISTRATOR CLAIM NUMBER
LEVEL: Detail
POSITION: 0350
LOOP: 2010CA
USAGE: Required
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE: REF*Y1*528779999~

DATA ELEMENT SUMMARY

REF01 128 REFERENCE IDENTIFICATION QUALIFIER	M ID 2/3
Code qualifying the Reference Identification.	
Required Y1 = Claim Administrator Claim Number	

REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0015 Claim Administrator Claim Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: **REF Reference Information**

WC NAME: REPLACEMENT CLAIM ADMINISTRATOR CLAIM NUMBER

LEVEL: Detail

POSITION: 0350

LOOP: 2010CA

USAGE: Situational. Required when submitting a corrected and verified original record (CLM19 = '02') or a replacement record (CLM19 = '05') and the claim administrator claim number is different than the number reported in previous records related to this medical bill.

MAX USE: 1

PURPOSE: To specify identifying information.

NOTE: This segment is intended to provide information to the jurisdiction when the claim administrator changes its claim number due to acquired claims or a change in system, third party administrator, or other similar matters. After the submission of the corrected and verified original record, subsequent records related to the individual medical bill will report the "new" claim number in the Claim Administrator Claim Number REF segment and this segment will not be sent.

EXAMPLE: REF*9E*WC12345678~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required 9E = Replacement Claim Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0015 Claim Administrator Claim Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: REF Reference Information
WC NAME: JURISDICTION ASSIGNED CLAIM NUMBER
LEVEL: Detail
POSITION: 0350
LOOP: 2010CA
USAGE: Situational. Required when the insurer, claim administrator, or reporting entity has received the jurisdiction's assigned claim number.
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE: REF*Y4*10963852741~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required Y4 = Agency Claim Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0005 Jurisdiction Claim Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: PER Administrative Communications Contact
WC NAME: CLAIMANT TELEPHONE NUMBER
LEVEL: Detail
POSITION: 0450
LOOP: 2010CA
USAGE: Situational. Required when the claimant's telephone number was included on the medical bill received by the insurer or claims administrator.
MAX USE: 1
PURPOSE: To identify a person or office to whom administrative communications should be directed.
EXAMPLE: PER*CT**TE*8885559999~

DATA ELEMENT SUMMARY

PER01 366	CONTACT FUNCTION CODE Code identifying the major duty or responsibility of the person or group named. Required CT = Claimant	M ID 2/2
PER02 93	NAME Not Used	O AN 1/60

PER03 365	COMMUNICATION NUMBER QUALIFIER Code identifying the type of communication number. Required TE = Telephone	X ID 2/2
PER04 364	COMMUNICATION NUMBER Complete communications number including country or area code when applicable. Required DN0051 Employee Phone Number	X 1/256
PER05 365	COMMUNICATION NUMBER QUALIFIER Not Used	X ID 2/2
PER06 364	COMMUNICATION NUMBER Not Used	X 1/256
PER07 365	COMMUNICATION NUMBER QUALIFIER Not Used	X ID 2/2
PER08 364	COMMUNICATION NUMBER Not Used	X 1/256
PER09 443	CONTACT INQUIRY REFERENCE Not Used	O A/N 1/20

Loop ID: 2300 Billing Information (Repeat 100)

SEGMENT: CLM Health Claim
WC NAME: BILL RECORD INFORMATION
LEVEL: Detail
POSITION: 1300
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To specify basic data about the bill record.
EXAMPLE: CLM*A37YH556*500**O*11:B*****H***00~

DATA ELEMENT SUMMARY

CLM01 1028	CLAIM SUBMITTER'S IDENTIFIER Identifier used to track a bill from creation by the health care provider through payment. Note: This is used to reference or match a specific bill or invoice number and may be the patient control number or patient account number assigned by the health care provider. Medical bill record acknowledgments will not return this number as a transaction identifier, but will use the Unique Bill ID Number (DN0500) passed in the REF segment. Required DN0523 Billing Provider Unique Bill Identification Number	M AN 1/38
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CLM02 782 MONETARY AMOUNT O R 1/18

Total amount of all submitted charges of service segments for this bill record.

Note: If the amount is whole dollars only (no cents involved), do NOT pass the decimal and zeros to the right of the decimal. The reported amount must be equal to or greater than zero. The Total Charge Per Bill (DN0501) must balance to the sum of all service line charge amounts for the medical bill record. If CLM19 = '09' (encounter), value must be zero.

Required DN0501 Total Charge Per Bill

CLM03 1032 CLAIM FILING INDICATOR CODE O ID 1/2
Not Used

CLM04 1343 NON-INSTITUTIONAL CLAIM TYPE CODE O ID 1/2

Code identifying the type of provider or bill.

Note: This data element is not contained in electronic billing transactions. It is used to identify the general type of medical bills that are contained in summary or aggregate records. When specific medical bills are reported that include the line level information, it is recommended that the non-institutional bill type be determined through procedure codes or some other method.

Situational Required when reporting aggregate or summary records.
DN0502 Billing Type Code

O = Other
CH = Chiropractic
DD = Dentist or Dental
HS = Hospital
MD = Physician or Medical
PD = Podiatry

CLM05 C023 HEALTH CARE SERVICE LOCATION INFORMATION O

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

Note: CLM05 applies to all service lines unless it is overwritten at the line level.

Situational Required when the medical bill record contains distinct services (does not contain both institutional and non-institutional services).

CLM05-1 1331 FACILITY CODE VALUE M AN 1/2

Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for all non-institutional services.

Required DN0504 Facility Code
("A" must be passed in CLM05-2)
DN0555 Place of Service Bill Code
("B" must be passed in CLM05-2)

CLM05-2 1332 FACILITY CODE QUALIFIER	O ID 1/2
Code identifying the type of facility referenced. Note: All medical bill/payment records that are related to non-institutional services must use 'B' Place of Service Code.	
Required	DN0503 Billing Format Code
	A = Uniform Billing Claim Form Bill Type
	B = Place of Service Code
CLM05-3 1325 CLAIM FREQUENCY TYPE CODE	O ID 1/1
Code specifying the frequency of the bill; this is the third position of the Uniform Billing Claim Form Bill Type.	
Situational	Required when CLM05-2 = 'A' (Uniform Billing Claim Form Bill Type).
	DN0505 Bill Frequency Type Code
CLM06 1073 YES/NO CONDITION OR RESPONSE CODE	O ID 1/1
Not Used	
CLM07 1359 PROVIDER ACCEPT ASSIGNMENT CODE	O ID 1/1
Not Used	
CLM08 1073 YES/NO CONDITION OR RESPONSE CODE	O ID 1/1
Not Used	
CLM09 1363 RELEASE OF INFORMATION CODE	O ID 1/1
Not Used	
CLM10 1351 PATIENT SIGNATURE SOURCE CODE	O ID 1/1
Not Used	
CLM11 C024 RELATED CAUSES INFORMATION	O
Not Used	
CLM12 1366 SPECIAL PROGRAM CODE	O ID 2/3
Not Used	
CLM13 1073 YES/NO CONDITION OR RESPONSE CODE	O ID 1/1
Not Used	
CLM14 1338 LEVEL OF SERVICE CODE	O ID 1/3
Not Used	
CLM15 1073 YES/NO CONDITION OR RESPONSE CODE	O ID 1/1
Not Used	

CLM16 1360 PROVIDER AGREEMENT CODE **O ID 1/1**

Code indicating provider-billing agreement that is applicable to the bill.

Situational Required when a relationship exists or if mandated by the jurisdiction's implementation guide or regulations.

DN0507 Provider Agreement Code

H = Health Maintenance Organization (HMO) Agreement

An organized arrangement of health care professionals providing comprehensive health care to a group of individuals who agree to utilize the network of providers.

N = No Agreement

P = Participation Agreement

Any agreement between the provider of service and the plan administrator.

Y = Preferred Provider Organization (PPO) Agreement

An agreement between the provider of service and the plan administrator where the fee for service may differ from the usual prevailing fee.

CLM17 1029 CLAIM STATUS CODE **O ID 1/2**
Not Used

CLM18 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**
Not Used

CLM19 1383 CLAIM SUBMISSION REASON CODE **O ID 2/2**

Code identifying reason for bill submission.

Note: The purpose of this code is to differentiate between different types of medical EDI record submissions.

Required DN0508 Bill Submission Reason Code

- 00 = Original**
- 01 = Cancellation**
- 02 = Corrected and Verified Original Claim**
- 05 = Replace**
- 09 = Encounter**

CLM20 1514 DELAY REASON CODE **O ID 1/2**
Not Used

SEGMENT: DTP Date or Time or Period
WC NAME: DATE INSURER RECEIVED BILL
LEVEL: Detail
POSITION: 1350
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
NOTE: When the payment action was based on a decision outside the payer's control (e.g., court judgment, approved settlement, etc.), this segment will contain the date the payer received the document that triggered the payment action.
EXAMPLE: DTP*050*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Note: This code indicates the date that the claim administrator received the bill. Required 050 = Received	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times or dates and times. Required DN0511 Date Insurer Received Bill	M AN 1/35

SEGMENT: DTP Date or Time or Period
WC NAME: DATE AND TIME OF ADMISSION
LEVEL: Detail
POSITION: 1350
LOOP: 2300
USAGE: Situational. Required when reporting inpatient medical bills.
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
NOTE: Jurisdictions that require this data to be submitted in a particular format ('D8' or 'DT') must specify the requirement in their regulatory framework or implementation guide.
EXAMPLE: DTP*435*D8*19970114~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Required 435 = Admission	M ID 3/3
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DTP02 1250 DATE TIME PERIOD FORMAT QUALIFIER M ID 2/3

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

Required D8 = Date expressed in format CCYYMMDD
DT = Date and time expressed in format CCYYMMDDHHMM

DTP03 1251 DATE TIME PERIOD M AN 1/35

Expression of a date, a time, or range of dates, times, or date and times.

Note: If DT is used, then submit DN0513 and DN0622. If D8 is used, submit only DN0513.

Required DN0513 Admission Date
DN0622 Admission Hour

SEGMENT: DTP Date or Time or Period

WC NAME: DATE AND TIME OF DISCHARGE

LEVEL: Detail

POSITION: 1350

LOOP: 2300

USAGE: Situational. Required when reporting final inpatient medical bills.

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

NOTE: Jurisdictions that require this data to be submitted in a particular format ('D8' or 'DT') must specify the requirement in their regulatory framework or implementation guide.

EXAMPLE: DTP*096*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374 DATE/TIME QUALIFIER M ID 3/3

Code specifying type of date or time or both date and time.

Required 096 = Discharge

DTP02 1250 DATE TIME PERIOD FORMAT QUALIFIER M ID 2/3

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

Required D8 = Date expressed in format CCYYMMDD
DT = Date and time expressed in format CCYYMMDDHHMM

DTP03 1251 DATE TIME PERIOD M AN 1/35

Expression of a date, a time or range of dates, times or dates and times.

Note: If DT is used, submit DN0514 and DN0623. If D8 is used, submit DN0514 only.

Required DN0514 Discharge Date
DN0623 Discharge Hour

SEGMENT: DTP Date or Time or Period
WC NAME: SERVICE DATE(S) RANGE
LEVEL: Detail
POSITION: 1350
LOOP: 2300
USAGE: Situational. Required when reporting an institutional medical bill and the line level service date(s) are included; an aggregate or summary record which combines different services for jurisdictional reporting purposes (such as a “lien” bill record); or when required by the jurisdictional regulatory framework or implementation guides.
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
EXAMPLE: DTP*472*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Required 472 = Service	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times or dates and times. Required DN0509 Service Bill Date(s) Range	M AN 1/35

SEGMENT: DTP Date or Time or Period
WC NAME: DATE OF PRESCRIPTION
LEVEL: Detail
POSITION: 1350
LOOP: 2300
USAGE: Situational. Required when the SV4 Drug Service segment is reported. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
NOTE: Dates in loop 2300 apply to all service lines within loop 2400 unless overridden at the line level. This would be the date that the prescription was written.
EXAMPLE: DTP*471*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Required 471 = Prescription	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format Required D8 = Date expressed in format CCYYMMDD RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times Required DN0527 Prescription Date(s) Range	M AN 1/35

SEGMENT: DTP Date or Time or Period
WC NAME: DATE OF BILL
LEVEL: Detail
POSITION: 1350
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
NOTE: When the payment action was based on a decision outside the provider's control (e.g., court judgment, approved settlement, etc.), this segment will contain the date of the document that triggered the payment action.
EXAMPLE: DTP*434*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Note: Code indicating the date of the provider's statement (Box 86 on UB04 or Box 31 on CMS-1500). Required 434 = Statement	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0510 Date of Bill	M AN 1/35

SEGMENT: DTP Date or Time or Period
WC NAME: DATE INSURER PAID BILL
LEVEL: Detail
POSITION: 1350
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period.
NOTE: The date the insurer or the claim administrator paid or denied the medical bill related to the payment event that triggered the reporting requirement. In situations involving refunds by health care provider, this is the date that the insurer or claim administrator received the refund.
EXAMPLE: DTP*666*D8*19970115~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Note: Code indicating paid/credited date for the bill. Required 666 = Date Paid	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time or range of dates, times, or dates and times. Required DN0512 Date Insurer Paid Bill	M AN 1/35

SEGMENT: CL1 Claim Codes
WC NAME: ADMISSION TYPE
LEVEL: Detail
POSITION: 1400
LOOP: 2300
USAGE: Situational. Required when reporting institutional services and the type of bill being reported has a general designation of inpatient in the NUBC Official UB-04 Data Specifications Manual.
MAX USE: 1
PURPOSE: To supply information specific to hospital bills.
EXAMPLE: CL1*1~

DATA ELEMENT SUMMARY

CL101 1315	ADMISSION TYPE CODE Code indicating the priority of this admission. Required DN0577 Admission Type Code	O ID 1/1
CL102 1314	ADMISSION SOURCE CODE Not Used	O ID 1/1

CL103 1352 PATIENT STATUS CODE
Not Used

O ID 1/2

CL04 1345 NURSING HOME RESIDENTIAL STATUS CODE
Not Used

O ID 1/1

SEGMENT: CN1 Contract Information

WC NAME: CONTRACT INFORMATION

LEVEL: Detail

POSITION: 1600

LOOP: 2300

USAGE: Situational. Required when the medical services are subject to contractual adjustments and the post-adjudication reimbursement was impacted by the contract. If not required by this implementation guide, do not send.

MAX USE: 1

PURPOSE: To specify basic data about the contract or contract line item.

EXAMPLE: CN1*01~

DATA ELEMENT SUMMARY

CN101 1166 CONTRACT TYPE CODE

M ID 2/2

Code identifying a contract type.

Note: **Diagnosis Related Group (DRG)** is a patient classification scheme which provides a means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting.

Per Diem is a contract which allows certain charges to be on a rate per day basis.

Variable Per Diem is a contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant.

Flat is a contract between the provider of service and the destination payer whereby the flat rate charges may differ from the total itemized charges.

Capitation is a contract between the provider of service and the destination payer which allows payment to the provider of service on a per member per month basis.

Required DN0515 Contract Type Code

01	=	Diagnosis Related Group (DRG)
02	=	Per Diem
03	=	Variable Per Diem
04	=	Flat
05	=	Capitated
06	=	Percent
09	=	Other

CN102 782	MONETARY AMOUNT Not Used	O R 1/18
CN103 332	PERCENT, DECIMAL FORMAT Not Used	O R 1/6
CN104 127	REFERENCE IDENTIFICATION Not Used	O AN 1/30
CN105 338	TERMS DISCOUNT PERCENT Not Used	O R 1/6
CN106 799	VERSION IDENTIFIER Not Used	O AN 1/30

SEGMENT: **AMT Monetary Amount Information**
WC NAME: TOTAL AMOUNT PAID PER BILL
LEVEL: Detail
POSITION: 175
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the total monetary amount paid per bill.
EXAMPLE: AMT*TP*325~
NOTE: This segment reports the amount the payer paid related to the payment action that is being reported. This segment does not contain the total aggregate amount that may have been paid on a single medical bill involving multiple payment actions.

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Required TP = Total Payment Amount	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimals and zeros to the right of the decimal. The Total Amount Paid Per Bill may be positive, negative, or zero. The Total Amount Paid Per Bill must balance to the sum of all line level payments when service lines are reported. Required DN0516 Total Amount Paid Per Bill	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

SEGMENT: REF Reference Information
WC NAME: UNIQUE BILL IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 1800
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To specify identifying information.
NOTE: Reference numbers at this position apply to the entire bill. This is the unique bill number assigned by the insurer or the insurer's agent. This same number will be used to report subsequent reportable events related to the same medical bill, such as appeals or refunds.
EXAMPLE: REF*DD*13579~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required DD = Document Identification Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0500 Unique Bill ID Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: REF Reference Information
WC NAME: RECORD TRANSMISSION TRACKING NUMBER
LEVEL: Detail
POSITION: 1800
LOOP: 2300
USAGE: Required
MAX USE: 1
PURPOSE: To specify identifying information.
NOTE: This is the Record Transmission Tracking Number. This is a forever unique number assigned by the sender to each medical bill record being sent. When issuing a DN0266 Transaction Tracking Number, the sender should never reuse a number for any subsequent medical bill records.
EXAMPLE: REF*2I*TJ98UU321~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Note: Transaction Tracking Number or Bill Reference Identification Number. Required 2I = Tracking Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0266 Transaction Tracking Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: REF Reference Information
WC NAME: TREATMENT AUTHORIZATION NUMBER
LEVEL: Detail
POSITION: 1800
LOOP: 2300
USAGE: Situational. Required when the service was preauthorized and the preauthorization number was contained on the medical bill received by the insurer or claim administrator.
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE: REF*G1*444444~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Note: Prior Authorization Number is an authorization number acquired prior to the submission of a bill. Required G1 = Prior Authorization	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0581 Treatment Authorization Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: REF Reference Information
WC NAME: SETTLEMENT OR AWARD IDENTIFIER
LEVEL: Detail
POSITION: 1800
LOOP: 2300
USAGE: Situational. Required when reporting aggregate or summary records as a result of a settlement or award.
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE: REF*SMC*SF~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required SMC = Settlement Method Code	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0293 Lump Sum Payment/Settlement Code SP = Settlement Partial SF = Settlement Full AW = Award	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: HI Health Care Information Codes
WC NAME: INSTITUTIONAL BILL PRINCIPAL DIAGNOSIS
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when reporting institutional claims
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care
NOTES: Do not report this segment when reporting non-institutional claims. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*BK:8901~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Required	M
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HI01-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABK = International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis BK = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis	M ID 1/3
HI01-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0521 Principal Diagnosis Code	M AN 1/30
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI01-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI01-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI01-6 380	QUANTITY Not Used	O R 1/15
HI01-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI01-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI03 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O

HI04 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI05 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI06 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI07 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI08 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI09 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI10 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI11 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O
HI12 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Note: The diagnosis listed in this element is assumed to be the principal diagnosis. Not Used	O

SEGMENT: **HI Health Care Information Codes**
WC NAME: INSTITUTIONAL BILL ADMITTING DIAGNOSIS
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when reporting institutional claims and an inpatient admission was involved.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTES: Do not report this segment when reporting non-institutional claims. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*BJ:8901~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION	M
	To send health care codes and their associated dates, amounts, and quantities. Required	
HI01-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list. Required ABJ = International Classification of Diseases Clinical Modification (ICD-10-CM) Admitting Diagnosis BJ = International Classification of Diseases Clinical Modification (ICD-9-CM) Admitting Diagnosis	
HI01-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list. Required DN0535 Admitting Diagnosis Code	
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Not Used	
HI01-4 1251	DATE TIME PERIOD	X AN 1/35
	Not Used	
HI01-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI01-6 380	QUANTITY	O R 1/15
	Not Used	
HI01-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	
HI01-8 1271	INDUSTRY CODE	X AN 1/30
	Not Used	
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE	X ID 1/1
	Not Used	

HI02 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI02-1 1270	CODE LIST QUALIFIER CODE Not Used	M ID 1/3
HI03 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI04 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI05 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI06 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI07 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI08 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI09 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI10 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI11 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI12 C022	HEALTH CARE CODE INFORMATION Not Used	O

SEGMENT: HI Health Care Information Codes
WC NAME: INSTITUTIONAL BILL OTHER DIAGNOSIS
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when other diagnoses related to an institutional claim must be reported.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTES: Do not report this segment when reporting non-institutional claims. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*BF:8901*BF:87200*BF:5559~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION	M
	To send health care codes and their associated dates, amounts and quantities. Required	
HI01-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	
HI01-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Not Used	
HI01-4 1251	DATE TIME PERIOD	X AN 1/35
	Not Used	
HI01-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI01-6 380	QUANTITY	O R 1/15
	Not Used	
HI01-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	
HI01-8 1271	INDUSTRY CODE	X AN 1/30
	Not Used	
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE	X ID 1/1
	Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	
HI02 C022	HEALTH CARE CODE INFORMATION	O
	To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	

HI02-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI02-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI02-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI02-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI02-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI02-6 380	QUANTITY Not Used	O R 1/15
HI02-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI02-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI02-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI03 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI03-1 120	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3

HI03-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI03-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI03-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI03-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI03-6 380	QUANTITY Not Used	O R 1/15
HI03-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI03-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI03-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI04 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI04-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI04-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI04-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3

HI04-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI04-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI04-6 380	QUANTITY Not Used	O R 1/15
HI04-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI04-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI04-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI05 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI05-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI05-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI05-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI05-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI05-5 782	MONETARY AMOUNT Not Used	O R 1/18

HI05-6 380	QUANTITY Not Used	O R 1/15
HI05-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI05-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI05-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI06 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI06-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI06-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI06-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI06-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI06-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI06-6 380	QUANTITY Not Used	O R 1/15
HI06-7 799	VERSION IDENTIFIER Not Used	O AN 1/30

HI06-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI06-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI07 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must reported and the prior HI data elements have been used.	O
HI07-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI07-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI07-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI07-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI07-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI07-6 380	QUANTITY Not Used	O R 1/15
HI07-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI07-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI07-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI08 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI08-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI08-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI08-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI08-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI08-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI08-6 380	QUANTITY Not Used	O R 1/15
HI08-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI08-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI08-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI09 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI09-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI09-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI09-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI09-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI09-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI09-6 380	QUANTITY Not Used	O R 1/15
HI09-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI09-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI09-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI10 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI10-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI10-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI10-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI10-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI10-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI10-6 380	QUANTITY Not Used	O R 1/15
HI10-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI10-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI10-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI11 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI11-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI11-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI11-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI11-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI11-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI11-6 380	QUANTITY Not Used	O R 1/15
HI11-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI11-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI11-9 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No response. Situational Required when included on the hospital bill. DN0533 Present on Admission Indicator N = No U = Unknown W = Not Applicable Y = Yes	X ID 1/1
HI12 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional other diagnosis must be reported and the prior HI data elements have been used.	O
HI12-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI12-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI12-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI12-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI12-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI12-6 380	QUANTITY Not Used	O R 1/15
HI12-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI12-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI12-9 1073 YES/NO CONDITION OR RESPONSE CODE **X ID 1/1**
 Code indicating a Yes or No response.
Situational Required when included on the hospital bill.
DN0533 Present on Admission Indicator
N = No
U = Unknown
W = Not Applicable
Y = Yes

SEGMENT: **HI Health Care Information Codes**
WC NAME: OUTPATIENT REASON FOR VISIT
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when reporting outpatient medical bills and the reason for visit was included on the medical bill.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTES: Do not report this segment when reporting non-institutional claims. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*PR:8901~

DATA ELEMENT SUMMARY

HI01 C022 HEALTH CARE CODE INFORMATION **M**
 To send health care codes and their associated dates, amounts, and quantities.
Required

HI01-1 1270 CODE LIST QUALIFIER CODE **M ID 1/3**
 Code identifying a specific industry code list.
Required **APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit**
PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit

HI01-2 1271 INDUSTRY CODE **M AN 1/30**
 Code indicating a code from a specific industry code list.
Required **DN0520 Outpatient Reason for Visit Code**

HI01-3 1250 DATE TIME PERIOD FORMAT QUALIFIER **X ID 2/3**
Not Used

HI01-4 1251 DATE TIME PERIOD **X AN 1/35**
Not Used

HI01-5 782 MONETARY AMOUNT **O R 1/18**
Not Used

HI01-6 380	QUANTITY Not Used	O R 1/15
HI01-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI01-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional Patient's Reason for Visit must be reported and the prior HI data elements have been used.	O
HI02-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI02-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI02-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI02-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI02-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI02-6 380	QUANTITY Not Used	O R 1/15
HI02-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI02-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI02-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

HI03 C022	HEALTH CARE CODE INFORMATION	O
	To send health care codes and their associated dates, amounts, and quantities.	
	Situational Required when an additional Patient's Reason for Visit must be reported and the prior HI data elements have been used.	
HI03-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list.	
	Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	
HI03-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list.	
	Required DN0520 Outpatient Reason for Visit Code	
HI03-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Not Used	
HI03-4 1251	DATE TIME PERIOD	X AN 1/35
	Not Used	
HI03-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI03-6 380	QUANTITY	O R 1/15
	Not Used	
HI03-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	
HI03-8 1271	INDUSTRY CODE	X AN 1/30
	Not Used	
HI03-9 1073	YES/NO CONDITION OR RESPONSE CODE	X ID 1/1
	Not Used	
HI04 C022	HEALTH CARE CODE INFORMATION	O
	Code identifying a specific industry code list.	
	Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	
HI04-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list.	
	Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	

HI04-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI04-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI04-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI04-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI04-6 380	QUANTITY Not Used	O R 1/15
HI04-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI04-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI04-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI05 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O
HI05-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI05-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI05-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI05-4 1251	DATE TIME PERIOD Not Used	X AN 1/35

HI05-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI05-6 380	QUANTITY Not Used	O R 1/15
HI05-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI05-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI05-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI06 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O
HI06-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI06-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI06-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI06-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI06-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI06-6 380	QUANTITY Not Used	O R 1/15
HI06-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI06-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI06-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI07 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O
HI07-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI07-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI07-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI07-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI07-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI07-6 380	QUANTITY Not Used	O R 1/15
HI07-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI07-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI07-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI08 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O

HI08-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI08-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI08-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI08-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI08-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI08-6 380	QUANTITY Not Used	O R 1/15
HI08-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI08-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI08-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI09 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O
HI09-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI09-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30

HI09-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI09-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI09-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI09-6 380	QUANTITY Not Used	O R 1/15
HI09-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI09-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI09-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI10 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O
HI10-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI10-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI10-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI10-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI10-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI10-6 380	QUANTITY Not Used	O R 1/15

HI10-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI10-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI10-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI11 C022	HEALTH CARE CODE INFORMATION Code identifying a specific industry code list. Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	O
HI11-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	M ID 1/3
HI11-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0520 Outpatient Reason for Visit Code	M AN 1/30
HI11-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI11-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI11-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI11-6 380	QUANTITY Not Used	O R 1/15
HI11-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI11-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI11-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

HI12 C022	HEALTH CARE CODE INFORMATION	O
	Code identifying a specific industry code list.	
	Situational APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	
HI12-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list.	
	Required APR = International Classification of Diseases Clinical Modification (ICD-10-CM) Patient's Reason for Visit PR = International Classification of Diseases Clinical Modification (ICD-9-CM) Patient's Reason for Visit	
HI12-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list.	
	Required DN0520 Outpatient Reason for Visit Code	
HI12-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Not Used	
HI12-4 1251	DATE TIME PERIOD	X AN 1/35
	Not Used	
HI12-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI12-6 380	QUANTITY	O R 1/15
	Not Used	
HI12-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	
HI12-8 1271	INDUSTRY CODE	X AN 1/30
	Not Used	
HI12-9 1073	YES/NO CONDITION OR RESPONSE CODE	X ID 1/1
	Not Used	

SEGMENT: HI Health Care Information Codes
WC NAME: NON-INSTITUTIONAL DIAGNOSIS CODES
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when the SV1 Professional Services segment is reported. Required when the SV3 Dental Services segment is reported and the diagnosis code is contained on the dental medical bill received by the claims administrator or insurer.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTES: Do not report this segment when reporting institutional services. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*BK:8901*BF:87200*BF:5559~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION	M
	To send health care codes and their associated dates, amounts, and quantities. The diagnosis listed in this element is assumed to be the principal diagnosis. Note: This code is assumed to be the principal diagnosis code on the claim and is associated with diagnosis pointer '1'. Situational	
HI01-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list. Required ABK = International Classification of Diseases Clinical Modification (ICD-10-CM) Principal Diagnosis BK = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis	
HI01-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Not Used	
HI01-4 1251	DATE TIME PERIOD	X AN 1/35
	Not Used	
HI01-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI01-6 380	QUANTITY	O R 1/15
	Not Used	
HI01-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	

HI01-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI02-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI02-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI02-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI02-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI02-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI02-6 380	QUANTITY Not Used	O R 1/15
HI02-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI02-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI02-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI03 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O

HI03-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI03-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI03-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI03-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI03-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI03-6 380	QUANTITY Not Used	O R 1/15
HI03-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI03-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI03-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI04 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI04-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI04-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI04-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format.	X ID 2/3

HI04-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI04-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI04-6 380	QUANTITY Not Used	O R 1/15
HI04-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI04-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI04-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI05 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI05-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI05-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI05-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI05-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI05-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI05-6 380	QUANTITY Not Used	O R 1/15
HI05-7 799	VERSION IDENTIFIER Not Used	O AN 1/30

HI05-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI05-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI06 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI06-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI06-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI06-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI06-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI06-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI06-6 380	QUANTITY Not Used	O R 1/15
HI06-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI06-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI06-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI07 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O

HI07-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI07-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI07-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI07-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI07-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI07-6 380	QUANTITY Not Used	O R 1/15
HI07-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI07-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI07-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI08 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI08-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI08-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI08-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3

HI08-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI08-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI08-6 380	QUANTITY Not Used	O R 1/15
HI08-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI08-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI08-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI09 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI09-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI09-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI09-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI09-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI09-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI09-6 380	QUANTITY Not Used	O R 1/15
HI09-7 799	VERSION IDENTIFIER Not Used	O AN 1/30

HI09-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI09-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI10 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI10-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI10-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI10-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI10-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI10-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI10-6 380	QUANTITY Not Used	O R 1/15
HI10-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI10-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI10-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI11 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O

HI11-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI11-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI11-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI11-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI11-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI11-6 380	QUANTITY Not Used	O R 1/15
HI11-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI11-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI11-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI12 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational Required when an additional diagnosis code must be reported and the prior HI data elements have been used.	O
HI12-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required ABF = International Classification of Diseases Clinical Modification (ICD-10-CM) Diagnosis BF = International Classification of Diseases Clinical Modification (ICD-9-CM) Diagnosis	M ID 1/3
HI12-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0522 Diagnosis Code	M AN 1/30
HI12-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3

HI12-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI12-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI12-6 380	QUANTITY Not Used	O R 1/15
HI12-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI12-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI12-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

SEGMENT: HI Health Care Information Codes
WC NAME: INSTITUTIONAL BILL PRINCIPAL PROCEDURE
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when reporting institutional inpatient bills when a procedure was billed.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTES: Do not report this segment when reporting non-institutional medical bill records. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*BR:8901:D8:19970101~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION	M
	To send health care codes and their associated dates, amounts, and quantities. The diagnosis listed in this element is assumed to be the principal diagnosis. Situational	
HI01-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list. Required BBR = International Classification of Diseases Clinical Modification (ICD-10-PCS) Principal Procedure Codes BR = International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure Codes	
HI01-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list. Required DN0525 Principal Procedure Code	

HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI01-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0550 Principal Procedure Date	X AN 1/35
HI01-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI01-6 380	QUANTITY Not Used	O R 1/15
HI01-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI01-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI03 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI04 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI05 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI06 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI07 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI08 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI09 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI10 C022	HEALTH CARE CODE INFORMATION Not Used	O

HI11 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI12 C022	HEALTH CARE CODE INFORMATION Not Used	O

SEGMENT: HI Health Care Information Codes
WC NAME: INSTITUTIONAL BILL OTHER PROCEDURE CODES
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required on institutional inpatient medical bills when other procedure codes were included on the medical bill.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTE: Do not report this segment when reporting non-institutional medical bill records. Do not transmit the decimal point for ICD codes. The decimal point is implied.
EXAMPLE: HI*BQ:807:D8:19970101~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational	M
HI01-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. BP-HCPCS principal procedure includes level 1 CPT procedure codes. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI01-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI01-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI01-5 782	MONETARY AMOUNT Not Used	O R 1/18

HI01-6 380	QUANTITY Not Used	O R 1/15
HI01-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI01-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI02-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI02-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI02-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI02-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI02-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI02-6 380	QUANTITY Not Used	O R 1/15
HI02-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI02-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI02-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI03 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI03-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI03-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI03-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI03-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI03-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI03-6 380	QUANTITY Not Used	O R 1/15
HI03-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI03-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI03-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI04 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O

HI04-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ= International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI04-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI04-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI04-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI04-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI04-6 380	QUANTITY Not Used	O R 1/15
HI04-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI04-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI04-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI05 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI05-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3

HI05-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI05-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI05-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI05-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI05-6 380	QUANTITY Not Used	O R 1/15
HI05-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI05-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI05-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI06 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI06-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI06-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI06-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3

HI06-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI06-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI06-6 380	QUANTITY Not Used	O R 1/15
HI06-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI06-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI06-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI07 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI07-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI07-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI07-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI07-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI07-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI07-6 380	QUANTITY Not Used	O R 1/15

HI07-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI07-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI07-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI08 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI08-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI08-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI08-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI08-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI08-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI08-6 380	QUANTITY Not Used	O R 1/15
HI08-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI08-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI08-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

HI09 C022	HEALTH CARE CODE INFORMATION	O
	To send health care codes and their associated dates, amounts, and quantities.	
	Situational 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.	
HI09-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list.	
	Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	
HI09-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list.	
	Required DN0736 Other Procedure Code	
HI09-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Code indicating the date format, time format, or date and time format.	
	Required D8 = Date expressed in format CCYYMMDD	
HI09-4 1251	DATE TIME PERIOD	X AN 1/35
	Expression of a date, a time, or range of dates, times, or dates and times.	
	Required DN0524 Procedure Date	
HI09-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI09-6 380	QUANTITY	O R 1/15
	Not Used	
HI09-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	
HI09-8 1271	INDUSTRY CODE	X AN 1/30
	Not Used	
HI09-9 1073	YES/NO CONDITION OR RESPONSE CODE	X ID 1/1
	Not Used	
HI10 C022	HEALTH CARE CODE INFORMATION	O
	To send health care codes and their associated dates, amounts, and quantities.	
	Situational 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.	

HI10-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI10-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI10-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI10-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI10-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI10-6 380	QUANTITY Not Used	O R 1/15
HI10-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI10-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI10-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI11 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI11-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3

HI11-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI11-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3
HI11-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI11-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI11-6 380	QUANTITY Not Used	O R 1/15
HI11-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI11-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI11-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI12 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI12-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BBQ = International Classification of Diseases Clinical Modification (ICD-10-PCS) Other Procedure Codes BQ = International Classification of Diseases Clinical Modification (ICD-9-CM) Other Procedure Codes	M ID 1/3
HI12-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0736 Other Procedure Code	M AN 1/30
HI12-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	X ID 2/3

HI12-4 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0524 Procedure Date	X AN 1/35
HI12-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI12-6 380	QUANTITY Not Used	O R 1/15
HI12-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI12-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI12-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

SEGMENT: **HI Health Care Information Codes**

WC NAME: **CONDITION CODES**

LEVEL: Detail

POSITION: 2310

LOOP: 2300

USAGE: Situational. Required when jurisdiction implementation guides specify the condition codes that must be reported (or required when condition codes impact the adjudication of the medical bill, e.g., outlier payments).

MAX USE: 1

PURPOSE: To supply information related to the delivery of health care.

EXAMPLE: HI*BG:17*BG:67~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational	M
HI01-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI01-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3

HI01-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI01-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI01-6 380	QUANTITY Not Used	O R 1/15
HI01-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI01-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI02-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI02-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI02-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI02-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI02-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI02-6 380	QUANTITY Not Used	O R 1/15
HI02-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI02-8 1271	INDUSTRY CODE Not Used	X AN 1/30

HI02-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI03 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI03-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI03-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI03-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI03-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI03-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI03-6 380	QUANTITY Not Used	O R 1/15
HI03-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI03-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI03-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI04 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI04-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3

HI04-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI04-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI04-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI04-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI04-6 380	QUANTITY Not Used	O R 1/15
HI04-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI04-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI04-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI05 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI05-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI05-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI05-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI05-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI05-5 782	MONETARY AMOUNT Not Used	O R 1/18

HI05-6 380	QUANTITY Not Used	O R 1/15
HI05-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI05-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI05-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI06 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI06-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI06-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI06-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI06-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI06-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI06-6 380	QUANTITY Not Used	O R 1/15
HI06-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI06-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI06-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

HI07 C022	HEALTH CARE CODE INFORMATION	O
	To send health care codes and their associated dates, amounts, and quantities. Situational 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.	
HI07-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list. Required BG = Condition	
HI07-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list. Required DN0556 Condition Code	
HI07-3 1250	DATE TIME PERIOD FORMAT QUALIFIER	X ID 2/3
	Not Used	
HI07-4 1251	DATE TIME PERIOD	X AN 1/35
	Not Used	
HI07-5 782	MONETARY AMOUNT	O R 1/18
	Not Used	
HI07-6 380	QUANTITY	O R 1/15
	Not Used	
HI07-7 799	VERSION IDENTIFIER	O AN 1/30
	Not Used	
HI07-8 1271	INDUSTRY CODE	X AN 1/30
	Not Used	
HI07-9 1073	YES/NO CONDITION OR RESPONSE CODE	X ID 1/1
	Not Used	
HI08 C022	HEALTH CARE CODE INFORMATION	O
	To send health care codes and their associated dates, amounts, and quantities. Situational 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.	
HI08-1 1270	CODE LIST QUALIFIER CODE	M ID 1/3
	Code identifying a specific industry code list. Required BG = Condition	
HI08-2 1271	INDUSTRY CODE	M AN 1/30
	Code indicating a code from a specific industry code list. Required DN0556 Condition Code	

HI08-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI08-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI08-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI08-6 380	QUANTITY Not Used	O R 1/15
HI08-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI08-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI08-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI09 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI09-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI09-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI09-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI09-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI09-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI09-6 380	QUANTITY Not Used	O R 1/15
HI09-7 799	VERSION IDENTIFIER Not Used	O AN 1/30

HI09-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI09-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI10 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI10-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI10-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI10-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI10-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI10-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI10-6 380	QUANTITY Not Used	O R 1/15
HI10-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI10-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI10-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI11 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O

HI11-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI11-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI11-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI11-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI11-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI11-6 380	QUANTITY Not Used	O R 1/15
HI11-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI11-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI11-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI12 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational 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.	O
HI12-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required BG = Condition	M ID 1/3
HI12-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0556 Condition Code	M AN 1/30
HI12-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
HI12-4 1251	DATE TIME PERIOD Not Used	X AN 1/35

HI12-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI12-6 380	QUANTITY Not Used	O R 1/15
HI12-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI12-8 1271	INDUSTRY CODE Not Used	X AN 1/30
HI12-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1

SEGMENT: HI Health Care Information Codes
WC NAME: DIAGNOSIS RELATED GROUP (DRG) INFORMATION
LEVEL: Detail
POSITION: 2310
LOOP: 2300
USAGE: Situational. Required when the claim administrator or insurer adjudicates or otherwise determines the reimbursement for an inpatient admission based on a DRG methodology.
MAX USE: 1
PURPOSE: To supply information related to the delivery of health care.
NOTE: DN0549 Paid DRG Code is the Diagnosis Related Group (DRG) used by the insurer or claim administrator in determining the reimbursement for this medical bill. DN0548 Billed DRG Code is populated only if the reimbursement was based on a DRG-based methodology (DN0549 is populated) and the DRG was contained on the medical bill received by the insurer or claim administrator.
EXAMPLE: HI*DR:175:::999~

DATA ELEMENT SUMMARY

HI01 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts, and quantities. Situational	M
HI01-1 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Required DR = Diagnosis Related Group	M ID 1/3
HI01-2 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0549 Paid DRG Code	M AN 1/30
HI01-3 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3

HI01-4 1251	DATE TIME PERIOD Not Used	X AN 1/35
HI01-5 782	MONETARY AMOUNT Not Used	O R 1/18
HI01-6 380	QUANTITY Not Used	O R 1/15
HI01-7 799	VERSION IDENTIFIER Not Used	O AN 1/30
HI01-8 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Situational Required when different than the paid code. DN0548 Billed DRG Code	X AN 1/30
HI01-9 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	X ID 1/1
HI02 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI03 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI04 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI05 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI06 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI07 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI08 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI09 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI10 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI11 C022	HEALTH CARE CODE INFORMATION Not Used	O
HI12 C022	HEALTH CARE CODE INFORMATION Not Used	O

Loop ID: 2310A Billing Provider Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: BILLING PROVIDER NAME
LEVEL: Detail
POSITION: 250
LOOP: 2310A
USAGE: Required
MAX USE: 1
PURPOSE: To supply the identification of the billing provider. Information in loop 2310A applies to all service lines in loop 2400.
NOTE: Beginning with the ASC X12 005010 version, the health care industry has moved to using the National Provider Identification Number as the primary identifier for all health care providers. While this standard does support passing secondary identifiers, jurisdictions must consider the impact on trading partners to create and maintain provider tables that will be necessary to report secondary identifiers. It is noted that some billing providers may not be eligible for an NPI number.
EXAMPLE: NM1*85*1*MARTENSON*TERESA*M***XX*1234567890~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organizational entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 2310. The Billing Provider is the individual or organization receiving payment or having received payment. Required 85 = Billing Provider	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Denotes the person or organization. Required 1 = Person 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Individual last name or organization name. If the billing provider is an individual, then the last name should be used. Individuals acting as an organization should have the organization's name entered on one line. Required DN0528 Billing Provider Last/Group Name	O AN 1/60
NM104 1036	NAME FIRST Identifies the individual first name. Situational Required when NM102 = '1' and the person has a first name. DN0529 Billing Provider First Name	O AN 1/35
NM105 1037	NAME MIDDLE Identifies the individual middle name or initial. Situational Required when NM102 = '1' and the middle name or initial of the person is needed to identify the individual. DN0530 Billing Provider Middle Name/Initial	O AN 1/25

NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Situational Required when NM102 = '1' and the name suffix of the person is needed to identify the individual. DN0531 Billing Provider Last Name Suffix	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, the other is required. Situational Required when NM109 is reported. XX = National Provider Identifier	X ID 1/12
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required for providers in the United States or its territories when the provider is eligible to receive an NPI. DN0634 Billing Provider National Provider ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: PRV Provider Information
WC NAME: BILLING PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 2550
LOOP: 2310A
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider.
EXAMPLE: PRV*BI*PXC*203BP1001Y~

DATA ELEMENT SUMMARY

PRV01 1221	PROVIDER CODE Code identifying the type of provider. Required BI = Billing	M ID 1/3
PRV02 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Use only if PRV is required to designate specialty of provider. Required PXC = Health Care Provider Taxonomy Code	M ID 2/3
PRV03 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0537 Billing Provider Primary Specialty Code	M AN 1/50
PRV04 156	STATE OR PROVINCE CODE Not Used	O ID 2/2
PRV05 C035	PROVIDER SPECIALTY INFORMATION Not Used	O
PRV06 1223	PROVIDER ORGANIZATION CODE Not Used	O ID 3/3

SEGMENT: **N3 Party Location**
WC NAME: **BILLING PROVIDER ADDRESS**
LEVEL: Detail
POSITION: 2650
LOOP: 2310A
USAGE: Required
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 MAIN STREET~

DATA ELEMENT SUMMARY

N301 166	ADDRESS INFORMATION Free-form description used for address information. Required DN0538 Billing Provider Primary Address	M AN 1/55
N302 166	ADDRESS INFORMATION Free-form description used for address information. Situational Required when there is a second address line. DN0539 Billing Provider Secondary Address	O AN 1/55

SEGMENT: N4 Geographic Location
WC NAME: BILLING PROVIDER CITY, STATE, AND POSTAL CODE
LEVEL: Detail
LOOP: 2310A
USAGE: Required
MAX USE: 1
PURPOSE: To specify geographical place of the named party. It is recommended that either city and state, or postal code be required under trading partner agreements.
EXAMPLE: N4*ANYWHERE*TX*751230064~

DATA ELEMENT SUMMARY

N401 19	CITY NAME Free-form description used for city name. Required DN0540 Billing Provider City	O AN 2/30
N402 156	STATE OR PROVINCE CODE Code (Standard State/Province) as defined by appropriate government agency. Situational Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send. DN0541 Billing Provider State Code	O ID 2/2
N403 116	POSTAL CODE Code defining international postal zone code excluding punctuation and blanks (zip code for United States). Situational Required when the address is in the United States of America, including its territories, or Canada; or when a postal code exists for the country listed in N404. If not required by this implementation guide, do not send. DN0542 Billing Provider Postal Code	O ID 3/15
N404 26	COUNTRY CODE Code identifying the country. Note: Use the alpha-2 country codes from Part 1 of ISO 3166. Situational Required when the address is outside of the United States of America. If not required by this implementation guide, do not send. DN0569 Billing Provider Country Code	O ID 2/3
N405 309	LOCATION QUALIFIER Not Used	X ID 1/2
N406 310	LOCATION IDENTIFIER Not Used	O AN 1/30
N407 1715	COUNTRY SUBDIVISION CODE Not Used	X ID 1/3

SEGMENT: REF Reference Information
WC NAME: BILLING PROVIDER TAX IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 2710
LOOP: 2310A
USAGE: Required
MAX USE: 1
PURPOSE: To specify identifying information.
NOTE: This is the tax identification number (TIN) of the entity to be paid for the submitted service(s). It is the same data the payer would use for 1099 purposes. The tax identification number must be a string of exactly nine numbers with no separators.
EXAMPLE: REF*EI*715698745~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required EI = Federal Taxpayer's Identification Number SY = Social Security Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0629 Billing Provider FEIN	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: REF Reference Information
WC NAME: BILLING PROVIDER STATE LICENSE NUMBER
LEVEL: Detail
POSITION: 2710
LOOP: 2310A
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF*0B*A12345~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required 0B = State License Number	M ID 2/3
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REF02 127	REFERENCE IDENTIFICATION	X AN 1/50
	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	
	Required DN0630 Billing Provider State License Number	
REF03 352	DESCRIPTION	X AN 1/80
	Not Used	
REF04 C040	REFERENCE IDENTIFIER	O
	Not Used	

Loop ID: 2310B Rendering Bill Provider Information (Repeat 1)
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SEGMENT: NM1 Individual or Organizational Name

WC NAME: RENDERING BILL PROVIDER NAME

LEVEL: Detail

POSITION: 2500

LOOP: 2310B

USAGE: Situational. Required when the rendering provider is not the billing provider and loop 2420 does not contain rendering provider information. If loop 2420 is populated with rendering provider information, do not send.

MAX USE: 1

PURPOSE: To supply the identification of the rendering provider.

NOTE: If neither Loop ID 2310B Rendering Bill Provider Information nor Loop ID 2420 Rendering Line Provider Information is reported, the Billing Provider is assumed to be the rendering provider for all services on the bill. Beginning with the ASC X12 005010 version, the health care industry has moved to using the National Provider Identification Number as the primary identifier for all health care providers. While this standard does support passing secondary identifiers, jurisdictions must consider the impact on trading partners to create and maintain provider tables that will be necessary to report secondary identifiers.

EXAMPLE: NM1*82*1*WELBY*MARCUS*C**SR*XX*1234567890~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE	M ID 2/3
	Code identifying an organizational entity, a physical location, property, or an individual. The Entity Identifier in NM101 applies to all segments in loop 2310.	
	Required 82 = Rendering Provider	
NM102 1065	ENTITY TYPE QUALIFIER	M ID 1/1
	Code qualifying the type of entity.	
	Required 1 = Person	
	2 = Non-Person Entity	
NM103 1035	NAME LAST OR ORGANIZATION NAME	O AN 1/60
	Identifies the individual last name or organizational name.	
	Required DN0638 Rendering Bill Provider Last/Group Name	

NM104 1036	NAME FIRST	O AN 1/35
	Identifies the individual first name.	
	Situational Required when NM102 = 1 (person) and the person has a first name.	
	DN0639 Rendering Bill Provider First Name	
NM105 1037	NAME MIDDLE	O AN 1/25
	Identifies the individual middle name or initial.	
	Situational Required when NM102 = 1 (person) and the middle name or initial is needed to identify the individual.	
	DN0640 Rendering Bill Provider Middle Name/Initial	
NM106 1038	NAME PREFIX	O AN 1/10
	Not Used	
NM107 1039	NAME SUFFIX	O AN 1/10
	Suffix to individual name.	
	Situational Required when NM102 = 1 (person) and the suffix of the person is needed to identify the individual.	
	DN0641 Rendering Bill Provider Last Name Suffix	
NM108 66	IDENTIFICATION CODE QUALIFIER	X ID 1/2
	Code designating the system/method of code structure used for Identification Code (67). If either NM108 or NM109 is present, then the other is required.	
	Situational Required when NM109 is reported.	
	XX = National Provider Identifier	
NM109 67	IDENTIFICATION CODE	X AN 2/80
	Code identifying a party or other code.	
	Situational Required for providers in the United States or its territories when the provider is eligible to receive an NPI.	
	DN0647 Rendering Bill Provider National Provider ID	
NM110 706	ENTITY RELATIONSHIP CODE	X ID 2/2
	Not Used	
NM111 98	ENTITY IDENTIFIER CODE	O ID 2/3
	Not Used	
NM112 1035	NAME LAST OR ORGANIZATION NAME	O AN 1/60
	Not Used	

SEGMENT: **PRV Provider Information**
WC NAME: RENDERING BILL PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 2550
LOOP: 2310B
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider. The PRV segment in loop 2310 applies to the entire bill unless overridden on the service line level by the presence of a PRV segment with the same value in PRV01.
EXAMPLE: PRV*PE*PXC*203BP0400Y~

DATA ELEMENT SUMMARY

PRV01 1221	PROVIDER CODE Code identifying the type of provider. This information relates to the Rendering Provider. Required PE = Performing	M ID 1/3
PRV02 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required PXC = Health Care Provider Taxonomy Code	M ID 2/3
PRV03 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0651 Rendering Bill Provider Primary Specialty Code	M AN 1/50
PRV04 156	STATE OR PROVINCE CODE Not Used	O ID 2/2
PRV05 C035	PROVIDER SPECIALTY INFORMATION Not Used	O
PRV06 1223	PROVIDER ORGANIZATION CODE Not Used	O ID 3/3

SEGMENT: **REF Reference Information**
WC NAME: RENDERING BILL PROVIDER SECONDARY IDENTIFICATION
LEVEL: Detail
POSITION: 2710
LOOP: 2310B
USAGE: Situational. Required when Loop ID 2310B Rendering Bill Provider Information is used and DN0647 Rendering Bill Provider National Provider ID is not reported.
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE: REF*0B*A12345~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required 0B = State License Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0643 Rendering Bill Provider State License Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFICATION Not Used	O

Loop ID: 2310C Supervising Bill Provider Information (Repeat 1)
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SEGMENT: NM1 Individual or Organizational Name
WC NAME: SUPERVISING PROVIDER NAME
LEVEL: Detail
POSITION: 2500
LOOP: 2310C Repeat: 1
USAGE: Situational. Required when reporting professional medical bill records where the rendering provider is a non-licensed person who was supervised by a licensed health care provider.
MAX USE: 1
PURPOSE: To supply the identification of the supervising provider.
NOTE: Beginning with the ASC X12 005010 version, the health care industry has moved to using the National Provider Identification Number as the primary identifier for all health care providers. While this standard does support passing secondary identifiers, jurisdictions must consider the impact on trading partners to create and maintain provider tables that will be necessary to report secondary identifiers. It is noted that non-licensed health care practitioners may not have an NPI number.
EXAMPLE: NM1*DQ*1*DUFFORD*CATHYANN*G***XX*1234567890~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organizational entity, a physical location, property, or an individual. Note: The Supervising Provider information identifies the provider directing or supervising the Rendering Provider. It is used to only in those situations where it is necessary to indicate that another provider who is licensed supervises the Rendering Provider, who is not licensed. The Supervising Provider must be an individual. Required DQ = Supervising Physician	M ID 2/3
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NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. NM102 qualifies NM103. Required 1 = Person	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Identifies individual last name or organizational name. Required DN0658 Supervising Provider Last/Group Name	O AN 1/60
NM104 1036	NAME FIRST Identifies individual last name or organizational name. Situational Required when the person has a first name. DN0659 Supervising Provider First Name	O AN 1/35
NM105 1037	NAME MIDDLE Identifies individual middle name or initial. Situational Required when the middle name or initial is needed to identify the individual. DN0660 Supervising Provider Middle Name/Initial	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Suffix to individual name. Situational Required when the suffix of the person is needed to identify the individual. DN0661 Supervising Provider Last Name Suffix	O AN 1/10
NM108 66	IDENTIFICATION QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Situational Required when NM109 is reported. XX = National Provider Identifier	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required for providers in the United States or its territories when the provider is eligible to receive an NPI. DN0667 Supervising Provider National Provider ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: PRV Provider Information
WC NAME: SUPERVISING PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 2550
LOOP: 2310C
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider.
EXAMPLE: PRV*SU*PXC*203BP0400Y~

DATA ELEMENT SUMMARY

PRV02 1221	PROVIDER CODE Code identifying the type of provider. Required SU = Supervising	M ID 1/3
PRV02 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required PXC = Health Care Provider Taxonomy Code	M ID 2/3
PRV03 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0671 Supervising Provider Primary Specialty Code	M AN 1/50
PRV04 156	STATE OR PROVINCE CODE Not Used	O ID 2/2
PRV05 C035	PROVIDER SPECIALTY INFORMATION Not Used	O
PRV06 1223	PROVIDER ORGANIZATION CODE Not Used	O ID 3/3

SEGMENT: REF Reference Information
WC NAME: SUPERVISING PROVIDER STATE LICENSE NUMBER
LEVEL: Detail
POSITION: 2710
LOOP: 2310C
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE: REF*0B*A12345~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code identifying the Reference Identification. Required 0B = State License Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0663 Supervising Provider State License Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

Loop ID: 2310D Service Facility Location Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: SERVICE FACILITY LOCATION NAME
LEVEL: Detail
POSITION: 2500
LOOP: 2310D
USAGE: Situational. Required when the service facility information is different than the billing provider information (when the services were not provided at the billing provider's address).
MAX USE: 1
PURPOSE: To supply identification of the facility.
NOTE: Beginning with the ASC X12 005010 version, the health care industry has moved to using the National Provider Identification Number as the primary identifier for all health care providers. While this standard does support passing secondary identifiers, jurisdictions must consider the impact on trading partners to create and maintain provider tables that will be necessary to report secondary identifiers.
EXAMPLE: NM1*77*2*BEAVER VALLEY HOSPITAL AND REHABILI*****XX*1234567890~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organizational entity, a physical location, property, or an individual. This indicates the facility where the services were performed. Required 77 = Service Location	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. NM102 qualifies NM103. Required 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Identifies the individual last name or organizational name. Required DN0678 Facility Name	O AN 1/60

NM104 1036	NAME FIRST Not Used	O AN 1/35
NM105 1037	NAME MIDDLE Not Used	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Not Used	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Situational Required when NM109 is reported. XX = National Provider Identifier	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required for providers in the United States or its territories when the provider is eligible to receive an NPI. DN0682 Facility National Provider ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: N3 Party Location
WC NAME: SERVICE FACILITY LOCATION ADDRESS
LEVEL: Detail
POSITION: 2650
LOOP: 2310D
USAGE: Situational. Required when Service Facility Location Name is reported.
MAX USE: 1
PURPOSE: To specify the location of the named party.
EXAMPLE: N3*123 Main Street~

DATA ELEMENT SUMMARY

N301 166	ADDRESS INFORMATION Free-form description used for address information. Required DN0684 Facility Primary Address	M AN 1/55
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N302 166 ADDRESS INFORMATION O AN 1/55
Free-form description used for address information.
Situational Required when the second address line is needed to provide address information. If not required by this implementation guide, do not send.
DN0685 Facility Secondary Address

SEGMENT: N4 Geographic Location
WC NAME: SERVICE FACILITY LOCATION CITY, STATE, AND POSTAL CODE
LEVEL: Detail
POSITION: 2700
LOOP: 2310D
USAGE: Situational. Required when Service Facility Location Name is reported.
MAX USE: 1
PURPOSE: To specify the geographic place of the name party. It is recommended that the city and state, or the postal code be required as part of the trading partner agreement.
EXAMPLE: N4***75123~

DATA ELEMENT SUMMARY

N401 19 CITY NAME O AN 2/30
Free-form description used for city name.
Required DN0686 Facility City

N402 156 STATE OR PROVINCE CODE O ID 2/2
Code (Standard State/Province) as defined by appropriate government agency.
Situational Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.
DN0687 Facility State Code

N403 116 POSTAL CODE O ID 3/15
Code defining international postal zone code, excluding punctuation and blanks (zip code for United States).
Situational Required when the address is in the United States of America, including its territories, or Canada; or when a postal code exists for the country listed in N404. If not required by this implementation guide, do not send.
DN0688 Facility Postal Code

N404 26 COUNTRY CODE O ID 2/3
Code identifying the country.
Note: Use the alpha-2 country codes from Part 1 of ISO 3166.
Situational Required when the address is outside the United States of America. If not required by this implementation guide, do not send.
DN0689 Facility Country Code

N405 309	LOCATION QUALIFIER Not Used	X ID 1/2
N406 310	LOCATION IDENTIFIER Not Used	O AN 1/30
N407 1715	COUNTRY SUBDIVISION CODE Not Used	X ID 1/3

SEGMENT: REF Reference Information
WC NAME: SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 2710
LOOP: 2310D
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations. Jurisdictions must specify the secondary identification number(s) required to be reported.
MAX USE: 2
PURPOSE: To specify identifying information.
EXAMPLE: REF*0B*A12345~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Use only if needed to provide additional identifiers. Required 0B = State License Number LU = Location Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required If REF01 = 0B, use DN0680 Facility State License Number If REF01 = LU, use DN0683 Facility Service Location ID	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

Loop ID: 2310E Referring Provider Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: REFERRING PROVIDER NAME
LEVEL: Detail
POSITION: 2500
LOOP: 2310E
USAGE: Situational. Required when the medical services being reported involved a referral and the referring provider's name was included on the medical bill received by the insurer or claims administrator. When submitting records for retail pharmacy services using the SV4 Drug Service segment, the prescribing doctor is reported as the referring provider.
MAX USE: 1
PURPOSE: To supply the identification of the referring provider.
NOTE: Beginning with the ASC X12 005010 version, the health care industry has moved to using the National Provider Identification Number as the primary identifier for all health care providers. While this standard does support passing secondary identifiers, jurisdictions must consider the impact on trading partners to create and maintain provider tables that will be necessary to report secondary identifiers.
EXAMPLE: NM1*DN*1*WINGATE*DEBORAH****XX*1234567890~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE	M ID 2/3
	Code identifying an organizational entity, a physical location, property, or an individual.	
	Required DN = Referring Provider	
NM102 1065	ENTITY TYPE QUALIFIER	M ID 1/1
	Code qualifying the type of entity.	
	Required 1 = Person	
NM103 1035	NAME LAST OR ORGANIZATION NAME	O AN 1/60
	Identifies the individual last name or organizational name.	
	Required DN0690 Referring Provider Last/Group Name	
NM104 1036	NAME FIRST	O AN 1/35
	Identifies the individual first name.	
	Situational Required when the person has a first name.	
	DN0691 Referring Provider First Name	
NM105 1037	NAME MIDDLE	O AN 1/25
	Identifies the individual middle name or initial.	
	Situational Required when the middle name or initial is needed to identify the person.	
	DN0692 Referring Provider Middle Name/Initial	
NM106 1038	NAME PREFIX	O AN 1/10
	Not Used	

NM107 1039	NAME SUFFIX Suffix to individual name. Situational Required when the suffix of the person is needed to identify the individual. DN0693 Referring Provider Last Name Suffix	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Situational Required when NM109 is reported. XX = National Provider Identifier	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required for providers in the United States or its territories when the provider is eligible to receive an NPI. DN0699 Referring Provider National Provider ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: **REF Reference Information**
WC NAME: REFERRING PROVIDER STATE LICENSE NUMBER
LEVEL: Detail
POSITION: 2710
LOOP: 2310E
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify identifying information. Use this REF only if a subsequent number is necessary to identify the provider. The primary identification number should be contained in NM109.
EXAMPLE: REF*0B*A12345~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required 0B = State License Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0695 Referring Provider State License Number	X AN 1/50

REF03 352	DESCRIPTION Not Used	X AN 1/80
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REF04 C040	REFERENCE IDENTIFIER Not Used	O
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Loop ID: 2310F Managed Care Organization Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: MANAGED CARE ORGANIZATION NAME
LEVEL: Detail
POSITION: 2500
LOOP: 2310F
USAGE: Situational. Required when the jurisdiction's regulatory framework allows for managed care organizations and the reported medical service was provided under the direction or control of the managed care organization (excluding "out-of-network" services).
MAX USE: 1
PURPOSE: To supply the identification of the managed care organization. This is used to specify a managed care organization.
NOTE: Each jurisdiction may assign identification numbers using different data configurations. Refer to the jurisdiction's implementation guide or regulatory framework to determine the State or Province assigned identifier that must be reported in this segment.
EXAMPLE: NM1*Y2*2*GREATER METROPOLITAN AREA MANAGED C*****75*999999999~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER QUALIFIER Code identifying an organizational entity a physical location, property or an individual. Required Y2 = Managed Care Organization	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Required 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Identifies the individual last name or organizational name. Required DN0209 Managed Care Organization Name	O AN 1/60
NM104 1036	NAME FIRST Not Used	O AN 1/35
NM105 1037	NAME MIDDLE Not Used	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10

NM107 1039	NAME SUFFIX Not Used	O AN 1/10
NM108 66	IDENTIFICATION CODE QUALIFIER Code identifying the system/method of code structure used for Identification Code (67). Situational Required when NM109 is reported. 75 = State or Province Assigned Number	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required when the jurisdiction assigns a unique identifier for the Managed Care Organization. DN0208 Managed Care Organization Identification Number	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: **REF Reference Information**
WC NAME: MANAGED CARE ORGANIZATION SECONDARY IDENTIFICATION NUMBER
LEVEL: Detail
POSITION: 2710
LOOP: 2310F
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations.
MAX USE: 1
PURPOSE: To specify identifying information.
EXAMPLE" REF*EI*4445556666~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required EI = Federal Taxpayer's Identification Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0704 Managed Care Organization FEIN	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

Loop ID: 2320 Bill Level Adjustments and Amounts (Repeat 1)

SEGMENT: SBR Subscriber Information
WC NAME: SUBSCRIBER INFORMATION
LEVEL: Detail
POSITION: 2900
LOOP: 2320
USAGE: Situational. Required when bill level adjustments, bill level amounts, or prior payment amounts are reported, including aggregate and summary records.
MAX USE: 5
PURPOSE: To record information specific to the primary insured and the insurer for that insured.
NOTE: Technical requirement to pass the bill level CAS or AMT segment. (The first data segment of a loop is always required.)
EXAMPLE: SBR*P~

DATA ELEMENT SUMMARY

SBR01 1138	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	M ID 1/1
	Code identifying the insurer level of responsibility for a payment of a bill. Required P = Primary	
SBR02 1069	INDIVIDUAL RELATIONSHIP CODE	O ID 2/2
	Not Used	
SBR03 127	REFERENCE IDENTIFICATION	O AN 1/50
	Not Used	
SBR04 93	NAME	O AN 1/60
	Not Used	
SBR05 1336	INSURANCE TYPE CODE	O ID 1/3
	Not Used	
SBR06 1143	COORDINATION OF BENEFITS CODE	O ID 1/1
	Not Used	
SBR07 1073	YES/NO CONDITION OR RESPONSE CODE	O ID 1/1
	Not Used	
SBR08 584	EMPLOYMENT STATUS CODE	O ID 2/2
	Not Used	
SBR09 1032	CLAIM FILING INDICATOR CODE	O ID 1/2
	Not Used	

SEGMENT: CAS Claims Adjustment
WC NAME: BILL LEVEL ADJUSTMENT/REASONS AND AMOUNTS
LEVEL: Detail
POSITION: 2950
LOOP: 2320
USAGE: Situational. Required when bill level adjustments, bill level amounts, or prior payment amounts are reported.
MAX USE: 5
PURPOSE: To supply adjustment reason codes and amounts as needed for entire bill.
NOTE: Technical requirement to pass the bill level CAS or AMT segment.
EXAMPLE: CAS*CO*101*7.93~
CAS*OA*89*15.06~

DATA ELEMENT SUMMARY

CAS01 1033	CLAIM ADJUSTMENT GROUP CODE	M ID 1/2
	Code identifying the general category of payment adjustment.	
	Required DN0543 Bill Adjustment Group Code	
	CO = Contractual Obligations	
	OA = Other Adjustments	
	PI = Payer Initiated Reductions	
	PR = Patient Responsibility	
	RR = Regulatory Requirement	
	CR = Corrections and Reversals	
CAS02 1034	CLAIM ADJUSTMENT REASON CODE	M ID 1/5
	Code identifying the detailed reason the adjustment was made.	
	Required DN0544 Bill Adjustment Reason Code	
CAS03 782	MONETARY AMOUNT	M R 1/18
	Monetary amount.	
	Note: Amount of adjustment due to the reason code specified in CAS02. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.	
	Required DN0545 Bill Adjustment Amount	
CAS04 380	QUANTITY	O R 1/15
	Numeric value used for quantity.	
	Situational Required when the number of service units has been adjusted.	
	DN0546 Bill Adjustment Unit(s)	
CAS05 1034	CLAIM ADJUSTMENT REASON CODE	X ID 1/5
	Code identifying the detailed reason the adjustment was made.	
	Situational Required when a second Bill Adjustment Reason Code applies and is associated with the same group code.	
	DN0544 Bill Adjustment Reason Code	

CAS06 782	MONETARY AMOUNT Monetary amount. Note: Amount due to the reason code specified in CAS05. If CAS06 is present, then CAS05 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal. Situational Required when a second Bill Adjustment Reason Code applies and is associated with the same group code. DN0545 Bill Adjustment Amount	X R 1/18
CAS07 380	QUANTITY Numeric value used for quantity. Situational Required when a second Bill Adjustment Reason Code applies, is associated with the same group code, and when the number of service units has been adjusted. DN0546 Bill Adjustment Unit(s)	X R 1/15
CAS08 1034	CLAIM ADJUSTMENT REASON CODE Code identifying the detailed reason code the adjustment was made. Situational Required when a third Bill Adjustment Reason Code applies and is associated with the same group code. DN0544 Bill Adjustment Reason Code	X ID 1/5
CAS09 782	MONETARY AMOUNT Monetary amount. Note: Amount due to the reason code specified in CAS08. If CAS09 is present, then CAS08 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal. Situational Required when a third Bill Adjustment Reason Code applies and is associated with the same group code. DN0545 Bill Adjustment Amount	X R 1/18
CAS10 380	QUANTITY Numeric value used for quantity. Situational Required when a third Bill Adjustment Reason Code applies, is associated with the same group code, and when the number of service units has been adjusted. DN0546 Bill Adjustment Unit(s)	X R 1/15
CAS11 1034	CLAIM ADJUSTMENT REASON CODE Not Used	X ID 1/5
CAS12 782	MONETARY AMOUNT Not Used	X R 1/18
CAS13 380	QUANTITY Not Used	X R 1/15
CAS14 1034	CLAIM ADJUSTMENT REASON CODE Not Used	X ID 1/5

CAS15 782	MONETARY AMOUNT Not Used	X R 1/18
CAS16 380	QUANTITY Not Used	X R 1/15
CAS17 1034	CLAIM ADJUSTMENT REASON CODE Not Used	X ID 1/5
CAS18 782	MONETARY AMOUNT Not Used	X R 1/18
CAS19 380	QUANTITY Not Used	X R 1/15

SEGMENT: **AMT Monetary Amount Information**
WC NAME: PRIOR PAYMENT AMOUNT
LEVEL: Detail
POSITION: 3000
LOOP: 2320
USAGE: Situational. Required when reporting bill adjudication actions related to a medical bill that has previously been reported to the jurisdiction. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To indicate the total monetary amount. The segment does not apply to the original action by the payer on a medical bill.
EXAMPLE: AMT*C4*150~
NOTE: The total amount previously paid is informational only and is not included in balancing calculations.

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Note: The total amount the payer has actually paid on the medical bill prior to the current bill adjudication action being reported. Required C4 = Prior Payment - Actual	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0760 Prior Actual Amount Paid	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

Loop ID: 2400 Service Line Information (Repeat 999)

SEGMENT: **LX Transaction Set Line Number**
WC NAME: SERVICE LINE INFORMATION
LEVEL: Detail
POSITION: 3650
LOOP: 2400 Repeat: >1
USAGE: Situational. Required when reporting service line information.
MAX USE: 999
PURPOSE: To reference a line number in a transaction set.
NOTE: The LX functions as a line counter. The Service Line LX segment must begin with one and is incremented by one for each additional service line in a medical bill record.
EXAMPLE: LX*1~

DATA ELEMENT SUMMARY

LX01 554	ASSIGNED NUMBER	M NO 1/6
	Number assigned for differentiation within a transaction set.	
	Required DN0547 Line Number	

SEGMENT: **SV1 Professional Service**
WC NAME: PROFESSIONAL SERVICE INFORMATION
LEVEL: Detail
POSITION: 3700
LOOP: 2400
USAGE: Situational. Required when reporting professional medical bill records, including durable medical equipment.
MAX USE: 1
PURPOSE: To specify the bill service detail for a medical bill submitted on the National Uniform Claims Committee (NUCC) 1500 Health Insurance Claim Form or its electronic equivalent transaction.
NOTE: Procedure codes with associated modifiers on the medical bill should be considered a bundled informational unit.
EXAMPLE: SV1*HC:99213:25*100*UN*1*21**1:2:3~

DATA ELEMENT SUMMARY

SV101 C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	M
	Used to identify a medical procedure by its standardized codes and applicable modifiers.	
	Required	

SV101-1 235 PRODUCT/SERVICE ID QUALIFIER

M ID 2/2

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

Note: Health care provider bill submission requirements differ between jurisdictions. Trading partners must refer to the jurisdiction's implementation guide or regulations to determine if all qualifiers will be accepted.

Required **HC = Health Care Financing Administration Common
Procedural Coding System (HCPCS) Codes
ER = Jurisdiction Specific Procedure and Supply Code
N4 = National Drug Code in 5-4-2 Format**

SV101-2 234 PRODUCT/SERVICE ID

M AN 1/48

Identifying number for a product or service.

Note: Do not transmit the segment identifiers (dashes) for NDC codes.

Required **If SV101-1 = HC, use DN0714 HCPCS Line Procedure
Billed Code
If SV101-1 = ER, use DN0715 Jurisdiction Procedure
Billed Code
If SV101-1 = N4, use DN0721 NDC Billed Code**

SV101-3 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Note: Use for the first procedure code modifier.

Situational **Required if contained on the medical bill received by the
insurer or claims administrator.
If SV101-1 = HC, use DN0717 HCPCS Modifier Billed
Code
If SV101-1 = ER, use DN0718 Jurisdiction Modifier Billed
Code**

SV101-4 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the services, as defined by trading partners.

Note: Use for the second procedure code modifier.

Situational **Required if contained on the medical bill received by the
insurer or claims administrator.
If SV101-1 = HC, use DN0717 HCPCS Modifier Billed
Code
If SV101-1 = ER, use DN0718 Jurisdiction Modifier Billed
Code**

SV101-5 1339 PROCEDURE MODIFIER **O AN 2/2**

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Note: Use for the third procedure code modifier.

Situational Required if contained on the medical bill received by the insurer or claims administrator.

If SV101-1 = HC, use DN0717 HCPCS Modifier Billed Code

If SV101-1 = ER, use DN0718 Jurisdiction Modifier Billed Code

SV101-6 1339 PROCEDURE MODIFIER **O AN 2/2**

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

Note: Use for the fourth procedure code modifier.

Situational Required if contained on the medical bill received by the insurer or claims administrator.

If SV101-1 = HC, use DN0717 HCPCS Modifier Billed Code

If SV101-1 = ER, use DN0718 Jurisdiction Modifier Billed Code

SV101-7 352 DESCRIPTION **O AN 1/80**

A free-form description to clarify the related data elements and their content.

Note: Description is only to be used to describe procedure codes that are associated with unlisted or not otherwise classified services or products. For generic code use only.

Situational Required when additional information is necessary to identify the reported service.

DN0551 Procedure Description

SV101-8 234 PRODUCT/SERVICE ID **O AN 1/48**
Not Used

SV102 782 MONETARY AMOUNT **O R 1/18**

Monetary amount.

Note: The submitted charge amount. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros to the right of the decimal. Zero "0" is an acceptable value for this data element.

Required **DN0552 Total Charge Per Line**

SV103 355 UNIT OR BASIS FOR MEASUREMENT CODE **X ID 2/2**

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

Required **DN0553 Day(s)/Unit(s) Code**

DA = Days

MJ = Minutes

UN = Unit

SV104 380	QUANTITY Numeric value used for quantity. Required DN0554 Day(s)/Unit(s) Billed	X R 1/15
SV105 1331	FACILITY CODE VALUE Code identifying the type of facility where services were performed. Situational Required when different than the bill level Place of Service. DN0600 Place of Service Line Code	O AN 1/2
SV106 1365	SERVICE TYPE CODE Not Used	O ID 1/2
SV107 C004	COMPOSITE DIAGNOSIS CODE POINTER To identify one or more diagnosis code pointers. Note: The diagnosis code pointer only points to the four elements most relevant to this service in the HI- DIAGNOSIS CODES segment at the 2300 loop. Four diagnosis code pointers may be used here and should be listed in order of importance from most to least important. Required	O
SV107-1 1328	DIAGNOSIS CODE POINTER A pointer to the bill diagnosis code in the order of importance to this service. Note: Use for the first diagnosis code pointer. Required DN0557 Diagnosis Pointer	M NO 1/2
SV107-2 1328	DIAGNOSIS CODE POINTER A pointer to the bill diagnosis code in the order of importance to this service. Note: Use for the second diagnosis code pointer. Situational Required when necessary to point to a second diagnosis for this service line. DN0557 Diagnosis Pointer	O NO 1/2
SV107-3 1328	DIAGNOSIS CODE POINTER A pointer to the bill diagnosis code in the order of importance to this service. Note: Use for the third diagnosis code pointer Situational Required when necessary to point to a third diagnosis for this service line. DN0557 Diagnosis Pointer	O NO 1/2
SV107-4 1328	DIAGNOSIS CODE POINTER A pointer to the bill diagnosis code in the order of importance to this service. Note: Use for the fourth diagnosis code pointer. Situational Required when necessary to point to a fourth diagnosis for this service line. DN0557 Diagnosis Pointer	O NO 1/2
SV108 782	MONETARY AMOUNT Not Used	O R 1/18

SV109 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	O ID 1/1
SV110 1340	MULTIPLE PROCEDURE CODE Not Used	O ID 1/2
SV111 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	O ID 1/1
SV112 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	O ID 1/1
SV113 1364	REVIEW CODE Not Used	O ID 1/2
SV114 1341	NATIONAL OR LOCAL ASSIGNED REVIEW VALUE Not Used	O AN 1/2
SV115 1327	COPAY STATUS CODE Not Used	O ID 1/1
SV116 1334	HEALTH CARE PROFESSIONAL SHORTAGE AREA CODE Not Used	O ID 1/1
SV117 127	REFERENCE IDENTIFICATION Not Used	O AN 1/30
SV118 116	POSTAL CODE Not Used	O ID 3/15
SV119 782	MONETARY AMOUNT Not Used	O R 1/18
SV120 1337	LEVEL OF CARE CODE Not Used	O ID 1/1
SV121 1360	PROVIDER AGREEMENT CODE Code indicating the type of agreement under which the provider is submitting this bill. Situational Required when the provider agreement code at the line level is different than the bill level. DN0742 Provider Agreement Line Code	O ID 1/1

SEGMENT: **SV2 Institutional Service**
WC NAME: INSTITUTIONAL SERVICE INFORMATION
LEVEL: Detail
POSITION: 3750
LOOP: 2400
USAGE: Situational. Required when reporting institutional medical bill records.
MAX USE: 1
PURPOSE: To specify the bill service detail for a medical bill submitted on the National Uniform Billing Committee (NUBC) Uniform Bill for Institutional Providers or its electronic equivalent.
NOTE: Procedure codes with associated modifiers on the medical bill should be considered a bundled informational unit.
EXAMPLE: SV2*120**9500*DA*5*1900~

DATA ELEMENT SUMMARY

SV201 234	PRODUCT/SERVICE ID	X AN 1/48
	Identifying number for a product or service.	
	Required DN0559 Revenue Billed Code	
SV202 C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	X
	To identify a medical procedure by its standardized codes and applicable modifiers. Note: This is the type or source of product or service.	
	Situational Required when the medical bill received by the insurer or claims administrator contained a HCPCS or Jurisdiction Specific Procedure Code for this service line item.	
SV202-1 235	PRODUCT/SERVICE ID QUALIFIER	M ID 2/2
	Code identifying the type/source of the descriptive number used in Product Service ID (234).	
	Required HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes HP = Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code ER = Jurisdiction Specific Procedure and Supply Codes	
SV202-2 234	PRODUCT/SERVICE ID	M AN 1/48
	Identifying number of a product or service.	
	Required If SV202-1 = HC, use DN0714 HCPCS Line Procedure Billed Code If SV202-1 = HP, use DN0625 HIPPS Rate Code If SV202-1 = ER, use DN0715 Jurisdiction Procedure Billed Code	

SV202-3 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Situational Required if contained on the medical bill received by the insurer or claims administrator.
If SV202-1 = HC, use DN0717 HCPCS Modifier Billed Code
If SV202-1 = ER, use DN0718 Jurisdiction Modifier Billed Code

SV202-4 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Situational Required if contained on the medical bill received by the insurer or claims administrator.
If SV202-1 = HC, use DN0717 HCPCS Modifier Billed Code
If SV202-1 = ER, use DN0718 Jurisdiction Modifier Billed Code

SV202-5 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Situational Required if contained on the medical bill received by the insurer or claims administrator.
If SV202-1 = HC, use DN0717 HCPCS Modifier Billed Code
If SV202-1 = ER, use DN0718 Jurisdiction Modifier Billed Code

SV202-6 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Situational Required if contained on the medical bill received by the insurer or claims administrator.
If SV202-1 = HC, use DN0717 HCPCS Modifier Billed Code
If SV202-1 = ER, use DN0718 Jurisdiction Modifier Billed Code

SV202-7 352 DESCRIPTION

O AN 1/80

A free-form description to clarify the related data elements and their content.

Note: Description is only used to describe procedure codes that are associated with unlisted or not otherwise classified services or products. For generic code use only.

Situational Required when additional information is needed to identify the service.
DN0551 Procedure Description

SV202-8 234	PRODUCT/SERVICE ID Not Used	O AN 1/48
SV203 782	MONETARY AMOUNT Monetary amount. Note: Submitted charge amount. If the amount is whole dollars only (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Zero "0" is an acceptable value for this data element. Required DN0552 Total Charge Per Line	O R 1/18
SV204 355	UNIT OR BASIS FOR MEASUREMENT CODE Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken. Required DN0553 Day(s)/Unit(s) Code DA = Days UN = Unit	X ID 2/2
SV205 380	QUANTITY Numeric value used for quantity. Required DN0554 Day(s)/Unit(s) Billed	X R 1/15
SV206 1371	UNIT RATE Not Used	O R 1/10
SV207 782	MONETARY AMOUNT Not Used	O R 1/18
SV208 1073	YES/NO CONDITION OR RESPONSE CODE Not Used	O ID 1/1
SV209 1345	NURSING HOME RESIDENTIAL STATUS CODE Not Used	O ID 1/1
SV210 1337	LEVEL OF CARE CODE Not Used	O ID 1/1

SEGMENT: **SV3 Dental Service**
WC NAME: DENTAL SERVICE
LEVEL: Detail
POSITION: 3800
LOOP: 2400
USAGE: Situational. Required when reporting dental medical bill records.
MAX USE: 1
PURPOSE: To specify the bill service detail for a medical bill submitted on the American Dental Association (ADA) Dental Claim Form or its electronic equivalent.
EXAMPLE: SV3*AD:D2750*175~

DATA ELEMENT SUMMARY

SV301 C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	M
	To identify a medical procedure by standardized codes and applicable modifiers.	
	Required	
SV301-1 235	PRODUCT/SERVICE ID QUALIFIER	M ID 2/2
	Code identifying the type/source of the descriptive number used in Product/Service ID (234).	
	Required	AD = American Dental Association Codes HC = Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ER = Jurisdiction Specific Procedure and Supply Code
SV301-2 234	PRODUCT/SERVICE ID	M AN 1/48
	Identifying number for a product or service.	
	Required	If SV301-1 = AD, DN0719 ADA Procedure Billed Code If SV301-1 = HC, use DN0714 HCPCS Line Procedure Billed Code If SV301-1 = ER, use DN0715 Jurisdiction Procedure Billed Code
SV301-3 1339	PROCEDURE MODIFIER	O AN 2/2
	Identifies special circumstances related to the performance of the service, as defined by trading partners.	
	Note: Use for the first procedure code modifier.	
	Situational	Required when the jurisdiction allows dental service modifiers to be billed and a modifier is included on the medical bill received by the insurer or claims administrator. If SV301-1 = HC, use DN0717 HCPCS Modifier Billed Code If SV301-1 = AD, Do Not Use If SV301-1 = ER, use DN0718 Jurisdiction Modifier Billed Code
SV301-4 1339	PROCEDURE MODIFIER	O AN 2/2
	Identifies special circumstances related to the performance of the service, as defined by trading partners.	
	Note: Use for the second procedure code modifier.	
	Situational	Required when the jurisdiction allows dental service modifiers to be billed and a second modifier is included on the medical bill received by the insurer or claims administrator. If SV301-1 = HC, use DN0717 HCPCS Modifier Billed Code If SV301-1 = AD, Do Not Use If SV301-1 = ER, use DN0718 jurisdiction Modifier Billed Code
SV301-5 1339	PROCEDURE MODIFIER	O AN 2/2
	Identifies special circumstances related to the performance of the service, as defined by trading partners.	
	Note: Use for the third procedure code modifier.	
	Situational	Required when the jurisdiction allows dental service modifiers to be billed and a third modifier is included on the medical bill received by the insurer or claims administrator. If SV301-1 = HC, use DN0717 HCPCS Modifier Billed Code If SV301-1 = AD, Do Not Use If SV301-1 = ER, use DN0718 jurisdiction Modifier Billed Code

SV301-6 1339	PROCEDURE MODIFIER	O AN 2/2
	Identifies special circumstance related to the performance of the service, as defined by trading partners. Note: Use for the fourth procedure code modifier.	
	Situational Required when the jurisdiction allows dental service modifiers to be billed and a fourth modifier is included on the medical bill received by the insurer or claims administrator. If SV301-1 = HC, use DN0717 HCPCS Modifier Billed Code If SV301-1 = AD, Do Not Use If SV301-1 = ER, use DN0718 jurisdiction Modifier Billed Code	
SV301-7 352	DESCRIPTION	O AN 1/80
	A free-form description to clarify the related data elements and their content. Note: Description is only used to describe procedure codes that are associated with unlisted or not otherwise classified services or products. For generic code use only.	
	Situational Required when additional information is needed to identify the service. DN0551 Procedure Description	
SV301-8 234	PRODUCT/SERVICE ID	O AN 1/48
	Not Used	
SV302 782	MONETARY AMOUNT	O R 1/18
	Monetary amount. Note: Submitted charge amount. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and zeros to the right of the decimal. Zero "0" is an acceptable value for this data element.	
	Required DN0552 Total Charge Per Line	
SV303 1331	FACILITY CODE VALUE	O AN 1/2
	Code identifying the type of facility where services were performed.	
	Situational Required when different than the bill level Place of Service. DN0600 Place of Service Line Code	
SV304 C006	ORAL CAVITY DESIGNATION	O
	Not Used	
SV305 1358	PROSTHESIS, CROWN, OR INLAY CODE	O ID 1/1
	Not Used	
SV306 380	QUANTITY	O R 1/15
	Not Used	
SV307 352	DESCRIPTION	O AN 1/80
	Not Used	
SV308 1327	COPAY STATUS CODE	O ID 1/1
	Not Used	
SV309 1360	PROVIDER AGREEMENT CODE	O ID 1/1
	Code indicating the type of agreement under which the provider is submitting this bill.	
	Situational Required when the provider agreement code at the line level is different than the bill level. DN0742 Provider Agreement Line Code	

SV310 1073 YES/NO CONDITION OR RESPONSE CODE **O ID 1/1**
Not Used

SV311 C004 COMPOSITE DIAGNOSIS CODE POINTER **O**
To identify one or more diagnosis code pointers.
Note: The diagnosis code pointer only points to the four elements most relevant to this service in the HI- DIAGNOSIS CODES segment at the 2300 loop. Four diagnosis code pointers may be used here and should be listed in order of importance from most to least important.

SV311-1 1328 DIAGNOSIS CODE POINTER **M NO 1/2**
A pointer to the bill diagnosis code in the order of importance to this service.
Note: Use for the first diagnosis code pointer.
Required DN0557 Diagnosis Pointer

SV311-2 1328 DIAGNOSIS CODE POINTER **O NO 1/2**
A pointer to the bill diagnosis code in the order of importance to this service.
Note: Use for the second diagnosis code pointer.
Situational Required when necessary to point to a second diagnosis for this service line.
DN0557 Diagnosis Pointer

SV311-3 1328 DIAGNOSIS CODE POINTER **O NO 1/2**
A pointer to the bill diagnosis code in the order of importance to this service.
Note: Use for the third diagnosis code pointer.
Situational Required when necessary to point to a third diagnosis for this service line.
DN0557 Diagnosis Pointer

SV311-4 1328 DIAGNOSIS CODE POINTER **O NO 1/2**
A pointer to the bill diagnosis code in the order of importance to this service.
Note: Use for the fourth diagnosis code pointer.
Situational Required when necessary to point to a fourth diagnosis for this service line.
DN0557 Diagnosis Pointer

SEGMENT: **SV4 Drug Service**
WC NAME: PRESCRIPTION DRUG SERVICE
LEVEL: Detail
POSITION: 3850
LOOP: 2400
USAGE: Situational. Required when reporting prescription drug services delivered by a retail pharmacy or mail order pharmacy.
MAX USE: 1
PURPOSE: To specify the bill service detail for a pharmacy bill submitted on the National Council for Prescription Drug Programs (NCPDP) Workers' Compensation/Property and Casualty Universal Claim Form or its electronic equivalent.
NOTE: Do not use this segment to report physician dispensed drugs. Physician dispensed drugs are reported by using the SV1 Professional Services segment. The use of National Drug Codes is also used to report Health Related Item (HRI) and Universal Product Code (UPC) numbers for drug services or supplies that are not controlled by the FDA and assigned an NDC.
EXAMPLE: SV4*7777777*N4:12345678901***0*****N~

DATA ELEMENT SUMMARY

SV401 127	REFERENCE IDENTIFICATION	M AN 1/30
	Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.	
	Required DN0561 Prescription Line Number	
SV402 C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	O
	To identify a medical procedure by standardized codes and applicable modifiers.	
	Required	
SV402-1 235	PRODUCT/SERVICE ID QUALIFIER	M ID 2/2
	Code identifying the type/source of the descriptive number used in Product/Service ID (234).	
	Required	
	N4 = National Drug Code in 5-4-2 Format	
	HC = Health Care Financing Administration Common	
	Procedural Coding System (HCPCS) Codes	
	ER = Jurisdiction Specific Procedure and Supply Code	
	Note: Health care provider bill submission requirements differ between jurisdictions. Trading partners must refer to the jurisdiction's implementation guide or regulations to determine if all qualifiers will be accepted.	
SV402-2 234	PRODUCT/SERVICE ID	M AN 1/48
	Identifying number for a product or service.	
	Note: Do not transmit the segment identifiers (dashes) for NDC codes.	
	Required	
	SV402-1 = N4, use DN0721 NDC Billed Code	
	SV402-1 = HC, use DN0714 HCPCS Line Procedure Billed Code	
	SV402-1 = ER, use DN0715 Jurisdiction Procedure Billed Code	
SV402-3 1339	PROCEDURE MODIFIER	O AN 2/2
	Not Used	
SV402-4 1339	PROCEDURE MODIFIER	O AN 2/2
	Not Used	
SV402-5 1339	PROCEDURE MODIFIER	O AN 2/2
	Not Used	
SV402-6 1339	PROCEDURE MODIFIER	O AN 2/2
	Not Used	
SV402-7 352	DESCRIPTION	O AN 1/80
	Not Used	
SV402-8 234	PRODUCT/SERVICE ID	O AN 1/48
	Not Used	
SV403 127	REFERENCE IDENTIFICATION	O AN 1/30
	Not Used	
SV404 1073	YES/NO CONDITION OR RESPONSE CODE	O ID 1/1
	Not Used	

SV405 1329	DISPENSE AS WRITTEN CODE Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Required	DN0562 Dispense as Written Code 0 = Not Dispense as Written (DAW) 1 = Physician Dispense as Written (DAW) 2 = Patient Dispense as Written (DAW) 3 = Pharmacy Dispense as Written (DAW) 4 = No generic available 5 = Brand Dispensed as Generic Override 6 = Override 7 = Substitution not allowed – Brand Drug mandated by law 8 = Substitution allowed - Generic Drug not available 9 = Other	O ID 1/1
SV406 1338	LEVEL OF SERVICE CODE Not Used		O ID 1/3
SV407 1356	PRESCRIPTION ORIGIN CODE Not Used		O ID 1/1
SV408 352	DESCRIPTION A free-form description used to clarify the related data elements and their content. Situational Required when additional information is needed to identify the drug or service. DN0563 Drug Name		O AN 1/80
SV409 1073	YES/NO CONDITION OR RESPONSE CODE Not Used		O ID 1/1
SV410 1073	YES/NO CONDITION OR RESPONSE CODE Code indicating a Yes or No condition or response. Note: This is the compound indicator. Situational Required when the drug reported in SV402-1 was billed as part of a compound drug. DN0762 Compound Drug Indicator Y = Compound Drug N = Noncompound Drug U = Nonspecified Drug Compound		O ID 1/1
SV411 1370	UNIT DOSE CODE Not Used		O ID 1/1
SV412 1319	BASIS OF COST DETERMINATION CODE Not Used		O ID 1/2
SV413 1320	BASIS OF DAYS SUPPLY DETERMINATION CODE Not Used		O ID 1/1
SV414 1330	DOSAGE FORM CODE Not Used		O ID 2/2

SV415 1327	COPAY STATUS CODE Not Used	O ID 1/1
SV416 1384	PATIENT LOCATION CODE Not Used	O ID 1/1
SV417 1337	LEVEL OF CARE CODE Not Used	O ID 1/1
SV418 1357	PRIOR AUTHORIZATION TYPE CODE Not Used	O ID 1/1

SEGMENT: DTP Date or Time or Period
WC NAME: SERVICE DATE(S)
LEVEL: Detail
POSITION: 455
LOOP: 2400
USAGE: Required
MAX USE: 1
PURPOSE: To specify any or all of a date, a time, or a time period. Specifies the service line date range. This segment applies to all SV segments previously reported.
NOTE: For pharmacy bills, this data element indicates the date that the prescription was filled.
EXAMPLE: DTP*472*RD8*19970607-19970608~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Required 472 = Service	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times, or dates and times. Required DN0605 Service Line Date(s) Range	M AN 1/35

SEGMENT: DTP Date or Time or Period
WC NAME: PRESCRIPTION DATE
LEVEL: Detail
POSITION: 455
LOOP: 2400
USAGE: Situational. Required when the SV4 Drug Service segment is reported. If not required by this implementation guide, do not send.

MAX USE: 1
 PURPOSE: To specify any or all of a date, a time, or a time period.
 NOTE: The date the prescription was written.
 EXAMPLE: DTP*471*D8*19970607~

DATA ELEMENT SUMMARY

DTP01 374	DATE/TIME QUALIFIER Code specifying type of date or time, or both date and time. Note: Date prescription was written. Required 471 = Prescription	M ID 3/3
DTP02 1250	DATE TIME PERIOD FORMAT QUALIFIER Code indicating the date format, time format, or date and time format. Required D8 = Date expressed in format CCYYMMDD	M ID 2/3
DTP03 1251	DATE TIME PERIOD Expression of a date, a time, or range of dates, times or dates and times. Required DN0604 Prescription Line Date	M AN 1/35

SEGMENT: QTY Quantity
WC NAME: PRESCRIPTION QUANTITY
LEVEL: Detail
POSITION: 4600
LOOP: 2400
USAGE: Situational. Required when the SV4 Drug Service segment is reported. If not required by this implementation guide, do not send.
MAX USE: 2
PURPOSE: To specify quantity information.
EXAMPLE: QTY*QB*3~

DATA ELEMENT SUMMARY

QTY01 673	QUANTITY QUALIFIER Code specifying the type of quantity. Required QB = Quantity Dispensed SP = Days Supply	M ID 2/2
QTY02 380	QUANTITY Numeric value used for quantity. Required If QTY01 = QB, use DN0570 Drugs/Supplies Quantity Dispensed If QTY01 = SP, use DN0571 Drugs/Supplies Number of Days	X R 1/15
QTY03 C001	COMPOSITE UNIT OF MEASURE Not Used	O
QTY04 61	FREE-FORM INFORMATION Not Used	X AN 1/30

SEGMENT: CN1 Contract Information
WC NAME: CONTRACT INFORMATION
LEVEL: Detail
POSITION: 465
LOOP: 2400
USAGE: Situational. Required when a contract exists between the payer and the health care provider and the information at the line level is different than the information at the bill level.
MAX USE: 1
PURPOSE: To specify basic data about the contract or contract line item.
EXAMPLE: CN1*04~

DATA ELEMENT SUMMARY

CN101 1166 CONTRACT TYPE CODE **M ID 2/2**
Code identifying a contract type. For capitated encounters, IAIABC recommends that CN101 always be provided.

Diagnosis Related Group (DRG) is a patient classification scheme which provides a means of relating the type of patients a hospital treats to the costs incurred by the hospital, to determine quality of care and utilization of services in a hospital setting.

Per Diem is a contract which allows certain charges to be on a rate per day basis.

Variable Per Diem is a contract which allows certain charges to be on a rate per day basis, where the rate may not remain constant.

Flat is a contract between the provider of service and the destination payer whereby the flat rate charges may differ from the total itemized charges.

Capitation is a contract between the provider of service and the destination payer which allows payment to the provider of service on a per member per month basis.

Required DN0741 Contract Line Type Code
01 = Diagnosis Related Group (DRG)
02 = Per Diem
03 = Variable Per Diem
04 = Flat
05 = Capitated
06 = Percent
09 = Other

CN102 782 MONETARY AMOUNT **O R 1/18**
Not Used

CN103 332 PERCENT, DECIMAL FORMAT **O R 1/6**
Not Used

CN104 127 REFERENCE IDENTIFICATION **O AN 1/30**
Not Used

CN105 338 TERMS DISCOUNT PERCENT **O R 1/16**
Not Used

CN106 799 VERSION IDENTIFIER **O AN 1/30**
Not Used

SEGMENT: REF Reference Information
WC NAME: TREATMENT AUTHORIZATION NUMBER PER LINE OF SERVICE
LEVEL: Detail
POSITION: 4700
LOOP: 2400
USAGE: Situational. Required when the service was preauthorized and the preauthorization number at the line level is different than the preauthorization number at the bill level.
MAX USE: 2
PURPOSE: To specify identifying information.
EXAMPLE: REF*G1*444444~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Note: Prior Authorization Number is an authorization number acquired prior to the submission of a bill. Required G1 = Prior Authorization	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0738 Treatment Line Authorization Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: AMT Monetary Amount Information
WC NAME: PHARMACY DISPENSING FEE PAID AMOUNT
LEVEL: Detail
POSITION: 4750
LOOP: 2400
USAGE: Situational. Required when reporting prescription drug services delivered by a retail pharmacy or mail order pharmacy and the dispensing fee is not being reported as a separate service line. The dispensing fee field can also be used to report a compounding fee. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To indicate the total monetary amount. The segment applies to SV4 (Drug Services) only.
NOTE: When reporting the Drugs/Supplies Dispensing Fee (DN0579), the amount reported in the Total Amount Paid Per Line (DN0574) for this service line must include the amount reported in the Drugs/Supplies Dispensing Fee.
EXAMPLE: AMT*D7*45.63~

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Note: A fee charged to prepare and dispense medicine. Required D7 = Dispensing Fee	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0579 Drugs/Supplies Dispensing Fee	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

SEGMENT: **AMT Monetary Amount Information**
WC NAME: PHARMACY BILLED AMOUNT
LEVEL: Detail
POSITION: 4750
LOOP: 2400
USAGE: Situational. Required when reporting prescription drug services delivered by a retail pharmacy or mail order pharmacy. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To indicate the total monetary amount. This segment applies to SV4 (Drug Services) only.
EXAMPLE: AMT*PB*56.73~

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Required PB = Billed Amount	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0572 Drugs/Supplies Billed Amount	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

SEGMENT: **AMT Monetary Amount Information**
WC NAME: LINE ITEM TAX CHARGE AMOUNT
LEVEL: Detail
POSITION: 4750
LOOP: 2400
USAGE: Situational. Required when tax applies to the service line and is billed by the health care provider. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To indicate the total monetary amount.
NOTE: When reporting the Line Item Tax Charge Amount (AMT02), the amount reported in the Line Item Charge Amount (DN0552 or DN0572) for this service line must include the amount reported in the Line Item Tax Charge Amount.
EXAMPLE: AMT*T*45.63~

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Required T = Tax	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0627 Line Item Tax Charge Amount	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

SEGMENT: **K3 File Information**
WC NAME: ORIGINAL DRUG
LEVEL: Detail
POSITION: 4800
LOOP: 2400
USAGE: Situational.
MAX USE: 10
PURPOSE: In cases where the jurisdiction requires both the original and repackaged National Drug Codes (NDC) to be reported, this segment is the vehicle for reporting the original NDC number.
NOTE: The ORIGN4 is required as the prefix to the original NDC number. The repackaged NDC number will be reported in the LIN segment in the 2410 loop.
EXAMPLE: K3*ORIGN4XXXXXXXXXXXX

DATA ELEMENT SUMMARY

K301 449	FIXED FORMAT INFORMATION Data in format indicated in example above Required DN0721 NDC Billed Code	M AN 1/80
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K302 1333	RECORD FORMAT CODE Not Used	0 ID 1/2
K303 C001	COMPOSITE UNIT OF MEASURE Not Used	0

Loop ID: 2410 Drug Identification (Repeat 1)

SEGMENT: DRUG IDENTIFICATION
WC NAME: DRUG IDENTIFICATION
LEVEL: Detail
POSITION: 4930
LOOP: 2410
USAGE: Situational. Required when SV1 (professional services) are reported which include a physician-dispensed or compounded drug and the medical bill contains the NDC code to identify the drug and its components.
MAX USE: 1
PURPOSE: To identify compound drug components, quantities, and prices.
NOTE: Do not report this segment on other SV types (SV3 and SV4).
When required by situational rules, the 2410 loop is sent with the NDC number in LIN03 with the associated quantity in CTP04. Loop ID 2410 REF02 must have the same prescription number, or the same linkage number if provided without a prescription, for each ingredient of the compound, to enable the payer to differentiate and link the ingredients to a single compound.
EXAMPLE: LIN**N4*01234567891~

DATA ELEMENT SUMMARY

LIN01 350	ASSIGNED IDENTIFICATION Not Used	O AN 1/20
LIN02 235	PRODUCT/SERVICE ID QUALIFIER Code identifying the type/source of the descriptive number used in Product/Service ID (234). Required N4 National Drug Code in 5-4-2 Format	M ID 2/3
LIN03 234	PRODUCT/SERVICE ID Identifying number for a product or service. Required DN0721 NDC Billed Code	M AN 1/48
LIN04 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN05 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN06 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2

LIN07 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN08 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN09 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN10 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN11 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN12 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN13 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN14 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN15 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN16 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN17 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN18 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN19 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN20 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN21 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN22 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN23 234	PRODUCT/SERVICE ID Not Used	X AN 1/48

LIN24 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN25 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN26 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN27 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN28 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN29 234	PRODUCT/SERVICE ID Not Used	X AN 1/48
LIN30 235	PRODUCT/SERVICE ID QUALIFIER Not Used	X ID 2/2
LIN31 234	PRODUCT/SERVICE ID Not Used	X AN 1/48

SEGMENT: CTP – DRUG QUANTITY
WC NAME: DRUG PRICING
LEVEL: Detail
POSITION: 4940
LOOP: 2410
MAX USE: 1
PURPOSE: To specify pricing information.
USAGE: Required
EXAMPLE: CTP****2*UN~

DATA ELEMENT SUMMARY

CTP01 687	CLASS OF TRADE CODE Not Used	O ID 2/2
CTP02 236	PRICE IDENTIFIER CODE Not Used	X ID 3/3
CTP03 212	UNIT PRICE Not Used	X R 1/17
CTP04 380	QUANTITY Numeric value of quantity Required	X R 1/15

CTP05 C001	COMPOSITE UNIT OF MEASURE To identify a composite unit of measure Required	X 1
CTP05-1	UNIT OR BASIS FOR MEASUREMENT CODE Required DN0553 Day(s)/Unit(s) Code F2 = International Unit GR = Gram ME = Milligram ML = Milliliter UN = Unit	M R ID 2/2
CTP05-2	EXPONENT Not Used	O R 1/15
CTP05-3	MULTIPLIER Not Used	O R 1/10
CTP05-4	UNIT OR BASIS FOR MEASUREMENT CODE Not Used	O ID 2/2
CTP05-5	EXPONENT Not Used	O R 1/15
CTP05-6	MULTIPLIER Not Used	O R 1/10
CTP05-7	UNIT OR BASIS FOR MEASUREMENT CODE Not Used	O ID 2/2
CTP05-8	EXPONENT Not Used	O R 1/15
CTP05-9	MULTIPLIER Not Used	O R 1/10
CTP05-10	UNIT OR BASIS FOR MEASUREMENT CODE Not Used	O ID 2/2
CTP05-11	EXPONENT Not Used	O R 1/15
CTP05-12	MULTIPLIER Not Used	O R 1/10
CTP05-13	UNIT OR BASIS FOR MEASUREMENT CODE Not Used	O ID 2/2
CTP05-14	EXPONENT Not Used	O R 1/15

CTP05-15	MULTIPLIER Not Used	O R 1/10
CTP06	PRICE MULTIPLIER QUANTIFIER Not Used	O ID 3/3
CTP07	MULTIPLIER Not Used	X R 1/10
CTP08	MONETARY AMOUNT Not Used	O R 1/18
CTP09	BASIS OF UNIT PRICE CODE Not Used	O ID 2/2
CTP10	CONDITION VALUE Not Used	O AN 1/10
CTP11	MULTIPLE PRICE QUANTITY Not Used	O NO 1/2

SEGMENT: REF – PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER
WC NAME: PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER
LEVEL: Detail
POSITION: 4950
LOOP: 2410
MAX USE: 1
PURPOSE: To identify that drug has an assigned prescription number or involves compounding of two or more drugs, without a prescription number.
USAGE: Situational. Required when dispensing of the drug has been done with an assigned prescription number or required when the provided medication involves the compounding of two or more drugs being reported and there is no prescription number. If not required by this implementation guide, do not send.
NOTE: When a compound drug is being billed, the components of the compound will all have the same prescription number. All the components can be related by matching the prescription number.
When the drug is dispensed by a physician's office, the value provided in this segment is a "link sequence number." The link sequence number is a provider-assigned number that is unique to this bill. Its purpose is to enable the receiver to piece together the components of the compound.
EXAMPLE: REF*XZ*123456~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Required	M ID 2/3
	VY = Link Sequence Number (use for professional bills) XZ = Pharmacy Prescription Number (use for pharmacy bills)	

REF92 127	PRESCRIPTION NUMBER Required DN0561 Prescription Line Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

Loop ID: 2420 Rendering Line Provider Information (Repeat 1)

SEGMENT: NM1 Individual or Organizational Name
WC NAME: RENDERING LINE PROVIDER NAME
LEVEL: Detail
POSITION: 5000
LOOP: 2420
USAGE: Situational. Required when the rendering line provider was identified on the medical bill received by the insurer or claims administrator.
MAX USE: 1
PURPOSE: To supply the identification of the rendering provider. If this loop is used, it overrides the rendering bill provider information in loop 2310.
NOTE: Beginning with the ASC X12 005010 version, the health care industry has moved to using the National Provider Identification Number as the primary identifier for all health care providers. While this standard does support passing secondary identifiers, jurisdictions must consider the impact on trading partners to create and maintain provider tables that will be necessary to report secondary identifiers.
EXAMPLE: NM1*82*1*VERNON*DARLES****XX*1234567890~

DATA ELEMENT SUMMARY

NM101 98	ENTITY IDENTIFIER CODE Code identifying an organizational entity, a physical location, property, or an individual. Note: The Entity Identifier in NM101 applies to all segments in loop 2420. Required 82 = Rendering Provider	M ID 2/3
NM102 1065	ENTITY TYPE QUALIFIER Code qualifying the type of entity. Required 1 = Person 2 = Non-Person Entity	M ID 1/1
NM103 1035	NAME LAST OR ORGANIZATION NAME Individual last name or organizational name. Note: Organization should be entered as a non-person entity on one line. Situational Required when reported on the medical bill. DN0589 Rendering Line Provider Last/Group Name	O AN 1/60
NM104 1036	NAME FIRST Identifies individual first name. Situational Required when NM102 = 1 (person) and reported on the medical bill. DN0587 Rendering Line Provider First Name	O AN 1/35

NM105 1037	NAME MIDDLE Identifies individual middle name or initial. Situational Required when NM102 = 1 (person), the middle name/initial is needed to identify the individual, and the middle name/initial is reported on the medical bill. DN0591 Rendering Line Provider Middle Name/Initial	O AN 1/25
NM106 1038	NAME PREFIX Not Used	O AN 1/10
NM107 1039	NAME SUFFIX Suffix to individual name. Situational Required when NM102 = 1 (person), the suffix of the person is needed to identify the individual, and the suffix is reported on the medical bill. DN0588 Rendering Line Provider Last Name Suffix	O AN 1/10
M108 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Situational Required when NM109 is reported. XX = National Provider Identifier	X ID 1/2
NM109 67	IDENTIFICATION CODE Code identifying a party or other code. Situational Required for providers in the United States or its territories when the provider is eligible to receive an NPI. DN0592 Rendering Line Provider National Provider ID	X AN 2/80
NM110 706	ENTITY RELATIONSHIP CODE Not Used	X ID 2/2
NM111 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3
NM112 1035	NAME LAST OR ORGANIZATION NAME Not Used	O AN 1/60

SEGMENT: PRV Provider Information
WC NAME: RENDERING LINE PROVIDER SPECIALTY INFORMATION
LEVEL: Detail
POSITION: 5050
LOOP: 2420
USAGE: Situational. Required when mandated by the jurisdiction's implementation guide or regulations and the rendering line provider was identified on the medical bill received by the insurer or claims administrator.
MAX USE: 1
PURPOSE: To specify the identifying characteristics of a provider.
EXAMPLE: PRV*PE*PXC*203BP0400Y~

DATA ELEMENT SUMMARY

PRV01 1221	PROVIDER CODE Code identifying the type of provider. Required PE = Performing	M ID 1/3
PRV02 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required PXC = Health Care Provider Taxonomy Code	M ID 2/3
PRV03 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0595 Rendering Line Provider Primary Specialty Code	M AN 1/50
PRV04 156	STATE OR PROVINCE CODE Not Used	O ID 2/2
PRV05 C035	PROVIDER SPECIALTY INFORMATION Not Used	O
PRV06 1223	PROVIDER ORGANIZATION CODE Not Used	O ID 3/3

SEGMENT: **REF Reference Information**

WC NAME: RENDERING LINE PROVIDER SECONDARY IDENTIFICATION

LEVEL: Detail

POSITION: 5250

LOOP: 2420

USAGE: Situational. Required when DN0592 Rendering Line Provider National Provider ID is not reported and the rendering line provider identifier was included on the medical bill received by the insurer or claims administrator.

MAX USAGE: 1

PURPOSE: To specify identifying information.

EXAMPLE: REF*0B*A12345~

DATA ELEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification Required 0B = State License Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0599 Rendering Line Provider State License Number	X AN 1/50

REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

Loop ID: 2430 Service Line Adjustments and Amounts (Repeat 15)
--

SEGMENT: SVD Service Line Adjudication
WC NAME: SERVICE LINE ADJUDICATION
LEVEL: Detail
POSITION: 5400
LOOP: 2430 Repeat: >1
USAGE: Situational. Required when line level adjustments were applied during the adjudication of the medical bill. A second SVD segment on a bill line may be used to report Dispensing Fee for physician dispensed drugs.
MAX USE: 15
PURPOSE: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers.
NOTE: HCPCS codes and modifiers included on the medical bill should be considered a bundled informational unit. When the paid HCPCS code is different than the billed HCPCS code, the payer must report any modifiers that would be used to identify the service or impact the reimbursement amount.
EXAMPLE: SVD*XX*100*HC:84550**3~

DATA ELEMENT SUMMARY

SVD01 67	IDENTIFICATION CODE Code identifying a party or other code. Note: This data element is required based on the ASC X12 syntactical requirements. In order to meet ASC X12 format requirements, place the value 'XX' in this data element. Required XX	M AN 2/80
SVD02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars only (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0574 Total Amount Paid Per Line	M R 1/18
SVD03 C003	COMPOSITE MEDICAL PROCEDURE IDENTIFIER To identify a medical procedure by standardized codes and applicable modifiers. Situational Required when the paid services are different than the billed services. If not required by this implementation guide, do not send.	O

SVD03-1 235 PRODUCT/SERVICE ID QUALIFIER **M ID 2/2**
Code identifying the type/source of the descriptive number used in Product/Service ID (234).

Required AD = American Dental Association Codes
HC = Health Care Financing Administration Common Procedural Codes
N4 = National Drug Code in 5-4-2 Format
ER = Jurisdiction Specific Procedure and Supply Codes (state procedure and supply codes, which are not valid HCPCS codes)

SVD03-2 234 PRODUCT/SERVICE ID **M AN 1/48**
Identifying number for a product or service.
Note: Billing Codes may differ from Paid Procedure Codes. Do not transmit the segment identifiers (dashes) for NDC codes.

Required If SVD03-1 = AD, use DN0722 ADA Procedure Paid Code
If SVD03-1 = HC, use DN0726 HCPCS Line Procedure Paid Code
If SVD03-1 = N4, use DN0728 NDC Paid Code
If SVD03-1 = ER, use DN0729 Jurisdiction Procedure Paid Code

SVD03-3 1339 PROCEDURE MODIFIER **O AN 2/2**
Identifies special circumstances related to the performance of the service, as defined by trading partners.
Note: Use for the first procedure code modifier.

Situational Required when the modifier is needed to identify the services that were adjudicated.
If SVD03-1 = HC, use DN0727 HCPCS Modifier Paid Code
If SVD03-1 = N4 or AD, do not use
If SVD03-1 = ER, use DN0730 Jurisdiction Modifier Paid Code

SVD03-4 1339 PROCEDURE MODIFIER **O AN 2/2**
Identifies special circumstances related to the performance of the service, as defined by trading partners.
Note: Use for the second procedure code modifier.

Situational Required when a second modifier is needed to identify the services that were adjudicated.
If SVD03-1 = HC, use DN0727 HCPCS Modifier Paid Code
If SVD03-1 = N4 or AD, do not use
If SVD03-1 = ER, use DN0730 Jurisdiction Modifier Paid Code

SVD03-5 1339 PROCEDURE MODIFIER **O AN 2/2**
Identifies special circumstances related to the performance of the service, as defined by trading partners.
Note: Use for the third procedure code modifier.

Situational Required when a third modifier is needed to identify the services that were adjudicated.
If SVD03-1 = HC, use DN0727 HCPCS Modifier Paid Code
If SVD03-1 = N4 or AD, do not use
If SVD03-1 = ER, use DN0730 Jurisdiction Modifier Paid Code

SVD03-6 1339 PROCEDURE MODIFIER

O AN 2/2

Identifies special circumstances related to the performance of the service, as defined by trading partners.

Note: Use for the fourth procedure code modifier.

Situational Required when a fourth modifier is needed to identify the services that were adjudicated.
If SVD03-1 = HC, use DN0727 HCPCS Modifier Paid Code
If SVD03-1 = N4 or AD, do not use
If SVD03-1 = ER, use DN0730 Jurisdiction Modifier Paid Code

SVD03-7 352 DESCRIPTION

O AN 1/80

Not Used

SVD03-8 234 PRODUCT/SERVICE ID

O AN 1/48

Not Used

SVD04 234 PRODUCT/SERVICE ID

O AN 1/48

Identifying number for a product or service.

Situational Required when the revenue code paid is different than the revenue code billed.
DN0576 Revenue Paid Code

SVD05 380 QUANTITY

O R 1/15

Numeric value used for quantity.

Situational Required when the number of units paid is different than the number of units billed.
DN0580 Day(s)/Unit(s) Paid

SVD06 554 ASSIGNED NUMBER

O NO 1/6

Number assigned for differentiation within a transaction set.

Note: SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled. Use the LX from this transaction which points to the bundled line.

Situational Required when the payer bundled the identified service line into another service line.
DN0547 Line Number

SEGMENT: CAS Claims Adjustment

WC NAME: SERVICE LINE ADJUSTMENT

LEVEL: Detail

POSITION: 5450

LOOP: 2430

USAGE: Situational. Required when line level adjustments were applied during the adjudication of the medical bill.

MAX USE: 99 (Multiple service adjustment reason codes are permitted per line item.)

PURPOSE: To supply adjustment reason codes and amounts as needed for an entire bill or for a particular service within the bill being paid.

EXAMPLE: CAS*CO*100*7.93~
CAS*OA*86*15.06~

DATA ELEMENT SUMMARY

CAS01 1033	CLAIM ADJUSTMENT GROUP CODE	M ID 1/2
	Code identifying the general category of payment adjustment.	
	Required DN0731 Service Adjustment Group Code	
	CO = Contractual Obligations	
	CR = Corrections and REversals	
	OA = Other Adjustments	
	PI = Payer Initiated Reductions	
	PR = Patient Responsibility	
	RR = Regulatory Requirement	
CAS02 1034	CLAIM ADJUSTMENT REASON CODE	M ID 1/5
	Code identifying the detailed reason the adjustment was made.	
	Required DN0732 Service Adjustment Reason Code	
CAS03 782	MONETARY AMOUNT	M R 1/18
	Monetary amount.	
	Note: Adjustment amount due to the reason code in CAS02. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and the zeros to the right of the decimal.	
	Required DN0733 Service Adjustment Amount	
CAS04 380	QUANTITY	O R 1/15
	Numeric value used for quantity.	
	Note: This data element is required when DN0580 is reported in SVD05 and represents the difference between the quantity billed and the quantity paid.	
	Situational Required when the number of units paid is different than the number of units billed.	
	DN0734 Service Adjustment Units	
CAS05 1034	CLAIM ADJUSTMENT REASON CODE	X ID 1/5
	Code identifying the detailed reason the adjustment was made.	
	Situational Required if CAS06 is reported.	
	DN0732 Service Adjustment Reason Code	
CAS06 782	MONETARY AMOUNT	X R 1/18
	Monetary amount.	
	Note: Adjustment amount due to reason code in CAS05. If CAS06 is present, then CAS05 is required. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and zeros to the right of the decimal.	
	Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line.	
	DN0733 Service Adjustment Amount	

CAS07 380	QUANTITY Numeric value used for quantity. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line and the number of units paid is different than the number of units billed. DN0734 Service Adjustment Units	X R 1/15
CAS08 1034	CLAIM ADJUSTMENT REASON CODE Code identifying the detailed reason the adjustment was made. Situational Required if CAS09 is reported. DN0732 Service Adjustment Reason Code	X ID 1/5
CAS09 782	MONETARY AMOUNT Monetary amount. Note: Adjustment amount due to reason code in CAS08. If CAS09 is present, then CAS08 is required. If the amount is whole dollars only (no cents involved), do NOT pass the decimal and the zeros to the right of the decimal. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line. DN0733 Service Adjustment Amount	X R 1/18
CAS10 380	QUANTITY Numeric value used for quantity. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line and the number of units paid is different than the number of units billed. DN0734 Service Adjustment Units	X R 1/15
CAS11 1034	CLAIM ADJUSTMENT REASON CODE Code identifying the detailed reason the adjustment was made. Situational Required if CAS12 is reported. DN0732 Service Adjustment Reason Code	X ID 1/5
CAS12 782	MONETARY AMOUNT Monetary amount. Note: Adjustment amount due to reason code in CAS11. If CAS12 is present, then CAS11 is required. If the amount is whole dollars (no cents, involved), do NOT pass the decimal and zeros to the right of the decimal. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line. DN0733 Service Adjustment Amount	X R 1/18
CAS13 380	QUANTITY Numeric value used for quantity. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line and the number of units paid is different than the number of units billed. DN0734 Service Adjustment Units	X R 1/15

CAS14 1034	CLAIM ADJUSTMENT REASON CODE Code identifying the detailed reason the adjustment was made. Situational Required if CAS15 or CAS16 is reported. DN0732 Service Adjustment Reason Code	X ID 1/5
CAS15 782	MONETARY AMOUNT Monetary amount. Note: Adjustment amount due to the reason in CAS14. If CAS15 is present, then CAS14 is required. If the amount is whole dollars (no cents involved), do NOT pass the decimal and zeros the right of the decimal. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line. DN0733 Service Adjustment Amount	X R 1/18
CAS16 380	QUANTITY Numeric value used for quantity. Note: Adjustment quantity due to the reason in CAS14. If CAS16 is present, then CAS14 is required. Situational Required when it is necessary to report another adjustment beyond what has already been reported for this service line and the number of units paid is different than the number of units billed. DN0734 Service Adjustment Units	X R 1/15
CAS17 1034	CLAIM ADJUSTMENT REASON CODE Not Used	X ID 1/5
CAS18 782	MONETARY AMOUNT Not Used	X R 1/18
CAS19 380	QUANTITY Not Used	X R 1/15

SEGMENT: **AMT Monetary Amount**
WC NAME: LINE ITEM PRIOR PAYMENT AMOUNT
LEVEL: Detail
POSITION: 5505
LOOP: 2430
USAGE: Situational. Required when reporting line level adjudication actions related to a medical bill that has previously been reported to the jurisdiction. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To indicate the total monetary amount previously paid for this line item. The segment does not apply to the original action by the payer on a medical bill.
EXAMPLE: AMT*C4*150~
NOTE: The line item prior payment amount is informational only and is not included in balancing calculations.

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Note: The total amount the payer has actually paid on the medical bill prior to the current bill adjudication action being reported. Required C4 = Prior Payment - Actual	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0761 Line Item Prior Actual Amount Paid	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

SEGMENT: AMT Monetary Amount Information
WC NAME: LINE ITEM TAX PAID AMOUNT
LEVEL: Detail
POSITION: 5505
LOOP: 2430
USAGE: Situational. Required when tax applies to the service line and is paid by the insurer or claim administrator. If not required by this implementation guide, do not send.
MAX USE: 1
PURPOSE: To indicate the total monetary amount.
NOTE: When reporting the Line Item Tax Paid Amount (AMT02), the amount reported in the Total Amount Paid Per Line (DN0574) for this service line must include the amount reported in the Line Item Tax Paid Amount.
EXAMPLE: AMT*T*45.63~

DATA ELEMENT SUMMARY

AMT01 522	AMOUNT QUALIFIER CODE Code to qualify amount. Required T = Tax	M ID 1/3
AMT02 782	MONETARY AMOUNT Monetary amount. Note: If the amount is whole dollars (no cents involved), do NOT pass the decimal or zeros to the right of the decimal. Required DN0628 Line Item Tax Paid Amount	M R 1/18
AMT03 478	CREDIT/DEBIT FLAG CODE Not Used	O ID 1/1

Transaction Set Trailer (Repeat 1)

SEGMENT: SE Transaction Set Trailer
 X12N NME: TRANSACTION SET TRAILER
 WC NAME: TRANSACTION SET TRAILER
 LEVEL: Detail
 POSITION: 5550
 LOOP:
 USAGE: Required
 MAX USE: 1
 PURPOSE: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments. SE is the last segment of each transaction set.
 EXAMPLE: SE*211*987654~

DATA ELEMENT SUMMARY

SE01 96	NUMBER OF INCLUDED SEGMENTS	M NO 1/10
	Total number of segments included in a transaction set including ST and SE segments.	
	Required	
SE02 329	TRANSACTION SET CONTROL NUMBER	M AN 4/9
	Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. SE02 must match ST02.	
	Required	

Section 3.0
Workers' Compensation Medical Bill Data Reporting
Application Advice (824)



Section 3.0: Application Advice	Page
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Application Advice (ASC X12 824/005010)

Implementation Notes

The 824 transactions are designed to provide the ability to report the result of an application system's data content edits of the 837 transaction set that are outside the ASC X12 997 or 999 error reporting. The 824 may be used to report the acceptance or rejection of a transaction set or item.

For trading partners familiar with the previous IAIABC Implementation Guides, the term "transaction set" is the general equivalent of a batch (the term "batch" has a different definition in the ASC X12 standards). The term "item" means an individual medical bill EDI record within a transaction set.

For the purpose of this implementation guide, the terms "acceptance" and "rejection" are defined as follows:

- Acceptance means that the transaction or item has passed all application level edits and will be processed by the jurisdiction's system.
- Rejection means that the transaction or item contained errors that prevent processing by the jurisdiction's system. The transaction or item must be corrected and resubmitted by the sender.

For each 837 transaction reported, only one 824 transaction should be sent back to the trading partner.

LOOP AND SEGMENT SUMMARY

Transaction Set Header Page 3.3			
Segment	Description	Usage	Max Use
ST	Transaction Set Control Number	R	1
BGN	Beginning Segment	R	1

Loop ID: N1 Sender Information (Repeat 1) Page 3.5			
Segment	Description	Usage	Max Use
N1	Sender ID	R	1

Loop ID: N1 Receiver Information (Repeat 1) Page 3.6			
Segment	Description	Usage	Max Use
N1	Receiver ID	R	1

Loop ID: OTI Original Transaction Identification (Repeat > 1) Page 3.7			
Segment	Description	Usage	Max Use
OTI	Original Transaction Identifier	R	1
REF	Line Number	S	12
DTM	Processed Date	R	1

Loop ID: LM Code Source Information (Repeat > 1) Page 3.11			
Segment	Description	Usage	Max Use
LM	Code Source Information	S	1

Loop ID: LQ Industry Code (Repeat 100) Page 3.12			
Segment	Description	Usage	Max Use
LQ	Industry Code	S	1
RED	Related Data	S	100

Transaction Set Trailer Page 3.13			
Segment	Description	Usage	Max Use
SE	Transaction Set Trailer	R	1

LOOP AND SEGMENT DETAIL

Transaction Set Header

SEGMENT: ST Transaction Set Header
WC NAME: TRANSACTION SET CONTROL NUMBER
LEVEL: Header
POSITION: 010
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the start of a transaction set and to assign a control number.
EXAMPLE: ST*824*987654*005010I20~

DATA ELEMENT SUMMARY

ST01 143	TRANSACTION SET IDENTIFIER CODE Code which uniquely identifies a Transaction Set. Required 824 = Application Advice (Medical Bill Acknowledgment)	M ID 3/3
ST02 329	TRANSACTION SET CONTROL NUMBER Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Note: The Transaction Set Control Numbers in ST02 and SE02 must be identical. The number must be unique within a functional group (GS-GE). For example, start with the number 0001 and increment from there. Required A number generated by the jurisdiction.	M AN 4/9
ST03 329	IMPLEMENTATION CONVENTION REFERENCE Reference assigned to identify Implementation Convention. Required 005010I20 = <u>IAIABC Workers' Compensation Medical Bill Data Reporting Implementation Guide, Release 2.0</u>	O/Z AN 1/35

SEGMENT: BGN Beginning Segment
WCNAME: BEGINNING SEGMENT
LEVEL: Header
POSITION: 020
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the beginning of a transaction set
EXAMPLE: BGN*11*ABC1234*19960618*0932*****RU~

DATA ELEMENT SUMMARY

BGN01 353	TRANSACTION SET PURPOSE CODE Code to identify the purpose of transaction set. Required 11 = Response	M ID 2/2
BGN02 127	REFERENCE IDENTIFICATION Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. Note: Use a value assigned by the submitter of the 824 transaction set, such as an internal tracking number, to uniquely identify this 824 transaction set. Required DN0743 Jurisdiction Tracking Number	M AN 1/50
BGN03 373	DATE Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year. Note: Date the transaction was created within the business application system. This is the date the 824 acknowledgments are sent back to the sender. Required DN0100 Date Transmission Sent	M DT 8/8
BGN04 337	TIME Time expressed in 24-hour clock time as follows: HHMM or HHMMSS or HHMMS-SD or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimals seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Note: This is the time the 824 is sent back to the sender. Required DN0101 Time Transmission Sent	X TM 4/8
BGN05 623	TIME CODE Not Used	O ID 2/2
BGN06 127	REFERENCE IDENTIFICATION Not Used	O AN 1/50
BGN07 640	TRANSACTION TYPE CODE Not Used	O ID 2/2
BGN08 306	ACTION CODE Code that specifies the type of action. Required RU = Return. Required when a portion of the transaction set is being accepted. U = Reject. Required when an entire transaction set is being rejected. WQ = Accept. Required when an entire transaction set is being accepted.	O ID 1/2
BGN09 786	SECURITY LEVEL CODE Not Used	O ID 2/2

Loop ID: N1 Sender Information (Repeat 1)

SEGMENT: N1 Party Identification
WCNAME: SENDER ID
LEVEL: Header
POSITION: 030
LOOP: N1A
USAGE: Required
MAX USE: 1
PURPOSE: To identify a party by type of organization, name, and code.
NOTE: This segment provides information about the submitter of the 824 transaction set.
EXAMPLE: N1*41**46*123456789~

DATA ELEMENT SUMMARY

N101 98	ENTITY IDENTIFIER CODE Code to identify an organizational entity, a physical location, property, or an individual. Required 41 = Submitter	M ID 2/3
N102 93	NAME Not Used	X AN 1/60
N103 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Required 46 = Electronic Transmitter Identification Number (ETIN)	X ID 1/2
N104 67	IDENTIFICATION CODE Code to identify a party or other code. Required DN098 Sender ID	X AN 2/80
N105 706	ENTITY RELATIONSHIP CODE Not Used	O ID 2/2
N106 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3

Loop ID: N1 Receiver Information (Repeat 1)

SEGMENT: N1 Party Identification

WCNAME: RECEIVER ID

LEVEL: Header

POSITION: 030

LOOP: N1B

USAGE: Required

MAX USE: 1

PURPOSE: To identify a party by type of organization, name, and code.

NOTE: This segment provides information about the receiver of the 824 transaction set.

EXAMPLE: N1*40**46*987654321~

DATA ELEMENT SUMMARY

N101 98	ENTITY IDENTIFIER CODE Code to identify an organizational entity, a physical location, property, or an individual. Required 40 = Receiver	M ID 2/3
N102 93	NAME Not Used	X AN 1/60
N103 66	IDENTIFICATION CODE QUALIFIER Code designating the system/method of code structure used for Identification Code (67). Required 46 = Electronic Transmitter Identification Number (ETIN)	X ID 1/2
N104 67	IDENTIFICATION CODE Code to identify a party or other code. Required DN0099 Receiver ID	X AN 2/80
N105 706	ENTITY RELATIONSHIP CODE Not Used	O ID 2/2
N106 98	ENTITY IDENTIFIER CODE Not Used	O ID 2/3

Loop ID: OTI Original Transaction Identification (Repeat >1)

SEGMENT: OTI Original Transaction Identification

WCNAME: ORIGINAL TRANSACTION IDENTIFIER

LEVEL: Summary

POSITION: 010

LOOP: OTI Repeat: >1

USAGE: Required

MAX USE: 1

PURPOSE: An 824 transaction set may be used to report the acceptance or rejection of an entire transaction set, or the status of individual medical bills within an accepted transaction set. This segment is used to identify the edited transaction set, the level at which the results of the edit are reported, and to indicate the accepted, rejected, or accepted with change edit result.

For example, if the entire 837 transaction set is being rejected, then DN0111, Application Acknowledgment Code, would equal 'TR' and the OTI segment would contain DN0532, Originator Transaction Identification Number (from the 837 transaction). If the 837 transaction was accepted, but an individual medical bill was rejected, then DN0111, Application Acknowledgment Code, would equal 'IR' and the OTI segment would contain DN0500, Unique Bill ID Number (from the 837 transaction). Each rejected medical bill would be reported using a different OTI segment.

EXAMPLE: OTI*TA*TN*1784546***20110308*18151401***837~

DATA ELEMENT SUMMARY

OTI01 110 APPLICATION ACKNOWLEDGMENT CODE M ID 1/2

Code indicating the application system edit results of the business data.

Notes: First Character

I = Item; an individual medical bill/payment record which can be identified by DN0500 Unique Bill ID Number.

T = Transaction set: an incoming medical bill/payment transaction which can be identified by DN0532 Originator Transaction Identification Number.

Notes: Second Character

A = Accept: Use this code when no errors are present and all the data is accepted by the jurisdiction.

E = Accept with Error: Use this code when all the required data is accepted, but errors may exist on other non-critical data elements. If required by jurisdictional regulations, submitter must correct and resubmit the item that was in error.

R = Reject: Use this code when all data is rejected due to errors. No data is accepted for further processing. Submitter must correct and resubmit the transaction set or item that was in error.

Required **DN0111 Application Acknowledgment Code**

IA = Item Accept

IE = Item Accept with Error

IR = Item Reject

TA = Transaction Set Accept

TR = Transaction Set Reject

OTI02 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required IX = Item Number Required when OTI01 contains IA, IE, or IR. TN = Transaction Reference Number Required when OTI01 contains TA or TR	M ID 2/3
OTI03 127	REFERENCE IDENTIFICATION Reference number or identification number as defined for a particular Reference Transaction Set, or as specified by the Reference Number Qualifier. This is the response to an inbound 837 and will contain the Unique Bill ID Number from Loop 2300 REF02 or the Originator Transaction Identification Number from BHT03. Required If OTI02 contains IX, use DN0500 Unique Bill ID Number. If OTI02 contains TN, use DN0532 Originator Transaction Identification Number.	M AN 1/50
OTI04 142	APPLICATION SENDER'S CODE Not Used	O AN 2/15
OTI05 124	APPLICATION RECEIVER'S CODE Not Used	O AN 2/15

OTI06 373	DATE Date (CCYYMMDD). Note: OTI06 must contain the GS04 value from the functional group containing the transaction set to which this 824 is responding. Required DN0102 Original Transmission Date	O DT 8/8
OTI07 337	TIME Time expressed in 24 hour clock time as follows: HHMM or HHMMSS, or HHMMSSD or HHMMSSDD. H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Note: OTI07 must contain the GS05 value from the functional group containing the transaction set to which this 824 is responding. Required DN0103 Original Transmission Time	O TM 4/8
OTI08 28	GROUP CONTROL NUMBER Not Used	X NO 1/9
OTI09 329	TRANSACTION SET CONTROL NUMBER Not Used	O AN 4/9
OTI10 143	TRANSACTION SET IDENTIFIER CODE Code to uniquely identify a Transaction Set. Required DN0110 Acknowledgment Transaction Set ID 837 = Health Care Claim (Medical Transactions)	O ID 3/3
OTI11 480	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE Not Used	O AN 1/12
OTI12 353	TRANSACTION SET PURPOSE CODE Not Used	O ID 2/2
OTI13 640	TRANSACTION TYPE CODE Not Used	O ID 2/2
OTI14 346	APPLICATION TYPE Not Used	O ID 2/2
OTI15 306	ACTION CODE Not Used	O ID 1/2
OTI16 305	TRANSACTION HANDLING CODE Not Used	O ID 1/2
OTI17 641	STATUS REASON CODE Not Used	O ID 3/3

SEGMENT: **REF Reference Information**
WC NAME: Line Number
LEVEL: Detail
POSITION: 0200
LOOP: OTI
USAGE: Situational. Required when the medical bill EDI record was rejected at the line level and the line number is needed to identify the information contained in the RED segment.
MAX USE: 12
PURPOSE: To specify identifying information. The line number contained in this segment is the same line number contained in the 837 transaction that was rejected during application processing.
EXAMPLE: REF*FJ*1~

DATE EMEMENT SUMMARY

REF01 128	REFERENCE IDENTIFICATION QUALIFIER Code qualifying the Reference Identification. Required FJ = Line Item Control Number	M ID 2/3
REF02 127	REFERENCE IDENTIFICATION Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. Required DN0547 Line Number	X AN 1/50
REF03 352	DESCRIPTION Not Used	X AN 1/80
REF04 C040	REFERENCE IDENTIFIER Not Used	O

SEGMENT: **DTM Date/Time Reference**
WCNAME: PROCESSED DATE
LEVEL: Summary
POSITION: 030
LOOP: OTI
USAGE: Required
MAX USE: 2
PURPOSE: To supply pertinent dates and times.
EXAMPLE: DTM*009*19960718*0932~

DATA ELEMENT SUMMARY

DTM01 374	DATE/TIME QUALIFIER Code which specifies type of date or time, or both date and time. Required 009 = Processed Date	M ID 3/3
DTM02 373	DATE Date (CCYYMMDD) Required DN0108 Date Processed	X DT 8/8
DTM03 337	TIME Time expressed in 24 hour clock time as follows: HHMM, or HHMMSS, or HHMMS-SD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), or S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). Required DN0109 Time Processed	X TM 4/8
DTM04 623	TIME CODE Not Used	O ID 2/2
DTM05 1250	DATE TIME PERIOD FORMAT QUALIFIER Not Used	X ID 2/3
DTM06 1251	DATE TIME PERIOD Not Used	X AN 1/35

Loop ID: LM Code Source Information (Repeat >1)

SEGMENT: **LM Code Source Information**

WCNAME: CODE SOURCE INFORMATION

LEVEL: Summary

POSITION: 085

LOOP: LM Repeat: >1

USAGE: Situational. Required when a transaction set or item is rejected or accepted with errors.

MAX USE: 1

PURPOSE: To transmit standard code list identification. The LM is used to identify the application error condition.

EXAMPLE: LM*IB~

DATA ELEMENT SUMMARY

LM01 559	AGENCY QUALIFIER CODE Code which identifies the agency assigning the codes values. Required IB = IAIABC	M ID 2/2
LM02 822	SOURCE SUBQUALIFIER Not Used	O AN 1/15

Loop ID: LQ Industry Code (Repeat 100)

SEGMENT: LQ Industry Code Identification
 WCNAME: INDUSTRY CODE
 LEVEL: Detail
 POSITION: 086
 LOOP: LQ Repeat: 100
 USAGE: Situational. Required when a transaction set or item is rejected or accepted with errors.
 MAX USE: 1
 PURPOSE: Code to transmit standard industry codes.
 EXAMPLE: LQ*FZ*058~

DATA ELEMENT SUMMARY

LQ01 1270	CODE LIST QUALIFIER CODE	O ID 1/3
	Code identifying a specific industry code list.	
	Required FZ = Edit Error Code	
LQ02 1271	INDUSTRY CODE	X AN 1/30
	Code indicates a code from a specific list.	
	Note: See IAIABC Edit Matrix for code values.	
	Required DN0116 Element Error Number	

SEGMENT: RED Related Data
 WCNAME: RELATED DATA
 LEVEL: Detail
 POSITION: 087
 LOOP: LQ Repeat: 100
 USAGE: Situational. Required when a transaction set or item is rejected or accepted with errors.
 MAX USE: 1
 PURPOSE: To provide business data related to an item within a transaction to which a business application editing process has been applied, and an error condition has resulted. This segment is used to either transmit the DN of the element in error and a copy of the bad data or to provide supplemental information when necessary to identify the error.
 EXAMPLE: RED*XYZ**IB**GJ*0714~

DATA ELEMENT SUMMARY

RED01 352	DESCRIPTION	M AN 1/80
	A free form description which clarifies the related data elements and their content.	
	Note: RED01 will contain a copy of the data which resulted in the rejection of the transaction set or item. If the data is missing, this data element will be populated with the default value of 'NONE'.	
	Required	

RED02 1609	RELATED DATA IDENTIFICATION CODE Not Used	X AN 2/3
RED03 559	AGENCY QUALIFIER CODE Code which identifies the agency assigning the code values. Required IB = IAIABC Error Code List	X ID 2/2
RED04 822	SOURCE SUBQUALIFIER Not Used	O AN 1/15
RED05 1270	CODE LIST QUALIFIER CODE Code identifying a specific industry code list. Note: Rejections due to invalid qualifiers will use the code value of 'A9' and a copy of the invalid qualifier will be contained in RED01. Required A9 = Supplemental Data (to be used only when the data element that caused the rejection does not have an IAIABC assigned data element number) GJ = Reject Indicator Code	X ID 1/3
RED06 1271	INDUSTRY CODE Code indicating a code from a specific industry code list. Required DN0115 Element Number If RED05 = A9, then use the default value of '0000' If RED05 = GJ, then use the IAIABC data element number associated with the invalid data in RED01	X AN 1/30

Transaction Set Trailer

SEGMENT: SE Transaction Set Trailer
WCNAME: TRANSACTION SET TRAILER
LEVEL: Summary
POSITION: 090
LOOP:
USAGE: Required
MAX USE: 1
PURPOSE: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments).
EXAMPLE: SE*432*987654~

DATA ELEMENT SUMMARY

SE01 96	NUMBER OF INCLUDED SEGMENTS Total number of segments included in a transaction set including the ST and SE segments. Required	M NO 1/10
SE02 329	TRANSACTION SET CONTROL NUMBER Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set. Required	M AN 4/9

Section 4.0

Workers' Compensation Medical Bill Data Reporting Health Care Claim (837) Scenarios



Health Care Claim (837) Scenarios			
Number	Scenario Business Description	DN0508 (Bill Submission Reason Code) Value	Page
1	Doctor Visit (Full Payment)	00	4.1
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
2	RME Appointment (Reduced Payment – Line Level Adjustment)	00	4.15
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
3	Clinic (Reduced Payment – Bill Level Adjustment)	00	4.28
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
4	Hospital	00	4.41
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
5	Dental	00	4.62
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
6	Retail Pharmacy	00	4.73
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
7	Retail Pharmacy (PBM Contracted with Insurance Carrier)	00	4.85
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
8	Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier)	00	4.97
	Scenario Narrative		
	File Example		
	Loop and Segment Example		

Health Care Claim (837) Scenarios			
Number	Scenario Business Description	DN0508 (Bill Submission Reason Code) Value	Page
9	Aggregate Record (Lien Bill/Lump Sum Payment)	00	4.113
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
10	Cancellation (Wrong Jurisdiction)	01	4.126
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
11	Correction (Data Replacement)	02	4.134
	Scenario Narrative		
	File Example		
	Loop and Segment Example		
12	Replacement (Reconsidered Doctor Visit)	05	4.147
	Scenario Narrative		
	File Example		
	Loop and Segment Example		

Scenario 1: Doctor Visit (Full Payment)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 07/24/2010, Darlene lacerated her left index finger while cutting a bagel. Her supervisor, Jonathan Grimes, instructed her to go to Dr. Richard M. Smith for treatment. He examined her and repaired the lacerated finger. Dr. Smith instructed her to come back on 07/26/2010 for suture removal and at that time noted a slight infection. He scheduled another follow-up visit for 08/02/2010 for wound re-check. Dr. Smith's office is located at 2700 Medical Drive in Arlington, VA 62311. His NPI is 1234567890 and FEIN is 34-5678912, his Virginia state license number is ME0029387, and his primary specialty is Family Practice with a specialty code of 203BF00100Y. Dr. Smith billed patient's account number 470077 for \$150.00 on 8/3/2010. Dr. Smith forwarded the bill with the unique identification number 02735 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Dr. Smith on 08/05/2010 and paid it on 08/17/2010 under their claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who has not yet assigned a state claim number to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 08/23/2010, covering a reporting period of 08/15/2010 to 08/22/2010. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111123.

Scenario 1: Doctor Visit (Full Payment)

ST*837*92341*005010I20~
 BHT*0080*00*12345*20100823*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20100815-20100822~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20100724~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000714D~
 CLM*02735*150***11:B*****N***00~
 DTP*050*D8*20100805~
 DTP*472*RD8*20100724-20100802~
 DTP*434*D8*20100803~
 DTP*666*D8*20100817~
 AMT*TP*150~
 REF*DD*111123~
 REF*2I*76543210~
 HI*BK:883*BF:8831~
 NM1*85*1*Smith*Richard*M**MD*XX*1234567890~
 PRV*BI*PXC*203BF00100Y~
 N3*2700 Medical Dr.~
 N4*Arlington*VA*62311~
 REF*EI*345678912~
 REF*0B*ME0029387~
 LX*1~
 SV1*HC:12001*75*UN*1*11**1~
 DTP*472*RD8*20100724-20100724~
 LX*2~
 SV1*HC:99202*50*UN*1*11**1~
 DTP*472*RD8*20100724-20100724~
 LX*3~
 SV1*HC:99211*25*UN*1*11**1~
 DTP*472*RD8*20100802-20100802~
 SE*44*92341~

Scenario 1: Doctor Visit (Full Payment)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92341*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92341
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20100823*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20100823
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*26314801~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20100815-20100822~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20100815-20100822
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~ (continued)					
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100724~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20100724
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~ (continued)					
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000714D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000714D
	REF03	Not Used			
	REF04	Not Used			

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*02735*150***11:B*****N***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	02735
	CLM02	Monetary Amount	0501	Total Charge Per Bill	150
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20100805~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20100805
DTP*472*RD8*20100724-20100802~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20100724-20100802
DTP*434*D8*20100803~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20100803

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*666*D8*20100817~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20100817
AMT*TP*150~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	150
	AMT03	Not Used			
REF*DD*111123~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	111123
	REF03	Not Used			
	REF04	Not Used			
REF*2I*76543210~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543210
	REF03	Not Used			
	REF04	Not Used			
HI*BK:883*BF:8831~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0521	Principal Diagnosis Code	883
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI02-01	Code List Qualifier Code			BF
	HI02-02	Industry Code	0522	Diagnosis Code	8831
	HI02-03	Not Used			
	HI02-04	Not Used			
	HI02-05	Not Used			
	HI02-06	Not Used			
	HI02-07	Not Used			
	HI02-08	Not Used			
	HI02-09	Not Used			

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BK:883*BF:8831~ (continued)					
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
NM1*85*1*Smith*Richard*M**MD*XX*1234567890~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Smith
	NM104	Name First	0529	Billing Provider First Name	Richard
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	M
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	MD
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1234567890
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
PRV*BI*PXC*203BF00100Y~					
	PRV01	Provider Code			BI
	PRV02	Reference Identification Qualifier			PXC
	PRV03	Reference Identification	0537	Billing Provider Primary Specialty Code	203BF00100Y
	PRV04	Not Used			
	PRV05	Not Used			
	PRV06	Not Used			
N3*2700 Medical Dr.~					
	N301	Address Information	0538	Billing Provider Primary Address	2700 Medical Dr
	N302	Address Information	0539	Billing Provider Secondary Address	

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*345678912~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	345678912
	REF03	Not Used			
	REF04	Not Used			
REF*0B*ME0029387~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0630	Billing Provider State License Number	ME0029387
	REF03	Not Used			
	REF04	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV1*HC:12001*75*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	12001
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	75
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:12001*75*UN*1*11**1~ (continued)					
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*RD8*20100724-20100724~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20100724-20100724
LX*2~					
	LX01	Assigned Number	0547	Line Number	2
SV1*HC:99202*50*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99202
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			

Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99202*50*UN*1*11**1~ (continued)					
	SV102	Monetary Amount	0552	Total Charge Per Line	50
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*RD8*20100724-20100724~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20100724-20100724
LX*3~					
	LX01	Assigned Number	0547	Line Number	3

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99211*25*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99211
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	25
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	

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Scenario 1: Doctor Visit (Full Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*472*RD8*20100802-20100802~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20100802-20100802
SE*44*92341~					
	SE01	Number of Included Segments			44
	SE02	Transaction Set Control Number			92341

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 07/24/2010, Darlene lacerated her left index finger while cutting a bagel. She was required to attend an examination with a Required Medical Examination (Independent Medical Examination) at the insurance carrier's request to determine her impairment rating. She was examined by Dr. Roberts on 2/2/2011. Dr. Roberts' office is located at 2900 Medical Drive in Arlington, VA 62311. His NPI is 1345678901, his FEIN is 64-1234567, and his Virginia state license number is ME0050236. Dr. Roberts submitted a bill for \$650.00 using patient account number 2351 on 2/9/2011 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier. WorkComp Insurance Company paid \$500.00 for the RME and report, based on Virginia's fee schedule.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Dr. Smith on 02/10/2011 and paid it on 02/28/2011 under their claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 03/01/2011, covering a reporting period of 02/15/2011 to 03/01/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111157.

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment)

ST*837*92373*005010I20~
 BHT*0080*00*12345*20110301*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110215-20110301~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20100724~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000714D~
 REF*Y4*98778942~
 CLM*2351*650***11:B*****N***00~
 DTP*050*D8*20110210~
 DTP*472*D8*20110202~
 DTP*434*D8*20110209~
 DTP*666*D8*20110228~
 AMT*TP*500~
 REF*DD*111157~
 REF*2I*88923567~
 HI*BK:8831~
 NM1*85*1*Roberts*Bob*S**MD*XX*1345678901~
 N3*2900 Medical Dr.~
 N4*Arlington*VA*62311~
 REF*EI*641234567~
 REF*0B*ME0050236~
 LX*1~
 SV1*HC:99456*600*UN*1*11**1~
 DTP*472*D8*20110202~
 SVD*XX*450~
 CAS*RR*W1*150~
 LX*2~
 SV1*HC:99080*50*UN*1*11**1~
 DTP*472*D8*20110202~
 SVD*XX*50~
 SE*44*92373~

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92373*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92373
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20110301*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20110301
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*263148001~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	26314801
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110215-20110301~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110215-20110301
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

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Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100724~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20100724
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene

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Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~ (continued)					
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000714D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000714D
	REF03	Not Used			
	REF04	Not Used			

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*Y4*98778942~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	98778642
	REF03	Not Used			
	REF04	Not Used			
CLM*2351*650***11:B*****N***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	2351
	CLM02	Monetary Amount	0501	Total Charge Per Bill	650
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20110210~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110210
DTP*472*D8*20110202~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110202

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Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*434*D8*20110209~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110209
DTP*666*D8*20110228~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110228
AMT*TP*500~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	500
	AMT03	Not Used			
REF*DD*111157~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	111157
	REF03	Not Used			
	REF04	Not Used			
REF*2I*88923567~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	88923567
	REF03	Not Used			
	REF04	Not Used			
HI*BK:8831~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0521	Principal Diagnosis Code	8831
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BK:8831~ (continued)					
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
NM1*85*1*Roberts*Bob*S**MD*XX*1345678901~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Roberts
	NM104	Name First	0529	Billing Provider First Name	Bob
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	S
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	MD
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1345678901
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*2900 Medical Dr.~					
	N301	Address Information	0538	Billing Provider Primary Address	2900 Medical Dr
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*EI*641234567~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	641234567
	REF03	Not Used			
	REF04	Not Used			
REF*0B*ME0050236~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0630	Billing Provider State License Number	ME0050236
	REF03	Not Used			
	REF04	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV1*HC:99456*600*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99456
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	600
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99456*600*UN*1*11**1~ (continued)					
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*D8*20110202~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110202
SVD*XX*450~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	450
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			
CAS*RR*W1*150~					
	CAS01	Claim Adjustment Group Code	0731	Service Adjustment Group Code	RR
	CAS02	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	W1
	CAS03	Monetary Amount	0733	Service Adjustment Amount	150
	CAS04	Quantity	0734	Service Adjustment Units	
	CAS05	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS06	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS07	Monetary Amount	0733	Service Adjustment Amount	
	CAS08	Quantity	0734	Service Adjustment Units	
	CAS09	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS10	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS11	Monetary Amount	0733	Service Adjustment Amount	
	CAS12	Quantity	0734	Service Adjustment Units	

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*RR*W1*150~ (continued)					
	CAS13	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS14	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS15	Monetary Amount	0733	Service Adjustment Amount	
	CAS16	Quantity	0734	Service Adjustment Units	
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
LX*2~					
	LX01	Assigned Number	0547	Line Number	2
SV1*HC:99080*50*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99080
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	50
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	

Scenario 2: RME Appointment (Reduced Payment – Line Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99080*50*UN*1*11**1~ (continued)					
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*D8*20110202~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110202
SVD*XX*50~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	50
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			
SE*44*92373~					
	SE01	Number of Included Segments			44
	SE02	Transaction Set Control Number			92373

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 02/15/2011, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to All Help Clinic, located at 507 Frontage Road, Suite 700, Arlington, VA 62311. The All Help Clinic's FEIN is 59-9728007 and their NPI is 1567891234. Darlene was evaluated and treated by Dr. I. Feelgood, license number ME0004470 and NPI 1112345678. The total bill for the services was \$284.00. All Help Clinic assigned unique bill identification number AHC123 to Darlene's bill and forwarded it to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company received the invoice from All Help Clinic on 03/05/2011 and paid it on 04/17/2011 under their claim administrator claim number 14000814D. The bill was adjusted to \$200.00 due to a preferred provider contract between the insurance company and the clinic. The applicable jurisdiction is Virginia, which assigned state claim number 11-77862 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction the Virginia Department of Labor on 05/01/2011, covering a reporting period of 04/01/2011 to 04/30/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 666123.

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment)

ST*837*92346*005010I20~
 BHT*0080*00*12345*20110501*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110401-20110430~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20110215~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000814D~
 REF*Y4*1177862~
 PER*CT**TE*7038365527~
 CLM*AHC123*284***11:B*****P***00~
 DTP*050*D8*20110305~
 DTP*472*RD8*20110215-20110304~
 DTP*434*D8*20110304~
 DTP*666*D8*20110417~
 CN1*09~
 AMT*TP*200~
 REF*DD*666123~
 REF*2I*76543210~
 HI*BK:8472~
 NM1*85*2*All Help Clinic*****XX*1567891234~
 N3*507 Frontage Road*Suite 700~
 N4*Arlington*VA*62311~
 REF*TJ*599728007~
 NM1*82*1*Feelgood*I****XX*1112345678~
 PRV*PE*PXC*203BF0100Y~
 REF*0B*ME0004470~
 SBR*P~
 CAS*PI*45*84*1~
 LX*1~
 SV1*HC:99215*284*UN*1*11**1~
 DTP*472*D8*20110215~
 SE*44*92346~

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92346*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92346
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20110501*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20110501
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*263148001~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110401-20110430~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110401-20110430
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
		Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

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Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*558*D8*20110215~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20110215
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000814D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000814D
	REF03	Not Used			
	REF04	Not Used			
REF*Y4*1177862~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	1177862
	REF03	Not Used			
	REF04	Not Used			
PER*CT**TE*7038365527~					
	PER01	Contact Function Code			CT
	PER02	Not Used			
	PER03	Communication Number Qualifier			TE
	PER04	Communication Number	0051	Employee Phone Number	7038365527
	PER05	Not Used			
	PER06	Not Used			
	PER07	Not Used			
	PER08	Not Used			
	PER09	Not Used			

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*AHC123*284***11:B*****P***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	AHC123
	CLM02	Monetary Amount	0501	Total Charge Per Bill	284
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	P
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20110305~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110305
DTP*472*RD8*20110215-20110304~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110215-20110304

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*434*D8*20110304~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110304
DTP*666*D8*20110417~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110417
CN1*09~					
	CN101	Contract Type Code	0515	Contract Type Code	09
	CN102	Not Used			
	CN103	Not Used			
	CN104	Not Used			
	CN105	Not Used			
	CN106	Not Used			
AMT*TP*200~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	200
	AMT03	Not Used			
REF*DD*666123~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	666123
	REF03	Not Used			
	REF04	Not Used			
REF*2I*76543210~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543210
	REF03	Not Used			
	REF04	Not Used			

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Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BK:883*BF:8472~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0521	Principal Diagnosis Code	8472
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
NM1*85*2*All Help Clinic*****XX*1567891234~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	All Help Clinic
	NM104	Name First	0529	Billing Provider First Name	
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1567891234
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N3*507 Frontage Road*Suite 700~					
	N301	Address Information	0538	Billing Provider Primary Address	507 Frontage Road
	N302	Address Information	0539	Billing Provider Secondary Address	Suite 700
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*599728007~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	599728007
	REF03	Not Used			
	REF04	Not Used			
NM1*82*1*Feelgood*I****XX*1112345678~					
	NM101	Entity Identifier Code			82
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0638	Rendering Bill Provider Last/Group Name	Feelgood
	NM104	Name First	0639	Rendering Bill Provider First Name	I
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0647	Rendering Bill Provider NPI	1112345678
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
PRV*PE*PXC*203BF0100Y~					
	PRV01	Provider Code			PE
	PRV02	Reference Identification Qualifier			PXC
	PRV03	Reference Identification	0651	Rendering Bill Provider Primary Specialty Code	203BF0100Y
	PRV04	Not Used			
	PRV05	Not Used			
	PRV06	Not Used			
REF*0B*ME0004470~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0643	Rendering Bill Provider State License Number	ME0004470
	REF03	Not Used			
	REF04	Not Used			
SBR*P~					
	SBR01	Payer Responsibility Sequence Number Code			P
	SBR02	Not Used			
	SBR03	Not Used			
	SBR04	Not Used			
	SBR05	Not Used			
	SBR06	Not Used			
	SBR07	Not Used			
	SBR08	Not Used			
	SBR09	Not Used			
CAS*PI*45*84*1~					
	CAS01	Claim Adjustment Group Code	0543	Bill Adjustment Group Code	PI
	CAS02	Claim Adjustment Code	0544	Bill Adjustment Reason Code	45
	CAS03	Monetary Amount	0545	Bill Adjustment Amount	84
	CAS04	Quantity	0546	Bill Adjustment Units	1

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Scenario 3: Clinic (Reduced Payment – Bill Level Adjustment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*PI*45*84*1~ (continued)					
	CAS05	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS06	Monetary Amount	0545	Bill Adjustment Amount	
	CAS07	Quantity	0546	Bill Adjustment Units	
	CAS08	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS09	Monetary Amount	0545	Bill Adjustment Amount	
	CAS10	Quantity	0546	Bill Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV1*HC:99215*284*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPD Line Procedure Billed Code	99215
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	284
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			

Scenario 4: Hospital

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 12/15/2010, Darlene injured her back and was referred to an orthopedic surgeon for evaluation. After conducting diagnostic testing, Dr. Helen Clark recommended that she be admitted for excision of a herniated nucleus pulposus and a laminotomy for decompression of the spinal nerve root. Dr. Clark secured preauthorization approval from the WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, and was assigned a preauthorization number of 0602109991. Darlene was admitted to Tristate Hospital, located at 3700 Medical Drive in Arlington, VA 62311, on 02/27/2011 and was discharged on 03/01/2011. Tristate Hospital's NPI is 1896989652, FEIN is 74-1234562, and Virginia state license number is 0145. Tristate assigned a patient account number of 502395 and billed WorkComp Insurance Companion \$47,778.50 for the admission.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Tristate Hospital on 04/01/2011 and paid it on 06/15/2011 under their claim administrator claim number 14000718Z. The applicable jurisdiction is Virginia, who had assigned a state claim number of 11321658 to Darlene's claim. The Virginia fee schedule for inpatient acute care admissions is a bundled payment based on the diagnosis related group (DRG), which resulted in a payment of \$18,275.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 07/15/2011, covering a reporting period of 04/01/2011 to 06/30/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 112567. Since the payment was a result of a DRG-based methodology, the adjustment was reported at the bill level.

Scenario 4: Hospital

ST*837*92350*005010I20~
 BHT*0080*00*12385*20110715*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110401-20110630~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20101215~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000714D~
 REF*Y4*11321658~
 CLM*502395*47778.50***11:A:1*****N***00~
 DTP*050*D8*20110401~
 DTP*435*D8*20110227~
 DTP*096*D8*20110301~
 DTP*472*RD8*20110227-20110301~
 DTP*434*D8*20110321~
 DTP*666*D8*20110615~
 CL1*1~
 AMT*TP*18275~
 REF*DD*112567~
 REF*2I*76543523~
 REF*G1*0602109991~
 HI*BK:72210:.....Y~
 HI*BJ:72210~
 HI*BR:8051:D8:20110227~
 HI*BQ:0309:D8:20110227*BQ:0359:D8:20110227~
 HI*BG:02~
 HI*DR:491:.....500~
 NM1*85*2*Tristate Hospital*****XX*189689652~
 N3*3700 Medical Dr.~
 N4*Arlington*VA*62311~
 REF*EI*741234562~
 REF*OB*0145~
 SBR*P~
 CAS*PI*W1*24503.50~
 LX*1~
 SV2*0110**2102*UN*2~
 DTP*472*RD8*20110227-20110301~

Scenario 4: Hospital - continued

LX*2~
SV2*0250**3851.30*UN*79~
DTP*472*RD8*20110227-20110301~
LX*3~
SV2*0270**12929.25*UN*217~
DTP*472*RD8*20110227-20110301~
LX*4~
SV2*0272**1163.85*UN*17~
DTP*472*RD8*20110227-20110301~
LX*5~
SV2*0300**292.50*UN*3~
DTP*472*RD8*20110227-20110301~
LX*6~
SV2*0320**2695*UN*3~
DTP*472*RD8*20110227-20110301~
LX*7~
SV2*0360**8626*UN*5~
DTP*472*RD8*20110227-20110301~
LX*8~
SV2*0370**6675*UN*2~
DTP*472*RD8*20110227-20110301~
LX*9~
SV2*0460**735*UN*21~
DTP*472*RD8*20110227-20110301~
LX*10~
SV2*0480**717.60*UN*13~
DTP*472*RD8*20110227-20110301~LX*11~
SV2*0710**2990*UN*10~
DTP*472*RD8*20110227-20110301~
SE*78*92350~

Scenario 4: Hospital

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92350*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92350
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12385*20110715*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12385
	BHT04	Date	0100	Date Transmission Sent	20110715
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*26314801~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110401-20110630~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110401-20110630
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100724~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20101215

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*Y1*14000714D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000714D
	REF03	Not Used			
	REF04	Not Used			
REF*Y4*11321658~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	11321658
	REF03	Not Used			
	REF04	Not Used			
CLM*502395*47778.50***11:A:1*****N**00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	502395
	CLM02	Monetary Amount	0501	Total Charge Per Bill	47778.50
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0504	Facility Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	A
	CLM05-3	Claim Frequency Type Code	0505	Bill Frequency Type Code	1
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*050*D8*20110401~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110401
DTP*435*D8*20110227~					
	DTP01	Date/Time Qualifier			435
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0513	Admission Date	20110227
DTP*096*D8*20110301~					
	DTP01	Date/Time Qualifier			096
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0514	Discharge Date	20110301
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110227-20110301
DTP*434*D8*20100803~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110321
DTP*666*D8*20110615~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110615
CL1*1~					
	CL101	Admission Type Code	0577	Admission Type Code	1
	CL102	Not Used			
	CL103	Not Used			
	CL104	Not Used			
AMT*TP*18275~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	18275
	AMT03	Not Used			
REF*DD*112567~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	112567
	REF03	Not Used			
	REF04	Not Used			

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*2I*76543523~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543523
	REF03	Not Used			
	REF04	Not Used			
REF*G1*0602109991~					
	REF01	Reference Identification Qualifier			G1
	REF02	Reference Identification	0581	Treatment Authorization Number	0602109991
	REF03	Not Used			
	REF04	Not Used			
HI*BK:72210:Y~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0521	Principal Diagnosis Code	72210
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Yes/No Condition or Response Code	0533	Present on Admission Indicator	Y
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BJ:72210~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BJ
	HI01-02	Industry Code	0535	Admitting Diagnosis Code	72210
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
HI*BR:8051:D8:20110227~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BR
	HI01-02	Industry Code	0525	Principal Procedure Code	8051
	HI01-03	Date Time Period Format Qualifier			D8
	HI01-04	Date Time Period	0550	Principal Procedure Date	20110227
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BR:8051:D8:20110227~ (continued)					
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
HI*BQ:0309:D8:20110227*BQ:0359:D8:20110227~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BQ
	HI01-02	Industry Code	0736	Other Procedure Code	0309
	HI01-03	Date Time Period Format Qualifier			D8
	HI01-04	Date Time Period	0524	Procedure Date	20110227
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI02-01	Code List Qualifier Code			BQ
	HI02-02	Industry Code	0736	Other Procedure Code	0359
	HI02-03	Date Time Period Format Qualifier			D8
	HI02-04	Date Time Period	0524	Procedure Date	20110227
	HI02-05	Not Used			
	HI02-06	Not Used			
	HI02-07	Not Used			
	HI02-08	Not Used			
	HI02-09	Not Used			

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BQ:0309:D8:20110227*BQ:0359:D8:02272011~ (continued)					
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
HI*BG:02~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BG
	HI01-02	Industry Code	0556	Condition Code	02
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*DR:491:.....500~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			DR
	HI01-02	Industry Code	0549	Paid DRG Code	491
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Industry Code	0548	Billed DRG Code	500
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
NM1*85*2*Tristate Hospital*****XX*189689652~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Tristate Hospital
	NM104	Name First	0529	Billing Provider First Name	
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	
	NM108	Identification Code Qualifier			
	NM109	Identification Code	0634	Billing Provider NPI	189689652
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*3700 Medical Dr.~					
	N301	Address Information	0538	Billing Provider Primary Address	3700 Medical Dr
	N302	Address Information	0539	Billing Provider Secondary Address	

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*741234562~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	741234562
	REF03	Not Used			
	REF04	Not Used			
REF*0B*0145~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0630	Billing Provider State License Number	0145
	REF03	Not Used			
	REF04	Not Used			
SBR*P~					
	SBR01	Payer Responsibility Sequence Number Code			P
	SBR02	Not Used			
	SBR03	Not Used			
	SBR04	Not Used			
	SBR05	Not Used			
	SBR06	Not Used			
	SBR07	Not Used			
	SBR08	Not Used			
	SBR09	Not Used			
CAS*PI*W1*24503.50~					
	CAS01	Claim Adjustment Group Code	0543	Bill Adjustment Group Code	PI
	CAS02	Claim Adjustment Code	0544	Bill Adjustment Reason Code	W1
	CAS03	Monetary Amount	0545	Bill Adjustment Amount	24503.50
	CAS04	Quantity	0546	Bill Adjustment Units	
	CAS05	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS06	Monetary Amount	0545	Bill Adjustment Amount	
	CAS07	Quantity	0546	Bill Adjustment Units	

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*PI*W1*24503.50~ (continued)					
	CAS08	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS09	Monetary Amount	0545	Bill Adjustment Amount	
	CAS10	Quantity	0546	Bill Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV2*0110**2102*UN*2~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0110
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	2102
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	2
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*2~					
	LX01	Assigned Number	0547	Line Number	2
SV2*0250**3851.30*UN*79~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0250
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	3851.30
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	79

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV2*0250**3851.30*UN*79~ (continued)					
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*3~					
	LX01	Assigned Number	0547	Line Number	3
SV2*0270**12929.25*UN*217~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0270
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	12929.25
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	217
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*4~					
	LX01	Assigned Number	0547	Line Number	4
SV2*0272**1163.85*UN*17~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0272
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	1163.85
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	17

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV2*0272**1163.85*UN*17~ (continued)					
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*5~					
	LX01	Assigned Number	0547	Line Number	5
SV2*0300**292.50*UN*3~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0300
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	292.50
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	3
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*6~					
	LX01	Assigned Number	0547	Line Number	6
SV2*0320**2695*UN*3~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0320
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	2695
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	3

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV2*0320**2695*UN*3~ (continued)					
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*7~					
	LX01	Assigned Number	0547	Line Number	7
SV2*0360**8626*UN*5~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0360
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	8626
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	5
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*8~					
	LX01	Assigned Number	0547	Line Number	8
SV2*0370**6675*UN*2~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0370
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	6675
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	2

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Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV2*0370**6675*UN*2~ (continued)					
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*9~					
	LX01	Assigned Number	0547	Line Number	9
SV2*0460**735*UN*21~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0460
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	735
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	21
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*10~					
	LX01	Assigned Number	0547	Line Number	10
SV2*0480**717.60*UN*13~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0480
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	717.60
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	13

Scenario 4: Hospital (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV2*0480**717.60*UN*13~ (continued)					
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
LX*11~					
	LX01	Assigned Number	0547	Line Number	11
SV2*0710**2990*UN*10~					
	SV201	Product/Service ID	0559	Revenue Billed Code	0710
	SV202	Composite Medical Procedure Identifier			
	SV203	Monetary Amount	0552	Total Charge Per Line	2990
	SV204	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV205	Quantity	0554	Day(s)/Unit(s) Billed	10
	SV206	Not Used			
	SV207	Not Used			
	SV208	Not Used			
	SV209	Not Used			
	SV210	Not Used			
DTP*472*RD8*20110227-20110301~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20110227-20110301
SE*78*92350~					
	SE01	Number of Included Segments			78
	SE02	Transaction Set Control Number			92350

Scenario 5: Dental

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 10/17/2011, Darlene was struck in the face while trying to move some bookshelves in her office. She was referred by her treating doctor to Matthew Joiner, D.D.S. Dr. Joiner's office is located at 2933 Medical Drive in Arlington, VA 62311. His NPI is 1543678901 and his FEIN is 54-1234567; his Virginia state license number is A548961. Dr. Joiner examined Darlene on 10/24/2011 and replaced a crown that was cracked during the work-related incident. Dr. Joiner submitted a bill for \$850.00 using patient account number DAV3001 on 10/31/2011 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier. WorkComp Insurance Company paid \$350.00 for the dental service, based on Virginia's fee schedule.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Dr. Joiner on 11/04/2011 and paid it on 11/11/2011 under their claim administrator claim number 14000825A. The applicable jurisdiction is Virginia, who has not yet assigned a state claim number to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 11/28/2011, covering a reporting period of 09/01/2011 to 11/30/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111201.

Scenario 5: Dental

ST*837*93200*005010I20~
 BHT*0080*00*12345*20111128*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110901-20111130~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20111017~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000825A~
 CLM*DAV3001*850***11:B*****N***00~
 DTP*050*D8*20111104~
 DTP*472*D8*20111024~
 DTP*434*D8*20111031~
 DTP*666*D8*20111111~
 AMT*TP*350~
 REF*DD*111201~
 REF*2I*88923851~
 NM1*85*1*Joiner*Matthew***DDS*XX*1543678901~
 N3*2933 Medical Dr.~
 N4*Arlington*VA*62311~
 REF*EI*541234567~
 REF*0B*A548961~
 NM1*DN*1*Smith*Richard*M**MD*XX*1234567890~
 LX*1~
 SV3*AD:D2710*850*11~
 DTP*472*D8*20111024~
 SVD*XX*350~
 CAS*RR*W1*500~
 SE*39*93200~

Scenario 5: Dental

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*93200*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			93200
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20111128*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20111128
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*263148001~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	26314801
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110901-20111130~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110901-20111130
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

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Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20111017~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20111017

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Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			

Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*Y1*14000825A~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000825A
	REF03	Not Used			
	REF04	Not Used			
CLM*DAV3001*850***11:B*****N***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	DAV3001
	CLM02	Monetary Amount	0501	Total Charge Per Bill	850
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20111104~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20111104

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Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*472*D8*20111024~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20111024
DTP*434*D8*20111031~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20111031
DTP*666*D8*20111111~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20111111
AMT*TP*350~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	350
	AMT03	Not Used			
REF*DD*111201~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	111201
	REF03	Not Used			
	REF04	Not Used			
REF*2I*88923851~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	88923851
	REF03	Not Used			
	REF04	Not Used			
NM1*85*1*Joiner*Matthew***DDS*XX*1543678901~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Joiner
	NM104	Name First	0529	Billing Provider First Name	Matthew
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	DDS
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1543678901
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N3*2933 Medical Dr.~					
	N301	Address Information	0538	Billing Provider Primary Address	2933 Medical Dr
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*541234567~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	541234567
	REF03	Not Used			
	REF04	Not Used			
REF*0B*A548961~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0630	Billing Provider State License Number	A548961
	REF03	Not Used			
	REF04	Not Used			
NM1*DN*1*Smith*Richard*M**MD*XX*1234567890~					
	NM101	Entity Identifier Code			DN
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0690	Referring Provider Last/Group Name	Smith
	NM104	Name First	0691	Referring Provider First Name	Richard
	NM105	Name Middle	0692	Referring Provider Middle Name/Initial	M
	NM106	Not Used			
	NM107	Name Suffix	0693	Referring Provider Last Name Suffix	MD
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0699	Referring Provider NPI	1234567890
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1

Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV3*AD:D2710*850*11~					
	SV301	Composite Medical Procedure Identifier			
	SV301-1	Product/Service ID Qualifier			AD
	SV301-2	Product/Service ID	0719	ADA Procedure Billed Code	D2710
	SV301-3	Procedure Modifier			
	SV301-4	Procedure Modifier			
	SV301-5	Procedure Modifier			
	SV301-6	Procedure Modifier			
	SV301-7	Description	0551	Procedure Description	
	SV301-8	Not Used			
	SV302	Monetary Amount	0552	Total Charge Per Line	850
	SV303	Facility Code Value	0600	Place of Service Line Code	11
	SV304	Not Used			
	SV305	Not Used			
	SV306	Not Used			
	SV307	Not Used			
	SV308	Not Used			
	SV309	Provider Agreement Code	0742	Provider Agreement Line Code	
	SV310	Not Used			
	SV311	Not Used			
DTP*472*D8*20111024~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20111024
SVD*XX*350~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	350
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			
CAS*RR*W1*500~					
	CAS01	Claim Adjustment Group Code	0731	Service Adjustment Group Code	RR
	CAS02	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	W1
	CAS03	Monetary Amount	0733	Service Adjustment Amount	500
	CAS04	Quantity	0734	Service Adjustment Units	

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Scenario 5: Dental (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*RR*W1*500~ (continued)					
	CAS05	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS06	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS07	Monetary Amount	0733	Service Adjustment Amount	
	CAS08	Quantity	0734	Service Adjustment Units	
	CAS09	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS10	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS11	Monetary Amount	0733	Service Adjustment Amount	
	CAS12	Quantity	0734	Service Adjustment Units	
	CAS13	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS14	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS15	Monetary Amount	0733	Service Adjustment Amount	
	CAS16	Quantity	0734	Service Adjustment Units	
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
SE*39*93200~					
	SE01	Number of Included Segments			39
	SE02	Transaction Set Control Number			93200

Scenario 6: Retail Pharmacy

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 02/15/2011, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to All Help Clinic, located at 507 Frontage Road, Suite 700, Arlington, VA 62311. She was evaluated and treated by Dr. I. Feelgood on the date of injury. Dr. Feelgood (NPI 1112345678) wrote a prescription for a 30 day supply of Acetaminophen and Hydrocodone tablets, which Darlene took to All-Rite Pharmacy, located at 1604 Frontage Road, Arlington, VA 62311. All-Rite Pharmacy filled the prescription on 2/16/2011 and submitted a bill for \$115.00 for the drug (NDC 00440761010) to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment. All-Rite Pharmacy's NPI number is 1555123456 and FEIN is 34-9728007.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. WorkComp Insurance Company received the invoice from All Help Clinic on 03/06/2011 and paid it on 04/18/2011 under their claim administrator claim number 14000814D. The bill was adjusted to \$85.00 due the payer's determination of a "fair and reasonable" reimbursement (the state does not have a fee schedule/guideline for prescription medication). The insurance carrier recognized that All-Rite Pharmacy did not include any type of patient account number on the invoice, so they assigned a default value of "123" for state reporting purposes. The applicable jurisdiction is Virginia, who assigned state claim number 11-77862 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction the Virginia Department of Labor on 05/01/2011, covering a reporting period of 04/01/2011 to 04/30/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 666124.

Scenario 6: Retail Pharmacy

ST*837*92347*005010I20~
 BHT*0080*00*12345*20110501*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110401-20110430~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20110215~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000814D~
 REF*Y4*1177862~
 PER*CT**TE*7038365527~
 CLM*123*115***01:B*****N***00~
 DTP*050*D8*20110306~
 DTP*472*D8*20110216~
 DTP*471*D8*20110215~
 DTP*434*D8*20110216~
 DTP*666*D8*20110418~
 AMT*TP*85~
 REF*DD*666124~
 REF*2I*76543211~
 NM1*85*2*All-Rite Pharmacy*****XX*1555123456~
 N3*1604 Frontage Road~
 N4*Arlington*VA*62311~
 REF*EI*349728007~
 NM1*DN*1*Feelgood*I****XX*1112345678~
 REF*OB*ME0004470~
 LX*1~
 SV4*1*N4:00440761010***1*****N~
 DTP*472*D8*20110216~
 DTP*471*D8*20110215~
 QTY*SP*30~
 AMT*PB*115~
 SVD*XX*85*
 CAS*PI*217*30~
 SE*45*92347~

Scenario 6: Retail Pharmacy

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92346*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92347
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20110501*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20110501
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*263148001~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110401-20110430~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110401-20110430
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

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Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20110215~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20110215

Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			

Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*Y1*14000814D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000814D
	REF03	Not Used			
	REF04	Not Used			
REF*Y4*1177862~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	1177862
	REF03	Not Used			
	REF04	Not Used			
PER*CT**TE*7038365527~					
	PER01	Contact Function Code			CT
	PER02	Not Used			
	PER03	Communication Number Qualifier			TE
	PER04	Communication Number	0051	Employee Phone Number	7038365527
	PER05	Not Used			
	PER06	Not Used			
	PER07	Not Used			
	PER08	Not Used			
	PER09	Not Used			
CLM*123*115***01:B*****N***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	123
	CLM02	Monetary Amount	0501	Total Charge Per Bill	115
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	01
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			

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Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*123*115***01:B*****N***00~ (continued)					
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20110306~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110306
DTP*472*D8*20110216~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110216
DTP*471*D8*20110215~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0527	Prescription Date(s) Range	20110215
DTP*434*D8*20110216~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110216
DTP*666*D8*20110418~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110418

Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
AMT*TP*85~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	85
	AMT03	Not Used			
REF*DD*666124~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	666124
	REF03	Not Used			
	REF04	Not Used			
REF*2I*76543211~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543211
	REF03	Not Used			
	REF04	Not Used			
NM1*85*2*All-Rite Pharmacy*****XX*1555123456~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	All-Rite Pharmacy
	NM104	Name First	0529	Billing Provider First Name	
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1555123456
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*1604 Frontage Road~					
	N301	Address Information	0538	Billing Provider Primary Address	1604 Frontage Road
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			

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Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*EI*349728007~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	349728007
	REF03	Not Used			
	REF04	Not Used			
NM1*DN*1*Feelgood*I****XX*1112345678~					
	NM101	Entity Identifier Code			DN
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0690	Referring Provider Last/Group Name	Feelgood
	NM104	Name First	0691	Referring Provider First Name	I
	NM105	Name Middle	0692	Referring Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0693	Referring Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0699	Referring Provider NPI	1112345678
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
REF*0B*ME0004470~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0695	Referring Provider State License Number	ME0004470
	REF03	Not Used			
	REF04	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV4*1*N4:00440761010****1*****N~					
	SV401	Reference Identification	0561	Prescription Line Number	123456
	SV402	Composite Medical Procedure Identifier			
	SV402-1	Product/Service ID Qualifier			N4
	SV402-2	Product/Service ID	0721	NDC Billed Code	00440761010
	SV402-3	Not Used			
	SV402-4	Not Used			
	SV402-5	Not Used			
	SV402-6	Not Used			
	SV402-7	Not Used			
	SV402-8	Not Used			
	SV403	Not Used			
	SV404	Not Used			

Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV4*1*N4:00440761010***1*****N~	(continued)				
	SV405	Dispense As Written Code	0562	Dispense as Written Code	1
	SV406	Not Used			
	SV407	Not Used			
	SV408	Not Used			
	SV409	Not Used			
	SV410	Yes/No Condition or Response Code	0762	Compound Drug Indicator	N
	SV411	Not Used			
	SV412	Not Used			
	SV413	Not Used			
	SV414	Not Used			
	SV415	Not Used			
	SV416	Not Used			
	SV417	Not Used			
	SV418	Not Used			
DTP*472*D8*20110216~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110216
DTP*471*D8*20110215~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0604	Prescription Line Date	20110215
QTY*SP*30~					
	QTY01	Quantity Qualifier			SP
	QTY02	Quantity	0571	Drugs/Supplies Number of Days	30
	QTY03	Not Used			
	QTY04	Not Used			
AMT*PB*115~					
	AMT01	Amount Qualifier Code			PB
	AMT02	Monetary Amount	0572	Drugs/Supplies Billed Amount	115
	AMT03	Not Used			
SVD*XX*85~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	85
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			

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Scenario 6: Retail Pharmacy (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*PI*217*30~					
	CAS01	Claim Adjustment Group Code	0543	Bill Adjustment Group Code	PI
	CAS02	Claim Adjustment Code	0544	Bill Adjustment Reason Code	217
	CAS03	Monetary Amount	0545	Bill Adjustment Amount	30
	CAS04	Quantity	0546	Bill Adjustment Units	
	CAS05	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS06	Monetary Amount	0545	Bill Adjustment Amount	
	CAS07	Quantity	0546	Bill Adjustment Units	
	CAS08	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS09	Monetary Amount	0545	Bill Adjustment Amount	
	CAS10	Quantity	0546	Bill Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
SE*45*92347~					
	SE01	Number of Included Segments			45
	SE02	Transaction Set Control Number			92347

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321. Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321.

On 02/15/2011, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to All Help Clinic, located at 507 Frontage Road, Suite 700, Arlington, VA 62311. She was evaluated and treated by Dr. I. Feelgood since the date of injury. Dr. Feelgood (NPI 1112345678) wrote a prescription for a 30 day supply of Naproxen on 4/11/2011, which Darlene took to Smith Pharmacy, located at 1610 Frontage Road, Arlington, VA 62311, on 4/17/2011. Smith Pharmacy's NPI number is 1112345670 and FEIN 74-6555478. Smith Pharmacy has a contract with North East Area Pharmacy Benefit Management (PBM) with a fee for service reimbursement methodology and submitted an invoice in the amount of \$36.00 to their PBM for the drug (NDC 51927271500). North East Area PBM received the bill on 04/18/2011 and paid the bill on 4/20/2011.

WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, also has a contract with North East Area PBM. WorkComp Insurance Company has contractually delegated to North East Area PBM all aspects of pharmacy bill processing, payment, and state reporting for services rendered under their PBM contract. North East Area PBM's state ID is 235112881 as a medical EDI trading partner.

WorkComp Insurance Company received an invoice in the amount of \$40.00 from North East Area PBM on 05/16/2011 and paid it on 05/18/2011 based on their contractual arrangement. WorkComp Insurance Company's claim administrator claim number for this claim is 14000814D. The applicable jurisdiction is Virginia, who assigned state claim number 11-77862 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. North East Area PBM sent a transaction the Virginia Department of Labor on 05/01/2011, covering a reporting period of 04/01/2011 to 04/30/2011. The unique bill number assigned by North East Area PBM for Darlene's bill was ADD456654.

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier)

ST*837*101254*005010I20~
 BHT*0080*00*12345*20110501*1900*RP~
 NM1*41*2*****46*235112881~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110401-20110430~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20110215~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000814D~
 REF*Y4*1177862~
 PER*CT**TE*7038365527~
 CLM*952741*36***01:B*****Y***00~
 DTP*050*D8*20110418~
 DTP*472*D8*20110417~
 DTP*471*D8*20110411~
 DTP*434*D8*20110417~
 DTP*666*D8*20110420~
 CN1*04~
 AMT*TP*36~
 REF*DD*ADD456654~
 REF*2I*10045125487601~
 NM1*85*2*Smith Pharmacy*****XX*1112345670~
 N3*1610 Frontage Road~
 N4*Arlington*VA*62311~
 REF*EI*349728007~
 NM1*DN*1*Feelgood*I****XX*1112345678~
 REF*OB*ME0004470~
 LX*1~
 SV4*1*N4:51927271500***1*****N~
 DTP*472*D8*20110417~
 DTP*471*D8*20110411~
 QTY*SP*30~
 AMT*PB*36~
 SE*44*101254~

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*101254*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			101254
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20110501*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20110501
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*235112881~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	235112881
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*40*2*****46*123456789~ (continued)					
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110401-20110430~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110401-20110430
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			

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Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0

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Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*558*D8*20110215~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20110215
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DMG*D8*19690604~ (continued)					
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000814D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000814D
	REF03	Not Used			
	REF04	Not Used			
REF*Y4*1177862~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	1177862
	REF03	Not Used			
	REF04	Not Used			
PER*CT**TE*7038365527~					
	PER01	Contact Function Code			CT
	PER02	Not Used			
	PER03	Communication Number Qualifier			TE
	PER04	Communication Number	0051	Employee Phone Number	7038365527
	PER05	Not Used			
	PER06	Not Used			
	PER07	Not Used			
	PER08	Not Used			
	PER09	Not Used			
CLM*952741*36***01:B*****Y***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	952791
	CLM02	Monetary Amount	0501	Total Charge Per Bill	36
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*952741*36***01:B*****Y***00~ (continued)					
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	01
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	Y
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20110418~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110418
DTP*472*D8*20110417~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110417
DTP*471*D8*20110411~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0527	Prescription Date(s) Range	20110411

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*434*D8*20110417~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110417
DTP*666*D8*20110418~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110418
CN1*04~					
	CN101	Contract Type Code	0515	Contract Type Code	04
	CN102	Not Used			
	CN103	Not Used			
	CN104	Not Used			
	CN105	Not Used			
	CN106	Not Used			
AMT*TP*36~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	36
	AMT03	Not Used			
REF*DD*456654~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	456654
	REF03	Not Used			
	REF04	Not Used			
REF*2I*10045125487601~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	10045125487601
	REF03	Not Used			
	REF04	Not Used			
NM1*85*2*Smith Pharmacy*****XX*1112345670~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Smith Pharmacy
	NM104	Name First	0529	Billing Provider First Name	
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			

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Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*85*2*Smith Pharmacy*****XX*1112345670~ (continued)					
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1112345670
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*1610 Frontage Road~					
	N301	Address Information	0538	Billing Provider Primary Address	1610 Frontage Road
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*349728007~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	349728007
	REF03	Not Used			
	REF04	Not Used			
NM1*DN*1*Feelgood*I****XX*1112345678~					
	NM101	Entity Identifier Code			DN
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0690	Referring Provider Last/Group Name	Feelgood
	NM104	Name First	0691	Referring Provider First Name	I
	NM105	Name Middle	0692	Referring Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0693	Referring Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0699	Referring Provider NPI	1112345678
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*0B*ME0004470~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0695	Referring Provider State License Number	ME0004470
	REF03	Not Used			
	REF04	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV4*1*N4:51927271500***1*****N~					
	SV401	Reference Identification	0561	Prescription Line Number	123456
	SV402	Composite Medical Procedure Identifier			
	SV402-1	Product/Service ID Qualifier			N4
	SV402-2	Product/Service ID	0721	NDC Billed Code	51927271500
	SV402-3	Not Used			
	SV402-4	Not Used			
	SV402-5	Not Used			
	SV402-6	Not Used			
	SV402-7	Not Used			
	SV402-8	Not Used			
	SV403	Not Used			
	SV404	Not Used			
	SV405	Dispense As Written Code	0562	Dispense as Written Code	1
	SV406	Not Used			
	SV407	Not Used			
	SV408	Not Used			
	SV409	Not Used			
	SV410	Yes/No Condition or Response Code	0762	Compound Drug Indicator	N
	SV411	Not Used			
	SV412	Not Used			
	SV413	Not Used			
	SV414	Not Used			
	SV415	Not Used			
	SV416	Not Used			
	SV417	Not Used			
	SV418	Not Used			

Scenario 7: Retail Pharmacy (PBM Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*472*D8*20110417~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110417
DTP*471*D8*20110411~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0604	Prescription Line Date	20110411
QTY*SP*30~					
	QTY01	Quantity Qualifier			SP
	QTY02	Quantity	0571	Drugs/Supplies Number of Days	30
	QTY03	Not Used			
	QTY04	Not Used			
AMT*PB*36~					
	AMT01	Amount Qualifier Code			PB
	AMT02	Monetary Amount	0572	Drugs/Supplies Billed Amount	36
	AMT03	Not Used			
SE*44*101254~					
	SE01	Number of Included Segments			44
	SE02	Transaction Set Control Number			101254

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321. Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321.

On 02/15/2011, Darlene hurt her lower back while lifting boxes. Her supervisor, Jonathan Grimes, instructed her to go to All Help Clinic, located at 507 Frontage Road, Suite 700, Arlington, VA 62311. She was evaluated and treated by Dr. I. Feelgood since the date of injury. Dr. Feelgood (NPI 1112345678) wrote a prescription for a 30 day supply of a compound medication with Flu-razepam and Ibuprofen on 6/11/2011, which Darlene took to General Pharmacy, located at 2568 Polymer, Arlington, VA 62311, on 6/13/2011. General Pharmacy's NPI number is 1412345678 and its FEIN is 74-0015470. General Pharmacy has a contract with All Claim Pharmacy Benefit Management (PBM) with a fee-for-service reimbursement methodology and submitted an invoice in the amount of \$115.00 to its PBM for the compound drug. All Claim PBM received the bill on 06/18/2011 and paid the bill on 6/23/2011, based on their PBM contract.

WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, does not have a contract with All Claim PBM. In this situation, All Claim PBM is acting as a bill submission or processing agent for General Pharmacy. All Claim PBM's NPI Number is 1178887411 and its FEIN is 36-6566687. All Claim PBM is located at 7551 Metro Center, Austin, TX 78754-1254.

WorkComp Insurance Company received an invoice from All Claim Area PBM on 07/08/2011 in the amount of \$98.00 (Flurazepam \$48.00; Ibuprofen \$50.00) and paid it on 07/23/2011. The bill was adjusted to \$70.29 due the payer's determination of a "fair and reasonable" reimbursement (the state does not have a fee schedule/guideline for prescription medication, but does require the payment of an additional \$15.00 for compounding). WorkComp Insurance Company calculated the reimbursement as follows: Flurazepam \$17.00, Ibuprofen \$38.29, Compounding Fee \$15.00. WorkComp Insurance Company's claim administrator claim number for this claim is 14000814D. The applicable jurisdiction is Virginia, who assigned state claim number 11-77862 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction the Virginia Department of Labor on 08/01/2011, covering a reporting period of 07/01/2011 to 07/30/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 668211.

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier)

ST*837*92361*005010I20~
 BHT*0080*00*12349*20110801*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110701-20110730~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20110215~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000814D~
 REF*Y4*1177862~
 PER*CT**TE*7038365527~
 CLM*123*98***01:B*****N***00~
 DTP*050*D8*20110708~
 DTP*472*D8*20110613~
 DTP*471*D8*20110611~
 DTP*434*D8*20110713~
 DTP*666*D8*20110723~
 AMT*TP*70.29~
 REF*DD*668211~
 REF*2I*76543251~
 NM1*85*2*All Claim PBM*****XX*1178887411~
 N3*7551 Metro Center~
 N4*Austin*TX*787541254~
 REF*EI*366566687~
 NM1*82*2*General Pharmacy*****XX*1412345678~
 NM1*DN*1*Feelgood*I*****XX*1112345678~
 REF*OB*ME0004470~
 LX*1~
 SV4*123456*N4:00378443001***1*****Y~
 DTP*472*D8*20110613~
 DTP*471*D8*20110611~
 QTY*SP*30~
 AMT*D7*15~
 AMT*PB*48~
 SVD*XX*32~
 CAS*PI*217*31**91*-15~
 LX*2~
 SV4*123457*N4:49884077905***1*****Y~

**Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier)
(continued)**

DTP*472*D8*20110613~
DTP*471*D8*20110611~
QTY*QB*90~
AMT*PB*50~
SVD*XX*38.29*
CAS*PI*217*11.71~
SE*55*92361~

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92361*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92361
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12349*20110801*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12349
	BHT04	Date	0100	Date Transmission Sent	20110801
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*263148001~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*40*2*****46*123456789~ (continued)					
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110701-20110730~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110701-20110730
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*558*D8*20110215~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20110215
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DMG*D8*19690604*F~ (continued)					
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000814D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000814D
	REF03	Not Used			
	REF04	Not Used			
REF*Y4*1177862~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	1177862
	REF03	Not Used			
	REF04	Not Used			
PER*CT**TE*7038365527~					
	PER01	Contact Function Code			CT
	PER02	Not Used			
	PER03	Communication Number Qualifier			TE
	PER04	Communication Number	0051	Employee Phone Number	7038365527
	PER05	Not Used			
	PER06	Not Used			
	PER07	Not Used			
	PER08	Not Used			
	PER09	Not Used			
CLM*123*98***01:B*****N***00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	123
	CLM02	Monetary Amount	0501	Total Charge Per Bill	98
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*123*98***01:B*****N***00~	(continued)				
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	01
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			
DTP*050*D8*20110708~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110708
DTP*472*D8*20110613~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110613
DTP*471*D8*20110611~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0527	Prescription Date(s) Range	20110611

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*434*D8*20110703~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110703
DTP*666*D8*20110723~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110723
AMT*TP*70.29~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	70.29
	AMT03	Not Used			
REF*DD*668211~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	668211
	REF03	Not Used			
	REF04	Not Used			
REF*2I*76543251~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543251
	REF03	Not Used			
	REF04	Not Used			
NM1*85*2*All Claim PBM*****XX*1178887411~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	All Claim Pharmacy
	NM104	Name First	0529	Billing Provider First Name	
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1178887411
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N3*7551 Metro Center~					
	N301	Address Information	0538	Billing Provider Primary Address	7551 Metro Center
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Austin*TX*787541254~					
	N401	City Name	0540	Billing Provider City	Austin
	N402	State or Province Code	0541	Billing Provider State Code	TX
	N403	Postal Code	0542	Billing Provider Postal Code	787541254
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*366566687~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	366566687
	REF03	Not Used			
	REF04	Not Used			
NM1*82*2*General Pharmacy*****XX*1412345678~					
	NM101	Entity Identifier Code			82
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0638	Rendering Bill Provider Last/Group Name	General Pharmacy
	NM104	Name First	0639	Rendering Bill Provider First Name	
	NM105	Name Middle	0640	Rendering Bill Provider Middle Name/ Initial	
	NM106	Not Used			
	NM107	Name Suffix	0641	Rendering Bill Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0647	Rendering Bill Provider NPI	1412345678
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*DN*1*Feelgood*I****XX*1112345678~					
	NM101	Entity Identifier Code			DN
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0690	Referring Provider Last/Group Name	Feelgood

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*DN*1*Feelgood*I****XX*1112345678~ (continued)					
	NM104	Name First	0691	Referring Provider First Name	I
	NM105	Name Middle	0692	Referring Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0693	Referring Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0699	Referring Provider NPI	1112345678
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
REF*0B*ME0004470~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0695	Referring Provider State License Number	ME0004470
	REF03	Not Used			
	REF04	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV4*123456*N4:00378443001***1*****Y~					
	SV401	Reference Identification	0561	Prescription Line Number	123456
	SV402	Composite Medical Procedure Identifier			
	SV402-1	Product/Service ID Qualifier			N4
	SV402-2	Product/Service ID	0721	NDC Billed Code	00378443001
	SV402-3	Not Used			
	SV402-4	Not Used			
	SV402-5	Not Used			
	SV402-6	Not Used			
	SV402-7	Not Used			
	SV402-8	Not Used			
	SV403	Not Used			
	SV404	Not Used			
	SV405	Dispense As Written Code	0562	Dispense as Written Code	1
	SV406	Not Used			
	SV407	Not Used			
	SV408	Not Used			
	SV409	Not Used			

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV4*123456*N4:00378443001***1*****Y~ (continued)					
	SV410	Yes/No Condition or Response Code	0762	Compound Drug Indicator	Y
	SV411	Not Used			
	SV412	Not Used			
	SV413	Not Used			
	SV414	Not Used			
	SV415	Not Used			
	SV416	Not Used			
	SV417	Not Used			
	SV418	Not Used			
DTP*472*D8*20110613~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110613
DTP*471*D8*20110611~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0604	Prescription Line Date	20110611
QTY*SP*30~					
	QTY01	Quantity Qualifier			SP
	QTY02	Quantity	0571	Drugs/Supplies Number of Days	30
	QTY03	Not Used			
	QTY04	Not Used			
AMT*PB*48~					
	AMT01	Amount Qualifier Code			PB
	AMT02	Monetary Amount	0572	Drugs/Supplies Billed Amount	48
	AMT03	Not Used			
SVD*XX*32~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	32
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*PI*217*31**91*-15~					
	CAS01	Claim Adjustment Group Code	0731	Service Adjustment Group Code	PI
	CAS02	Claim Adjustment Code	0732	Service Adjustment Reason Code	217
	CAS03	Monetary Amount	0733	Service Adjustment Amount	31
	CAS04	Quantity	0734	Service Adjustment Units	
	CAS05	Claim Adjustment Code	0732	Service Adjustment Reason Code	91
	CAS06	Monetary Amount	0733	Service Adjustment Amount	-15
	CAS07	Quantity	0734	Service Adjustment Units	
	CAS08	Claim Adjustment Code	0732	Service Adjustment Reason Code	
	CAS09	Monetary Amount	0733	Service Adjustment Amount	
	CAS10	Quantity	0734	Service Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
LX*2~					
	LX01	Assigned Number	0547	Line Number	2
SV4*123457*N4:49884077905***1*****Y~					
	SV401	Reference Identification	0561	Prescription Line Number	123457
	SV402	Composite Medical Procedure Identifier			
	SV402-1	Product/Service ID Qualifier			N4
	SV402-2	Product/Service ID	0721	NDC Billed Code	49884077905
	SV402-3	Not Used			
	SV402-4	Not Used			
	SV402-5	Not Used			
	SV402-6	Not Used			
	SV402-7	Not Used			
	SV402-8	Not Used			
	SV403	Not Used			
	SV404	Not Used			

Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV4*123457*N4:49884077905***1*****Y~ (continued)					
	SV405	Dispense As Written Code	0562	Dispense as Written Code	1
	SV406	Not Used			
	SV407	Not Used			
	SV408	Not Used			
	SV409	Not Used			
	SV410	Yes/No Condition or Response Code	0762	Compound Drug Indicator	Y
	SV411	Not Used			
	SV412	Not Used			
	SV413	Not Used			
	SV414	Not Used			
	SV415	Not Used			
	SV416	Not Used			
	SV417	Not Used			
	SV418	Not Used			
DTP*472*D8*20110613~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110613
DTP*471*D8*20110611~					
	DTP01	Date/Time Qualifier			471
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0604	Prescription Line Date	20110611
QTY*QB*90~					
	QTY01	Quantity Qualifier			QB
	QTY02	Quantity	0570	Drugs/Supplies Quantity Dispensed	90
	QTY03	Not Used			
	QTY04	Not Used			
AMT*D7*15~					
	AMT01	Amount Qualifier Code			PB
	AMT02	Monetary Amount	0579	Drugs/Supplies Dispensing Fee	15
	AMT03	Not Used			
AMT*PB*50~					
	AMT01	Amount Qualifier Code			PB
	AMT02	Monetary Amount	0572	Drugs/Supplies Billed Amount	50
	AMT03	Not Used			

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Scenario 8: Retail Pharmacy (Compound – PBM Not Contracted with Insurance Carrier) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SVD*XX*38.29~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	38.29
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			
CAS*PI*217*11.71~					
	CAS01	Claim Adjustment Group Code	0543	Bill Adjustment Group Code	PI
	CAS02	Claim Adjustment Code	0544	Bill Adjustment Reason Code	217
	CAS03	Monetary Amount	0545	Bill Adjustment Amount	11.71
	CAS04	Quantity	0546	Bill Adjustment Units	
	CAS05	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS06	Monetary Amount	0545	Bill Adjustment Amount	
	CAS07	Quantity	0546	Bill Adjustment Units	
	CAS08	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS09	Monetary Amount	0545	Bill Adjustment Amount	
	CAS10	Quantity	0546	Bill Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
SE*55*92361~					
	SE01	Number of Included Segments			55
	SE02	Transaction Set Control Number			92361

Scenario 9: Aggregate Record (Lien Bill/Lump Sum Payment)

Daisy Brown is a single female, born 06/04/69. She lives at 5322 Fulton Drive in Amarillo, TX 79109. Her telephone number is (806) 352-3847 and her Social Security Number is 234-56-7891. Daisy works at Move You Today, Inc. located at 234 Main Street in Amarillo, TX 79102. Move You Today, Inc's telephone number is (806) 472-1462 and its FEIN is 59-7654321.

On 08/15/2010, Daisy broke her left knee while moving a piano and cutting a bagel. Her supervisor, Chopper Brown, instructed her to go to Dr. Buttons Brown for treatment. Dr. Buttons Brown examined Daisy Brown and scheduled her for surgery. Dr. Brown completed treatment and submitted bills to Daisy Brown's carrier, California Comp Carrier Group, for reimbursement. California Comp Carrier Group reimbursed Dr. Brown for the services rendered according to the state's fee schedule.

Originally, Dr. Brown submitted ten bills to the carrier for charges totaling \$55,000. The carrier reimbursed Dr. Brown, in accordance with the fee schedule, a total of \$50,000. Dr. Brown disputed the amount of reimbursement received from the carrier and requested additional payment in the amount of \$5,000. California Comp Carrier Group reviewed Dr. Brown's request for additional reimbursement in the amount of \$5,000 and denied additional payment. Dr. Brown filed a lien against the workers' compensation claim.

Dr. Brown offered to settle the lien if California Comp Carrier Group would agree to pay an additional \$2,500. California Comp Carrier Group declined to settle. Dr. Brown and California Comp Carrier Group went to hearing before the Board. After the hearing, the Board ruled that Dr. Brown is entitled to an additional \$1,500 in compensation for services provided and ordered California Comp Carrier Group to pay that amount. After the hearing, California Comp Carrier Group, in accordance with the order, paid Dr. Brown an additional \$1,500.

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment)

ST*837*30001*005010I20~
 BHT*0080*00*30001*20111022*1652*RP~
 NM1*41*2*****46*123456789~
 NM1*40*2*****46*943160882~
 HL*1**20*1~
 DTP*582*RD8*20110901-20110930~
 NM1*CA*2*California Comp Carrier Group*****EI*999999999~
 N4***100051234~
 NM1*CX*2*Adjust It Right*****EI*999999999~
 N4***000010001~
 HL*2*1*EM*1~
 NM1*36*2*Move You Today Inc*****EI*597654321~
 HL*3*2*CL*0~
 DTP*558*D8*20100815~
 NM1*CC*1*Brown*Daisy****34*234567891~
 REF*Y1*AAA123456~
 REF*Y4*20041215111222333444~
 CLM*885372*55000**MD*11:B*****N***00~
 DTP*050*D8*20110922~
 DTP*472*RD8*20100915-20101215~
 DTP*434*D8*20110911~
 DTP*666*D8*20110927~
 AMT*TP*1500~
 REF*DD*0123456789~
 REF*2I*004424516~
 REF*SMC*AW~
 HI*BK:7291~
 NM1*85*2*Medical Arts Inc*****XX*1987654321~
 REF*EI880586865~
 NM1*82*1*Brown*Buttons*** *XX*1321654987~
 PRV*PE*PXC*2085R0202X~
 REF*0B*MD0187220~
 SBR*P~
 CAS*OA*B13*50000*1*W1*3500*1~
 AMT*C4*50000~
 SE*36*30001~

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*30001*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			30001
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*30001*20111022*1652*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	30001
	BHT04	Date	0100	Date Transmission Sent	20111022
	BHT05	Time	0101	Time Transmission Sent	1652
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*123456789~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*943160882~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2

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Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*40*2*****46*943160882~ (continued)					
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	943160882
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20110901-20110930~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110901-20110930
NM1*CA*2*California Comp Carrier Group*****EI*999999999~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	California Comp Carrier Group
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			

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Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CA*2*California Comp Carrier Group*****EI*999999999~ (continued)					
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	999999999
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***100051234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	100051234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
NM1*CX*2*Adjust It Right*****EI*999999999~					
	NM101	Entity Identifier Code			CX
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0188	Claim Administrator Name	Adjust It Right
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0187	Claim Administrator FEIN	999999999
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N4***000010001~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0014	Claim Administrator Mailing Postal Code	000010001
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1
NM1*36*2*Move You Today Inc*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Move You Today Inc
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100815~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20100815
NM1*CC*1*BROWN*DAISY****34*234567891~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Brown
	NM104	Name First	0044	Employee First Name	Daisy
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	234567891
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
REF*Y1*AAA123456~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	AAA123456
	REF03	Not Used			
	REF04	Not Used			

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*5L*2041215111222333444~					
	REF01	Reference Identification Qualifier			5L
	REF02	Reference Identification	0005	Jurisdictional Claim Number	20041215111222333444
	REF03	Not Used			
	REF04	Not Used			
CLM*885372*55000**MD*11:B*****N**00~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	885372
	CLM02	Monetary Amount	0501	Total Charge Per Bill	55000
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	MD
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	00
	CLM20	Not Used			

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*050*D8*20110922~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110922
DTP*472*RD8*20100915-20101215~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20100915-20101215
DTP*434*D8*20110911~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110911
DTP*666*D8*20110927~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110927
AMT*TP*1500~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	1500
	AMT03	Not Used			
REF*DD*0123456789~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	0123456789
	REF03	Not Used			
	REF04	Not Used			
REF*2I*004424516~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	004424516
	REF03	Not Used			
	REF04	Not Used			

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Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*SMC*AW~					
	REF01	Reference Identification Qualifier			SMC
	REF02	Reference Identification	0293	Lump Sum Payment/Settlement Code	AW
	REF03	Not Used			
	REF04	Not Used			
HI*BK:7291~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0522	Diagnosis Code	7291
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*85*2*Medical Arts Inc*****XX*1987654321~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Medical Arts Inc
	NM104	Name First	0529	Billing Provider First Name	
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
REF*EI*880586865~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	880586865
	REF03	Not Used			
	REF04	Not Used			
NM1*82*1*Brown*Buttons***MD* XX*1321654987~					
	NM101	Entity Identifier Code			82
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0638	Rendering Bill Provider Last/Group Name	Brown
	NM104	Name First	0639	Rendering Bill Provider First Name	Buttons
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix	0641	Rendering Bill Provider Last Name Suffix	MD

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*82*1*Brown*Buttons***MD* XX*1321654987~ (continued)					
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0647	Rendering Bill Provider NPI	1321654987
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
PRV*PE*PXC*2085R0202X~					
	PRV01	Provider Code			PE
	PRV02	Reference Identification Qualifier			PXC
	PRV03	Reference Identification	0651	Rendering Bill Provider Primary Specialty Code	2085R0202X
	PRV04	Not Used			
	PRV05	Not Used			
	PRV06	Not Used			
REF*0B*MD0187220~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0643	Rendering Bill Provider State License Number	MD0187220
	REF03	Not Used			
	REF04	Not Used			
SBR*P~					
	SBR01	Payer Responsibility Sequence Number Code			P
	SBR02	Not Used			
	SBR03	Not Used			
	SBR03	Not Used			
	SBR04	Not Used			
	SBR05	Not Used			
	SBR06	Not Used			
	SBR07	Not Used			
	SBR08	Not Used			
	SBR09	Not Used			

Scenario 9 – Aggregate Record (Lien Bill/Lump Sum Payment) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CAS*OA*B13*50000*1*W1*3500*1~					
	CAS01	Claim Adjustment Group Code	0543	Bill Adjustment Group Code	OA
	CAS02	Claim Adjustment Code	0544	Bill Adjustment Reason Code	B13
	CAS03	Monetary Amount	0545	Bill Adjustment Amount	50000
	CAS04	Quantity	0546	Bill Adjustment Units	1
	CAS05	Claim Adjustment Code	0544	Bill Adjustment Reason Code	W1
	CAS06	Monetary Amount	0545	Bill Adjustment Amount	3500
	CAS07	Quantity	0546	Bill Adjustment Units	1
	CAS08	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS09	Monetary Amount	0545	Bill Adjustment Amount	
	CAS10	Quantity	0546	Bill Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
AMT*C4*50000~					
	AMT01	Amount Qualifier Code			C4
	AMT02	Monetary Amount	0760	Prior Actual Amount Paid	50000
	AMT03	Not Used			
SE*36*30001~					
	SE01	Number of Included Segments			36
	SE02	Transaction Set Control Number			30001

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Scenario 10: Cancellation (Wrong Jurisdiction)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and its FEIN is 59-7654321.

On 07/24/2010, Darlene lacerated her left index finger while cutting a bagel. Her supervisor, Jonathan Grimes, instructed her to go to Dr. Richard M. Smith for treatment. Dr. Smith examined her and repaired the lacerated finger. He instructed her to come back on 07/26/2010 for suture removal and at that time noted a slight infection. He scheduled another follow-up visit for 08/02/2010 for wound re-check. Dr. Smith's office is located at 2700 Medical Drive in Arlington, VA 62311. His NPI is 1234567890 and his FEIN is 34-5678912, his Virginia state license number is ME0029387, and his primary specialty is Family Practice with a specialty code of 203BF00100Y. Dr. Smith billed the patient's account number 470077 for \$150.00 on 8/3/2010. Dr. Smith forwarded the bill with the unique identification number 02735 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Dr. Smith on 08/05/2010 and paid it on 08/17/2010 under their claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who has not yet assigned a state claim number to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. The Virginia Department of Labor accepted the transaction sent to it by WorkComp Insurance Company on 08/23/2010, with a unique bill number number of 111123.

After having the transaction accepted, WorkComp Insurance Company discovered that while Darlene was an employee, her main office and primary residence was in Texas and she elected to be covered by Bagels, Etc.'s Texas workers' compensation policy (election of benefits). Since the coverage on this claim is under a different jurisdiction, WorkComp Insurance Company submitted a cancel transaction to remove the claim from Virginia's medical billing database. Virginia's Data Element Requirement table does not require cancellations to have the same level of information as the original transaction. (Virginia simply requires the identifiers for the insurance carrier, employer, injured employee and the medical bill). On 9/30/2010, WorkComp Insurance Companion submitted a claim "denial" transaction in Virginia's claim system (148-04) and the cancellation for the medical bill.

Scenario 10: Cancellation (Wrong Jurisdiction)

ST*837*92350*005010I20~
BHT*0080*00*12345*20100930*1900*RP~
NM1*41*2*****46*263148001~
NM1*40*2*****46*123456789~
HL*1**20*1~
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
N4***606061234~
HL*2*1*EM*1~
NM1*36*2*Bagels Etc.*****EI*597654321~
N3*234 Main Street~
N4*Arlington*VA*623140000~
HL*3*2*CL*0~
DTP*558*D8*20100724~
NM1*CC*1*Davidson*Darlene***34*224173272~
N3*5720 Green Dr.~
N4*Alexandria*VA*623090001~
DMG*D8*19690604*F~
REF*Y1*14000714D~
CLM*02735*150***11:B*****N***01~
DTP*050*D8*20100805~
DTP*472*RD8*20100724-20100802~
DTP*434*D8*20100803~
DTP*666*D8*20100817~
AMT*TP*150~
REF*DD*111123~
REF*2I*76543293~
SE*27*92350~

Scenario 10: Cancellation (Wrong Jurisdiction)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92350*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92350
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20100930*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20100930
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*26314801~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 10: Cancellation (Wrong Jurisdiction) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

Scenario 10: Cancellation (Wrong Jurisdiction) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100724~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20100724

Scenario 10: Cancellation (Wrong Jurisdiction) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			

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Scenario 10: Cancellation (Wrong Jurisdiction) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*Y1*14000714D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000714D
	REF03	Not Used			
	REF04	Not Used			
CLM*02735*150***11:B*****N***01~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	02735
	CLM02	Monetary Amount	0501	Total Charge Per Bill	150
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	01
	CLM20	Not Used			
DTP*050*D8*20100805~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20100805
DTP*472*RD8*20100724-20100802~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20100724-20100802

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Scenario 10: Cancellation (Wrong Jurisdiction) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*434*D8*20100803~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20100803
DTP*666*D8*20100817~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20100817
AMT*TP*150~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	150
	AMT03	Not Used			
REF*DD*111123~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	111123
	REF03	Not Used			
	REF04	Not Used			
REF*2I*76543293~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543293
	REF03	Not Used			
	REF04	Not Used			
SE*27*92350~					
	SE01	Number of Included Segments			27
	SE02	Transaction Set Control Number			92350

Scenario 11: Correction (Data Replacement)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 07/24/2010, Darlene lacerated her left index finger while cutting a bagel. Her supervisor, Jonathan Grimes, instructed her to go to Dr. Richard M. Smith for treatment. Dr. Smith examined Darlene and repaired the lacerated finger. He instructed her to come back on 07/26/2010 for suture removal and at that time noted a slight infection. He scheduled another follow-up visit for 08/02/2010 for wound re-check. Dr. Smith's office is located at 2700 Medical Drive in Arlington, VA 62311. His NPI is 1234567890 and FEIN is 34-5678912, his Virginia state license number is ME0029387, and his primary specialty is Family Practice with a specialty code of 203BF00100Y. Dr. Smith billed patient's account number 470077 for \$150.00 on 8/3/2010. Dr. Smith forwarded the bill with the unique identification number 02735 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier, for payment.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Dr. Smith on 08/05/2010 and paid it on 08/17/2010 under their claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who has not yet assigned a state claim number to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 08/23/2010, covering a reporting period of 08/15/2010 to 08/22/2010. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111123, which was accepted by the Virginia Department of Labor.

On 9/1/2011, WorkComp Insurance Company realized that the address for Dr. Smith contained in the original transaction was incorrect. Dr. Smith's correct address was 2700 Floyd William Drive in Arlington, VA 62311. WorkComp Insurance Company submitted a corrected transaction on 9/10/2011 to the Virginia Department of Labor.

Scenario 11: Correction (Data Replacement)

ST*837*92342*005010I20~
 BHT*0080*00*12345*20100910*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20100815-20100822~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20100724~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000714D~
 CLM*02735*150***11:B*****N***02~
 DTP*050*D8*20100805~
 DTP*472*RD8*20100724-20100802~
 DTP*434*D8*20100803~
 DTP*666*D8*20100817~
 AMT*TP*150~
 REF*DD*111123~
 REF*2I*76543210~
 HI*BK:883*BF:8831~
 NM1*85*1*Smith*Richard*M**MD*XX*1234567890~
 PRV*BI*PXC*203BF00100Y~
 N3*2700 Floyd William Drive~
 N4*Arlington*VA*62311~
 REF*EI*345678912~
 REF*0B*ME0029387~
 LX*1~
 SV1*HC:12001*75*UN*1*11**1~
 DTP*472*RD8*20100724-20100724~
 LX*2~
 SV1*HC:99202*50*UN*1*11**1~
 DTP*472*RD8*20100724-20100724~
 LX*3~
 SV1*HC:99211*25*UN*1*11**1~
 DTP*472*RD8*20100802-20100802~
 SE*44*92342~

Scenario 11: Correction (Data Replacement)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92342*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92341
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20100910*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20100910
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*26314801~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	263148001
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			

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Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1
DTP*582*RD8*20100815-20100822~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20100815-20100822
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1

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Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100724~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20100724
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			

Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*CC*1*Davidson*Darlene****34*224173272~ (continued)					
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000714D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000714D
	REF03	Not Used			
	REF04	Not Used			

Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*02735*150***11:B*****N***02~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	02735
	CLM02	Monetary Amount	0501	Total Charge Per Bill	150
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	02
	CLM20	Not Used			
DTP*050*D8*20100805~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20100805
DTP*472*RD8*20100724-20100802~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20100724-20100802
DTP*434*D8*20100803~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20100803

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Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*666*D8*20100817~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20100817
AMT*TP*150~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	150
	AMT03	Not Used			
REF*DD*111123~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	111123
	REF03	Not Used			
	REF04	Not Used			
REF*2I*76543210~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	76543210
	REF03	Not Used			
	REF04	Not Used			
HI*BK:883*BF:8831~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0521	Principal Diagnosis Code	883
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
	HI02	Health Care Code Information			
	HI02-01	Code List Qualifier Code			BF
	HI02-02	Industry Code	0522	Diagnosis Code	8831

Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BK:883*BF:8831~ (continued)					
	HI02-03	Not Used			
	HI02-04	Not Used			
	HI02-05	Not Used			
	HI02-06	Not Used			
	HI02-07	Not Used			
	HI02-08	Not Used			
	HI02-09	Not Used			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
NM1*85*1*Smith*Richard*M**MD*XX*1234567890~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Smith
	NM104	Name First	0529	Billing Provider First Name	Richard
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	M
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	MD
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1234567890
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
PRV*BI*PXC*203BF00100Y~					
	PRV01	Provider Code			BI
	PRV02	Reference Identification Qualifier			PXC
	PRV03	Reference Identification	0537	Billing Provider Primary Specialty Code	203BF00100Y
	PRV04	Not Used			
	PRV05	Not Used			
	PRV06	Not Used			

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Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N3*2700 Floyd William Drive~					
	N301	Address Information	0538	Billing Provider Primary Address	Floyd William Drive
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*345678912~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	345678912
	REF03	Not Used			
	REF04	Not Used			
REF*0B*ME0029387~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0630	Billing Provider State License Number	ME0029387
	REF03	Not Used			
	REF04	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1
SV1*HC:12001*75*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	12001
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			

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Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:12001*75*UN*1*11**1~ (continued)					
	SV102	Monetary Amount	0552	Total Charge Per Line	75
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*RD8*20100724-20100724~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20100724-20100724
LX*2~					
	LX01	Assigned Number	0547	Line Number	2

Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99202*50*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99202
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	50
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*RD8*20100724-20100724~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20100724-20100724

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Scenario 11: Correction (Data Replacement) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
LX*3~					
	LX01	Assigned Number	0547	Line Number	3
SV1*HC:99211*25*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99211
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	25
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*RD8*20100802-20100802~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0605	Service Line Date Range	20100802- 20100802
SE*44*92342~					
	SE01	Number of Included Segments			44
	SE02	Transaction Set Control Number			92342

Scenario 12: Replacement (Reconsidered Billing – Structured Off Scenario 2)

Darlene Davidson is a single female, born 06/04/69. She lives at 5720 Green Drive in Alexandria, VA 62309. Her telephone number is (703) 836-5527 and her Social Security Number is 224-17-3272. Darlene works at Bagels, Etc. located at 234 Main Street in Arlington, VA 62314. Bagels, Etc.'s telephone number is (703) 472-1462 and their FEIN is 59-7654321.

On 07/24/2010, Darlene lacerated her left index finger while cutting a bagel. She was required to attend an examination with a Required Medical Examination (Independent Medical Examination) at the insurance carrier's request to determine her impairment rating. She was examined by Dr. Roberts on 2/2/2011. Dr. Roberts' office is located at 2900 Medical Drive in Arlington, VA 62311. His NPI is 1345678901 and FEIN is 64-1234567, his Virginia state license number is ME0050236. Dr. Roberts submitted a bill using patient account number 2351 for \$650.00 on 2/9/2011 to WorkComp Insurance Company, Darlene's employer's workers' compensation carrier. WorkComp Insurance Company paid \$500.00 for the RME and report, based on Virginia's fee schedule.

Bagels, Etc. is insured by WorkComp Insurance Company, located at 789 Airport Road in Chicago, IL 60606-1234. WorkComp Insurance Company's telephone number is (312) 555-1470 and their FEIN is 98-7654321. WorkComp Insurance Company received the invoice from Dr. Smith on 02/10/2011 and paid it on 02/28/2011 under their claim administrator claim number 14000714D. The applicable jurisdiction is Virginia, who assigned state claim number 98-778642 to Darlene's claim.

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company's state ID is 263148001. WorkComp Insurance Company sent a transaction to the Virginia Department of Labor on 03/01/2011, covering a reporting period of 02/15/2011 to 03/01/2011. The unique bill number assigned by WorkComp Insurance Company for Darlene's bill was 111157.

On 06/11/2011, Dr. Roberts submitted a request for reconsideration (appeal) to WorkComp Insurance Company. The appeal was received by WorkComp Insurance Company on 06/15/2011. In the appeal, Dr. Roberts contended that payment of \$450 for the examination was incorrectly calculated. Under the Virginia medical fee guideline, he asserted that the payment should have been \$550. Upon further review, WorkComp Insurance Company agreed, tendered the additional payment of \$100 on 07/08/2011, and reported it to the Virginia Department of Labor on 07/15/2011, covering a reporting period of 07/01/2011 to 07/15/2011.

Scenario 12: Replacement (Reconsidered Billing – Structured Off Scenario 2)

ST*837*92383*005010I20~
 BHT*0080*00*12345*20110715*1900*RP~
 NM1*41*2*****46*263148001~
 NM1*40*2*****46*123456789~
 HL*1**20*1~
 DTP*582*RD8*20110701-20110715~
 NM1*CA*2*WorkComp Insurance Company*****EI*987654321~
 N4***606061234~
 HL*2*1*EM*1~
 NM1*36*2*Bagels Etc.*****EI*597654321~
 N3*234 Main Street~
 N4*Arlington*VA*623140000~
 HL*3*2*CL*0~
 DTP*558*D8*20100724~
 NM1*CC*1*Davidson*Darlene****34*224173272~
 N3*5720 Green Dr.~
 N4*Alexandria*VA*623090001~
 DMG*D8*19690604*F~
 REF*Y1*14000714D~
 REF*Y4*98778942~
 CLM*2351*650***11:B*****N***05~
 DTP*050*D8*20110615~
 DTP*472*D8*20110202~
 DTP*434*D8*20110611~
 DTP*666*D8*20110708~
 AMT*TP*100~
 REF*DD*111157~
 REF*2I*88923627~
 HI*BK:8831~
 HI*BG:W3~
 NM1*85*1*Roberts*Bob*S**MD*XX*1345678901~
 N3*2900 Medical Dr.~
 N4*Arlington*VA*62311~
 REF*EI*641234567~
 REF*OB*ME0050236~
 SBR*P~
 CAS*OA*23*500~
 LX*1~
 SV1*HC:99456*600*UN*1*11**1~
 DTP*472*D8*20110202~
 SVD*XX*100~
 CAS*RR*W1*50~
 AMT*C4*450~
 LX*2~
 SV1*HC:99080*50*UN*1*11**1~
 DTP*472*D8*20110202~
 AMT*C4*50~
 SE*48*92383~

Scenario 12: Replacement (Reconsidered Billing)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*837*92383*005010I20~					
	ST01	Transaction Set Identifier Code			837
	ST02	Transaction Set Control Number			92383
	ST03	Implementation Convention Reference			005010I20
BHT*0080*00*12345*20110715*1900*RP~					
	BHT01	Hierarchical Structure Code			0080
	BHT02	Transaction Set Purpose Code			00
	BHT03	Reference Identification	0532	Originator Transaction Identification Number	12345
	BHT04	Date	0100	Date Transmission Sent	20110715
	BHT05	Time	0101	Time Transmission Sent	1900
	BHT06	Transaction Type Code			RP
NM1*41*2*****46*263148001~					
	NM101	Entity Identifier Code			41
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0098	Sender ID	26314801
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
NM1*40*2*****46*123456789~					
	NM101	Entity Identifier Code			40
	NM102	Entity Type Qualifier			2
	NM103	Not Used			
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			46
	NM109	Identification Code	0099	Receiver ID	123456789
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
HL*1**20*1~					
	HL01	Hierarchical ID Number			1
	HL02	Hierarchical Parent ID Number			
	HL03	Hierarchical Level Code			20
	HL04	Hierarchical Child Code			1

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTP*582*RD8*20110701-20110715~					
	DTP01	Date/Time Qualifier			582
	DTP02	Date Time Period Format Qualifier			RD8
	DTP03	Date Time Period	0615	Reporting Period	20110701-20110715
NM1*CA*2*WorkComp Insurance Company*****EI*987654321~					
	NM101	Entity Identifier Code			CA
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0007	Insurer Name	WorkComp Insurance Company
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0006	Insurer FEIN	987654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N4***606061234~					
	N401	Not Used			
	N402	Not Used			
	N403	Postal Code	0616	Insurer Postal Code	606061234
	N404	Not Used			
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*2*1*EM*1~					
	HL01	Hierarchical ID Number			2
	HL02	Hierarchical Parent ID Number			1
	HL03	Hierarchical Level Code			EM
	HL04	Hierarchical Child Code			1
NM1*36*2*Bagels Etc.*****EI*597654321~					
	NM101	Entity Identifier Code			36
	NM102	Entity Type Qualifier			2
	NM103	Name Last or Organization Name	0018	Employer Name	Bagels Etc.
	NM104	Not Used			
	NM105	Not Used			
	NM106	Not Used			
	NM107	Not Used			

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
NM1*36*2*Bagels Etc.*****EI*597654321~ (continued)					
	NM108	Identification Code Qualifier			EI
	NM109	Identification Code	0016	Employer FEIN	597654321
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*234 Main Street~					
	N301	Address Information	0019	Employer Physical Primary Address	234 Main Street
	N302	Address Information	0020	Employer Physical Secondary Address	
N4*Arlington*VA*623140000~					
	N401	City Name	0021	Employer Physical City	Arlington
	N402	State or Province Code	0022	Employer Physical State Code	VA
	N403	Postal Code	0023	Employer Physical Postal Code	623140000
	N404	Country Code	0164	Employer Physical Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
HL*3*2*CL*0~					
	HL01	Hierarchical ID Number			3
	HL02	Hierarchical Parent ID Number			2
	HL03	Hierarchical Level Code			CL
	HL04	Hierarchical Child Code			0
DTP*558*D8*20100724~					
	DTP01	Date/Time Qualifier			558
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0031	Date of Injury	20100724
NM1*CC*1*Davidson*Darlene****34*224173272~					
	NM101	Entity Identifier Code			CC
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0043	Employee Last Name	Davidson
	NM104	Name First	0044	Employee First Name	Darlene
	NM105	Name Middle			
	NM106	Not Used			
	NM107	Name Suffix			
	NM108	Identification Code Qualifier			34
	NM109	Identification Code	0042	Employee SSN	224173272
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*5720 Green Dr.~					
	N301	Address Information	0046	Employee Mailing Primary Address	5720 Green Dr.
	N302	Address Information	0047	Employee Mailing Secondary Address	

Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
N4*Alexandria*VA*623090001~					
	N401	City Name	0048	Employee Mailing City	Alexandria
	N402	State or Province Code	0049	Employee Mailing State Code	VA
	N403	Postal Code	0050	Employee Mailing Postal Code	623090001
	N404	Country Code	0155	Employee Mailing Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
DMG*D8*19690604*F~					
	DMG01	Date Time Period Format Qualifier			D8
	DMG02	Date Time Period	0052	Employee Date of Birth	19690604
	DMG03	Gender Code	0053	Employee Gender Code	F
	DMG04	Not Used			
	DMG05	Not Used			
	DMG06	Not Used			
	DMG07	Not Used			
	DMG08	Not Used			
	DMG09	Not Used			
	DMG10	Not Used			
	DMG11	Not Used			
REF*Y1*14000714D~					
	REF01	Reference Identification Qualifier			Y1
	REF02	Reference Identification	0015	Claim Administrator Claim Number	14000714D
	REF03	Not Used			
	REF04	Not Used			
REF*Y4*98778942~					
	REF01	Reference Identification Qualifier			Y4
	REF02	Reference Identification	0005	Jurisdiction Claim Number	98778642
	REF03	Not Used			
	REF04	Not Used			
CLM*2351*650***11:B*****N***05~					
	CLM01	Claim Submitter's Identifier	0523	Billing Provider Unique Bill Identification Number	2351
	CLM02	Monetary Amount	0501	Total Charge Per Bill	650
	CLM03	Not Used			
	CLM04	Non-Institutional Claim Type Code	0502	Billing Type Code	
	CLM05	Health Care Service Location Information			
	CLM05-1	Facility Code Value	0555	Place of Service Bill Code	11
	CLM05-2	Facility Code Qualifier	0503	Billing Format Code	B

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
CLM*2351*650***11:B*****N***05~ (continued)					
	CLM05-3	Claim Frequency Type Code			
	CLM06	Not Used			
	CLM07	Not Used			
	CLM08	Not Used			
	CLM09	Not Used			
	CLM10	Not Used			
	CLM11	Not Used			
	CLM12	Not Used			
	CLM13	Not Used			
	CLM14	Not Used			
	CLM15	Not Used			
	CLM16	Provider Agreement Code	0507	Provider Agreement Code	N
	CLM17	Not Used			
	CLM18	Not Used			
	CLM19	Claim Submission Reason Code	0508	Bill Submission Reason Code	05
	CLM20	Not Used			
DTP*050*D8*20110210~					
	DTP01	Date/Time Qualifier			50
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0511	Date Insurer Received Bill	20110615
DTP*472*D8*20110202~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0509	Service Bill Date(s) Range	20110202
DTP*434*D8*20110209~					
	DTP01	Date/Time Qualifier			434
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0510	Date of Bill	20110611
DTP*666*D8*20110228~					
	DTP01	Date/Time Qualifier			666
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0512	Date Insurer Paid Bill	20110708
AMT*TP*100~					
	AMT01	Amount Qualifier Code			TP
	AMT02	Monetary Amount	0516	Total Amount Paid Per Bill	100
	AMT03	Not Used			
REF*DD*111157~					
	REF01	Reference Identification Qualifier			DD
	REF02	Reference Identification	0500	Unique Bill ID Number	111157
	REF03	Not Used			
	REF04	Not Used			

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*2I*88923627~					
	REF01	Reference Identification Qualifier			2I
	REF02	Reference Identification	0266	Transaction Tracking Number	88923627
	REF03	Not Used			
	REF04	Not Used			
HI*BK:8831~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BK
	HI01-02	Industry Code	0521	Principal Diagnosis Code	8831
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			
HI*BK:8831~					
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
HI*BG:W3~					
	HI01	Health Care Code Information			
	HI01-01	Code List Qualifier Code			BG
	HI01-02	Industry Code	0556	Condition Code	W3
	HI01-03	Not Used			
	HI01-04	Not Used			
	HI01-05	Not Used			
	HI01-06	Not Used			
	HI01-07	Not Used			
	HI01-08	Not Used			
	HI01-09	Not Used			

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
HI*BG:W3~ (continued)					
	HI02	Health Care Code Information			
	HI03	Health Care Code Information			
	HI04	Health Care Code Information			
	HI05	Health Care Code Information			
	HI06	Health Care Code Information			
	HI07	Health Care Code Information			
	HI08	Health Care Code Information			
	HI09	Health Care Code Information			
	HI10	Health Care Code Information			
	HI11	Health Care Code Information			
	HI12	Health Care Code Information			
NM1*85*1*Roberts*Bob*S**MD*XX*1345678901~					
	NM101	Entity Identifier Code			85
	NM102	Entity Type Qualifier			1
	NM103	Name Last or Organization Name	0528	Billing Provider Last/Group Name	Roberts
	NM104	Name First	0529	Billing Provider First Name	Bob
	NM105	Name Middle	0530	Billing Provider Middle Name/Initial	S
	NM106	Not Used			
	NM107	Name Suffix	0531	Billing Provider Last Name Suffix	MD
	NM108	Identification Code Qualifier			XX
	NM109	Identification Code	0634	Billing Provider NPI	1345678901
	NM110	Not Used			
	NM111	Not Used			
	NM112	Not Used			
N3*2900 Medical Dr.~					
	N301	Address Information	0538	Billing Provider Primary Address	2900 Medical Dr
	N302	Address Information	0539	Billing Provider Secondary Address	
N4*Arlington*VA*62311~					
	N401	City Name	0540	Billing Provider City	Arlington
	N402	State or Province Code	0541	Billing Provider State Code	VA
	N403	Postal Code	0542	Billing Provider Postal Code	62311
	N404	Country Code	0569	Billing Provider Country Code	
	N405	Not Used			
	N406	Not Used			
	N407	Not Used			
REF*EI*641234567~					
	REF01	Reference Identification Qualifier			EI
	REF02	Reference Identification	0629	Billing Provider FEIN	641234567
	REF03	Not Used			
	REF04	Not Used			

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*0B*ME0050236~					
	REF01	Reference Identification Qualifier			0B
	REF02	Reference Identification	0630	Billing Provider State License Number	ME0050236
	REF03	Not Used			
	REF04	Not Used			
SBR*P~					
	SBR01	Payer Responsibility Sequence Number Code			P
	SBR02	Not Used			
	SBR03	Not Used			
	SBR04	Not Used			
	SBR05	Not Used			
	SBR06	Not Used			
	SBR07	Not Used			
	SBR08	Not Used			
	SBR09	Not Used			
CAS*OA*23*500~					
	CAS01	Claim Adjustment Group Code	0543	Bill Adjustment Group Code	OA
	CAS02	Claim Adjustment Code	0544	Bill Adjustment Reason Code	23
	CAS03	Monetary Amount	0545	Bill Adjustment Amount	500
	CAS04	Quantity	0546	Bill Adjustment Units	
	CAS05	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS06	Monetary Amount	0545	Bill Adjustment Amount	
	CAS07	Quantity	0546	Bill Adjustment Units	
	CAS08	Claim Adjustment Code	0544	Bill Adjustment Reason Code	
	CAS09	Monetary Amount	0545	Bill Adjustment Amount	
	CAS10	Quantity	0546	Bill Adjustment Units	
	CAS11	Not Used			
	CAS12	Not Used			
	CAS13	Not Used			
	CAS14	Not Used			
	CAS15	Not Used			
	CAS16	Not Used			
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
LX*1~					
	LX01	Assigned Number	0547	Line Number	1

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99456*600*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99456
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	600
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*D8*20110202~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110202

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SVD*XX*100~					
	SVD01	Identification Code			XX
	SVD02	Monetary Amount	0574	Total Amount Paid Per Line	100
	SVD03	Composite Medical Procedure Identifier			
	SVD04	Product/Service ID			
	SVD05	Quantity			
	SVD06	Line Number			
CAS*RR*W1*50~					
	CAS01	Claim Adjustment Group Code	0731	Service Adjustment Group Code	RR
	CAS02	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	W1
	CAS03	Monetary Amount	0733	Service Adjustment Amount	50
	CAS04	Quantity	0734	Service Adjustment Units	
	CAS05	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS06	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS07	Monetary Amount	0733	Service Adjustment Amount	
	CAS08	Quantity	0734	Service Adjustment Units	
	CAS09	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS10	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS11	Monetary Amount	0733	Service Adjustment Amount	
	CAS12	Quantity	0734	Service Adjustment Units	
	CAS13	Claim Adjustment Group Code	0731	Service Adjustment Group Code	
	CAS14	Claim Adjustment Reason Code	0732	Service Adjustment Reason Code	
	CAS15	Monetary Amount	0733	Service Adjustment Amount	
	CAS16	Quantity	0734	Service Adjustment Units	
	CAS17	Not Used			
	CAS18	Not Used			
	CAS19	Not Used			
AMT*C4*450~					
	AMT01	Amount Qualifier Code			C4
	AMT02	Monetary Amount	0761	Line Item Prior Actual Amount Paid	450
	AMT03	Not Used			
LX*2~					
	LX01	Assigned Number	0547	Line Number	2
SV1*HC:99080*50*UN*1*11**1~					
	SV101	Composite Medical Procedure Identifier			
	SV101-1	Product/Service ID Qualifier			HC
	SV101-2	Product/Service ID	0714	HCPCS Line Procedure Billed Code	99080
	SV101-3	Procedure Modifier			
	SV101-4	Procedure Modifier			
	SV101-5	Procedure Modifier			
	SV101-6	Procedure Modifier			

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Scenario 12: Replacement (Reconsidered Billing) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
SV1*HC:99080*50*UN*1*11**1~ (continued)					
	SV101-7	Description	0551	Procedure Description	
	SV101-8	Not Used			
	SV102	Monetary Amount	0552	Total Charge Per Line	50
	SV103	Unit or Basis for Measurement Code	0553	Day(s)/Unit(s) Code	UN
	SV104	Quantity	0554	Day(s)/Unit(s) Billed	1
	SV105	Facility Code Value	0600	Place of Service Line Code	11
	SV106	Not Used			
	SV107	Composite Diagnosis Code Pointer			
	SV107-1	Diagnosis Code Pointer	0557	Diagnosis Pointer	1
	SV107-2	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-3	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV107-4	Diagnosis Code Pointer	0557	Diagnosis Pointer	
	SV108	Not Used			
	SV109	Not Used			
	SV110	Not Used			
	SV111	Not Used			
	SV112	Not Used			
	SV113	Not Used			
	SV114	Not Used			
	SV115	Not Used			
	SV116	Not Used			
	SV117	Not Used			
	SV118	Not Used			
	SV119	Not Used			
	SV120	Not Used			
	SV121	Provider Agreement Code	0742	Provider Agreement Line Code	
DTP*472*D8*20110202~					
	DTP01	Date/Time Qualifier			472
	DTP02	Date Time Period Format Qualifier			D8
	DTP03	Date Time Period	0605	Service Line Date Range	20110202
AMT*C4*50~					
	AMT01	Amount Qualifier Code			C4
	AMT02	Monetary Amount	0761	Line Item Prior Actual Amount Paid	50
	AMT03	Not Used			
SE*48*92383~					
	SE01	Number of Included Segments			48
	SE02	Transaction Set Control Number			92383

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Section 5.0
Workers' Compensation Medical Bill Data Reporting
Application Advice (824) Scenarios



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Scenario 1: Transaction Set Accepted (No Rejections)

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company is located at 789 Airport Road in Chicago, IL, 60606-1234. Workcomp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company's state ID is 263148001.

WorkComp Insurance Company sent a transaction set to the Virginia Department of Labor on 10/10/2011, covering a reporting period of 07/01/2011 to 09/30/2011 with a transaction identification number of 12457. This transaction set was the 24th one received by the jurisdiction on that date and the jurisdiction assigned a transaction set control number of 0024 and a jurisdiction tracking number of 26314800101. The transaction set passed all functional and business level edits (all medical bill EDI records were accepted by the jurisdiction). The application advice transaction was sent on the following day at 6:30 a.m.

Scenario 1: Transaction Set Accepted (No Rejections)

ST*824*0024*005010I20~
BGN*11*26314800101*20111011*0630*****WQ~
N1*41**46*123456789~
N1*40**46*263148001~
OTI*TA*TN*12457***20111010*1330***837~
DTM*009*20111011*0630~
SE*7*0024~

Scenario 1: Transaction Set Accepted (No Rejections)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*824*0024*005010I20~					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			0024
	ST03	Implementation Convention Reference			005010I20
BGN*11*26314800101*20111011*0630*****WQ~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Identification	0743	Jurisdiction Tracking Number	26314800101
	BGN03	Date	0100	Date Transmission Sent	20111011
	BGN04	Time	0101	Time Transmission Sent	0630
	BGN05	Not Used			
	BGN06	Not Used			
	BGN07	Not Used			
	BGN08	Action Code			WQ
	BGN09	Not Used			
N1*41**46*123456789~					
	N101	Entity Identifier Code			41
	N102	Not Used			
	N103	Identification Code Qualifier			46
	N104	Identification Code	0098	Sender ID	123456789
	N105	Not Used			
	N106	Not Used			
N1*40**46*263148001~					
	N101	Entity Identifier Code			40
	N102	Not Used			
	N103	Identification Code Qualifier			46
	N104	Identification Code	0099	Receiver ID	263148001
	N105	Not Used			
	N106	Not Used			
OTI*TA*TN*12457***20111010*1330***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	TA
	OTI02	Reference Identification Qualifier			TN
	OTI03	Reference Identification	0532	Originator Transaction Identification Number	12457
	OTI04	Not Used			
	OTI05	Not Used			

Scenario 1: Transaction Set Accepted (No Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
OTI*TA*TN*12457***20111010*1330***837~ (continued)					
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1330
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			
DTM*009*20111011*0630~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0630
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
SE*7*0024~					
	SE01	Number of Included Segments			7
	SE02	Transaction Set Control Number			0024

Scenario 2: Transaction Set Accepted (Record Rejections)

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company is located at 789 Airport Road in Chicago, IL, 60606-1234. Workcomp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company's state ID is 263148001.

WorkComp Insurance Company sent a second transaction set to the Virginia Department of Labor on 10/10/2011, covering a reporting period of 07/01/2011 to 09/30/2011 with a transaction identification number of 12458. This transaction set was the 25th one received by the jurisdiction on that date and the jurisdiction assigned it a transaction set control number of 0025 and a jurisdiction tracking number of 26314800102. The transaction set passed all functional level edits, but the last two of the six medical bill EDI records contained in the transaction set were rejected during business level application editing.

One medical bill EDI record was rejected because DN0629 Billing Provider FEIN was omitted from the record. The other medical bill EDI record was rejected because of an invalid HCPCS code on the second service line. The application advice transaction was sent on the following day at 6:35 a.m.

Scenario 2: Transaction Set Accepted (Record Rejections)

```
ST*824*0025*005010I20~
BGN*11*26314800101*20111011*0630*****RU~
N1*41**46*123456789~
N1*40**46*263148001~
OTI*TA*TN*12458***20111010*1400***837~
DTM*009*20111011*0630~
OTI*IA*IX*113216541***20111010*1400***837~
DTM*009*20111011*0635~
OTI*IA*IX*113216542***20111010*1400***837~
DTM*009*20111011*0635~
OTI*IA*IX*113216543***20111010*1400***837~
DTM*009*20111011*0635~
OTI*IA*IX*113216544***20111010*1400***837~
DTM*009*20111011*0635~
OTI*IA*IX*113216545***20111010*1400***837~
DTM*009*20111011*0635~
LM*IB~
LQ*FZ*001~
RED*NONE**IB**GJ*0629~
OTI*IA*IX*113216546***20111010*1400***837~
REF*FJ*2~
DTM*009*20111011*0635~
LM*IB~
LQ*FZ*058~
RED*PAT01**IB**GJ*0714~
SE*26*0025~
```

Scenario 2: Transaction Set Accepted (Record Rejections)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*824*0025*005010I20~					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			0025
	ST03	Implementation Convention Reference			005010I20
BGN*11*26314800101*20111011*0635*****RU~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Identification	0743	Jurisdiction Tracking Number	26314800101
	BGN03	Date	0100	Date Transmission Sent	20111011
	BGN04	Time	0101	Time Transmission Sent	0630
	BGN05	Not Used			
	BGN06	Not Used			
	BGN07	Not Used			
	BGN08	Action Code			RU
	BGN09	Not Used			
N1*41**46*123456789~					
	N101	Entity Identifier Code			41
	N102	Not Used			
	N103	Identification Code Qualifier			46
	N104	Identification Code	0098	Sender ID	123456789
	N105	Not Used			
	N106	Not Used			
N1*40**46*263148001~					
	N101	Entity Identifier Code			40
	N102	Not Used			
	N103	Identification Code Qualifier			46
	N104	Identification Code	0099	Receiver ID	263148001
	N105	Not Used			
	N106	Not Used			
OTI*TA*TN*12458***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	TA
	OTI02	Reference Identification Qualifier			TN
	OTI03	Reference Identification	0532	Originator Transaction Identification Number	12458
	OTI04	Not Used			
	OTI05	Not Used			

Scenario 2: Transaction Set Accepted (Record Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
OTI*TA*TN*12458***20111010*1400***837~ (continued)					
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
OTI*IA*IX*113216541***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	IA
	OTI02	Reference Identification Qualifier			IX
	OTI03	Reference Identification	0500	Unique Bill ID Number	113216541
	OTI04	Not Used			
	OTI05	Not Used			
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			

Scenario 2: Transaction Set Accepted (Record Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
OTI*IA*IX*113216542***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	IA
	OTI02	Reference Identification Qualifier			IX
	OTI03	Reference Identification	0500	Unique Bill ID Number	113216542
	OTI04	Not Used			
	OTI05	Not Used			
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			

Scenario 2: Transaction Set Accepted (Record Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
OTI*IA*IX*113216543***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	IA
	OTI02	Reference Identification Qualifier			IX
	OTI03	Reference Identification	0500	Unique Bill ID Number	113216543
	OTI04	Not Used			
	OTI05	Not Used			
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
OTI*IA*IX*113216544***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	IA
	OTI02	Reference Identification Qualifier			IX
	OTI03	Reference Identification	0500	Unique Bill ID Number	113216544
	OTI04	Not Used			
	OTI05	Not Used			
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			

Scenario 2: Transaction Set Accepted (Record Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
OTI*IA*IX*113216544***20111010*1400***837~ (continued)					
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
OTI*IA*IX*113216545***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	IA
	OTI02	Reference Identification Qualifier			IX
	OTI03	Reference Identification	0500	Unique Bill ID Number	113216545
	OTI04	Not Used			
	OTI05	Not Used			
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			

Scenario 2: Transaction Set Accepted (Record Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
LM*IB~					
	LM01	Agency Qualifier Code			IB
	LM02	Not Used			
LQ*FZ*001~					
	LQ01	Code List Qualifier Code			FZ
	LQ02	Industry Code	0116	Element Error Number	001
RED*NONE**IB**GJ*0629~					
	RED01	Description			NONE
	RED02	Not Used			
	RED03	Agency Qualifier Code			IB
	RED04	Not Used			
	RED05	Code List Qualifier Code			GJ
	RED06	Industry Code	0115	Element Number	0629
OTI*IA*IX*113216546***20111010*1400***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	IR
	OTI02	Reference Identification Qualifier			IX
	OTI03	Reference Identification	0500	Unique Bill ID Number	113216546
	OTI04	Not Used			
	OTI05	Not Used			
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1400
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			

Scenario 2: Transaction Set Accepted (Record Rejections) (continued)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
REF*FJ*2~					
	REF01	Reference Identification Qualifier			FJ
	REF02	Reference Identification	0547	Line Number	2
	REF03	Not Used			
	REF04	Not Used			
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
LM*IB~					
	LM01	Agency Qualifier Code			IB
	LM02	Not Used			
LQ*FZ*058~					
	LQ01	Code List Qualifier Code			FZ
	LQ02	Industry Code	0116	Element Error Number	058
RED*PAT01**IB**GJ*0714~					
	RED01	Description			PAT01
	RED02	Not Used			
	RED03	Agency Qualifier Code			IB
	RED04	Not Used			
	RED05	Code List Qualifier Code			GJ
	RED06	Industry Code	0115	Element Number	0714
SE*26*0025~					
	SE01	Number of Included Segments			26
	SE02	Transaction Set Control Number			0025

Scenario 3: Transaction Set Rejected (Invalid Qualifier in Header Data)

WorkComp Insurance Company is required to report all medical bill payment information to the Virginia Department of Labor. WorkComp Insurance Company is located at 789 Airport Road in Chicago, IL, 60606-1234. Workcomp Insurance Company's telephone number is (312) 555-1470 and its FEIN is 98-7654321. WorkComp Insurance Company's state ID is 263148001.

WorkComp Insurance Company sent a transaction set to the Virginia Department of Labor on 10/10/2011, covering a reporting period of 07/01/2011 to 09/30/2011 with a transaction identification number of 12460. This transaction set was the 26th one received by the jurisdiction on that date and the jurisdiction assigned a transaction set control number of 0026 and a jurisdiction tracking number of 26314800103. The transaction set was rejected because the qualifier for DN0098 Sender ID was transposed (the transaction set contained '64' instead of '46'). The application advice transaction was sent on the following day at 6:35 a.m.

Scenario 3: Transaction Set Rejected (Invalid Qualifier in Header Data)

```
ST*824*0026*005010I20~
BGN*11*26314800103*20111011*0635*****U~
N1*41**46*123456789~
N1*40**46*263148001~
OTI*TR*TN*12460***20111010*1335***837~
DTM*009*20111011*0635~
LM*IB~
LQ*FZ*058~
RED*64**IB**A9*0000~
SE*10*0026~
```

Scenario 3: Transaction Set Rejected (Invalid Qualifier in Header Data)

Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
ST*824*0026*005010I20~					
	ST01	Transaction Set Identifier Code			824
	ST02	Transaction Set Control Number			0026
	ST03	Implementation Convention Reference			005010I20
BGN*11*26314800103*20111011*0635*****U~					
	BGN01	Transaction Set Purpose Code			11
	BGN02	Reference Identification	0743	Jurisdiction Tracking Number	26314800103
	BGN03	Date	0100	Date Transmission Sent	20111011
	BGN04	Time	0101	Time Transmission Sent	0635
	BGN05	Not Used			
	BGN06	Not Used			
	BGN07	Not Used			
	BGN08	Action Code			U
	BGN09	Not Used			
N1*41**46*123456789~					
	N101	Entity Identifier Code			41
	N102	Not Used			
	N103	Identification Code Qualifier			46
	N104	Identification Code	0098	Sender ID	123456789
	N105	Not Used			
	N106	Not Used			
N1*40**46*263148001~					
	N101	Entity Identifier Code			40
	N102	Not Used			
	N103	Identification Code Qualifier			46
	N104	Identification Code	0099	Receiver ID	263148001
	N105	Not Used			
	N106	Not Used			
OTI*TR*TN*12460***20111010*1335***837~					
	OTI01	Application Acknowledgment Code	0111	Application Acknowledgment Code	TR
	OTI02	Reference Identification Qualifier			TN
	OTI03	Reference Identification	0532	Originator Transaction Identification Number	12460
	OTI04	Not Used			
	OTI05	Not Used			

Scenario 3: Transaction Set Rejected (Invalid Qualifier in Header Data) (continued)

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Segment Example	Ref. Desc.	ASC X12 Data Element Name	IAIABC DN	IAIABC Data Element Name	Value/Content
OTI*TR*TN*12460***20111010*1335***837~ (continued)					
	OTI06	Date	0102	Original Transmission Date	20111010
	OTI07	Time	0103	Original Transmission Time	1335
	OTI08	Not Used			
	OTI09	Not Used			
	OTI10	Transaction Set Identifier Code	0110	Acknowledgment Transaction Set ID	837
	OTI11	Not Used			
	OTI12	Not Used			
	OTI13	Not Used			
	OTI14	Not Used			
	OTI15	Not Used			
	OTI16	Not Used			
	OTI17	Not Used			
DTM*009*20111011*0635~					
	DTM01	Date/Time Qualifier			009
	DTM02	Date	0108	Date Processed	20111011
	DTM03	Time	0109	Time Processed	0635
	DTM04	Not Used			
	DTM05	Not Used			
	DTM06	Not Used			
LM*IB~					
	LM01	Agency Qualifier Code			IB
	LM02	Not Used			
LQ*FZ*058~					
	LQ01	Code List Qualifier Code			FZ
	LQ02	Industry Code	0116	Element Error Number	058
RED*64**IB**A9*0000~					
	RED01	Description			PAT01
	RED02	Not Used			
	RED03	Agency Qualifier Code			IB
	RED04	Not Used			
	RED05	Code List Qualifier Code			A9
	RED06	Industry Code	0115	Element Number	0000
SE*10*0026~					
	SE01	Number of Included Segments			10
	SE02	Transaction Set Control Number			0026

Section 6.0
Workers' Compensation Medical Bill Data Reporting
IAIABC and ASC X12 Data Element Crosswalk



Data Element/ASC X12 Crosswalk - Index	Page
Implementation Notes	6.1
Crosswalk	6.2

IAIABC Data Element/ASC X12 Crosswalk

Implementation Notes

Unlike the implementation guides for other IAIABC EDI products, this implementation guide is based on the October 2003 ASC X12 standards, referred to as Version 5, Release 1, Sub-release 0 (005010) © 2004 Data Interchange Standards Association, Inc. (DISA) in its capacity as Secretariat to Accredited Standards Committee (ASC) X12.

This implementation guide was designed to comply with the structural requirements of the ASC X12 005010 standards and, to the extent possible, does not repeat or replicate information that is contained in those standards. Jurisdictions or organizations that need additional information on the control structures, data elements, code sources, and syntactical or semantic requirements are encouraged to purchase a copy of the ASC X12 005010 standard. This standard can be purchased from Washington Publishing Company at <http://www.wpc-edi.com>.

While many of the data elements for this implementation have the allowed value specified in the implementation guide, other data elements rely on external code sets (as defined by the ASC X12 standard). This section is intended to provide information to assist jurisdictions and trading partners in the identification of the code sources and data definitions of the ASC X12 standard. The following table provides the IAIABC data element number (DN), the IAIABC data element name, and the corresponding ASC X12 data element number. The ASC X12 DN provides users the ability to look up the simple data element in the ASC X12 standard in order to secure data definitions, explanations, and code set references.

In addition, the IAIABC EDI implementation guides strive for uniformity and consistency across products in order to ensure databases and automated systems are structured to process and store similar structures. To support this initiative, this table also includes the IAIABC expected length for each data element where it may vary from the ASC X12 standard. Since the IAIABC expected length does not modify or alter the requirements contained in the ASC X12 standard, jurisdictions may not reject a record solely because a data element exceeds the IAIABC expected length. However, jurisdictions are not required to store information that exceeds the expected length.

IAIABC DN	IAIABC Data Element Name	ASC X12 DN	IAIABC Expected Length
0005	JURISDICTION CLAIM NUMBER	127	25
0006	INSURER FEIN	67	9
0007	INSURER NAME	1035	40
0014	CLAIM ADMINISTRATOR MAILING POSTAL CODE	116	9
0015	CLAIM ADMINISTRATOR CLAIM NUMBER	127	25
0016	EMPLOYER FEIN	67	9
0018	EMPLOYER NAME	1035	40
0019	EMPLOYER PHYSICAL PRIMARYADDRESS	166	40
0020	EMPLOYER PHYSICAL SECONDARY ADDRESS	166	40
0021	EMPLOYER PHYSICAL CITY	19	15
0022	EMPLOYER PHYSICAL STATE CODE	156	2
0023	EMPLOYER PHYSICAL POSTAL CODE	116	9
0031	DATE OF INJURY	1251	8
0042	EMPLOYEE SSN	67	9
0043	EMPLOYEE LAST NAME	1035	40
0044	EMPLOYEE FIRST NAME	1036	15
0045	EMPLOYEE MIDDLE NAME/INITIAL	1037	15
0046	EMPLOYEE MAILING PRIMARY ADDRESS	166	40
0047	EMPLOYEE MAILING SECONDARY ADDRESS	166	40
0048	EMPLOYEE MAILING CITY	19	15
0049	EMPLOYEE MAILING STATE CODE	156	2
0050	EMPLOYEE MAILING POSTAL CODE	116	9
0051	EMPLOYEE PHONE NUMBER	364	15
0052	EMPLOYEE DATE OF BIRTH	1251	8
0053	EMPLOYEE GENDER CODE	1068	1
0098	SENDER ID	67	25
0099	RECEIVER ID	67	25
0100	DATE TRANSMISSION SENT	373	8
0101	TIME TRANSMISSION SENT	337	6
0102	ORIGINAL TRANSMISSION DATE	373	8
0103	ORIGINAL TRANSMISSION TIME	337	6
0108	DATE PROCESSED	373	8
0109	TIME PROCESSED	337	6

IAIABC DN	IAIABC Data Element Name	ASC X12 DN	IAIABC Expected Length
0110	ACKNOWLEDGMENT TRANSACTION SET ID	143	3
0111	APPLICATION ACKNOWLEDGMENT CODE	110	2
0115	ELEMENT NUMBER	1271	4
0116	ELEMENT ERROR NUMBER	1271	3
0152	EMPLOYEE EMPLOYMENT VISA	67	15
0153	EMPLOYEE GREEN CARD	67	15
0154	EMPLOYEE ID ASSIGNED BY JURISDICTION	67	15
0155	EMPLOYEE MAILING COUNTRY CODE	26	3
0156	EMPLOYEE PASSPORT NUMBER	67	15
0164	EMPLOYER PHYSICAL COUNTRY CODE	26	3
0187	CLAIM ADMINISTRATOR FEIN	67	9
0188	CLAIM ADMINISTRATOR NAME	1035	40
0208	MANAGED CARE ORGANIZATION IDENTIFICATION NUMBER	67	9
0209	MANAGED CARE ORGANIZATION NAME	1035	40
0255	EMPLOYEE LAST NAME SUFFIX	1039	4
0266	TRANSACTION TRACKING NUMBER	127	
0293	LUMP SUM PAYMENT/SETTLEMENT CODE	127	2
0500	UNIQUE BILL ID NUMBER	127	
0501	TOTAL CHARGE PER BILL	782	
0502	BILLING TYPE CODE	1343	
0503	BILLING FORMAT CODE	1332	
0504	FACILITY CODE	1331	
0505	BILL FREQUENCY TYPE CODE	1325	
0507	PROVIDER AGREEMENT CODE	1360	
0508	BILL SUBMISSION REASON CODE	1383	
0509	SERVICE BILL DATE(S) RANGE	1251	
0510	DATE OF BILL	1251	8
0511	DATE INSURER RECEIVED BILL	1251	8
0512	DATE INSURER PAID BILL	1251	8
0513	ADMISSION DATE	1251	
0514	DISCHARGE DATE	1251	
0515	CONTRACT TYPE CODE	1166	
0516	TOTAL AMOUNT PAID PER BILL	782	

IAIABC DN	IAIABC Data Element Name	ASC X12 DN	IAIABC Expected Length
0520	OUTPATIENT REASON FOR VISIT CODE	1271	
0521	PRINCIPAL DIAGNOSIS CODE	1271	
0522	DIAGNOSIS CODE	1271	
0523	BILLING PROVIDER UNIQUE BILL IDENTIFICATION NUMBER	1028	
0524	PROCEDURE DATE	1251	8
0525	PRINCIPAL PROCEDURE CODE	1271	
0527	PRESCRIPTION DATE(S) RANGE	1251	8
0528	BILLING PROVIDER LAST/GROUP NAME	1035	
0529	BILLING PROVIDER FIRST NAME	1036	
0530	BILLING PROVIDER MIDDLE/NAME INITIAL	1037	
0531	BILLING PROVIDER LAST NAME SUFFIX	1039	
0532	ORIGINATOR TRANSACTION IDENTIFICATION NUMBER	127	
0533	PRESENT ON ADMISSION INDICATOR	1073	
0535	ADMITTING DIAGNOSIS CODE	1271	
0537	BILLING PROVIDER PRIMARY SPECIALTY CODE	127	
0538	BILLING PROVIDER PRIMARY ADDRESS	166	
0539	BILLING PROVIDER SECONDARY ADDRESS	166	
0540	BILLING PROVIDER CITY	19	
0541	BILLING PROVIDER STATE CODE	156	
0542	BILLING PROVIDER POSTAL CODE	116	
0543	BILL ADJUSTMENT GROUP CODE	1033	
0544	BILL ADJUSTMENT REASON CODE	1034	
0545	BILL ADJUSTMENT AMOUNT	782	
0546	BILL ADJUSTMENT UNITS	380	
0547	LINE NUMBER	554	
0548	BILLED DRG CODE	1271	
0549	PAID DRG CODE	1271	
0550	PRINCIPAL PROCEDURE DATE	1251	8
0551	PROCEDURE DESCRIPTION	352	
0552	TOTAL CHARGE PER LINE	782	
0553	DAY(S)/UNIT(S) CODE	355	
0554	DAY(S) /UNIT(S) BILLED	380	
0555	PLACE OF SERVICE BILL CODE	1331	

IAIABC DN	IAIABC Data Element Name	ASC X12 DN	IAIABC Expected Length
0556	CONDITION CODE	1271	3
0557	DIAGNOSIS POINTER	1328	
0559	REVENUE BILLED CODE	234	
0561	PRESCRIPTION LINE NUMBER	127	
0562	DISPENSE AS WRITTEN CODE	1329	
0563	DRUG NAME	352	
0569	BILLING PROVIDER COUNTRY CODE	26	
0570	DRUGS/SUPPLIES QUANTITY DISPENSED	380	
0571	DRUGS/SUPPLIES NUMBER OF DAYS	380	
0572	DRUGS/SUPPLIES BILLED AMOUNT	782	
0574	TOTAL AMOUNT PAID PER LINE	782	
0576	REVENUE PAID CODE	234	
0577	ADMISSION TYPE CODE	1315	
0579	DRUGS/SUPPLIES DISPENSING FEE	782	
0580	DAY(S)/UNIT(S) PAID	380	
0581	TREATMENT AUTHORIZATION NUMBER	127	
0586	RENDERING LINE PROVIDER FEIN	127	
0587	RENDERING LINE PROVIDER FIRST NAME	1036	
0588	RENDERING LINE PROVIDER LAST NAME SUFFIX	1039	
0589	RENDERING LINE PROVIDER LAST/GROUP NAME	1035	
0591	RENDERING LINE PROVIDER MIDDLE NAME/INITIAL	1037	
0592	RENDERING LINE PROVIDER NATIONAL PROVIDER ID	67	
0595	RENDERING LINE PROVIDER PRIMARY SPECIALTY CODE	127	
0599	RENDERING LINE PROVIDER STATE LICENSE NUMBER	127	
0600	PLACE OF SERVICE LINE CODE	1331	
0604	PRESCRIPTION LINE DATE	1251	8
0605	SERVICE LINE DATE(S) RANGE	1251	
0615	REPORTING PERIOD	1251	
0616	INSURER POSTAL CODE	116	9
0622	ADMISSION HOUR	1251	
0623	DISCHARGE HOUR	1251	
0625	HIPPS RATE CODE	234	
0627	LINE ITEM TAX CHARGE AMOUNT	782	

IAIABC DN	IAIABC Data Element Name	ASC X12 DN	IAIABC Expected Length
0628	LINE ITEM TAX PAID AMOUNT	782	
0629	BILLING PROVIDER FEIN	127	
0630	BILLING PROVIDER STATE LICENSE NUMBER	127	
0634	BILLING PROVIDER NATIONAL PROVIDER ID	67	
0638	RENDERING BILL PROVIDER LAST/GROUP NAME	1035	
0639	RENDERING BILL PROVIDER FIRST NAME	1036	
0640	RENDERING BILL PROVIDER MIDDLE NAME/INITIAL	1037	
0641	RENDERING BILL PROVIDER LAST NAME SUFFIX	1039	
0643	RENDERING BILL PROVIDER STATE LICENSE NUMBER	127	
0647	RENDERING BILL PROVIDER NATIONAL PROVIDER ID	67	
0651	RENDERING BILL PROVIDER PRIMARY SPECIALTY CODE	127	
0658	SUPERVISING PROVIDER LAST/GROUP NAME	1035	
0659	SUPERVISING PROVIDER FIRST NAME	1036	
0660	SUPERVISING PROVIDER MIDDLE NAME/INITIAL	1037	
0661	SUPERVISING PROVIDER LAST NAME SUFFIX	1039	
0663	SUPERVISING PROVIDER STATE LICENSE NUMBER	127	
0667	SUPERVISING PROVIDER NATIONAL PROVIDER ID	67	
0671	SUPERVISING PROVIDER PRIMARY SPECIALTY CODE	127	
0678	FACILITY NAME	1035	
0680	FACILITY STATE LICENSE NUMBER	128	
0682	FACILITY NATIONAL PROVIDER ID	67	
0683	FACILITY SERVICE LOCATION ID	127	
0684	FACILITY PRIMARY ADDRESS	166	
0685	FACILITY SECONDARY ADDRESS	166	
0686	FACILITY CITY	19	
0687	FACILITY STATE CODE	156	
0688	FACILITY POSTAL CODE	116	
0689	FACILITY COUNTRY CODE	26	
0690	REFERRING PROVIDER LAST/GROUP NAME	1035	
0691	REFERRING PROVIDER FIRST NAME	1036	
0692	REFERRING PROVIDER MIDDLE NAME/INITIAL	1037	
0693	REFERRING PROVIDER LAST NAME SUFFIX	1039	
0695	REFERRING PROVIDER STATE LICENSE NUMBER	127	

IAIABC DN	IAIABC Data Element Name	ASC X12 DN	IAIABC Expected Length
0699	REFERRING PROVIDER NATIONAL PROVIDER ID	67	
0704	MANAGED CARE ORGANIZATION FEIN	127	
0714	HCPCS LINE PROCEDURE BILLED CODE	234	
0715	JURISDICTION PROCEDURE BILLED CODE	234	
0717	HCPCS MODIFIER BILLED CODE	1339	
0718	JURISDICTION MODIFIER BILLED CODE	1339	
0719	ADA PROCEDURE BILLED CODE	234	
0721	NDC BILLED CODE	234	
0722	ADA PROCEDURE PAID CODE	234	
0726	HCPCS LINE PROCEDURE PAID CODE	234	
0727	HCPCS MODIFIER PAID CODE	1339	
0728	NDC PAID CODE	234	
0729	JURISDICTION PROCEDURE PAID CODE	234	
0730	JURISDICTION MODIFIER PAID CODE	1339	
0731	SERVICE ADJUSTMENT GROUP CODE	1033	
0732	SERVICE ADJUSTMENT REASON CODE	1034	
0733	SERVICE ADJUSTMENT AMOUNT	782	
0734	SERVICE ADJUSTMENT UNITS	380	
0736	OTHER PROCEDURE CODE	1271	
0738	TREATMENT LINE AUTHORIZATION NUMBER	127	
0741	CONTRACT LINE TYPE CODE	1166	
0742	PROVIDER AGREEMENT LINE CODE	1360	
0743	JURISDICTION TRACKING NUMBER	127	
0760	PRIOR ACTUAL AMOUNT PAID	782	
0761	LINE ITEM PRIOR ACTUAL AMOUNT PAID	782	
0762	COMPOUND DRUG INDICATOR	1073	

Section 7.0
Workers' Compensation Medical Bill Data Reporting
Appendix - Revisions to 2012 - 2017
Implementation Guides



Appendix - Revisions to Previous Release 2.0 Implementation Guides

The Appendix - Revisions to Previous Release 2.0 Implementation Guides is a list of approved changes to the IAIABC standard implementation guide. Implementation dates will be calculated based on the adopted Release Management Guidelines and IRR voting process, whichever applies.

IG Section	Section of the implementation guide affected by the adopted changes
Pages Affected	Specifically notes pages of current implementation guide that are affected by the adopted changes
Summary of Changes	Note: Excel format doesn't support illustration of changes as well as Word. i.e., insertion of tables, etc. Some changes may need to be summarized in text.
IRR #	The number assigned to the Issue Resolution Request by the Director of Standards Development and Outreach
Approved Date	The date the change was approved to be adopted as part of the standard. i.e., date consensus was reached in the voting process or end of the final 14 day review period for clerical IRRs.
Impact N = Non-substantive D = New DN O = New Code value P = Process	Impact drives the "earliest date to implement" (column F) because some changes require a time period for senders to collect the data and/or make programming changes, etc. i.e., DN/new code. New processes may require more time; if more time is needed, the extension may need to be included in the IRR voting process new 02 change process, etc.
Earliest Date to Implement	Release Management Guidelines establish timelines: a. Codes/DNs cannot be required by the state prior to this date (six months. etc.) b. Senders should be prepared to send by this date
Publication Date	The first edition date where the change was included in the standard (01/01/xx).

Workers' Compensation Medical Bill Data Reporting
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Appendix - Revisions to 2012 Implementation Guide

Section 7.0:
Appendix - 2012 Revisions

IG Section	Page(s) Affected	IRR #	Approved Date	Impact* (see key below)	Earliest Date to Implement	Publication Date	Summary of Changes
1	1.9, section 1.4.1 (Cancellations)	MED723R2.0N	06/21/12	N		02/01/13	Period added after parentheses. DN listed for three affected data elements
1	1.10 section 1.4.2.2 (Non-Critical Data Elements)	MED723R2.0N	06/21/12	N		02/01/13	DN0016 (Employer FEIN) deleted from 2nd to last line (Employer FEIN had been removed from non-critical data elements).
1	1.11, first bullet at top	MED723R2.0N	06/21/12	N		02/01/13	DN0016 (Employer FEIN) deleted (Employer FEIN had been removed from critical data elements).
2	2.6	MED723R2.0N	10/02/12	N		02/01/13	Change Usage from "S" to "R" on DTP, AMT, and REF in Loop ID 2300 Billing Information
2	2.29	MED723R2.0N	04/16/12	N		2/1/2013	Added "05" for replacements under usage for REF segment for replacement claim number
2	2.29	MED720R2.0N	06/21/12	N		02/01/13	Corrected REF segment usage to read "Situational. Required when submitting a corrected and verified original record (CLM19 = '02') or replacement record (CLM19 = '05') and the claim administrator claim number is different than the number reported in previous records related to this medical bill."
2	2.30	MED726R2.0	12/21/12	N		02/01/13	Correct PER segment to PER*CT**TE*8885559999
2	2.33	MED723R2.0N	06/21/12	N		02/01/13	CLM05-3 1325 Claim Frequency Code: Corrected phrase in parentheses after CLM05-2 = 'A' to read "Uniform Billing Claim Form Bill Type."
2	2.38	MED719R2.0N	12/11/12	N		02/01/13	Data element name for DN0527 (Prescription Date) changed to Prescription Date(s) Range to accommodate more than a single prescription to be billed at a time; already permitted by NCPDP.
2	2.39	MED723R2.0N	07/23/12	N		02/01/13	In the note to Segment DTP Date or Time or Period, "insurance carrier" replaced with "insurer" for consistency with the rest of the guide.

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*N = Non-substantive
D = New DN
O = New Code value
P = Process

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IG Section	Page(s) Affected	IRR #	Approved Date	Impact* (see key below)	Earliest Date to Implement	Publication Date	Summary of Changes
2	2.48	MED723R2.0N	07/23/12	N		02/01/13	Segment HI Health Care Information Codes: corrected position to 2310
2	2.62	MED723R2.0N	07/23/12	N		02/01/13	Segment HI Health Care Information Codes: corrected position to 2310
2	2.72	MED723R2.0N	07/23/12	N		02/01/13	HI01-1 1270 qualifier code "ABR" changed to "BBR"
2	2.73 (under "Usage")	MED723R2.0N	07/23/12	N		02/01/13	"Situational. Required on institutional inpatient medical bills when other procedure codes were included on the medical bill."
2	2.73 through 2.82	MED723R2.0N	07/23/12	N		02/01/13	HI01-1 1270 qualifier code "ABQ" changed to "BBQ"; changed name in parentheses to "ICD-10-PCS."
2	2.84	MED723R2.0N	06/21/12	N		02/01/13	Removed all examples under HI01-2 1271 Industry Code, DN0556 Condition Code
2	2.97	MED723R2.0N	07/12/12	N		02/01/13	For both DN0541 (Billing provider state code) and DN542 (Billing provider postal code), add statement "If not required by this implementation guide, do not send."
2	2.102	MED723R2.0N	01/29/13	N		02/01/13	Rendering Bill Provider Secondary Identification in REF01 128 (Reference Identification Qualifier) - Remove SY = SSN and TJ =FEIN - no longer used in 5010 for Rendering Bill Provider
2	2.103	MED723R2.0N	01/29/13	N		02/01/13	REF02 127 Reference Identification - remove "IF REF01 = 'SY' or 'TJ', use DN0642 Rendering Bill Provider FEIN" - no longer used in 5010 for Rendering Bill Provider
2	2.108	MED723R2.0N	07/12/12	N		02/01/13	For both DN0687 (Facility state code) and DN0688 (Facility postal code), add statement "If not required by this implementation guide, do not send."

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*N = Non-substantive
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IG Section	Page(s) Affected	IRR #	Approved Date	Impact* (see key below)	Earliest Date to Implement	Publication Date	Summary of Changes
2	2.114	MED723R2.0	07/23/12	N		02/01/13	Usage and Note in the SBR segment reworded to include Prior Payment Amount. SBR is required because it is the first segment in this loop. Usage now reads "Situational. Required when bill level adjustments, bill level amounts, or prior payment amounts are reported, including aggregate and summary records". Note now reads "Technical requirement to pass the bill level CAS or AMT segment. (The first data segment of a loop is always required.)"
2	2.117	MED723R2.0N	10/02/12	N		02/01/13	Loop 2320 Bill Level Adjustments and Amounts: Usage: - correct second sentence to read "Required when bill level adjustments, bill level amounts, or prior payment amounts are reported..."
2	2.117	MED723R2.0N	10/02/12	N		02/01/13	Loop 2320 Bill Level Adjustments and Amounts: Note - Correct to read "Technical requirement to pass the bill level CAS or AMT segment."
2	2.14	MED723R2.0N	01/29/13	N		02/01/13	Loop 2430 - Service Line Adjustments and Amounts - Correct Position to 5400
2	2.158	MED723R2.0N	01/29/13	N		02/01/13	Transaction Set Trailer - Correct Position to 5550
3	3.4, 3.9	MED723R2.0N	07/23/12	N		02/01/13	Corrected Loop ID title to OTI - Original Transaction Identification
6	6.4	MED723R2.0N	01/29/13	N		02/01/13	Remove DN0642 from list of data elements - not used in 5010

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*N = Non-substantive
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IG Section	Page(s) Affected	IRR #	Approved Date	Impact* (see key below)	Earliest Date to Implement	Publication Date	Summary of Changes
Important Notes	After title page	747	1/30/14	N	2/1/14	2/1/14	Add Terms of use
1	1.2, section 1.1.3	747	1/30/14	N	2/1/14	2/1/14	Correct name of standard to Workers' Compensation Medical Bill Data Reporting
1	1.2, section 1.14, second paragraph, second line	747	1/30/14	N	2/1/14	2/1/14	Insert "paper" before "medical bill"
1	1.2, section 1.1.4	747	1/30/14	N	2/1/14	2/1/14	Correct name of standard to Workers' Compensation Medical Bill Data Reporting
1	1.2, section 1.1.4, 2nd paragraph	747	1/30/14	N	2/1/14	2/1/14	Insert "is" before "usually contained on the explanation..."
1	1.4, last line	747	1/30/14	N	2/1/14	2/1/14	Correct spelling to "Claimant"
1	1.5, section 1.2.2, last sentence of first paragraph after table	747	1/30/14	N	2/1/14	2/1/14	Correct to read "...it will always have encountered..."
1	1.2, section 1.14, last paragraph	747	1/30/14	N	2/1/14	2/1/14	Update Implementation Guides pages of IAIABC website to IAIABC EDI Standards pages
2	2.13, Loop 2010AA, NM1 Segment example	747	1/30/14	N	2/1/14	2/1/14	Correct FI to EI per ASCX12 5010 requirement for employer's tax ID number
2	2.13, NM108 66, Identification Code Qualifier	747	1/30/14	N	2/1/14	2/1/14	Correct FI to EI
2	2.15, Example for Loop 2010 AB, NM1 Segment	747	1/30/14	N	2/1/14	2/1/14	Correct FI to EI
2	2.15, NM108 66, Identification Code Qualifier	747	1/30/14	N	2/1/14	2/1/14	Correct to EI

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2	2.18, Example for Loop 2010 BA, NM1 Segment	747	1/30/14	N	2/1/14	2/1/14	Correct FI to EI
2	2.18, NM108 66, Identification Code Qualifier	747	1/30/14	N	2/1/14	2/1/14	Correct to EI
2	2.30, Loop ID: 2300 Billing Information Segment: CLM Health Claim	747	1/30/14	N	2/1/14	2/1/14	Correct example to read: CLM*A37YH566*500** O*11:B*****H***00~
2	2.119, Loop 2310F: Managed Care Organization Secondary Identification Number Segment: REF Reference Information REF01 128	747	1/30/14	N	2/1/14	2/1/14	Correct code for Reference Identification Qualifier from TJ to EI
4	All scenarios	747	1/30/14	N	2/1/14	2/1/14	Correct all instances of FI and TJ to EI to reflect correct 5010 usage
4	4.36	747	1/30/14	N	2/1/14	2/1/14	Correct Value/Content for CLM01 Claim Submitter's Identifier 0523 Billing Provider Unique Bill Identification Number to reflect number given in example spreadsheet on page 4.30: AHC123
4	4.43, Scenario 4	747	1/30/14	N	2/1/14	2/1/14	Delete extra ":" in HI*BK:72210:.....Y~
4	4.43, Scenario 4	747	1/30/14	N	2/1/14		Correct date format in HI*BQ in data stream to 20110227

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4	4.44, Scenario 4	747	1/30/14	N	2/1/14	2/1/14	Include DTP segment in LX10 loop of data stream: DTP*472*RD8*20110227-20110301~
4	4.51, Scenario 4	747	1/30/14	N	2/1/14	2/1/14	Delete extra ":" in HI*BK:72210:.....Y~ so that DN0533 Present on Admission Indicator is 'Y', as it should be
4	4.53, Scenario 4	747	1/30/14	N	2/1/14	2/1/14	Correct date format in 2nd Procedure date under HI02-04 DN0524 to 20110227
4	4.73	747	1/30/14		2/1/14	2/1/14	Correct Value/Content for SE01 Number of Included Segments to 39, to reflect correct coding
4	4.90	747	1/30/14		2/1/14	2/1/14	Correct SE Transaction Set Control Number in X12 file to 92347 to be consistent with data stream and Value/Contents
4	4.99	747	1/30/14	N	2/1/14	2/1/14	In data stream, correct QTY*QB*30 to QTY*SP*30 to show correct coding for number of days dispensed
4	4.110	747	1/30/14	N	2/1/14	2/1/14	Corrected QTY01, Quantity Qualifier, to SP for number of days dispensed
4	4.111	747	1/30/14	N	2/1/14	2/1/14	Correct IAIABC DNs and IAIABC Data element names under first 10 segments of CAS*PI*217*31**91*-15~ as shown below:
Claim Adjustment Group Code	731						Service Adjustment Group Code
Claim Adjustment Group Code	732						Service Adjustment Reason Code
Monetary Amount	733						Service Adjustment Amount
Quantity	734						Service Adjustment Units

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Claim Adjustment Group Code	732						Service Adjustment Reason Code
Monetary Amount	733						Service Adjustment Amount
Quantity	734						Service Adjustment Units
Claim Adjustment Group Code	732						Service Adjustment Reason Code
Monetary Amount	733						Service Adjustment Amount
Quantity	734						Service Adjustment Units
4	4.112	747	1/30/14	N	2/1/14	2/1/14	Correct DN from 0571 to 0570 to show quantity dispensed
4	4.115	747	1/30/14	N	2/1/14	2/1/14	In CLM*885372*55000**MD*11: B*****N***00~, delete extra space before B to avoid an incorrect value in the field.
4	4.121	747	1/30/14	N	2/1/14	2/1/14	Delete extra "*" in the line REF*TJ**880586865~ to avoid an incorrect value in DN0629 Billing Provider FEIN
4	4.127	747	1/30/14	N	2/1/14	2/1/14	In CLM*885372*55000**MD*11: B*****N***00~, delete extra space before B to avoid an incorrect value in the field.
4	4.136	747	1/30/14	N	2/1/14	2/1/14	Correct data stream to read "CLM*02735*150***1 1:B*****N***02~" because this scenario is for a corrected (data replacement) bill, not a new bill submission.
4	4.141	747	1/30/14	N	2/1/14	2/1/14	Correct data stream to read "CLM*02735*150***1 1:B*****N***02~" because this scenario is for a corrected (data replacement) bill, not a new bill submission.

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1	1.11, section 1.4.3	MED 773R2.0N	01/23/15	N	02/01/15	02/01/15	Remove word "not" in parentheses for DN0516 and DN0574
2	2.22	MED 773R2.0N	01/23/15	N	02/01/15	02/01/15	At 3. Loop 2000C, Position 0090, DTP 02 1250 - add Date Time qualifier to allow for a range of dates: RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD
2	2.33	MED773R2.0N	01/23/15	N	02/01/15	02/01/15	Loop 2300, Position 1300, CLM16 1360 – Provider Agreement Code – definition for H – Health Maintenance Organization (HMO) Agreement: inserted word "providing" between "professionals" and "comprehensive"
2	2.58	MED752R1.1E	07/22/14	P	02/22/15	02/01/15	Open segments HI05 to HI12 in Loop 2300 and add to each of them: Code List Qualifier Code, Industry Code, Date Time Period Format Qualifier, Date Time Period, Monetary Amount, Quantity, and Version Identifier, with all supporting information, for accurate reporting of up to 12 diagnosis codes per bill, as allowed on the paper CMS1500.
2	2.114	MED 758R2.0E	05/28/14	N	05/28/14	02/01/15	In the Required Code 522 ICD 9 CM Diagnosis Code for HI05 to HI12, include the reference to CMS1500 or UB04, as in HI04-2
2	2.120	MED 758R2.0E	05/28/14	N	05/28/14	02/01/15	Change Maximum Usage of Loop 2320, Bill Level Adjustments and Amounts, CAS Segment Bill Level Adjustment/Reasons and Amounts to Maximum Use of 5 for clarity
2	2.124	MED 762R2.0	09/12/14	P	03/12/15	02/01/15	Change Maximum Usage of Loop 2400, Service Line Information, to allow for 999 repeats instead of 50, to avoid the possibility of split bills.
2	2.141	MED 758R2.0E	05/28/14	N	05/28/14	02/01/15	Change Maximum Usage of Loop 2400, Service Line Information, REF Reference Information Segment, to Maximum Use of 2 for clarity

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2	2-1.143	MED 752R1.1E	07/22/14	N	Immediate	02/01/15	Change the wording in SV107 C004, Composite Diagnosis Code Pointer to: "To identify one or more diagnosis code pointers. The diagnosis code pointer only points to the first four elements most relevant to this service in the HI-DIAGNOSIS CODES segment at the 2300 loop. Four diagnosis code pointers may be used here and should be listed in order of importance from most to least important."
2	2.144	MED759R2.0	11/18/14	P	05/18/15	02/01/15	Add entry for K3 segment in Loop 2400
2	2.147	MED 758R2.0E	05/28/14	N	05/28/14	02/01/15	Change Maximum Usage of Loop 2430, Service Line Adjustments and Amounts, Service Line Adjudication, to Maximum Use of 15 for clarity
2	2.153	MED759R2.0	11/18/14	P	05/18/15	02/01/15	Add K3 segment in Loop 2400 (after Line Item Tax Charge Amount) to allow for repping of original NDC number
2	2.159	MED764R2.0		P		02/01/15	Add 2410 Loop, which had been overlooked in previous Release 2.0 publications
2	Throughout	MED 773R2.0N	01/23/15	N	01/23/15	02/01/15	Updated position locations of all segments to 4 digits to align with national standard.
3	3.4	MED 750R2.0	05/15/14	N	05/15/14	02/01/15	BGN06 127 - Reference Identification is changed from "Required" to "Not Used."
Throughout guide		Med 773R2.0N	01/23/15	N	01/23/15	02/01/15	Corrected spelling, formatting, etc.

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1	10	716	5/26/15	N	12/26/15	2/1/16	Clarification on how a medical provider submits a revised medical bill when the total charge on the bill is changed by the provider.
2	142	777	2/24/15	N	2/1/16	2/1/16	Correct typo in K3 segment of 2400 Loop to include 11 Xs rather than 10
2	142	788	1/22/16	N	2/1/16	2/1/16	Add Required DN721 NDC Billed Code to the Data Element Summary for the K3 File Segment Information.
2	36	798	1/22/16	N	2/1/16	2/1/16	Add RD8 = Range of dates expressed in format CCYYMMDD-CCYYMMDD to the RD8 qualifier for DB0527 Prescription Date(s) Range.
2	43	803	11/3/15	N	2/1/16	2/1/16	Replace required diagnosis code for HI01-2 1271 Industry Code with DN-522 Diagnosis Code.
2	133	804	11/23/15	N	5/23/16	2/1/16	Include the DN0557 DIAGNOSIS POINTER in the SV311 C004 COMPOSITE DIAGNOSIS CODE POINTER for Dental Bills.
TOC	6	809	1/22/16	N	2/1/16	2/1/16	Clerical / grammatical corrections to the Table of Contents.
1	1	809	1/22/16	N	2/1/16	2/1/16	Clerical correction to section title.
1	3	809	1/22/16	N	2/1/16	2/1/16	Change DISA reference and URL to Washington Publishing Co.
6	1	809	1/22/16	N	2/1/16	2/1/16	Change DISA reference and URL to Washington Publishing Co.
7	1	809	1/22/16	N	2/1/16	2/1/16	Updated IRR definition.

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Misc.	Misc.	MED750	5/15/14	N	N/A	2/1/17	Per IAIABC: BGN06 127 - Reference Identification was changed from "Required" to "NOT USED". The change was published in the IAIABC Medical Release 2.0 Guide Publication Date 2/1/15 with the Earliest Date to Implement of 5/15/15. These changes are to remove the BGN06 segment from the Acknowledgment Scenarios/examples, consistent with the BGN06 segment usage in the IAIABC standard of "Not Used".
2	2.134	MED834	10/7/16	O	4/7/17	2/1/17	Add 2 new qualifiers, HC=Health Care Financing Administration Common and ER = Jurisdiction Specific Procedure and Supply Codes, for SV402-1
2	2.150 - 2.152	MED836	10/20/16	P	4/20/17	2/1/17	Allow multiple SVD segments for physician dispensed compound drugs
4	4.16	MED836	10/20/16	P	4/20/17	2/1/17	Create a new scenario to demonstrate multiple SVD segments for physician dispensed compound drug
Misc.	Misc.	MED846	1/30/17	N	N/A	2/1/17	Clerical changes to correct errors contained within the Medical R2.0 Implementation Guide

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2	131-132	MED851	8/25/17	P	2/25/18	2/1/18	Allow the use of ER qualifier on segment SV301-1
2	15	MED853	8/4/17	N	N/A	2/1/18	Change Entity Identifier Code from CS (Consolidator) to CX (Claim Administrator)