Medical Care Collection Fund (MCCF)

Electronic Data Interchange Transaction Application Suite (EDI TAS)

Data Element Design



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Department of Veterans Affairs

Revision History

| Date | Version | Description | Author |
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| September 1, 2017 | 0.1 | Initial Version of MCCF EDI TAS Data Element Design | Halfaker Team |

Artifact Rationale

This Data Element Design document provides the design of the data standards, objects and elements that will be used by the MCCF EDI TAS application. This document provides details that accompany the MCCF EDI TAS System Design Document (SDD), and will be updated as the product is built, to reflect the as-built product.

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# Introduction

The eBusiness Solutions Office manages the development, implementation and ongoing support of the Department of Veterans Affairs (VA) Electronic Data Interchange (EDI) applications within VistA in support of revenue generation from third party payers. By monitoring legislative, legally mandated, and other industry requirements, enacted under the Health Insurance Portability and Accountability Act (HIPAA) and subsequent regulations, eBusiness Solutions supports innovative enhancements to VA software ensuring the continued flow of revenue to meet the needs of our Nation’s Veterans.

eBusiness focuses upon:

* Assuring compliance with industry EDI standards setting organizations such as the Workgroup for Electronic Data Interchange (WEDI), the Accredited Standards Committee X12 (ASC X12), the Council for Affordable Quality Healthcare (CAQH), the National Council on Prescription Drug Plans (NCPDP), and the National Committee on Vital and Health Statistics (NCVHS).
* Working collaboratively with the Office of Information Technology (OIT) as the EDI business owner to develop and update the Veterans Health Administration (VHA) software, including eInsurance, eBilling, ePharmacy and ePayments. Ensures multi-year funding projections are included in VA submission to the President’s budget.
* Providing training to VA Medical Center (VAMC) and Consolidated Patient Account Center (CPAC) staff on the updated EDI software, including program support to staff and trading partners.
* Ensuring electronic connectivity to over 1,600 payers, including proactive outreach to ensure payer compliance with mandates, helping to educate payers on EDI standards, and reporting non-compliant payers to Centers for Medicare and Medicaid Services (CMS).
* Maintaining partnerships with Federal agencies and trading partners who assist with EDI business and work flow. This includes Federal partners such as Health & Human Services (HHS), the Internal Revenue Service (IRS) and Treasury; and EDI clearinghouses and commercial banking partners.

The vision of the Medical Care Collection Fund/Application Programming Interface (MCCF/API) 2.0 work effort is to modernize and evolve the systems used for EDI transactions. The MCCF program seeks to transition from a Veterans Health Information Systems and Technology Architecture (VistA) - based architecture to a Service Oriented Architecture (SOA). The end state is to transition business logic from VistA to a modernized solution while using VistA as the authoritative data source.

The intended audience of this document includes the eBusiness Solutions Office, Enterprise Program Management Office (ePMO), Product Engineering, Software Quality Assurance (SQA), the Chief Business Office (CBO), and staff at the Office of Information and Technology (OIT) at the Health Administration Center (HAC), and Financial Service Center (FSC).

## Scope

This document specifies the technical data element details for the MCCF) EDI TAS project.

The work effort will create a modern Web application design and architecture that:

* Maintains compliance with Designated Standard Maintenance Organizations (DSMO) related to healthcare EDI transactions (see list of following specific EDI transactions).
* Ports existing functionality of the current EDI applications to a new, modern Web application.
* Enhances the capabilities of EDI transaction processing, including increasing the ability to “prepopulate” processing of all EDI transactions from service data.
* Provides services that will be used to implement/Improve the user interface for EDI transaction processing.
* Enhances service status management and monitoring capabilities and reporting (e.g., dashboards).

The specific EDI transactions in scope for this effort will include:

* 837 claims (837-I, 837-P, and 837-D)
* 835 electronic remittance advice (ERA)
* Electronic Funds Transfer (EFT)
* 270 (Eligibility, Coverage or Benefit Inquiry)/271 (Eligibility, Coverage or Benefit Information)
* B1 (Pharmacy Claim)/B2 (Pharmacy Claim Reversal)/B3 (Pharmacy Claim Rebilling)/E1 (Pharmacy Eligibility Notification)
* 278 Health Care Services Review – Request for Review and Response (278x217), Inquiry and Response (278x215)
* 277 Request for Additional Information
* 275 Additional Information to Support a Health Care Claim or Encounter (future)

# Data View

MCCF EDI TAS is using FHIR resources as the data model for the X12 EDI transactions. HL7 had considered a change request to add mappings from FHIR resources to the X12 transactions as part of the FHIR specification, and said that mapping was underway, but they have not included that in the current STU3 version and have said that it will be considered for future use <http://gforge.hl7.org/gf/project/fhir/tracker/?action=TrackerItemEdit&tracker_item_id=7705>.

As a result, mapping between the X12 EDI transaction data elements and FHIR resources is being done as part of MCCF EDI TAS.

## ePayment EDI Transaction Processing

The data elements needed for ePayment transaction processing (EDI X12 835 and EFT and ERA) are listed in Table 1. They are mapped to the FHIR STU 3 resources in the FHIR STU 3 Specification.

Table : Data Elements in the ePayment EDI Transaction

| ePayment Data | FHIR Resource |
| --- | --- |
| EEOB | ExplanationOfBenefits |
| EFT | PaymentNotice/PaymentReconciliation |
| ERA | PaymentNotice/PaymentReconciliation |
| VistA Financial Data (actual sums) | Account |
| Claim | Claim |
| Patient | Patient |
| Provider | Provider |
| Location | Location |
| Payer | Organization |
| Extra Data, such as attachments | ProcessRequest |
| Pharmacy WRT to payment | MedicationOrder |
| Other Payment Data | PaymentReconciliation |

## eInsurance EDI Transaction Processing

Table : 270 Health Care Eligibility Benefit Inquiry – MSH Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | not applicable | not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3-1 | Sending Application | Req | “IIV VISTA” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  | MessageHeader/Location |  |
| 4-1 | Namespace ID | Req | The VistA site’s assigned station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 4-2 | Universal ID | Req | VistA site’s Domain Name System (DNS) name, (e.g., AUSTIN.VA.GOV)  VistA: 869.3, .02 DOMAIN  eIV Database: site.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5 | Receiving Application | Req |  | MessageHeader |  |
| 5-1 | Namespace ID | Req | “IIV EC" | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  |  |  |
| 6-1 | Namespace ID | NS |  | Location | Location.identifier |
| 6-2 | Universal ID | Req | IIV.VITRIA-EDI.AAC.VA.GOV  VistA: 870,.03 DOMAIN | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7 | Date/Time of Message | Req |  |  |  |
| 7-1 | Date/Time | Req | Date/Time the Message was created.  For the format, see section 10.1.1.1 Date/Time of Message Format, page 5.  X12: (no mapping)  eIV Database: eligibility\_inquiry . hl7\_datetime | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “RQI” |  |  |
| 9-2 | Trigger Event | Req | “I01” for verification  eIV Database: eligibility\_inquiry.inquiry\_kind |  |  |
| 10 | Message Control ID | Req | Assigned by the HL7 Package on VistA  eIV Database: eligibility\_inquiry.message\_control\_id | MessageHeader | MessageHeader.id |
| 11-1 | Processing ID | Req | VistA: 869.3,.03 DEFAULT PROCESSING ID  “P”=Production  “T” = Test  eIV Database: eligibility\_inquiry . processing\_id |  |  |
| 12-1 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgment | Req | “AL” = Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE” = Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : Eligibility Inquiry PRD Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Provider Role - Identifier | Req | “NA” | Practitioner | Practitioner.practitionerRole.role |

Table : Eligibility Inquiry PID Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID-PID | Req | “1” | Patient | Patient.id |
| 3 | Patient Identifier List | Req | Repeating field of patient identifiers. Current supported identifiers will be NI=ICN and PI=DFN  (i.e., 123121234^^^USVHA^NI~121603^^^USVHA^PI^509~000000002^^^^^) | Patient | Patient.identifier |
| 3-1 | Patient ID - ST | Con | The value of the ID being sent. ST data type with maximum length of 20 (i.e., 123121234) First iteration of the patient identifier (Req) VistA: 2, 991.01 INTEGRATION CONTROL NUMBER -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- Second iteration of the patient identifier (Req) VistA: 2, .01 DFN | Patient | Patient.identifier.value |
| 3-2 | Check Digit | NS |  |  |  |
| 3-3 | Code Identifying Check Digit Scheme Employed | NS |  |  |  |
| 3-4-1 | Assigning Authority | Con | “USVHA” for the VA ID’s (i.e., ICN and DFN) |  | Patient.identifier.assigner.name |
| 3-5 | Identifier Code Type | Con | “NI” = Integration Control Number “PI” = Patient  DFN | Patient | Patient.identifier.type.coding |
| 3-6-1 | Assigning Facility | NS | For the Integration Control Number, this is blank.  For site specific DFN, use VistA site number VistA: 869.3, .04 INSTITUTION |  |  |
| 5 | Patient Name | Req |  | Patient | Patient.name |
| 5-1-1 | Last Name (Surname) | Req | VistA: 2, .01 PATIENT or VistA: 2.312,7.01 NAME OF INSURED or VistA: 355.33,91.01 NAME OF INSURED  X12 (patient is subscriber): 270, 2100C, NM103 Name Last or Organization Name.  eIV Database (patient is subscriber): inquiry\_subscriber . name\_last\_or\_organization\_name  X12 (patient is not subscriber): 270, 2100D, NM103  Name Last or Organization Name.  eIV Database (patient is not subscriber): inquiry\_dependent.  name\_last\_or\_organization\_name | Patient/RelatedPerson | Patient/RelatedPerson.name.family[1] |
| 5-1-2 | Own Last Name Prefix | Opt | Not Used | Patient/RelatedPerson | Patient/RelatedPerson.name.family[0] |
| 5-2 | First Name | Opt | VistA: 2, .01 PATIENT or VistA: 2.312,7.01 NAME OF INSURED or VistA: 355.33,91.01 NAME OF INSURED  X12 (patient is subscriber): 270, 2100C, NM104 Name First.  eIV Database (patient is subscriber): inquiry\_subscriber . name\_first  VistA: 365.1, .02 PATIENT  X12 (patient is not subscriber): 270, 2100D, NM104 Name First.  eIV Database (patient is not subscriber):  inquiry\_dependent . name\_first | Patient/RelatedPerson | Patient/RelatedPerson.name.given[0] |
| 5-3 | Middle Name | Opt | VistA: 2., 01 PATIENT or VistA: 2.312,7.01 NAME OF INSURED or VistA: 355.33,91.01 NAME OF INSURED  X12 (patient is subscriber): 270, 2100C, NM105 Name Middle. eIV Database (patient is subscriber): inquiry\_subscriber . name\_middle  X12 (patient is not subscriber): 270, 2100D, NM105 Name Middle. eIV Database (patient is not subscriber):  inquiry\_dependent. name\_middle | Patient/RelatedPerson | Patient/RelatedPerson.name.given[1] |
| 5-4 | Suffix (e.g., Jr. or III) | Opt | VistA: 2, .01 PATIENT or VistA: 2.312,7.01 NAME OF INSURED or VistA: 355.33,91.01 NAME OF INSURED  X12 (patient is subscriber): 270, 2100C, NM107 Name Suffix.  X12 (patient is subscriber): 270, 2100C, NM107 Name Suffix. | Patient | Patient/.name.suffix[0] |
| 5-5 | Prefix (e.g., DR) | Opt | VistA: 2, .01 PATIENT or VistA: 2.312,7.01 NAME OF INSURED or VistA: 355.33,91.01 NAME OF INSURED  X12 (No mapping) | Patient | Patient.name.prefix |
| 5-6 | Degree (e.g., MD) | Opt | X12 (No Mapping) | Patient | Patient.name.suffix[1] |
|  | Date/Time Of Birth | Req |  | Patient |  |
| 7-1 | Date/Time | Req | VistA: 2, .03 Date of Birth  X12 (patient is subscriber): value à 270, 2100C, DMG02 Date Time Period; and “D8” à 270, 2100C, DMG01 Date Time Period Format Qualifier.  eIV Database (patient is subscriber): value à inquiry\_subscriber. Date\_of\_birth; and “D8” à inquiry\_subscriber date\_time\_period\_format\_qualifier.  X12 (patient is not subscriber): value à 270, 2100D, DMG02 Date Time Period; and “D8” à 270, 2100D, DMG01 Date Time Period Format Qualifier.  eIV Database (patient is not subscriber): value à inquiry\_dependent. Date\_of\_birth ; and “D8” à inquiry\_dependent . date\_time\_period\_format\_qualifier. | Patient/RelatedPerson | Patient/RelatedPerson.birthDate  **Time = ??** |
| 8 | Administrative Sex | Req | See Table 10‑3 Eligibility Inquiry PID-8 Values below for the HL7 and the paired X12 values.  VistA: 2, .02-Sex  X12 (patient is subscriber): 270, 2100C, DMG03 Gender Code.  eIV Database (patient is subscriber): inquiry\_subscriber. Gender\_code  X12 (patient is not subscriber): 270, 2100D, DMG03 Gender Code.  eIV Database (patient is not subscriber): inquiry\_dependent. Gender\_code | Patient/RelatedPerson | Patient/RelatedPerson.gender |
| 9 | Patient Alias | NS |  |  |  |
| 10 | Race | NS |  |  |  |
| 11 | Patient Address | Opt |  | Patient/RelatedPerson | Patient/RelatedPerson.address |
| 11-1 | Street or mailing address | Opt | VistA: 2,.111 STREET ADDRESS [LINE 1]  X12 (patient is subscriber): 270, 2100C, N301 Address Line.  eIV Database (patient is subscriber): inquiry\_subscriber. Address\_line\_1  X12 (patient is not subscriber): 270, 2100D, N301 Address Line.  eIV Database (patient is not subscriber): inquiry\_dependent . address\_line\_1 | Patient/RelatedPerson | Patient/RelatedPerson.address.line |
| 11-2 | Other Designation | Opt | VistA: 2,.112 STREET ADDRESS [LINE 2]  And if it exists, VistA: 2, .113 STREET ADDRESS [LINE 3]  X12 (patient is subscriber): 270, 2100C, N302 Address Line.  eIV Database (patient is subscriber): inquiry\_subscriber . address\_line\_2  X12 (patient is not subscriber): 270, 2100D, N302 Address Line.  eIV Database  (patient is not subscriber): inquiry\_dependent . address\_line\_2 | Patient/RelatedPerson | Patient/RelatedPerson.address.line |
| 11-3 | City | Opt | VistA: 2,.114 CITY  X12 (patient is subscriber): 270, 2100C, N401 City Name.  eIV Database (patient is subscriber): inquiry\_subscriber . city\_name  X12 (patient is not subscriber): 270, 2100D, N401 City Name.  eIV Database (patient is not subscriber): inquiry\_dependent . city\_name | Patient/RelatedPerson | Patient/RelatedPerson.address.city |
| 11-4 | State or Province | Opt | VistA: 2,.115 STATE  X12 (patient is subscriber): 270, 2100C, N402 State or Province Code.  eIV Database (patient is subscriber): inquiry\_subscriber . state\_or\_province\_code  X12 (patient is not subscriber): 270, 2100D, N402 State or Province Code.  eIV Database (patient is not subscriber): inquiry\_dependent . state\_or\_province\_code | Patient/RelatedPerson | Patient/RelatedPerson.address.state |
| 11-5 | Zip or Postal Code | Opt | VistA: 2, .116 ZIP CODE  X12 (patient is subscriber): 270, 2100C, N403 Postal Code.  eIV Database (patient is subscriber): inquiry\_subscriber . postal\_code  X12 (patient is not subscriber): 270, 2100D, N403 Postal Code**.**  eIV Database (patient is not subscriber): inquiry\_dependent . postal\_code | Patient/RelatedPerson | Patient/RelatedPerson.address.postalCode |
| 33-1 | Last Update Date/Time | Opt | calculated/derived |  |  |

Table : Eligibility Inquiry GT1 Segment (optional)

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - GT1 | Req | “1” | RelatedPerson | RelatedPerson.id |
| 2 | Guarantor Number | Req |  |  |  |
| 2-1 | ID | Req | The subscriber’s member ID  VistA 2.312, 1 SUBSCRIBER ID  eIV Database:*value* à inquiry\_subscriber\_add\_id. Reference\_identification; and “MI” (Member Identification Number) à inquiry\_subscriber\_add\_id. reference\_identification\_qualifier | Coverage | Coverage.planholder.planholderIdentifier |
| 2-2 | Check digit | NS |  |  |  |
| 2-3 | Code identifying the check digit scheme employed | NS |  |  |  |
| 2-4 | Assigning authority | NS |  | Organization | Coverage.planholderReference.identifier.assigner.name |
| 2-5 | Identifier Type Code | Req | “HC” - Used to represent the Guarantor’s subscriber ID | Organization | Coverage.planholderReference.identifier.type.coding |
| 3 | Guarantor Name | Req | Six component field in Last\_Name^First\_Name^MI^Suffix^Prefix^Degree  (i.e., DOE^JOHN^M^JR^DR.^Phd.  VistA: 2.312,7.01 NAME OF INSURED or  VistA: 355.33,91.01 NAME OF INSURED | RelatedPerson | RelatedPerson.name |
| 3-1-1 | Last Name (Surname) | Req | X12: 270, 2100C, NM103 Name Last or Organization Name  eIV Database inquiry\_subscriber . name\_last\_or\_organization\_name | RelatedPerson | RelatedPerson.name.family |
| 3-1-2 | Own Last Name Prefix | Opt |  | RelatedPerson | RelatedPerson.name.prefix[0] |
| 3-2 | First Name | Opt | X12: 270, 2100C, NM104 Name First  eIV Database: inquiry\_subscriber . name\_first | RelatedPerson | RelatedPerson.name.given[0] |
| 3-3 | Middle Name | Opt | X12: 270, 2100C, NM105 Name Middle  eIV Database: inquiry\_subscriber . name\_middle | RelatedPerson | RelatedPerson.name.given[1] |
| 3-4 | Suffix (e.g., Jr. or III) | Opt |  | RelatedPerson | RelatedPerson.name.suffix[0] |
| 3-5 | Prefix (e.g., DR) | Opt |  | RelatedPerson | RelatedPerson.name.prefix[1] |
| 3-6 | Degree (e.g., MD) | Opt |  | RelatedPerson | RelatedPerson.name.suffix[1] |
| 5 | Guarantor Address | Opt |  | RelatedPerson |  |
| 5-1 | Street or Mailing Address | Opt | VistA: 2.312, 3.06 INSURED'S STREET 1  X12: 270, 2100C, N301 Address Information  eIV Database: inquiry\_subscriber . address\_line\_1 | RelatedPerson | RelatedPerson.address.line |
| 5-3 | City | Opt | VistA: 2.312, 3.08 INSURED'S CITY  X12: 270, 2100C, N401 City Name  eIV Database inquiry\_subscriber . city\_name | RelatedPerson | RelatedPerson.address.city |
| 5-4 | State or Province | Opt | VistA: 2.312, 3.09 INSURED'S STATE  X12: 270, 2100C, N402 State or Province Code  eIV Database: inquiry\_subscriber . state\_or\_province\_code | RelatedPerson | RelatedPerson.address.state |
| 5-5 | Zip or Postal Code | Opt | VistA: 2.312, 3.1 INSURED'S ZIP  X12: 270, 2100C, N403 Postal Code  eIV Database:inquiry\_subscriber . postal\_code | RelatedPerson | RelatedPerson.address.postalCode |
| 5-6 | Country | Opt | Hardcoded to “USA” if address is present | RelatedPerson | RelatedPerson.address.country |
| 8-1 | Guarantor Date/Time Of Birth | Opt | VistA: 2.312, 3.01 INSURED'S DOB Or  VistA: 355.33,60.08 INSURED’S DOB Or VistA: 2,.03 DATE OF BIRTH Or VistA: 408.13,.03 DATE OF BIRTH  X12: *value* à 270, 2100C, DMG02 Date Time Period; and “D8” à 270, 2100C, DMG01 Date Time Period Format Qualifier  eIV Database: *value* à inquiry\_subscriber . date\_of\_birth; and  “D8” à inquiry\_subscriber. date\_time\_period\_format\_qualifier | RelatedPerson | RelatedPerson.birthDate  **Time = ???** |
| 9 | Guarantor Administrative Sex | Opt | VistA: 2, .02 SEX Or VistA: 408.13,.02 SEX Or VistA: 2.312,3.12 INSURED’S SEX  X12: 270, 2100C, DMG03 Gender Code  eIV Database: inquiry\_subscriber . gender\_code | RelatedPerson | RelatedPerson.gender |

Table : Eligibility Inquiry IN1 Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – IN1 | Req | “1” | Coverage | Coverage.id |
| 2-1 | Insurance Plan ID | Req | The subscriber’s Member ID (patient is subscriber and there is no GT1 segment) –  If no Subscriber Primary ID available in VistA, transmit Blank/Empty  The patient’s Member ID (patient is not subscriber and there is a GT1 segment) - If no Patient Primary ID available in VistA, transmit Blank/Empty  VistA: 2.312,7.02 SUBSCRIBER IDOR  VistA: 355.33,62.01 PATIENT ID OR  VistA 2.312,5.01 PATIENT ID  X12: “MI” à 270, 2100C, NM108 Identification Code Qualifier; and value à 270, 2100C, NM109 Subscriber Primary Identifier  eIV Database (if the patient is the subscriber): value à inquiry\_subscriber. Identification\_code; and “MI” à inquiry\_subscriber. Identification\_code\_qualifier | Coverage | Coverage.plan |
| 3 | Insurance Company ID | Req | (i.e., VA1^^^USVHA^VP) | Organization | Coverage.issuer |
| 3-1 | Insurance Company ID | Req | The VA National Payer ID number as defined by the FSC in Austin, TX.  VistA: 365.12, .02 VA National Payer ID  X12: 270, 2100A, NM109 Identification Code (after translation through the EIV Database)  eIV Database: payer.va\_national\_payer\_id | Coverage | Coverage.issuerIdentifier |
| 3-4 | Assigning Authority | Req |  | Organization | Coverage.issuerReference.identifier.assigner.name |
| 3-4-1 | Namespace ID | Req | The national ID’s as assigned by the VA at a National level.  “USVHA” |  | Coverage.issuerReference.identifier.system |
| 3-5 | Identifier Type Code (ID) | Req | “VP” | Organization | Coverage.issuerReference.identifier.type.coding |
| 4 | Insurance Company Name | Req |  | Organization | Coverage.issuerReference |
| 4-1 | Organization name | Req | The Payer Name, from the VA National Insurance Payer list.  VistA: 365.12, .01 PAYER NAME  eIV Database: payer.name | Organization | Coverage.issuerReference.name |
| 8 | Group Number | Opt | VistA: 2.312, 21 NEW GROUP NUMBER Or VistA: 355.33,90.02 GROUP NUMBER  X12: *value* à 270, 2100C, REF02 Reference ID; and “6P” à 270, 2100C, REF01 ID Qualifier  eIV Database: *value* àinquiry\_subscriber . reference\_identification, ; and “6P” à inquiry\_subscriber . reference\_identification\_qualifier | Coverage | Coverage.group |
| 9-1 | Group Name | Opt | VistA: 2.312, 20 NEW GROUP NAME Or VistA: 355.33,90.01 GROUP NAME  X12 (if 270, 2100C, REF01 ID Qualifier = “6P” (Group Number)): 270, 2100C, REF03 Description (Plan Sponsor Name)  eIV Database: *value* à inquiry\_subscriber\_add\_id.  Plan\_sponsor\_name, and “6P” à inquiry\_subscriber\_add\_id . reference\_id\_qualifier |  |  |
| 12 | Plan Effective Date | Opt | VistA: 2.312, 8 EFFECTIVE DATE OF POLICY Or VistA: 355.33,60.02 EFFECTIVE DATE | Coverage | Coverage.period.start |
| 13 | Plan Expiration Date | Opt | VistA: 2.312, 3 INSURANCE EXPIRATION DATE  Or  VistA: 355.33,60.03 EXPIRATION DATE | Coverage | Coverage.period.end |
| 17-1 | Insured’s Relationship To Patient | Opt | VistA: 2.312,4.03 PT. RELATIONSHIP – HIPAA Or VistA: 355.33,60.14 PT. RELATIONSHIP - HIPAA See Table 3-17 IN1-17  X12 (patient is not subscriber): 270, 2100D, INS02 Individual Relationship Code  eIV Database: inquiry\_dependent . individual\_relationship\_code | RelatedPerson | RelatedPerson.relationship.text |
| 20 | Assignment Of Benefits | Opt | Counter of inquiries in bundles |  |  |
| 21 | Coordination Of Benefits | Opt | Total number of inquiries in a bundle.  Bundled inquires based on the following parameter:  INQUIRE SECONDARY INSURANCES field (#51.23)  In IB SITE PARAMETERS file (#350.9) | Coverage | Coverage.sequence |
| 24 | Notice Of Admission Date | Opt | VistA: 405,.01 ADMISSION DATE  X12(patient is subscriber): *value* à 270, 2100C, DTP03 Date Time Period;  “D8” à 270, 2100C, DTP02 Date Time Period Format Qualifier; and “435” à 270, 2100C, DTP01 Date/Time Qualifier  eIV Database: *value* à inquiry\_subscriber\_date . date\_time\_period; “D8” à inquiry\_subscriber\_date. date\_time\_period\_format\_qualifier; and “435” à inquiry\_subscriber\_date . date\_time\_qualifier  X12(patient is not subscriber): *value* à 270, 2100D, DTP03 Date Time Period; “D8” à 270, 2100D, DTP02 Date Time Period Format Qualifier; and “435” à 270, 2100D, DTP01 Date/Time Qualifier  eIV Database: *value* à inquiry\_dependent\_date . date\_time\_period; “D8” à inquiry\_dependent\_date . date\_time\_period\_format\_qualifier; and “435” à inquiry\_dependent\_date . date\_time\_qualifier |  |  |
|  |  |  | X12 (patient is subscriber): *value* à 270, 2100C, DTP03 Date Time Period; “D8” à 270, 2100C, DTP02 Date Time Period Format Qualifier; and “307” à 270, 2100C, DTP01 Date/Time Qualifier  eIV Database: *value* à inquiry\_subscriber\_date . start\_date; “D8” à inquiry\_subscriber\_date . period\_format\_qualifier; and 307” à inquiry\_subscriber\_date.date\_time\_qualifie  X12 (patient is not subscriber): *value* à 270, 2100D, DTP03 Date Time Period; “D8” à 270, 2100D, DTP02 Date Time Period Format Qualifier; and “472” à 270, 2100D, DTP01 Date/Time Qualifier  eIV Database: *value* à inquiry\_dependent\_date . start\_date; “D8” à inquiry\_dependent\_date . period\_format\_qualifier; and 472” à inquiry\_dependent\_date. date\_time\_qualifier  X12 (patient is not subscriber): *value* à 270, 2100D, DTP03 Date Time Period; “D 8” à 270, 2100D, DTP02 Date Time Period Format Qualifier; and “307” à 270, 2100D, DTP01 Date/Time Qualifief  eIV Database: *value* à inquiry\_dependent\_date . start\_date; “D8” à inquiry\_dependent\_date . period\_format\_qualifier; and 307” à inquiry\_dependent\_date.  date\_time\_qualifier |  |  |
| 26 | Report of Eligibility Date | Opt | VistA: Service Date (as determined) The service  date (appointment date) will be “Today” for the Appointment Extract for payers who are unable to accept future dates.  Request Electronic Insurance Verification allows inquiry dates between one year in the past to end of the current month.  X12 (patient is subscriber): value à 270, 2100C, DTP03 Date Time Period; “D8” à 270, 2100C, DTP02 Date Time Period Format Qualifier; and “-291” à 270, 2100C, DTP01 Date/Time Qualifier  eIV Database: value à inquiry\_subscriber\_date . start\_date; “D8” à inquiry\_subscriber\_date . period\_format\_qualifier; and “291” à inquiry\_subscriber\_date. date\_time\_qualifier  X12 (patient is subscriber): value à 270, 2100C, DTP03 Date Time Period; “D8” à 270, 2100C, DTP02 Date Time Period Format Qualifier; and “291” à 270, 2100C, DTP01 Date/Time Qualifier  eIV Database: value à inquiry\_subscriber\_date. start\_date; “D8” à inquiry\_subscriber\_date. period\_format\_qualifier; and “291” à inquiry\_subscriber\_date. date\_time\_qualifier. | Encounter | Encounter.period.start |

Table : Eligibility Inquiry NTE Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – NTE | Req | “1” |  |  |
| 3 | Comment | Req | VistA: 355.33, 80.01 INQ  SERVICE TYPE CODE 1  OR  Hardcoded to internal entry number “29” of the X12 271 SERVICE TYPE file (#365.013) which at most sites is "30^Health Benefit Plan Cov" as of July 2016.  The Service Type Code for the Benefit Inquiry. This code field is repeatable up to 99 times. The information source must support a generic request of Eligibility, i.e., Service Type Code ‘30’.  An information source may support the use of Service Type Codes from the list other than "30" (Health Benefit Plan Coverage) at their discretion. If an information source supports codes in addition to "30", the information source may provide a list of the supported codes from the list below to the information receiver. If no list is provided, an information receiver may transmit the most appropriate code.  If an inquiry is submitted with a Service Type Code from the list other than "30" and the information source does not support this level of functionality, a generic response will be returned. The generic response will be the same response as if a Service Type Code of "30" (Health Benefit Plan Coverage) was received by the information source. |  |  |

### 271 Health Care Eligibility Benefit Response

Table : Eligibility Response MSH Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | Not applicable | Not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3-1 | Sending Application | Req | “IIV EC” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  | MessageHeader/Location |  |
| 4-1 | Namespace ID | NS |  | Location | Location.identifier |
| 4-2 | Universal ID | Req | “IIV.VITRIA-EDI.AAC.VA.GOV”  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5-1 | Receiving Application | Req | “IIV VISTA” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  | MessageHeader/Location |  |
| 6-1 | Namespace ID | Req | The VistA site station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 6-2 | Universal ID | Req | The VistA site DNS name, e.g., AUGUSTA.MED.VA.GOV  VistA: 869.3, .02 DOMAIN  eIV Database: site.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7 | Date/Time of Message | Req |  | MessageHeader | MessageHeader.timestamp |
| 7-1 | Date/Time | Req | Date/Time EC created the Message. For the format, see section 10.1.1.1 Date/Time of Message Format, page 5.  eIV Database: (no mapping) | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “RPI” |  |  |
| 9-2 | Trigger Event | Req | “I01” |  |  |
| 10 | Message Control ID | Req | Sequential number assigned by EC  eIV Database: eligibility\_response.message\_control\_id | MessageHeader | MessageHeader.id |
| 11-1 | Processing ID | Req | VistA: 869.3, .03 DEFAULT PROCESSING ID  “P” = Production  “T” = Test  eIV Database: eligibility\_response . processing\_id |  |  |
| 12-1 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgment Type | Req | “AL”=Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE”=Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : Eligibility Response MSA Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Acknowledgment Code | Req | “AA”=Accept  “AE”=Application Error | OperationOutcome | OperationOutcome.issue.severity |
| 2 | Message Control ID | Req | Returned Message Control ID.  This should match the sending message’s Message Control ID.  VistA: 365, .01 MESSAGE CONTROL ID  (RESP^IBCNEDEQ)  eIV Database: eligibility\_inquiry . message\_control\_id | MessageHeader | MessageHeader.id |
| 3 | Text Message | Req | Trace Number as a numeric string = 9 chars  VistA: 365, .09 TRACE NUMBER  (MSA^IBCNEHL4)  X12: 271, IEA02 Interchange Control Number  eIV Database: response\_trace\_number . trace\_number (where trace\_type\_code = ‘1”, reference identification is trace number) | OperationOutcome | OperationOutcome.issue.diagnostics |
| 5 | Delayed Acknowledgement Type | NS | This field may only be populated when the MSA-1=”AE”. See ‘Inquiry Problem MSA segment’  VistA: 365, 1.15 ERROR ACTION  (MSA^IBCNEHL4) |  |  |
| 6-1 | Error Condition | NS | This field may only be populated when the MSA-1=”AE”. See ‘Inquiry Problem MSA segment’  VistA 365, 1.14 ERROR CONDITION  (MSA^IBCNEHL4) | OperationOutcome | OperationOutcome.issue.details.code |
| 6-2 | Text | NS | This field may only be populated when the MSA-1=”AE”. See ‘Inquiry Problem MSA segment’  VistA 365, 4.01 ERROR TEXT  (MSA^IBCNEHL4) | OperationOutcome | OperationOutcome.issue.details.text |

Table : Eligibility Response ERR Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 2 | Error Location | Opt | VistA: 365.06,.02 ERROR LOCATION  (ERR^IBCNEHL4)  HL7 error location: segment, field, component, sub-component |  |  |
| 2-1 | Segment ID | Req | Error location – segment (“PID”, “IN1”, etc.) |  |  |
| 2-2 | Segment Sequence | Req | Error-location – segment sequence (1 for non-repeatable segments, >=1 for repeatable segments) |  |  |
| 2-3 | Field Position | Opt | Error location – field number |  |  |
| 2-4 | Field Repetition | Opt | Error location – field sequence (1 or empty for non-repeatable fields, >=1 or empty for repeatable fields) |  |  |
| 2-5 | Component Number | Opt | Error location – component number |  |  |
| 2-6 | Sub-component Number | Opt | Error location – sub-component number |  |  |
| 3 | HL7 Error Code | Req |  |  |  |
| 3-1 | Identifier |  | Always “207” – Internal application error. |  | OperationOutcome.issue.code |
| 4 | Severity | Req | Always “E” – Error |  | OperationOutcome.issue.severity |
| 5 | Application Error Code | Req |  |  |  |
| 5-1 | Identifier | Req | VistA: 365.06,.03 REJECT REASON.  (ERR^IBCNEHL4) |  | OperationOutcome.issue.details.code |
| 5-3 | Name Of Coding System | NS | VistA: 365.06,.06 SOURCE  (ERR^IBCNEHL4)  Error source (“F” for FSC, “P” for Payer, etc.) |  | OperationOutcome.issue.details.system |
| 7 | Diagnostic Information | Req | VistA: 365.06,.05 LOOP ID  (ERR^IBCNEHL4)  HIPAA loop id (2100C, 2100D, etc.)) |  | OperationOutcome.issue.diagnostics |
| 8 | User Message | Req | VistA: 365.06, .04 ACTION CODE  (ERR^IBCNEHL4) |  | OperationOutcome.issue.details.text |

Table : Eligibility Response NTE Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – NTE | Req | 1 |  |  |
| 3 | Comment | Req | VistA: 365.061, .01  ADDITIONAL MSG   (NTE^IBCNEHL4)  EB\*V~MSG\*additional Error Message.  when an AAA segment contains a rejection code and the EB segment (element 01) contains a value of “V” in the corresponding X12 loops.  Field 3 can repeat as 1 to many EB\*V~MSGs can be sent. |  |  |

Table : Eligibility Response PRD Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID | Req | “PRD” | Practitioner | EligibilityResponse.requestProvider.identifier.value |

Table : Eligibility Response CTD Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 2 | Contact Name | Opt |  |  |  |
| 2-1-1 | Last Name (Surname) | Opt | At least one of the elements CTD-2, CTD-5 and CTD-6 must not be empty.  X12: 271, 2100A, PER02 Name  VistA: 365.3, .01 CONTACT PERSON  eIV Database: source\_contact.name | Patient | Patient.name.family[i] |
| 2-2 | First Name | Opt |  | Patient | Patient.name.given[i] |
| 2-3 | Middle Name | Opt |  | Patient | Patient.name.given[i] |
| 2-4 | Suffix (e.g., Jr. or III) | Opt |  | Patient | Patient.name.suffix[i] |
| 2-5 | Prefix (e.g., DR) | Opt |  | Patient | Patient.name.prefix |
| 2-6 | Degree (e.g., MD) | Opt |  | Patient | Patient.name.suffix[i] needs verified |
| 5 | Contact Communication Information | Opt |  |  |  |
| 5-1 | [(999)] 999-9999 [X99999][C any text] | Opt | Can store up to three in VistA  VistA: 365.03, 1 COMMUNICATION NUMBER #1  365.03, 2 COMMUNICATION NUMBER #2  365.03, 3 COMMUNICATION NUMBER #3 (CTD^IBCNEHL2)  At least one of the elements CTD-2 or CTD-5 must not be empty.  X12: 271, 2100C, PER04 Communication Number  X12: 271, 2100C, PER06 Communication Number  X12: 271, 2100C, PER08 Communication Number  X12: 271, 2100D, PER04 Communication Number  X12: 271, 2100D, PER06 Communication Number  X12: 271, 2100D, PER08 Communication Number  X12: 271, 2120C, PER04 Communication Number  X12: 271, 2120C, PER06 Communication Number  X12: 271, 2120C, PER08 Communication Number  X12: 271, 2120D, PER04 Communication Number  X12: 271, 2120D, PER06 Communication Number  X12: 271, 2120D, PER08 Communication Number  eIV Database: source\_contact\_number .  communication\_number | Patient | Patient.telecom.value |
| 5-9 | Any Text | Opt | Can store up to three in VistA  VistA:  365.03,.02 COMMUNICATION QUALIFIER #1  365.03,.04 COMMUNICATION QUALIFIER #2  365.03,.06 COMMUNICATION QUALIFIER #3  (CTD^IBCNEHL2)  Table 3-19 (i.e. TE) | Patient | Patient.telecom.system |

Table : Eligibility Response PID Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – PID | Req | “1” | Patient | Patient.id |
| 3 | Patient Identifier List | Req |  |  |  |
| 3-1 | Patient ID | Opt | Use the ICN received to look up DFN for patient at this site. If ICN lookup finds DFN use that to set the following field in VistA;  VistA: 365, .02 PATIENT  (PID^IBCNEHL4),  If the ICN is not received or the ICN received does not help us find the DFN at the site, then use the DFN received on this message to set the following field in VistA:  VistA: 365, .02 PATIENT  (PID^IBCNEHL4),  If SSN is received set the following field in VistA:  VistA: 365, 1.03 INSURED SSN  (PID^IBCNEHL4)  Current supported identifiers will be NI=ICN, PI=DFN, SS=SSN  (i.e.123121234^^^USVHA^NI~121603^^^USVHA^PI^509~000000002^^^^^)  Empty when associated inquiry’s PID-3-1 is empty.  First patient ID is the ICN.  Second patient ID is the DFN. Both are Required.  eIV Database: eligibility\_inquiry. integration\_control\_number | Patient | Patient.identifier.value |
| 3-2 | Check Digit | NS |  |  |  |
| 3-3 | Code Identifying Check digit scheme employed | NS |  |  |  |
| 3-4-1 | Assigning Authority | Req | “USVHA” for the VA ID’s (i.e. ICN and DFN), |  |  |
| 3-5 | Identifier Code Type (ID) | Req | “NI” = Integration Control Number  “PI” = Patient DFN  “SS” = Social Security Number | Patient | Patient.identifier.type.coding |
| 3-6-1 | Assigning Facility | Opt | Integration Control Number = “USVHA”  For site specific DFN, the VistA site number is used in this field. (Req) | Organization | Patient.identifier.assigner.name |
| 5 | Patient Name | Req |  |  |  |
| 5-1-1 | Last Name (Surname) | Req | VistA: 365,13.01 NAME OF INSURED (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, NM103 Name Last or Organization Name  eIV Database (patient is subscriber): response\_subscriber. name\_last\_or\_organization\_name  X12 (patient is not subscriber): 271, 2100D, NM103 Name Last or Organization Name  eIV Database (patient is not subscriber): response\_dependent.last\_or\_organization\_name | Patient/RelatedPerson | Patient/RelatedPerson.name.family |
| 5-1-2 | Own Last Name Prefix | Opt |  |  |  |
| 5-2 | First Name | Req | VistA: 365,13.01 NAME OF INSURED  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, NM104 Name First  eIV Database (patient is subscriber): response\_subscriber. name\_first  X12 (patient is not subscriber): 271, 2100D, NM104 Name First  eIV Database (patient is not subscriber): response\_dependent. name\_first | Patient/RelatedPerson | Patient/RelatedPerson.name.given[0] |
| 5-3 | Middle Name | Opt | VistA: 365,13.01 NAME OF INSURED  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, NM105 Name Middle  eIV Database (patient is subscriber): response\_subscriber. Name\_middle  X12 (patient is not subscriber): 271, 2100D, NM105 Name Middle  eIV Database (patient is not subscriber): response\_dependent. Name\_middle | Patient/RelatedPerson | Patient/RelatedPerson.name.given[1] |
| 5-4 | Suffix (e.g., Jr. or III) | Opt | VistA: 365,13.01 NAME OF INSURED  (PID^IBCNEHL4) | Patient | Patient.name.suffix[0] |
| 5-5 | Prefix (e.g., DR) | Opt | VistA: 365,13.01 NAME OF INSURED  (PID^IBCNEHL4) | Patient | Patient.name.prefix |
| 5-6 | Degree (e.g., MD) | NS |  | Patient | Patient.name.suffix[1] |
| 7-1 | Date/Time of Birth | Req | VistA : 365, 1.02 INSURED DOB (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, DMG02 Date Time Period  eIV Database (patient is subscriber): response\_subscriber . date\_of\_birth  X12 (patient is not subscriber): 271, 2100D, DMG02 Date Time Period  eIV Database (patient is not subscriber): response\_dependent . date\_of\_birth | Patient/RelatedPerson | Patient/RelatedPerson.birthDate  Time = ?? |
| 8 | Sex | Req | VistA: 365, 1.04 INSURED SEX  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, DMG03 Gender Code  eIV Database (patient is subscriber): response\_subscriber . gender\_code  X12 (patient is not subscriber): 271, 2100D, DMG03 Gender Code  eIV Database (patient is not subscriber): response\_dependent . gender\_code | Patient/RelatedPerson | Patient/RelatedPerson.gender |
| 11 | Patient Address | Opt |  | Patient/RelatedPerson | Patient/RelatedPerson.address |
| 11-1-1 | Street Address Line 1 | Opt | VistA : 365, 5.01 SUBSCRIBER ADDRESS LINE 1  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, N301 Address Information  eIV Database (patient is subscriber): response\_subscriber. address\_line\_1;  X12 (patient is not subscriber): 271, 2100D, N301 Address Information  eIV Database (patient is not subscriber): response\_dependent. address\_line\_1 | Patient/RelatedPerson | Patient/RelatedPerson.address.line[0] |
| 11-2 | Other Designation | Opt | VistA : 365, 5.02 SUBSCRIBER ADDRESS LINE 2  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, N302 Address Information  eIV Database (patient is subscriber): response\_subscriber . address\_line\_2;  X12 (patient is not subscriber): 271, 2100D, N302 Address Information  eIV Database (patient is not subscriber): response\_dependent . address\_line\_ | Patient/RelatedPerson | Patient/RelatedPerson.address.line[1] |
| 11-3 | City | Opt | VistA : 365, 5.03 SUBSCRIBER ADDRESS CITY  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, N401 City Name  eIV Database (patient is subscriber): response\_subscriber . city\_name;  X12 (patient is not subscriber): 271, 2100D, N401 City Name  eIV Database (patient is not subscriber): response\_dependent . city\_name | Patient/RelatedPerson | Patient/RelatedPerson.address.city |
| 11-4 | State | Opt | VistA : 365, 5.04 SUBSCRIBER ADDRESS STATE  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, N402 State or Province Code  eIV Database (patient is subscriber): response\_subscriber.state\_or\_province\_code;  X12 (patient is not subscriber): 271, 2100D, N402 State or Province Code  eIV Database (patient is not subscriber): response\_dependent. state\_or\_province\_code | Patient/RelatedPerson | Patient/RelatedPerson.address.state |
| 11-5 | Zip Code | Opt | VistA : 365, 5.05 SUBSCRIBER ADDRESS ZIP  (PID^IBCNEHL4)  X12 (patient is subscriber): 271, 2100C, N403 Postal Code  eIV Database (patient is subscriber): response\_subscriber.postal \_code;  X12 (patient is not subscriber): 271, 2100D, N403 Postal Code  eIV Database (patient is not subscriber): response\_dependent. postal \_code | Patient/RelatedPerson | Patient/RelatedPerson.address.postalCode |
| 11-6 | Country | Opt | VistA : 365, 5.06 SUBSCRIBER ADDRESS COUNTRY  (PID^IBCNEHL4)  Country code | Patient | Patient.address.country |
| 11-8 | Other Geographic Designation | Opt | VistA : 365, 5.07 SUBSCRIBER ADDRESS SUBDIVISION  (PID^IBCNEHL4)  Country Subdivision Code |  |  |
| 29-1 | Patient Death Date and Time | Opt | VistA: 365, 1.16 DATE OF DEATH  (PID^IBCNEHL4)  X12 (patient is subscriber; and 271, 2100C, DTP01 Date/Time Qualifier = “442” (Date of Death); and 271, 2100C, DTP02 Date Time Period Format Qualifier = “D8” (CCYYMMDD)): 271, 2100C, DTP03 Date Time Period  eIV Database (patient is subscriber; and response\_subscriber. date\_time\_qualifier = “442”; and response\_subscriber. date\_time\_period\_qualifier = “D8”): response\_subscriber. date\_of\_death  X12 (patient is not subscriber; and 271, 2100D, DTP01 Date/Time Qualifier = “442” (Date of Death); and 271, 2100D, DTP02 Date Time Period Format Qualifier = “D8” (CCYYMMDD)): 271, 2100D, DTP03 Date Time Period  eIV Database (patient is not subscriber; and response\_dependent. date\_time\_qualifier = “442”; and response\_dependent. date\_time\_period\_qualifier = “D8”): response\_dependent. date\_of\_death | Patient/RelatedPerson | Patient/RelatedPerson.deceasedDateTime |

Table : Eligibility Response GT1 Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - GT1 | Req | “1” | RelatedPerson | RelatedPerson.id |
| 2 | Guarantor Number | Req |  |  |  |
| 2-1 | ID | Opt | VistA: 365, 1.18 MEMBER ID (GT1^IBCNEHL4)  **If this field is populated**, it is also saved to VistA: 365, 13.02 SUBSCRIBER ID (IN1^IBCNEHL2).  X12: 271, 2100C, NM109 Identification Code (Subscriber Primary Identifier); NM108 should equal ‘MI’  eIV Database: response\_subscriber. subscriber\_primary\_identifier | RelatedPerson | RelatedPerson.identifier[0].value |
| 2-2 | Check digit | NS |  |  |  |
| 2-3 | Code identifying the check digit scheme employed | NS |  |  |  |
| 2-4 | Assigning authority | NS |  | RelatedPerson | RelatedPerson.identifier[0].assigner.name |
| 2-5 | Identifier Type Code | Req | “HC” for the Guarantor’s subscriber ID. | RelatedPerson | RelatedPerson.identifier[0].type.coding |
| 3 | Guarantor Name |  |  | RelatedPerson | RelatedPerson.name |
| 3-1-1 | Last Name (Surname) | Req | VistA: 365, 13.01 NAME OF INSURED  (GT1^IBCNEHL4)  X12: 271, 2100C, NM103 Name Last or Organization Name  eIV Database: response\_subscriber . name\_last\_or\_organization\_name | RelatedPerson | RelatedPerson.name.family |
| 3-1-2 | Own Surname Prefix | Opt |  |  |  |
| 3-2 | First Name | Req | VistA: 365, 13.01 NAME OF INSURED  (GT1^IBCNEHL4)  X12: 271, 2100C, NM104 Name First  eIV Database: response\_subscriber . name\_first | RelatedPerson | RelatedPerson.name.given[0[ |
| 3-3 | Middle Name | Opt | VistA: 365, 13.01 NAME OF INSURED  (GT1^IBCNEHL4)  X12: 271, 2100C, NM105 Name Middle  eIV Database (if the subscriber is the patient): response\_subscriber. Name\_middle | RelatedPerson | RelatedPerson.given[1] |
| 3-4 | Suffix (e.g., Jr. or III) | Opt | VistA: 365, 13.01 NAME OF INSURED  (GT1^IBCNEHL4) | RelatedPerson | RelatedPerson.name.suffix[0] |
| 3-5 | Prefix e.g., DR) | Opt | VistA: 365, 13.01 NAME OF INSURED  (GT1^IBCNEHL4) | RelatedPerson | RelatedPerson.name.prefix |
| 3-6 | Degree (e.g., MD) | Opt |  | RelatedPerson | RelatedPerson.name.suffix[1] |
| 5 | Guarantor Address | Opt |  | RelatedPerson | RelatedPerson.address |
| 5-1-1 | Street or Mailing Address | Opt | VistA: 365, 5.01 SUBSCRIBER ADDRESS LINE 1  (GT1^IBCNEHL4)  X12: 271, 2100C, N301 Address Information  eIV Database: response\_subscriber . address\_line\_1 | RelatedPerson | RelatedPerson.address.line[0] |
| 5-2 | Street Name | Opt | VistA: 365, 5.02 SUBSCRIBER ADDRESS LINE 2  (GT1^IBCNEHL4) | RelatedPerson | RelatedPerson.address.line[1] |
| 5-3 | City | Opt | VistA: 365, 5.03 SUBSCRIBER ADDRESS CITY  (GT1^IBCNEHL4)  X12: 271, 2100C, N401 City Name  eIV Database: response\_subscriber . city\_name | RelatedPerson | RelatedPerson.address.city |
| 5-4 | State | Opt | VistA: 365, 5.04 SUBSCRIBER ADDRESS STATE  (GT1^IBCNEHL4)  X12: 271, 2100C, N402 State or Province Code  eIV Database: response\_subscriber . state\_or\_province\_code | RelatedPerson | RelatedPerson.address.state |
| 5-5 | Zip Code | Opt | VistA: 365, 5.05 SUBSCRIBER ADDRESS ZIP  (GT1^IBCNEHL4)  X12: 271, 2100C, N403 Postal Code  eIV Database: response\_subscriber . postal\_code | RelatedPerson | RelatedPerson.address.postalCode |
| 5-6 | Country | Opt | VistA: 365, 5.06 SUBSCRIBER ADDRESS COUNTRY  (GT1^IBCNEHL4) | RelatedPerson | RelatedPerson.address.country |
| 5-8 | Other Geographic Designation | Opt | VistA: 365, 5.07 SUBSCRIBER ADDRESS SUBDIVISION  (GT1^IBCNEHL4) |  |  |
| 8 | Guarantor Date/Time of Birth | Opt | VistA: 365, 1.02 INSURED DOB  (GT1^IBCNEHL4)  X12: 271, 2100C, DMG02 Date Time Period  eIV Database: response\_subscriber . date\_of\_birth | RelatedPerson | RelatedPerson.birthDate |
| 9 | Guarantor Administrative Sex | Opt | VistA: 365, 1.04 INSURED SEX  (GT1^IBCNEHL4)  X12: 271, 2100C, DMG03 Gender Code  eIV Database: response\_subscriber . gender\_code | RelatedPerson | RelatedPerson.gender |
| 12 | Guarantor Administrative SSN | Opt | VistA: 365, 1.03 INSURED SSN  (GT1^IBCNEHL4) | RelatedPerson | RelatedPerson.identifier[1].text |

Table : Eligibility Response IN1 Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - IN1 | Req | “1” | Coverage | Coverage.id |
| 2 | Insurance Plan ID | Req |  | Coverage | Coverage.plan |
| 2-1 | ID | Req | VistA: 365, 1.18 MEMBER ID  (IN1^IBCNEHL2)  In addition, if GT1 sequence 2-1 “ID” is **not populated** alsosave this (IN1:2-1 “ID”) to  VistA: 365, 13.02 SUBSCRIBER ID  (IN1^IBCNEHL2)  X12 (patient is subscriber): 271, 2100C, NM109 Identification Code (Subscriber Primary ID)  eIV Database (patient is subscriber): response\_subscriber. Subscriber\_primary\_identifier  X12 (patient is not subscriber): 271, 2100D, NM109 ID Code (Dependent Primary ID)  eIV Database: response\_dependent . dependent\_primary\_identifier | Coverage | Coverage.planholder.planholderIdentifier/  Coverage.beneficiary.beneficiaryIdentifier |
| 3 | Insurance Company ID | Req |  |  |  |
| 3-1 | ID | Req | Only set when the message control ID from the MSA is not recognized.  VistA: 365, .03 PAYER ID (VA National Payer ID)  (RESP^IBCNEDEQ)  X12: 271, 2100A, NM109 Identification Code after translation through the EIV Database  eIV Database: payer . va\_national\_payer\_id | Organization | Coverage.issuer.identifier.value |
| 3-4-1 | Assigning Authority | Req | The National ID’s are assigned by the VA at a National level  “USVHA” | Organization | Coverage.issuer.identifier.assigner.name |
| 3-5 | Identifier Type Code (ID) | Req | “VP” | Organization | Coverage.issuer.identifier.type.coding |
| 4 | Insurance Company Name | Opt |  |  |  |
| 4-1 | Organization Name | Opt | Payer Name from the VA National Insurance Payer List  X12: 271, 2100A, NM103 Name Last or Organization Name  eIV Database: response\_info\_source . name\_last\_or\_organization\_name | Organization | Coverage.issuerReference.name |
| 8 | Group Number | NS | ***\*\*\* VistA code truncates any group number longer than 17 characters before saving it to VistA \*\*\****  VistA: 365, 14.02 GROUP NUMBER  (IN1^IBCNEHL2)  X12 (if 271, 2100C, REF01 ID Qualifier = “6P” (Group Number)): 271, 2100C, REF02 ID Number  eIV Database (if response\_subscriber\_add\_id . reference\_id\_qualifier = “6P” (Group Number)): response\_subscriber\_add\_id . reference\_identifier  X12 (if 271, 2100C, REF01 ID Qualifier = “1L” (Group or Policy Number)): 271, 2100C, REF02 ID Number  eIV Database (if response\_subscriber\_add\_id . reference\_id\_qualifier = “1L” (Group or Policy Number)): response\_subscriber\_add\_id . reference\_identifier  X12 (if 271, 2100D, REF01 ID Qualifier = “6P” (Group Number)): 271, 2100D, REF02 ID Number  eIV Database (if response\_dependent\_add\_id . reference\_id\_qualifier = “6P” (Group Number)): response\_dependent\_add\_id . reference\_identifier  X12 (if 271, 2100D, REF01 ID Qualifier = “1L” (Group or Policy Number)): 271, 2100D, REF02 ID Number  eIV Database (if response\_dependent\_add\_id . reference\_id\_qualifier = “1L” (Group or Policy Number)): response\_dependent\_add\_id . reference\_identifier | Coverage | Coverage.group |
| 9-1 | Group Name | Opt | VistA: 365, 14.01 GROUP NAME  (IN1^IBCNEHL2)  X12 (if 271, 2100C, REF01 ID Qualifier = “6P” (Group Number)): 271, 2100C, REF03 Plan Sponsor Name  eIV Database (if response\_subscriber\_add\_id . reference\_identification\_qualifier = ‘6P’ (Group Number)): response\_subscriber\_add\_id . plan\_sponsor\_name  X12 (if 271, 2100C, REF01 ID Qualifier = “1L” (Group or Policy Number)): 271, 2100C, REF03 Plan Sponsor Name  eIV Database (if response\_subscriber\_add\_id . reference\_identification\_qualifier = ‘1L’ (Group or Policy Number)): response\_subscriber\_add\_id . plan\_sponsor\_name  X12 (if 271, 2100D, REF01 ID Qualifier = “6P” (Group Number)): 271, 2100D, REF03 Plan Sponsor Name  eIV Database (if response\_dependent\_add\_id . reference\_identification\_qualifier = ‘6P’): response\_dependent\_add\_id . plan\_sponsor\_name  X12 (if 271, 2100D, REF01 ID Qualifier = “1L” (Group or Policy Number)): 271, 2100D, REF03 Plan Sponsor Name  eIV Database (if response\_dependent\_add\_id . reference\_identification\_qualifier = ‘1L’): response\_dependent\_add\_id . plan\_sponsor\_name |  |  |
| 12 | Plan Effective Date | Opt | VistA: 365, 1.11 EFFECTIVE DATE  (IN1^IBCNEHL2)  X12 \* See Notes on IN1\_12 and IN1\_13 mapping.  eIV Database (patient is subscriber); 271, 2100C, response\_subscriber\_date . date\_start  eIV Database (patient is not subscriber); 271, 2100D, response\_dependent\_date . date\_start | Coverage | Coverage.period.start |
| 13 | Plan Expiration Date | Opt | VistA: 365, 1.12 EXPIRATION DATE  (IN1^IBCNEHL2)  X12 \* See Notes on IN1\_12 and IN1\_13 mapping.  eIV Database (patient is subscriber); 271, 2100C, response\_subscriber\_date . date\_end  eIV Database (patient is not subscriber); 271, 2100D, response\_dependent\_date . date\_end | Coverage | Coverage.period.end |
| 17 | Insured's Relationship To Patient | Opt |  |  |  |
| 17-1 | Identifier | Opt | VistA: 365, 8.01 PT. RELATIONSHIP - HIPAA  (IN1^IBCNEHL2)  X12 (patient is not subscriber): 271, 2100D, INS02 Individual Relationship Code  eIV Database (patient is not subscriber): response\_dependent. Individual\_relationship\_code |  |  |
| 22 | COB Priority | Opt | VistA: 365, 1.13 COORDINATION OF BENEFITS  (IN1^IBCNEHL2)  See Table 10‑7 Eligibility Response IN1-22 Translation for mapping details.  “1” - Primary  “2” - Secondary  “3” - Tertiary  X12 (patient is subscriber): 271, 2120C Subscriber Benefit Related Entity Name, NM101 Entity ID Code per the translation given in Note: When a date range is present, the End date should be extracted from the last 8 characters.  Table 10‑6 Eligibility Response IN1-17 Values  eIV Database (patient is subscriber): response\_subscriber . coordination\_of\_benefits  X12 (patient is not subscriber): 271, 2120D Subscriber Benefit Related Entity Name, NM101 Entity ID Code per the translation given in eIV Eligibility Determination **Mapping**:  If any EB-01 value at the patient level equals 1, 2, 3, 4, or 5 then set flag to “1”  Else if any EB-01 value at the patient level equals 6, 7, 8 or I then set flag to “6”  Else set flag to “V”  **IN1\_12 and IN1\_13 Mapping**  eIV Database (patient is not subscriber): response\_dependent . coordination\_of\_benefits | Coverage | Coverage.sequence |
| 26 | Report Of Eligibility Date | Opt | VistA: 365, 1.1 SERVICE DATE  (IN1^IBCNEHL2)  Service date returned in the 271 response. If no service date is returned, VistA will use the service date in the corresponding 270 inquiry.  X12: (subscriber is patient, first choice): 271, 2100C, DTP03 Date Time Period (first value if a range); and “291” à 270, 2100C, DTP01 Date/Time Qualifier  eIV Database (if response\_subscriber\_date . date\_time\_qualifier = “291”): response\_subscriber\_date . start\_date  X12: (patient is subscriber, second choice): 271, 2110C, DTP03 Date Time Period (first value if a range); and “291” à 270, 2110C, DTP01 Date/Time Qualifier  X12: (patient is not subscriber, first choice): 271, 2100D, DTP03 Date Time Period (first value if a range); and “291” à 270, 2100D, DTP01 Date/Time Qualifier  eIV Database (if response\_dependent\_date . date\_time\_qualifier = “291”): response\_dependent\_date . start\_date  X12: (patient is not subscriber, second choice): 271, 2110D, DTP03 Date Time Period (first value if a range); and “291” à 270, 2110D, DTP01 Date/Time Qualifier |  |  |
| 29 | Verification date/time | Opt |  |  |  |
| 29-1 | Date/time | Opt | VistA: 365, 1.19 PAYER UPDATED POLICY  (IN1^IBCNEHL2)  X12 (patient is subscriber): 271, 2100C, DTP01 Date/Time Qualifier = “636” (Date of Last Update)): 271, 2100C, DTP03 Date Time Period (first value if DTP03 is a range (DTP02 = “RD8”))  eIV Database (if Date/Time Qualifier = “636”; and Date Time Period Format Qualifier = “RD8” (date time period is verification date)): response\_subscriber. verification\_date  X12 (patient is not subscriber): 271, 2100D, DTP01 Date/Time Qualifier = “636” (Date of Last Update)): 271, 2100D, DTP03 Date Time Period (first value if DTP03 is a range (DTP02 = “RD8”))  eIV Database (if Date/Time Qualifier = “636” and Date Time Period Format Qualifier = “RD8”, date time period is verification date): response\_dependent. verification\_date |  |  |
| 36 | Policy Number | Opt | Not Used by VistA  X12 (if 271, 2100C, REF01 ID Qualifier = “1G” (Insurance Policy Number)): 271, 2100C, REF02 Subscriber 2ndary ID  eIV Database: response\_subscriber. Policy\_number  X12 (if 271, 2100C, REF01 ID Qualifier = “1L” (Insurance Policy Number)): 271, 2100C, REF02 Subscriber 2ndary ID  eIV Database: response\_subscriber\_add\_id . reference\_identifier  X12 (if 271, 2100C, REF01 ID Qualifier = “18” (Insurance Policy Number)): 271, 2100C, REF02 Subscriber 2ndary ID  eIV Database: response\_subscriber\_add\_id . reference\_identifier  If dependent is the patient, use the first found in the following order:  X12 (if 271, 2100D, REF01 ID Qualifier = “IG” (Insurance Policy Number)): 271, 2100D, REF02 Subscriber 2ndary ID  eIV Database (if response\_subscriber . policy\_number IS NULL): response\_dependent. Policy\_number  X12 (if 271, 2100D, REF01 ID Qualifier = “1L” (Insurance Policy Number)): 271, 2100D, REF02 Subscriber 2ndary ID  eIV Database: response\_dependent\_add\_id . reference\_identifier  X12 (if 271, 2100D, REF01 ID Qualifier = “18” (Insurance Policy Number)): 271, 2100D, REF02 Subscriber 2ndary ID  eIV Database: response\_dependent\_add\_id . reference\_identifier |  |  |

Table : Eligibility Response IN3 Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – IN3 | Req | Sequential number ranging from 1 by 1 |  |  |
| 6-1 | Certification Date/Time | Opt | VistA: 365, 1.17 CERTIFICATION DATE  (IN3^IBCNEHL2)  X12 (if 271, 2100C, DTP01 Date Time Qualifier = “458” (Certification)): 271, 2100C, DTP03 Date Time Period  eIV Database (if 271, 2100C, DTP01 Date Time Qualifier = “458” (Certification)): response\_subscriber\_el\_or\_ben . certification\_date  X12: (if 271, 2100D, DTP01 Date Time Qualifier = “458” (Certification)): 271, 2100D, DTP03 Date Time Period  eIV Database (if 271, 2100C, DTP01 Date Time Qualifier = “458” (Certification)): response\_dependent\_el\_or\_ben . certification\_date |  |  |

Table : Eligibility Response ZRF Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - ZRF | Opt | “1” |  |  |
| 2.1 | Reference Identification Qualifier | Req | VistA: 365.09, .03 REF ID QUALIFIER (GROUP)  (GZRF^IBCNEHL5)  Policy/Group Level  X12: 271, 2100C, REF01 Reference Identification Qualifier  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_add\_id.reference\_id\_qualifier  X12: 271, 2100D,, REF01 Reference Identification Qualifier  eIV Database (patient is not subscriber): resp\_dep\_el\_or\_ben\_add\_id. reference\_id\_qualifier  Values in X12:271  18 Plan Number  1L Group or Policy Number  1W Member Identification Number  3H Case Number  49 Family Unit Number  6P Group Number  CT Contract Number  EA Medical Record Identification Number  EJ Patient Account Number  F6 Health Insurance Claim (HIC) Number  GH Identification Card Serial Number  HJ Identity Card Number  IF Issue Number  IG Insurance Policy Number  N6 Plan Network Identification Number  NQ Medicaid Recipient Identification Number  Q4 Prior Identifier Number  SY Social Security Number  Y4 Agency Claim Number | Coverage | Coverage.identifier.type.coding |
| 3 | Reference Identification | Req | VistA: 365.09, .02 REFERENCE ID (GROUP)  (GZRF^IBCNEHL5)  X12: 271, 2100C, REF02 Reference Identification  eIV Database (patient is subscriber): resp\_sub\_el\_or\_ben\_add\_id. eligibility\_or\_benifit\_id  X12: 271, 2100D, REF02 Reference Identification  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_add\_id.eligibility\_or\_benifit\_id | Coverage | Coverage.identifier.value |
| 4 | Description | Opt | VistA: 365.09, .04 DESCRIPTION  (GZRF^IBCNEHL5)  X12: 271, 2100C, REF03 Description  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_add\_id.plan\_sponsor\_name  X12: 271, 2100D, REF02 Reference Identification  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_add\_id.plan\_sponsor\_name | Coverage | Coverage.identifier.type.text |

Table : Eligibility Response ZEB Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – ZEB | Req | Sequential numbering of ZEB segments in each 271 Response Message. |  |  |
| 2-1 | Eligibility or Benefit Information Code | Req | VistA: 365.02, .02 ELIGIBILITY/BENEFIT INFO  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB01 Eligibility or Benefit Information  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . eligibility\_or\_benefit\_info  X12 (patient is not subscriber): 271, 2110D, EB01 Eligibility or Benefit Information  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . eligibility\_or\_benefit\_info | EligibilityResponse | benefitBalance.name |
| 3-1 | Coverage Level Code | Opt | VistA: 365.02, .03 COVERAGE LEVEL  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB02 Coverage Level Code  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . coverage\_levl\_code  X12 (patient is not subscriber): 271, 2110D, EB02 Coverage Level Code  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . coverage\_levl\_code  **CHD Children Only**  **DEP Dependents Only**  **ECH Employee and Children**  **ESP Employee and Spouse**  **FAM Family**  **IND Individual**  **SPC Spouse and Children**  **SPO Spouse Only** | Coverage | Coverage.subPlan |
| 4-1 | Service Type | Opt | VistA: 365.292,.01 SERVICE TYPES  ZEB^IBCNEHL2  X12 (patient is subscriber): 271, 2110C, EB03 Service Type Code  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . service\_type\_code  X12 (patient is not subscriber): 271, 2110D, EB03 Service Type Code  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . service\_type\_code  This element is repeatable. |  |  |
| 5-1 | Insurance Type | Opt | VistA: 365.02, .05 INSURANCE TYPE  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB04 Insurance Type Code  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . insurance\_type\_code  X12 (patient is not subscriber): 271, 2110D, EB04 Insurance Type Code  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . insurance\_type\_code | Coverage | Coverage.issuer.type.coding |
| 6 | Plan Coverage | Opt | VistA: 365.02, .06 PLAN COVERAGE DESCRIPTION  (ZEB^IBCNEHL2)  X12 (if the patient is the subscriber): 271, 2110C, EB05 Plan Coverage Description  eIV Database: response\_subscriber\_el\_or\_ben . plan\_coverage\_description  X12 (patient not subscriber): 271, 2110D, EB05 Plan Coverage Description  eIV Database: response\_dependent\_el\_or\_ben . plan\_coverage\_description | EligibilityResponse | Eligibility.ResponsebenefitBalance.description |
| 7-1 | Time Period for Qualifier | Opt | VistA: 365.02, .07 TIME PERIOD QUALIFIER  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB06 Time Period Qualifier  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . time\_period\_qualifier  X12 (patient is not subscriber): 271, 2110D, EB06 Time Period Qualifier  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . time\_period\_qualifier | EligibilityResponse | EligibilityResponse.benefitBalance.term |
| 8-1 | Monetary Amount | Opt | VistA: 365.02, .08 MONETARY AMOUNT  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB07 Monetary Amount  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . monetary\_amount  X12 (patient is not subscriber): 271, 2110D, EB07 Monetary Amount  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . monetary\_amount | EligibilityResponse | EligibilityResponse.benefitBalance.financial.benefit  or  benefitBalance.financial.benefitUsed |
| 9 | Percent | Opt | VistA: 365.02, .09 PERCENT  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB08 Percent  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . percent  X12 (patient is not subscriber): 271, 2110D, EB08 Percent  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . percent |  |  |
| 10-1 | Quantity Qualifier | Opt | VistA: 365.02, .1 QUANTITY QUALIFIER  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB09 Quantity Qualifier  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . quantity\_qalifier  X12 (patient is not subscriber): 271, 2110D, EB09 Quantity Qualifier  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . quantity\_qalifier |  |  |
| 11 | Benefit Quantity | Opt | VistA: 365.02, .11 QUANTITY  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB10 Quantity (Benefit Quantity)  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . benefit\_quantity  X12 (patient is not subscriber): 271, 2110D, EB10 Quantity (Benefit Quantity)  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . benefit\_quantity |  |  |
| 12 | Authorization or Certification Indicator | Opt | VistA: 365.02, .12 AUTHORIZATION/CERTIFICATION  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB11 Yes/No Condition or Response Code (Authorization or Certification Indicator)  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . authorization\_or\_certification  X12 (patient is not subscriber): 271, 2110D, EB11 Yes/No Condition or Response Code (Authorization or Certification Indicator)  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . authorization\_or\_certification |  |  |
| 13 | In Plan Network Indicator | Opt | VistA: 365.02, .13 IN PLAN  (ZEB^IBCNEHL2)  X12 (patient is subscriber): 271, 2110C, EB12 Yes/No Condition or Response Code (In Plan Network Indicator)  eIV Database (patient is subscriber): response\_subscriber\_el\_or\_ben . in\_plan\_network\_indicator  X12 (patient is not subscriber): 271, 2110D, EB12 Yes/No Condition or Response Code (In Plan Network Indicator)  eIV Database (patient is not subscriber): response\_dependent\_el\_or\_ben . in\_plan\_network\_indicator |  | benefitBalance.network |
| 14 | Product/Service ID Qualifier | Req | VistA: 365.02,1.01 PROCEDURE CODING METHOD  (ZEB^IBCNEHL2)  X12: 271, 2110C, EB13-1 Product/Service ID Qualifier  eIV Database ( patient is subscriber): response\_subscriber\_el\_or\_ben.product\_service\_id\_qualifier  X12: 271, 2110D, EB13-1 Product/Service ID Qualifier  eIV Database ( patient is not subscriber): response\_dependent\_el\_or\_ben.product\_service\_id\_qualifier |  |  |
| 15 | Product/Service ID | Req | VistA: 365.02,1.02 PROCEDURE CODE  (ZEB^IBCNEHL2)  X12: 271, 2110C, EB13-2 Product/Service ID  eIV Database ( patient is subscriber): response\_subscriber\_el\_or\_ben.procedure\_code  X12: 271, 2110D, EB13-2 Product/Service ID  eIV Database ( patient is not subscriber): response\_dependent\_el\_or\_ben.procedure\_code | Procedure | Procedure.catagory.procedure.code |
| 16 | Procedure Modifier | Opt | Procedure Modifier field can repeat up to 4 times.  VistA:  365.02,1.03 PROCEDURE MODIFIER 1, 365.02, 1.04 PROCEDURE MODIFIER 2, 365.02, 1.05 PROCEDURE MODIFIER 3, 365.02, 1.06 PROCEDURE MODIFIER 4  (ZEB^IBCNEHL2)  X12: 271, 2110C, EB13-3, EB13-4, EB13-5, EB13-6 Procedure Modifiers.  eIV Database ( patient is subscriber): resp\_sub\_procedure\_modifier.procedure\_modifier  X12: 271, 2110D, EB13-3, EB13-4, EB13-5, EB13-6 Procedure Modifiers.  eIV Database ( patient is not subscriber): response\_dep\_procedure\_modifier.procedure\_modifier |  |  |
| 17 | Diagnosis Code Pointer | Opt | Pointer to the corresponding diagnosis in the DG1 record by using the DG1-1 (SET ID). This number will also match the HI## of the incoming X12 record.  A pointer to the diagnosis code in the order of importance to this service  Repeatable up to 4 occurrences.  X12 EB-14  This first pointer designates the primary diagnosis for this EB segment. Remaining diagnosis pointers indicate declining level of importance to the EB segment.  Acceptable values are 1 through 8, and correspond to Composite Data Elements 01 through 08 in the Health Care Diagnosis Code HI segment in loop 2100C. | Procedure | Procedure.reasonReference |

Table : Eligibility Response ZHS Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - ZHS | Opt | “1” |  |  |
| 2 | Quantity Qualifier | Opt | VistA: 365.27,.03 QUANTITY QUALIFIER  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD01 Quantity Qualifier  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.quantity\_qualifier  X12: 271, 2110D, HSD01 Quantity Qualifier  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery.quantity\_qualifier |  |  |
| 3 | Quantity | Opt | VistA: 365.27,.02 BENEFIT QUANTITY  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD02 Quantity  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.quantity\_qualifier  X12: 271, 2110D, HSD02 Quantity  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery.quantity\_qualifier | EligibilityResponse | EligibilityResponse.benefitBalance.financial.benefit.unsignedInt |
| 4 | Unit or Basis for Measurement Code | Opt | VistA: 365.27, .05 UNITS OF MEASUREMENT  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD03 Unit or Basis for Measurement Code  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.benefit\_quantity  X12: 271, 2110D, HSD03 Unit or Basis for Measurement Code  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery.benefit\_quantity |  |  |
| 5 | Sample Selection Modulus | Opt | VistA: 365.27,.04 SAMPLE SELECTION MODULUS  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD04 Sample Selection Modulus  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.quantity\_qualifier  X12: 271, 2110D, HSD04 Sample Selection Modulus  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery.quantity\_qualifier |  |  |
| 6 | Time Period Qualifier | Opt | VistA: 365.27,.07 TIME PERIOD QUALIFIER  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD05 Time Period Qualifier  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.time\_period\_qualifier  X12: 271, 2110D, HSD05 Time Period Qualifier  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery.time\_period\_qualifier |  |  |
| 7 | Number of Periods | Opt | VistA: 365.27,.06 TIME PERIODS  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD06 Number of Periods  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.time\_period\_count  X12: 271, 2110D, HSD06 Number of Periods  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery.time\_period\_count |  |  |
| 8 | Ship/Delivery or Calendar Pattern Code | Opt | VistA: 365.27,.08 DELIVERY FREQUENCY  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD07 Ship/Delivery or Calendar Pattern Code  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.ship\_delivery\_calendar\_code  X12: 271, 2110D, HSD07 Ship/Delivery or Calendar Pattern Code  eIV Database (patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery. ship\_delivery\_calendar\_code |  |  |
| 9 | Ship/Delivery Pattern Time Code | Opt | VistA: 365.27,.09 DELIVERY PATTERN  (ZHS^IBCNEHL4)  X12: 271, 2110C, HSD08 Ship/Delivery Pattern Time Code  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_delivery.ship\_delivery\_time\_code  X12: 271, 2110D, HSD08 Ship/Delivery Pattern Time Code  eIV Database (patient is not subscriber): resp\_dep\_el\_or\_ben\_delivery. ship\_delivery\_time\_code |  |  |

Table : Eligibility Response ZRF Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - ZRF | Opt | “1” |  |  |
| 2.1 | Reference Identification Qualifier | Opt | VistA: 365.291, .03 REFERENCE ID QUALIFIER  (ZRF^IBCNEHL4)  X12: 271, 2110C, REF01 Reference Identification Qualifier  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_add\_id.reference\_id\_qualifier  X12: 271, 2110D, REF01 Reference Identification Qualifier  eIV Database (patient is not subscriber): resp\_dep\_el\_or\_ben\_add\_id. reference\_id\_qualifier |  |  |
| 3 | Reference Identification | Opt | VistA: 365.291,.02 REFERENCE ID (ZRF^IBCNEHL4)  X12: 271, 2110C, REF02 Reference Identification  eIV Database (patient is subscriber): resp\_sub\_el\_or\_ben\_add\_id. eligibility\_or\_benifit\_id  X12: 271, 2110D, REF02 Reference Identification  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_add\_id.eligibility\_or\_benifit\_id |  |  |
| 4 | Description | Opt | VistA: 365.291,.04 DESCRIPTION  (ZRF^IBCNEHL4)  X12: 271, 2110C, REF03 Description  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_add\_id.plan\_sponsor\_name  X12: 271, 2110D, REF02 Reference Identification  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_add\_id.plan\_sponsor\_name |  |  |

Table : Eligibility Response ZSD Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - ZSD | Opt | “1” |  |  |
| 2 | Date/Time Qualifier | Req | VistA: 365.28, .03 DATE QUALIFIER  (ZSD^IBCNEHL4)  X12: 271, 2110C, DTP01 Date/Time Qualifier  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_date.date\_time\_qualifier  X12: 271, 2110D, DTP01 Date/Time Qualifier  eIV Database ( patient is not subscriber): resp\_dep\_el\_or\_ben\_date.date\_time\_qualifier |  |  |
| 3 | Date Time Period Format Qualifier | Opt | VistA: 365.28, .04 DATE FORMAT  (ZSD^IBCNEHL4)  X12: 271, 2110C, DTP02 Date Time Period Format Qualifier  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_date.period\_format\_qualifier  X12: 271, 2110D, DTP02 Date Time Period Format Qualifier  eIV Database (patient is not subscriber): resp\_dep\_el\_or\_ben\_date. period\_format\_qualifier |  |  |
| 4 | Date Time Period | Opt | VistA: 365.28, .02 DATE  (ZSD^IBCNEHL4)  X12: 271, 2110C, DTP03 Date Time Period  eIV Database ( patient is subscriber): resp\_sub\_el\_or\_ben\_date.period\_format\_qualifier  X12: 271, 2110D, DTP02 Date Time Period Format Qualifier  eIV Database (patient is not subscriber): resp\_dep\_el\_or\_ben\_date. period\_format\_qualifier |  |  |

Table : Eligibility Response NTE Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – NTE | Req | Sequential number of lines of text in the message, running from 1 by 1. |  |  |
| 3 | Comment | Req | When the NTE is associated with an eligibility benefit loop save the data as follows:  VistA: 365.22, 2 NOTES  (EBNTE^IBCNEHL2)  Otherwise, when the NTE is not associated with an eligibility benefit loop save the data as follows:  VistA: 365.061, .01 ADDITIONAL MSG  (NTE^IBCNEHL4)  X12 (patient is subscriber): 271, 2110C, MSG-3 Free Form Message Text  eIV Database (patient is subscriber): resp\_sub\_el\_or\_ben\_message.message  X12 (patient is not subscriber): 271, 2110D, MSG-3 Free Form Message Text  eIV Database (patient not subscriber): resp\_dep\_el\_or\_ben\_message.message |  |  |

Table : Eligibility Response ZII Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – ZII | Opt | “1” |  |  |
| 2 | Code List Qualifier Code | Con | VistA: 365.29,.04 QUALIFIER  (ZII^IBCNEHL4)  X12: 271, 2115C, III01 Code List Qualifier Code  If ZII.2 is “GR” or “NI” then store the Nature of Injury related codes at ZII.4, ZII.5, and ZII.6. When ZII.2 is “ZZ” then Industry Code is at ZII.3  eIV Database (patient is subscriber): resp\_sub\_el\_or\_ben\_add\_info.code\_list\_qual\_code  X12 (patient is not subscriber): 271, 2115D, III01 Code List Qualifier Code  eIV Database (patient not subscriber): resp\_dep\_el\_or\_ben\_add\_info.code\_list\_qual\_code |  |  |
| 3-1 | Industry Code | Con | VistA: 365.29,.02 PLACE OF SERVICE  (ZII^IBCNEHL4)  or  VistA: 365.29,.03 DIAGNOSIS  (ZII^IBCNEHL4)  X12: 271, 2115C, III02 Industry Code Where III01 is “ZZ”  X12: 271, 2115C, III02 Industry Code  eIV Database (patient is subscriber): resp\_sub\_el\_or\_ben\_add\_info.industry\_code  X12 (patient is not subscriber): 271, 2115D, III02 Industry Code  eIV Database (patient not subscriber): resp\_dep\_el\_or\_ben\_add\_info.industry\_code |  |  |
| 4-2 | Nature of Injury Code | Con | VistA: 365.29, .05 NATURE OF INJURY CODE  (ZII^IBCNEHL4)  X12: 271, 2115C, III02 Industry Code Where III01 is “GR” or “NI”  X12 (patient is not subscriber): 271, 2115D, III02 Industry Code Where III01 is “GR” or “NI” | Condition | Condition.code.coding.code |
| 5-2 | Nature of Injury Code Category | Con | VistA: 365.29, .06 NATURE OF INJURY CATEGORY  (ZII^IBCNEHL4)  X12: 271, 2115C, III03 Code Category  X12 (patient is not subscriber): 271, 2115D, III03 Code Category  Required if X12 III01 and III02 are not present or additional detail is required | Condition | Condition.category |
| 6 | Nature of Injury Text | Con | VistA: 365.29, .07 NATURE OF INJURY TEXT  (ZII^IBCNEHL4)  X12: 271, 2115C, III04 Free Text  X12 (patient is not subscriber): 271, 2115D, III04 Free Text  Required if X12 III03 is present | Condition | Condition.note |

Table : Eligibility Response ZTY Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – ZTY | Req | “1” | Practitioner/Organization | Practitioner/Organization.id |
| 2-1 | Entity Identifier Code | Req | VistA: 365.02, 3.01 ENTITY ID CODE  (ZTY^IBCNEHL4)  X12: 271, 2120C, NM101 Entity Identifier Code  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.entity\_identifier\_code  X12 (patient is not subscriber): 271, 2120D, NM101 Entity Identifier Code  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.entity\_identifier\_code | Practitioner/Organization | Practitioner/Organization.identifier |
| 3-1 | Entity Type Qualifier | Req | VistA: 365.02, 3.02 ENTITY TYPE  (ZTY^IBCNEHL4)  X12: 271, 2120C, NM102 Entity Type Qualifier  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.entity\_type\_qualifier  X12 (patient is not subscriber): 271, 2120D, NM102 Entity Type  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.entity\_type\_qualifier | Practitioner/Organization | Practitioner/Organization.identifier |
| 4-1 | Name Last or Organization Name | Opt | VistA: 365.02, 3.03 NAME  (Z(ZTY^IBCNEHL4)  X12: 271, 2120C, NM103 Name Last or Organization Name  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.name\_last\_or\_organization\_name  X12 (patient is not subscriber): 271, 2120D, NM103 Name Last or Organization Name  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. name\_last\_or\_organization\_name | Practitioner/Organization | Practitioner.name.family  Organization.name |
| 4-2 | Name First | Opt | VistA: 365.02, 3.03 NAME  (Z(ZTY^IBCNEHL4)  X12: 271, 2120C, NM104 Name First  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.name\_first  X12 (patient is not subscriber): 271, 2120D, NM104 Name First  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. name\_first | Practitioner | Practitioner .name.given[i] |
| 4-3 | Name Middle | Opt | VistA: 365.02, 3.03 NAME  (Z(ZTY^IBCNEHL4)  X12: 271, 2120C, NM105 Name Middle  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.name\_middle  X12 (patient is not subscriber): 271, 2120D, NM105 Name Middle  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. name\_middle | Practitioner | Practitioner.name.given[i] |
| 4-4 | Name Suffix | Opt | VistA: 365.02, 3.03 NAME  (ZTY^IBCNEHL4)  X12: 271, 2120C, NM107 Name Suffix  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.name\_suffix  X12 (patient is not subscriber): 271, 2120D, NM107 Name Suffix  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. name\_suffix | Practitioner | Practitioner.name.suffix[i] |
| 5 | Identification Code Qualifier | Opt | VistA: 365.02, 3.05 ENTITY ID QUALIFIER  (ZTY^IBCNEHL4)  X12: 271, 2120C, NM108 Identification Code Qualifier  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.identifier\_qualifier  X12 (patient is not subscriber): 271, 2120D, NM108 Identification Code Qualifier  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. Identifier\_qualifier |  |  |
| 6 | Identification Code | Opt | VistA: 365.02, 3.04 ENTITY ID  (ZTY^IBCNEHL4)  X12: 271, 2120C, NM109 Identification Code  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.identification\_code  X12 (patient is not subscriber): 271, 2120D, NM109 Identification Code  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.identification\_code | Practitioner/Organization | Practitioner.identifier  Organization.identifier |
| 7-1 | Address Information | Opt | VistA: 365.02, 4.01 ADDRESS LINE 1  (ZTY^IBCNEHL4)  X12: 271, 2120C, N301 Address Information  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.address\_line\_1  X12 (patient is not subscriber): 271, 2120D, N301 Address Information  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. address\_line\_1 | Practitioner Organization | Practitioner/Organization.address.line[0] |
| 7-2 | Address Information | Opt | VistA: 365.02, 4.02 ADDRESS LINE 2  (ZTY^IBCNEHL4)  X12: 271, 2120C, N302 Address Information  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.address\_line\_2  X12 (patient is not subscriber): 271, 2120D, N302 Address Information  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety. address\_line\_2 | Practitioner Organization | Practitioner/Organization.address.line[1] |
| 7-3 | City Name | Opt | VistA: 365.02, 4.03 CITY  (ZTY^IBCNEHL4)  X12: 271, 2120C, N401 City Name  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.city\_name  X12 (patient is not subscriber): 271, 2120D, N401 City Name  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.city\_name | Practitioner  Organization | Practitioner/Organization.address.city |
| 7-4 | State or Province Code | Opt | VistA: 365.02, 4.04 STATE  (ZTY^IBCNEHL4)  X12: 271, 2120C, N402 State or Province Code  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.state\_or\_province\_code  X12 (patient is not subscriber): 271, 2120D, N402 State or Province Code  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.state\_or\_province\_code | Practitioner  Organization | Practitioner/Organization.address.state |
| 7-5 | Postal Code | Opt | VistA: 365.02, 4.05 ZIP  (ZTY^IBCNEHL4)  X12: 271, 2120C, N403 Postal Code  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.postal\_code  X12 (patient is not subscriber): 271, 2120D, N403 Postal Code  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.postal\_code | Practitioner Organization | Practitioner/Organization.address.postalCode |
| 7-6 | Country | Opt | VistA: 365.02, 4.06 COUNTRY CODE  (ZTY^IBCNEHL4)  X12: 271, 2120C, N404 Country Code  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.country\_code  X12 (patient is not subscriber): 271, 2120D, N404 Country Code  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.country\_code | Practitioner Organization | Practitioner/Organization.address.country |
| 7-8 | Other Geographic Designation | Opt | VistA: 365.02, 4.09 SUBDIVISION CODE  (ZTY^IBCNEHL4)  Country subdivision code |  |  |
| 8 | Location Qualifier | Opt | VistA: 365.02, 4.08 LOCATION QUALIFIER  (ZTY^IBCNEHL4)  X12: 271, 2120C, N405 Location Qualifier  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.location\_qualifier  X12 (patient is not subscriber): 271, 2120D, N405 Location Qualifier  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.location\_qualifier | Practitioner | Practitioner.role.location.identifier |
| 9 | Location Identifier | Opt | VistA: 365.02, 4.07 LOCATION  (ZTY^IBCNEHL4)  X12: 271, 2120C, N406 Location Identifier  eIV Database (patient is subscriber): resp\_sub\_ben\_rel\_ety.location\_identifier  X12 (patient is not subscriber): 271, 2120D, N406 Location Identifier  eIV Database (patient not subscriber): resp\_dep\_ben\_rel\_ety.location\_identifier | Practitioner | Practitioner.role.location.identifier |
| 10-1 | Provider Code | Opt | VistA: 365.02, 5.01 PROVIDER CODE  (ZTY^IBCNEHL4)  X12: 271, 2120C, PRV01 Provider Code  eIV Database (patient is subscriber): resp\_sub\_ben\_ety\_prov\_info.provider\_code  X12 (patient is not subscriber): 271, 2120D, PRV01 Provider Code  eIV Database (patient not subscriber): resp\_dep\_ben\_ety\_prov\_info.provider\_code | Practitioner | Practitioner.role.code |
| 11-1 | Reference Identification Qualifier | Opt | VistA: 365.02, 5.03 REFERENCE ID QUALIFIER  (ZTY^IBCNEHL4)  X12: 271, 2120C, PRV02 Reference Identification Qualifier  eIV Database (patient is subscriber): resp\_sub\_ben\_ety\_prov\_info. reference\_id\_qual  X12 (patient is not subscriber): 271, 2120D, PRV02 Reference Identification Qualifier  eIV Database (patient not subscriber): resp\_dep\_ben\_ety\_prov\_info.reference\_id\_qual |  |  |
| 12 | Reference Identification | Opt | VistA: 365.02, 5.02 REFERENCE ID  (ZTY^IBCNEHL4)  X12: 271, 2120C, PRV03 Reference Identification  eIV Database (patient is subscriber): resp\_sub\_ben\_ety\_prov\_info. reference\_id  X12 (patient is not subscriber): 271, 2120D, PRV03 Reference Identification  eIV Database (patient not subscriber): resp\_dep\_ben\_ety\_prov\_info.reference\_id |  |  |
| 13 | Entity Relationship Code | Opt | VistA 365.02, 3.06 ENTITY RELATIONSHIP CODE  (ZTY^IBCNEHL4)  X12 271 NM1 element 10 received in X12 loops: 2120C, 2120D  01 Parent  02 Child  27 Domestic Partner  41 Spouse  48 Employee  65 Other  72 Unknown |  |  |

Table : Eligibility Response CTD Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 2 | Contact Name | Opt | VistA: 365.26, .02 NAME  (G2OCTD^IBCNEHL4) | Practitioner /Organization |  |
| 2-1-1 | Last Name (Surname) | Opt | At least one of the elements CTD-2, CTD-5-1 and CTD-5-9 must be used.  X12: 271, 2120C, PER02 Name  eIV Database (patient is subscriber): resp\_sub\_ben\_ety\_cnt\_info. name  X12 (patient is not subscriber): 271, 2120D, PER02 Name  eIV Database (patient not subscriber): [resp\_dep\_ben\_ety\_cnt\_info.name](http://resp_dep_ben_ety_cnt_info.name/) | Practitioner /Organization | Practitioner.contact.name.family[i]  Organization.name |
| 2-2 | First Name | Opt |  | Practitioner | Practitioner.name.given[i] |
| 2-3 | Middle Name | Opt |  | Practitioner | Practitioner.name.given[i] |
| 2-4 | Suffix (e.g., Jr. or III) | Opt |  | Practitioner | Practitioner.name.suffix[i] |
| 2-5 | Prefix (e.g., DR) | Opt |  | Practitioner | Practitioner.name.prefix |
| 2-6 | Degree (e.g., MD) | Opt |  | Practitioner | Practitioner.name.suffix[i] |
| 5 | Contact Communication Information | Opt | VistA: 365.26, 1 COMMUNICATION NUMBER  (G2OCTD^IBCNEHL4) | Practitioner/Organization |  |
| 5-1 | Contact Phone Number | Opt | [(999)] 999-9999 [X99999][C any text]  At least one of the elements CTD-2, CTD-5-1, or CTD-5-9 should be used.  X12: 271, 2120C, PER04 Communication Number  X12: 271, 2120C, PER06 Communication Number  X12: 271, 2120C, PER08 Communication Number  X12: 271, 2120D, PER04 Communication Number  X12: 271, 2120D, PER06 Communication Number  X12: 271, 2120D, PER08 Communication Number  eIV Database (patient is subscriber): resp\_sub\_ben\_ety\_cnt\_info. comm.\_number  X12 (patient is not subscriber): 271, 2120D, PER04/PER06/PER08 Name  eIV Database (patient not subscriber): resp\_dep\_ben\_ety\_cnt\_info.comm\_number | Practitioner/Organization | Practitioner.communication[i].value  Organization.telecom[i].value |
| 5-9 | Any Text | Opt | VistA: 365.26, .04 COMMUNICATION QUALIFIER  (G2OCTD^IBCNEHL4)  See table 3-19  (i.e. TE)  eIV Database (patient is subscriber): resp\_sub\_ben\_ety\_cnt\_info.comm\_number\_qual  X12 (patient is not subscriber): 271, 2120D, PER03/PER05/PER07 Communication Number Qualifier  eIV Database (patient not subscriber): resp\_dep\_ben\_ety\_cnt\_info. comm\_number\_qual | Practitioner/Organization | Practitioner.communication[i].system  Organization.telecom[i].system |

Table : Eligibility Response ZTP Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID - ZTP | Req | “1” |  |  |
| 2 | Date/Time Qualifier | Req | VistA 365.07,.03 DATE QUALIFIER  (ZTP^IBCNEHL4) |  |  |
| 2-1 | Identifier | Req | Describes the type of date or date range. |  |  |
| 3 | Date Time Period | Req | VistA 365.07,.02 DATE  (ZTP^IBCNEHL4) |  |  |
| 3-1 | Range Start Date/Time | Req | Date for single date or start date for range of dates. |  |  |
| 3-2 | Range End Date/Time | Opt | End date for range of dates, empty for single date. |  |  |
| 4 | Loop ID | Req | VistA 365.07,.04 LOOP ID  (ZTP^IBCNEHL4)  HIPAA loop id (2100C, 2100D, etc.) |  |  |

Table : Eligibility Response ROL Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1-1 | ROL Instance ID – Entity Identifier | Req | X12 LOOP ID |  |  |
| 2 | Action Code | Req | Hardcoded value "AD"  VistA will ignore this field. |  |  |
| 3-1 | Identifier | Req | VistA: 365.04, .02 PROVIDER CODE  (ROL^IBCNEHL5)  This value should be only the code, not the description. i.e. "CV"  VistA: 365.04, .02 PROVIDER CODE  271B1\_2100C\_PRV01\_\_ProviderCode  Code identifying the type of provider.  AD Admitting  AT Attending  BI Billing  CO for Consulting  CV Covering  H Hospital  HH Home Health Care  LA Laboratory  OT Other Physician  P1 Pharmacist  P2 Pharmacy  PC Primary Care Physician  PE Performing  R Rural Health Clinic  RF Referring  SK Skilled Nursing Facility  SU Supervising |  |  |
| 3-3 | Coding System | Req | This value indicates which X12 code set we are using. "X12DE" is the prefix followed by the version of the coding system. Format "X12DEnnnn" |  |  |
| 4-1 | ID Number | Req | "Reference ID"  VistA: 365.04, .03 PROV REFERENCE ID  (ROL^IBCNEHL5)  271B1\_2100(B|C|D)\_PRV03\_\_Provider  Identifier Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.  "X12 uses the term specialty code for taxonomy code" |  |  |
| 4-8 | Source Table | Req | Hardcode "HL70454" to indicate that ROL4.1 is the "Taxonomy code - level 3" (aka 'speciality') |  |  |

Table : Eligibility Response DG1 Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – DG1 | Req | The data for DG1 is coming in on the X12 HI## segment. The Set ID of the DG1 will match the ## of the corresponding HI segment. This is also used as a pointed to value from the X12 EB-14 segment which is sent in ZEB-17 in this interface. | Condition | Condition.id |
| 3-1 | Diagnosis Code Identifier | Req | "Industry Code"  VistA: 365.01, .02 DIAGNOSIS CODE  (DG1^IBCNEHL5)  271B1\_2100C\_HI01\_C02202\_DiagnosisCode Health Care Diagnosis CodeDiagnosticsReport  Code indicating a code from a specific industry code list. | Condition | Condition.code.coding.code |
| 3-3 | Diagnosis Code – Name of Coding System | Req | "Code List Qualifier Code"  VistA: 365.01, .03 DIAGNOSIS CODE QUALIFIER  (DG1^IBCNEHL5)  271B1\_2100C\_HI01\_C02201\_DiagnosisTypeCode  Code identifying a specific industry code list.  Health Care Diagnosis Code Qualifier  ABK International Classification of  Diseases Clinical  Modification (ICD-10-CM) Principal  Diagnosis  BK International Classification of  Diseases Clinical  Modification (ICD-9-CM) Principal  Diagnosis  "ABK or BK" - refers to primary codes  "ABF or BF" - refers to secondary codes  X12 send code  ABK I10C  ABF I10C  BK I9C  BF I9C | Condition | Condition.code.coding.system |
| 6 | Working Field | Req | “W” |  |  |
| 15 | Diagnosis Priority | Req | 1 if Primary Diagnosis  0 if Secondary Diagnosis  VistA: 365.01,.04 PRIMARY OR SECONDARY?  (DG1^IBCNEHL5)  The primary diagnosis (1) should be in the X12 HI01 which corresponds to the DG1 Set ID 1. All other DG1s should be Secondary/Unranked diagnosis (0)  Table 0359 - Diagnosis priority   | Value | Description | | --- | --- | | 0 | Not included in diagnosis ranking | | 1 | The primary diagnosis | | 2 … | For ranked secondary diagnoses |   Used, along with coding system, to determine the X12 HI Code List Qualifier Code.  VistA: 365.01, .04 PRIMARY OR SECONDARY |  |  |

Table : Eligibility Response ZMP Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – ZMP | Req | “1” |  |  |
| 2 | Information Status Code | Req | VistA: 365, 12.01 MILITARY INFO STATUS CODE  (ZMP^IBCNEHL5)  271B1\_2100C\_MPI01\_\_InformationStatusCode  Code to indicate the status of information.  A Partial  C Current  L Latest  O Oldest  P Prior  S Second Most Current  T Third Most Current |  |  |
| 3 | Employment Status Code | Req | VistA: 365, 12.02 MILITARY EMPLOYMENT STATUS  (ZMP^IBCNEHL5)  271B1\_2100C\_MPI02\_\_EmploymentStatusCode  Code showing the general employment status of an employee/claimant.  AE Active Reserve  AO Active Military - Overseas  AS Academy Student  AT Presidential Appointee  AU Active Military - USA  CC Contractor  DD Dishonorably Discharged  HD Honorably Discharged  IR Inactive Reserves  LX Leave of Absence: Military  PE Plan to Enlist  RE Recommissioned  RM Retired Military - Overseas  RR Retired Without Recall  RU Retired Military – USA |  |  |
| 4 | Government Service Affiliation Code | Req | VistA: 365, 12.03 MILITARY GOVT AFFILIATION CODE  (ZMP^IBCNEHL5)  71B1\_2100C\_MPI03\_\_GovernmentServiceAffiliationCode  Code specifying the government service affiliation  A Air Force  B Air Force Reserves  C Army  D Army Reserves  E Coast Guard  F Marine Corps  G Marine Corps Reserves  H National Guard  I Navy  J Navy Reserves  K Other  L Peace Corp  M Regular Armed Forces  N Reserves  O U.S. Public Health Service  Q Foreign Military  R American Red Cross  S Department of Defense  U United Services Organization  W Military Sealift Command |  |  |
| 5 | Description | Opt | VistA: 365, 12.04 MILITARY PERSONNEL DESCRIPTION  (ZMP^IBCNEHL5)  271B1\_2100C\_MPI04\_\_Description  A free-form description to clarify the related data elements and their content |  |  |
| 6 | Military Service Rank Code | Opt | VistA: 365, 12.05 MILITARY SERVICE RANK CODE  (ZMP^IBCNEHL5)  Code specifying the military service rank  271B1\_2100C\_MPI05\_\_MilitaryServiceRankCode  A1 Admiral  A2 Airman  A3 Airman First Class  B1 Basic Airman  B2 Brigadier General  C1 Captain  C2 Chief Master Sergeant  C3 Chief Petty Officer  C4 Chief Warrant  C5 Colonel  C6 Commander  C7 Commodore  C8 Corporal  C9 Corporal Specialist 4  E1 Ensign  F1 First Lieutenant  F2 First Sergeant  F3 First Sergeant-Master Sergeant  F4 Fleet Admiral  G1 General  G4 Gunnery Sergeant  L1 Lance Corporal  L2 Lieutenant  L3 Lieutenant Colonel  L4 Lieutenant Commander  L5 Lieutenant General  L6 Lieutenant Junior Grade  M1 Major  M2 Major General  M3 Master Chief Petty Officer  M4 Master Gunnery Sergeant Major  M5 Master Sergeant  M6 Master Sergeant Specialist 8  P1 Petty Officer First Class  P2 Petty Officer Second Class  P3 Petty Officer Third Class  P4 Private  P5 Private First Class  R1 Rear Admiral  R2 Recruit  S1 Seaman  S2 Seaman Apprentice  S3 Seaman Recruit  S4 Second Lieutenant  S5 Senior Chief Petty Officer  S6 Senior Master Sergeant  S7 Sergeant  S8 Sergeant First Class Specialist 7  S9 Sergeant Major Specialist 9  SA Sergeant Specialist 5  SB Staff Sergeant  SC Staff Sergeant Specialist 6  T1 Technical Sergeant  V1 Vice Admiral  W1 Warrant |  |  |
| 7 | Date Time Period Format Qualifier | Opt | VistA: 365, 12.06 DATE TIME PERIOD FORMAT QUAL  (ZMP^IBCNEHL5)  Code indicating the date format, time format, or date and time format  271B1\_2100C\_MPI06\_\_DateTimePeriodFormatQualifier |  |  |
| 8 | Date Time Period | Opt | VistA: 365, 12.07 DATE TIME PERIOD  (ZMP^IBCNEHL5)  Expression of a date, a time, or range of dates, times or dates and times  271B1\_2100C\_MPI07\_\_DateTimePeriod |  |  |

### Commit Acknowledgements

Table : Commit Acknowledgement MSH Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | not applicable | not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3 | Sending Application | Req |  | MessageHeader |  |
| 3-1 | Namespace ID | Req | “IIV EC” - From Austin  “IIV VISTA” - From VistA | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  | MessageHeader/Location |  |
| 4-1 | Namespace ID | Opt | If coming from Austin: this field is blank  From VistA: The VistA site’s assigned station number  VistA: 870,.02 INSTITUTION  eIV Database: iiv.site\_number |  | Location.identifier |
| 4-2 | Universal ID | Req | From Austin: “IIV.VITRIA-EDI.AAC.VA.GOV”  From VistA: The EC site’s Domain Name System name, e.g. AUSTIN.VA.GOV  VistA: 870,.03 DOMAIN  eIV Database: iiv.domain\_name |  | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5 | Receiving Application | Req |  | MessageHeader |  |
| 5-1 | Namespace ID | Req | “IIV EC” - From VistA  “IIV VISTA” - From EC | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  | MessageHeader/Location |  |
| 6-1 | Namespace ID | Opt | From VistA: this field is blank  From Austin: The EC site’s assigned station number  VistA: 870,.02 INSTITUTION  eIV Database: iiv.site\_number | Location | Location.identifier |
| 6-2 | Universal ID | Req | From VistA: “IIV.VITRIA-EDI.AAC.VA.GOV”  From Austin: The EC site’s Domain Name System name, e.g. AUSTIN.VA.GOV  VistA: 870,.03 DOMAIN  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7 | Date/Time of Message | Req |  |  |  |
| 7-1 | Date/Time | Req | Date/Time the Message was created. For the format, see section 10.1.1.1 Date/Time of Message Format, page 5. | MessageHeader | MessageHeader.timestamp |
| 9-1 | Message Type | Req | “ACK” |  |  |
| 10 | Message Control ID | Req | If from VistA: Assigned by the HL7 Package  If from EC: Unique number assigned by the Eligibility Communicator. | MessageHeader | MessageHeader.id |
| 11-1 | Processing ID | Req | VistA: The MSH’s Processing ID of the HL7 message this ACK is referring to  The source MSH’s Processing ID  eIV Database: site.processing\_id  “P”=Production  “T”=Test |  |  |
| 12-1 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgment | Req | “NE” = Never |  |  |
| 16 | Application Acknowledgment Type | Req | “NE” = Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : Commit Acknowledgement MSA Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 |  | Req | “AA” = Acknowledgement  AE = Application Error  AR = Application Reject | OperationOutcome | OperationOutcome.issue.severity |
| 2 | Message Control ID | Req | The source MSHs Message Control ID | MessageHeader | MessageHeader.id |

### Registration Request

Table : Registration Request MSH Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | not applicable | Not Applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3 | Sending Application | Req |  | MessageHeader |  |
| 3-1 | Namespace ID | Req | “IIV VISTA” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  | MessageHeader/Location |  |
| 4-1 | Namespace ID | Req | The VistA site’s assigned station number VistA: 869.3,.04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 4-2 | Universal ID | Req | The VistA  site’s Domain Name System name, e.g. AUSTIN.VA.GOV  VistA: 869.3,.02 DOMAIN  eIV Database: site.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS” |  |  |
| 5 | Receiving Application | Req |  | MessageHeader | MessageHeader.destination.name |
| 5-1 | Namespace ID | Req | “IIV EC” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  | MessageHeader/Location |  |
| 6-1 | Namespace ID | NS |  | Location | Location.identifier |
| 6-2 | Universal ID | Req | IIV.VITRIA-EDI.AAC.VA.GOV VistA: 870, .03 DOMAIN | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS” eIV Database: (no mapping) |  |  |
| 7-1 | Date/Time of Message | Req | Date/Time the Message was created. For the format, see section 10.1.1.1 Date/Timevof Message Format, page 5. eIV Database:site.registration\_as\_of | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “MFN” |  |  |
| 9-2 | Trigger Event | Req | “M01” |  |  |
| 10 | Message Control ID | Req | Sequential number assigned by VIE eIV Database:  site.last\_registration\_msg\_ctrl\_id | MessageHeader | MessageHeader.id |
| 11-1 | Processing ID | Req | VistA: 869.3, .03 DEFAULT PROCESSING ID “P”=Production  “T”=Test  eIV Database: site.processing\_id |  |  |
| 12-1 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgment | Req | “AL”=Always |  |  |
| 16 | Application Acknowledgment Type | Req | “AL”=Always |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : Registration Request MFI Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Master File Identifier | Req |  |  |  |
| 1-1 | Identifier | Req | "Facility Table” |  |  |
| 3 | File-Level Event Code | Req | “UPD”=Change file records as defined in the record-level event codes for each record that follows |  |  |
| 4 | Entered Date/Time | Req | This will be the current date when the message was generated. |  |  |
| 5 | Effective Date/Time | Req | This will be the current date when the message was generated. |  |  |
| 6 | Response Level Code | Req | Austin does not send any MFA segments back to VistA and thus does not echo the submitted values. “NE”=Never |  |  |

Table : Registration Request MFE Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Record-Level  Event Code | Req | One of:  “MAD” = Add record to master file “MUP” = Update record for master file  “MDC” = Deactivate: discontinue using record in master file, but do not delete from database |  |  |
| 3 | Effective Date/Time | Req | Effective Date/Time (If MDC then the deactivate date/time). The current date and time  when VistA generated the message. |  |  |
| 4 | Primary Key Value - MFE | Req | This field uniquely identifies the record of the master file (identified in the MFIsegment) to be  changed as defined by the record level event code. The data type of the field is defined by  the value of MFE-5. |  |  |
| 4-1 | Identifier | Req | The VistA site’s station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number |  |  |
| 5 | Primary Key Value Type | Req | “CE” Coded Element |  |  |

Table : Registration Request ZRR Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID-ZRR | Req | “1” | Organization | Organization.id |
| 2 | FEDERAL TAX NUMBER | Req | The unique 9-digit Federal Tax Number of the VistA site (digits from ‘0’ to ‘9)’.  VistA: 350.9, 1.05 FEDERAL TAX NUMBER  eIV Database: site.federal\_tax\_number | Organization | Organization.identifier |
| 3 | Internet Address | NS |  |  | Organization.telecom.value |
| 4 | Contact | NS |  | Organization | Organization.contact.name |
| 5 | Contact Phone | NS |  | Organization | Organization.contact.telecom.value |
| 6 | Freshness Days | Req | In VISTA - # of days (site definable) before insurance data should be re-verified.  VISTA: 350.9, 51.01 FRESHNESS DAYS  eIV Database: site.freshness\_days |  |  |
| 7 | Processing Mode | Req | Indicates whether EC should transmit response messages immediately or in batch mode. (Values are “I” - Immediate or “B” - Batch).  VISTA: 350.9, 51.13 HL7 RESPONSE PROCESSING  eIV Database: site.process\_hl7 |  |  |
| 8 | Batch Processing Times | Con | If Processing Mode = "I" then this field should be blank. |  |  |
| 8-1- | Range Start Time | Req | If Processing Mode= "B" this field tells the EC (in military time format, hhmm) the beginning of the daily period during which EC may send messages to the site. HL7 BATCH START TIME marks the beginning of the period. The start time may be later in the day than the stop time in which case EC may send starting at the start time into the following day until the end time occurs.  VistA: 350.9, 51.13 HL7 START TIME  eIV Database: site.hl7\_batch\_start\_time |  |  |
| 8-2 | Range End Time | Req | If Processing Mode= "B", this field tells the EC (in military time format, hhmm) the end of the daily period during which EC may send messages to the site. HL7 BATCH STOP TIME marks the end of the period. The start time may be later in the day than the stop time in which case EC may send starting at the start time into the following day until the end time occurs.  VistA: 350.9, 51.19 HL7 STOP TIME  eIV Database: site.hl7\_batch\_end\_time |  |  |
| 9 | Check Inactive Insurance | Opt | Tells FSC if the VistA site is checking  inactive insurance policies. |  |  |
|  | Interface Version | Req | VistA value indicating version of eIV  eIV Database: site.iiv\_interface\_version |  |  |

Table : Registration Request NTE Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – NTE | Req | “1” |  |  |
| 3 | Comment | Req | NTE.3 is a repeating data element that will be repeated 16 times. Holds statistical data.   * Persistence flag (Y or N) * Number of patients with potential secondary/tertiary insurance as identified by Medicare. * Number of automatically updated patient insurance records. * Number of 270 inquiries pending receipt of 271 responses * Number of queued 270 inquiries * Number of deferred 270 inquiries * Number of insurance companies with no National ID. * Number of locally disabled payers * Number of verified (\*) buffer entries. * Number of buffer entries indicated as having Active insurance (+). * Number of buffer entries indicated as having Inactive insurance (-). * Number of buffer entries indicated as policy status undetermined (#). * Number of buffer entries indicated as requiring correction before 270 can be sent (!). * Number of buffer entries awaiting processing * Number of buffer entries indicated as waiting for a 271 response (?). * Number of buffer entries entered by manual process with no further processing (blank). * Number of unlinked insurance companies * Retry Flag * Timeout Days * 270 Master Switch Realtime * 270 Master Switch Nightly * HL7 Maximum Extract Number * Maximum Extract Number (appointment) * Maximum Extract Number (buffer)   Example  NTE|1||N~0~0~1~0~0~744~6~0~1~0~0~0~0~0~0~843~N~5~Y~Y~99999~99999~99999 |  |  |

### Registration Acknowledgement Message

Table : Registration Acknowledgement MSH Segment

| Sequence | Element Name | Use | Definition | FHR resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | not applicable | not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3 | Sending Application | Req | “IIV EC” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  |  |  |
| 4-1 | Universal ID | NS |  |  |  |
| 4-2 | Universal ID | Req | “IIV.VITRIA-EDI.AAC.VA.GOV”  VistA: 870, .03 DOMAIN  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5-1 | Receiving Application | Req | “IIV VISTA” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility |  |  | MessageHeader/Location |  |
| 6-1 | Namespace ID | Req | The VistA site’s station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 6-2 | Universal ID | Req | The VistA site DNS name, e.g., AUGUSTA.MED.VA.GOV  VistA: 869.3, .02 DOMAIN  eIV Database: site.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7-1 | Date/Time of Message | Req | Date/Time the Message was created. For the format, see section 10.1.1.1 Date/Time of Message Format, page 5. | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “MFK” |  |  |
| 9-2 | Trigger Event | Req | “M01” |  |  |
| 10 | Message Control ID | Req | Sequential number assigned by the Eligibility Communicator. | MessageHeader | MessageHeader.id |
| 11-1 | Processing ID | Req | “P”=Production  “T”=Test  eIV Database: site.processing\_id |  |  |
| 12-1 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgement | Req | “AL” = Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE”=Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : Registration Acknowledgement MSA Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Acknowledgment Code | Req | “AA”=Accept.  “AE”=Error and VistA is to not send eligibility inquiry messages until a subsequent registration request receives an “AA” Acknowledgement Code. | OperationOutcome | OperationOutcome.issue.severity |
| 2 | Message Control ID | Req | Returned Message Control ID.  This should match the sending message’s Message Control ID from the registration request.  eIV Database: site. last\_registration\_msg\_ctrl\_id | MessageHeader | MessageHeader.id |

Table : Registration Acknowledgement MFI Segment

| Sequence | Element Name | Use | Description | FHIR resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1-1 | Master File Identifier | Req | “Facility Table” |  |  |
| 3 | File-Level Event Code | Req | “UPD” = Update. Change file records as defined in the record-level event codes for each record that follows |  |  |
| 6 | Response Level Code | Req | “NE” = Never. No application-level response needed |  |  |

### Inquiry Problem Messages

Table : Inquiry Problem MSH Segment

| **Sequence** | **Element Name** | **Use** | **Description** | **FHIR Resource** | **FHIR Resource Element** |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” |  |  |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3 | Sending Application | Req | “IIV EC” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  |  |  |
| 4-1 | Namespace ID | NS |  | Location | Location.identifier |
| 4-2 | Universal ID | Req | “IIV.VITRIA-EDI.AAC.VA.GOV”  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5 | Receiving Application | Req | “IIV VISTA” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  | MessageHeader/Location |  |
| 6-1 | Namespace ID | Req | The VistA site’s station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 6-2 | Universal ID | Req | The VistA site’s Domain Name System name, e.g. AUGUSTA.MED.VA.GOV  VistA: 869.3, .02 DOMAIN  eIV Database: site.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7 | Date/Time of Message | Req | Date/Time EC created the Message  For the format, see section 10.1.1.1 Date/Time of Message Format, page 5.  eIV Database: (no mapping) | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “RPI” |  |  |
| 9-2 | Trigger Event | Req | “I01” |  |  |
| 10 | Message Control ID | Req | Unique sequential number assigned by EC  eligibility\_response. message\_control\_id | MessageHeader | MessageHeader.id |
| 11-1 | Processing ID | Req | VistA: 869.3, .03 DEFAULT PROCESSING ID  “P” = Production  “T” = Test  eIV Database: eligibility\_response.processing\_id |  |  |
| 12 | Version ID | Req | “2.4” |  |  |
| 15 | Accept Acknowledgment Type | Req | “AL” = Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE”=Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : Inquiry Problem MSA Segment

| **Sequence** | **Element Name** | **Use** | **Description** | **FHIR Resource** | **FHIR Resource Element** |
| --- | --- | --- | --- | --- | --- |
| 1 | Acknowledgment Code | Req | “AE”=Error | OperationOutcome | OperationOutcome.issue.severity |
| 2 | Message Control  ID | Req | Returned Message Control ID matches sending Message Control ID.  VistA: 365, .01 MESSAGE CONTROL ID  eIV Database: eligibility\_inquiry.message\_control\_id | MessageHeader | MessageHeader.id |
| 3 | Text Message | Req | VistA: 365, .09 TRACE NUMBER (9 NUM)  X12: 271, IEA02 Interchange Control Number  eIV Database: response\_trace\_number . trace\_number (where trace\_type\_code = ‘1”, reference identification is trace number) | OperationOutcome | OperationOutcome.issue.diagnostics |
| 5 | Delayed Acknowledgement Type | Con | Only populated when the MSA-1=”AE”.  The acceptable values correspond to the codes that EC sent to the VistA systems populating the VistA file: “X12 271 ERROR ACTION” (#365.018)   Acceptable Values:  “C”=Please Correct and Resubmit  “N”=Resubmission Not Allowed  “R”=Resubmission Allowed  “W”=Please Wait 30 Days and Resubmit  “X”=Please Wait 10 Days and Resubmit  “Y”=Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly  “P”=Please Resubmit Original Transaction  “S”=Do Not Resubmit; Inquiry Initiated to a Third Party  VistA: 365, 1.15 ERROR ACTION  X12: 271, 2000A — Information Source Level, AAA04 Follow-up Action Code; or 271, 2100A — Information Source Name, AAA04 Follow-up Action Code; or 271, 2100B — Information Receiver Name, AAA04 Follow-up Action Code; or 271, 2100C — Subscriber Name, AAA04 Follow-up Action Code; or 271, 2110C — Subscriber Eligibility or Benefit Information, AAA04 Follow-up Action Code; or 271, 2100D — Dependent Name, AAA04 Follow-up Action Code; or 271, 2110D — Dependent Eligibility or Benefit Information, AAA04 Follow-up Action Code |  |  |
| 6-1 | Error Condition | Con | The Reject Reason Code from one of seven locations within a 271 reporting a problem.  The acceptable values correspond to the codes that EC sent to the VistA systems populating the VistA file: “X12 271 ERROR CONDITION” (#365.017)  VistA: 365, 1.14 ERROR CONDITION  X12: 271, 2000A — Information Source Level, AAA03 Reject Reason Code; or 271, 2100A — Information Source Name, AAA03 Reject Reason Code; or 271, 2100B — Information Receiver Name, AAA03 Reject Reason Code; or 271, 2100C — Subscriber Name, AAA03 Reject Reason Code; or 271, 2110C — Subscriber Eligibility or Benefit Information, AAA03 Reject Reason Code; or 271, 2100D — Dependent Name, AAA03 Reject Reason Code; or 271, 2110D — Dependent Eligibility or Benefit Information, AAA03 Reject Reason Code | OperationOutcome | OperationOutcome.issue.details.code |
| 6-2 | Text | Con | Any error message that does not conform to the X12 Error Codes stored in Sequence #5.  VistA: 365, 4.01 ERROR TEXT  eIV Database: (no mapping) | OperationOutcome | OperationOutcome.issue.details.text |

Table : Inquiry Problem PID Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID – PID | Req | “1” | Patient | Patient.id |
| 3 | Patient Identifier List | Req |  |  |  |
| 3-1 | Patient ID | Req | The value is empty if and only if the associated inquiry’s PID-3-1 was empty.  First iteration of the patient identifier is the ICN. (Req)  The second iteration of the patient identifier is the DFN. (Req)  eIV Database: eligibility\_inquiry. integration\_control\_number | Patient | Patient.identifier.value |
| 3-2 | Check Digit | NS |  |  |  |
| 3-3 | Code Identifying Check digit scheme employed | NS |  |  |  |
| 3-4-1 | Assigning Authority | Req | “USVHA” for the VA ID’s (i.e. ICN and DFN), |  |  |
| 3-5 | Identifier Code Type (ID) | Req | “NI” = Integration Control Number  “PI” = Patient DFN | Patient | Patient.identifier.type.coding |
| 3-6-1 | Assigning Facility | Con | For the Integration Control Number, use the value “USVHA”  For site specific DFN, the VistA site number is used in this field. (Req) | Organization | Patient.identifier.assigner.name |
| 5 | Patient Name | Req |  |  |  |
| 5-1-1 | Last Name (Surname) | Req | VistA: 365, 1.01 NAME OF INSURED  X12 (patient is subscriber): 271, 2100C, NM103 Name Last or Organization Name  eIV Database (patient is subscriber): response\_subscriber. name\_last\_or\_organization\_name  X12 (patient is not subscriber): 271, 2100D, NM103 Name Last or Organization Name  eIV Database (patient is not subscriber): response\_dependent.last\_or\_organization\_name | Patient | Patient.name.family[1] |
| 5-1-2 | Own Last Name Prefix | Opt |  | Patient | Patient.name.family[0] |
| 5-2 | First Name | Req | VistA: 365, 1.01 NAME OF INSURED  X12 (patient is subscriber): 271, 2100C, NM104 Name First  eIV Database (patient is subscriber): response\_subscriber. name\_first  X12 (patient is not subscriber): 271, 2100D, NM104 Name First  eIV Database (patient is not subscriber): response\_dependent. name\_first | Patient | Patient.name.given[0] |
| 5-3 | Middle Name | Opt | VistA: 365, 1.01 NAME OF INSURED  X12 (patient is subscriber): 271, 2100C, NM105 Name Middle  eIV Database (patient is subscriber): response\_subscriber. Name\_middle  X12 (patient is not subscriber): 271, 2100D, NM105 Name Middle  eIV Database (patient is not subscriber): response\_dependent. Name\_middle | Patient | Patient.name.given[1] |
| 5-5 | Suffix (e.g., Jr. or III) | Opt | VistA: 365, 1.01 NAME OF INSURED | Patient | Patient.name.suffix[0] |
| 5-6 | Prefix (e.g., DR) | Opt | VistA: 365, 1.01 NAME OF INSURED | Patient | Patient.name.prefix |
| 5-7 | Degree (e.g., MD) | Opt |  | Patient | Patient.name.suffix[1] |
| 7-1 | Date/Time of Birth | Req | VistA : 365, 1.02 INSURED DOB  X12 (patient is subscriber): 271, 2100C, DMG02 Date Time Period  eIV Database (patient is subscriber): response\_subscriber . date\_of\_birth  X12 (patient is not subscriber): 271, 2100D, DMG02 Date Time Period  eIV Database (patient is not subscriber): response\_dependent . date\_of\_birth | Patient | Patient.birthDate  **Time = ??** |
| 8 | Sex | Req | VistA: 365, 1.03 INSURED SEX  X12 (patient is subscriber): 271, 2100C, DMG03 Gender Code  eIV Database (patient is subscriber): response\_subscriber . gender\_code  X12 (patient is not subscriber): 271, 2100D, DMG03 Gender Code  eIV Database (patient is not subscriber): response\_dependent . gender\_code | Patient | Patient.gender |
| 11 | Patient Address | Opt |  | Patient | Patient.address |
| 11-1-1 | Street Address Line 1 | Opt | X12 (patient is subscriber): 271, 2100C, N301 Address Information  eIV Database (patient is subscriber): response\_subscriber. address\_line\_1;  X12 (patient is not subscriber): 271, 2100D, N301 Address Information  eIV Database (patient is not subscriber): response\_dependent. address\_line\_1 | Patient | Patient.address.line[0] |
| 11-2 | Other Designation | Opt | X12 (patient is subscriber): 271, 2100C, N302 Address Information  eIV Database (patient is subscriber): response\_subscriber . address\_line\_2;  X12 (patient is not subscriber): 271, 2100D, N302 Address Information  eIV Database (patient is not subscriber): response\_dependent . address\_line\_ | Patient | Patient.address.line[1] |
| 11-3 | City | Opt | X12 (patient is subscriber): 271, 2100C, N401 City Name  eIV Database (patient is subscriber): response\_subscriber . city\_name;  X12 (patient is not subscriber): 271, 2100D, N401 City Name  eIV Database (patient is not subscriber): response\_dependent . city\_name | Patient | Patient.address.city |
| 11-4 | State | Opt | X12 (patient is subscriber): 271, 2100C, N402 State or Province Code  eIV Database (patient is subscriber): response\_subscriber.state\_or\_province\_code;  X12 (patient is not subscriber): 271, 2100D, N402 State or Province Code  eIV Database (patient is not subscriber): response\_dependent. state\_or\_province\_code | Patient | Patient.address.state |
| 11-5 | Zip Code | Opt | X12 (patient is subscriber): 271, 2100C, N403 Postal Code  eIV Database (patient is subscriber): response\_subscriber.postal \_code;  X12 (patient is not subscriber): 271, 2100D, N403 Postal Code  eIV Database (patient is not subscriber): response\_dependent. postal \_code | Patient | Patient.address.postalCode |
| 29-1 | Patient Death Date and Time | Opt | VistA: 365, 1.16 DATE OF DEATH  X12 (patient is subscriber; and 271, 2000C, DTP01 Date/Time Qualifier = “442” (Date of Death); and 271, 2000C, DTP02 Date Time Period Format Qualifier = “D8” (CCYYMMDD)): 271, 2000C, DTP03 Date Time Period  eIV Database (patient is subscriber; and response\_subscriber\_date. date\_time\_qualifier = “442”; and response\_subscriber\_date. date\_time\_period\_qualifier = “D8”): response\_subscriber. date\_of\_death  X12 (patient is not subscriber; and 271, 2000D, DTP01 Date/Time Qualifier = “442” (Date of Death); and 271, 2000D, DTP02 Date Time Period Format Qualifier = “D8” (CCYYMMDD)): 271, 2000D, DTP03 Date Time Period  eIV Database (patient is not subscriber; and response\_dependent\_date. date\_time\_qualifier = “442”; and response\_dependent\_date. date\_time\_period\_qualifier = “D8”): response\_dependent. Date\_of\_death | Patient | Patient.deceasedDateTime |

### X12 Table Update Messages (Not Payer Table)

Table : MSH Segment

| **Sequence** | **Element Name** | **Use** | **Definition** | **FHIR Resource** | **FHIR Resource Element** |
| --- | --- | --- | --- | --- | --- |
| FHIR 1 | Field Separator | Req | “|” | not applicable | not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3-1 | Sending Application | Req | “IIV EC” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  |  |  |
| 4-1 | Namespace ID | NS |  | Location | Location.identifier |
| 4-2 | Universal ID | Req | ECs DNS, e.g. IIV.VITRIA-EDI.AAC.VA.GOV  VistA: 870,.03 DOMAIN  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5 | Receiving Application | Req |  | MessageHeader |  |
| 5-1 | Namespace ID | Req | “IIV VISTA” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  | MessageHeader/Location |  |
| 6-1 | Namespace ID | Req | The VistA site’s station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 6-2 | Universal ID | Req | The VistA site’s Domain Name System name, e.g. AUGUSTA.MED.VA.GOV  VistA: 869.3, .02 DOMAIN  EIV Database: site.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7 | Date/Time of Message | Req |  |  |  |
| 7-1 | Date/Time of Message | Req | Date/Time the Message was created. See section 10.1.1.1 Date/Time of Message Format | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “MFN” |  |  |
| 9-2 | Trigger Event | Req | “M01” |  |  |
| 10 | Message Control ID | Req | Sequential number assigned by the Eligibility Communicator. | MessageHeader | MessageHeader.id |
| 11 | Processing ID | Req | “P”=Production  “T”=Test  eIV Database: site.processing\_id |  |  |
| 12 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgement Type | Req | “AL” = Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE” = Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : MFI Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Master File Identifier | Req |  |  |  |
| 1-1 | Identifier | Req | Send the number of the file in this field:  “365.011” for “X12 271 ELIGIBILITY/BENEFIT”  “365.012” for “X12 271 COVERAGE LEVEL”  “365.013” for “X12 271 SERVICE TYPE”  “365.014” for “X12 271 INSURANCE TYPE”  “365.015” for “X12 271 TIME PERIOD QUALIFIER”  “365.016” for “X12 271 QUANTITY QUALIFIER”  “365.017” for “X12 271 ERROR CONDITION”  “365.018” for “X12 271 ERROR ACTION”  “365.021” for “X12 271 CONTACT QUALIFIER” |  |  |
| 1-2 | Text | Req | Send the name of the file in this field:  “X12 271 ELIGIBILITY/BENEFIT” for 365.011  “X12 271 COVERAGE LEVEL” for 365.012  “X12 271 SERVICE TYPE” for 365.013  “X12 271 INSURANCE TYPE” for 365.014  “X12 271 TIME PERIOD QUALIFIER” for 365.015  “X12 271 QUANTITY QUALIFIER” for 365.016  “X12 271 ERROR CONDITION” for 365.017  “X12 271 ERROR ACTION” for 365.018  “X12 271 CONTACT QUALIFIER” for 365.021 |  |  |
| 3 | File-Level Event Code | Req | “UPD”=Change file records as defined in the record-level event codes for each record that follows |  |  |
| 6 | Response Level Code | Req | “NE”=Never. No application-level response needed |  |  |

Table : MFE Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Record-Level Event Code | Req | “MAD”=Add record to master file; or  “MUP”=Update record for master file |  |  |
| 2 | MFN Control ID | Req | VistA Site ID |  |  |
| 3 | Effective Date/Time | Req | Effective Date/Time |  |  |
| 4 | Primary Key Value - MFE | Req | See the following two tables (i.e., Table 47 and Table 48) for the possible values. |  |  |
| 5 | Primary Key Value Type | Req | “CE” Coded Element |  |  |

### Table Update Messages (Not Payer Table & Not X12)

Table : MSH Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | not applicable | not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3-1 | Sending Application | Req | “IIV EC” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  |  |  |
| 4-1 | Namespace ID | NS |  | Location | Location.identifier |
| 4-2 | Universal ID | Req | EC’s Domain Name System name, e.g. IIV.VITRIA-EDI.AAC.VA.GOV  VistA: 870,.03 DOMAIN  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5 | Receiving Application | Req |  |  |  |
| 5-1 | Namespace ID | Req | “IIV VISTA” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  |  |  |
| 6-1 | Namespace ID | Req | The VistA site’s station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 6-2 | Universal ID | Req | The VistA site’s Domain Name System name, e.g. AUGUSTA.MED.VA.GOV  VistA: 869.3, .02 DOMAIN  EIV Database: site.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | Universal ID Type | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7 | Date/Time of Message | Req |  | MessageHeader |  |
| 7-1 | Date/Time of Message | Req | Date/Time the Message was created. See section 10.1.1.1 Date/Time of Message Format | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req |  |  |  |
| 9-1 | Message Type | Req | “MFN” |  |  |
| 9-2 | Trigger Event | Req | “M01” |  |  |
| 10 | Message Control ID | Req | Sequential number assigned by the Eligibility Communicator. | MessageHeader | MessageHeader.id |
| 11 | Processing ID | Req | “P”=Production  “T”=Test  eIV Database: site.processing\_id |  |  |
| 12 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgement Type | Req | “AL” = Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE” = Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : MFI Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Master File Identifier | Req |  |  |  |
| 1-1 | Identifier | Req | Send the number of the file in this field:  “350.9” for “IB SITE PARAMETERS”  “350.9002” for “BATCH EXTRACTS” |  |  |
| 1-2 | Text | Req | Send the name of the file in this field:  “IB SITE PARAMETERS” for 350.9  “BATCH EXTRACTS” for 350.9002 |  |  |
| 3 | File-Level Event Code | Req | “UPD”=Change file records as defined in the record-level event codes for each record that follows |  |  |
| 6 | Response Level Code | Req | “NE”=Never. No application-level response needed |  |  |

Table : MFE Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Record-Level Event Code | Req | “MAD”=Add record to master file; or  “MUP”=Update record for master file |  |  |
| 2 | MFN Control ID | Req | VistA Site ID |  |  |
| 3 | Effective Date/Time | Req | Effective Date/Time |  |  |
| 4 | Primary Key Value - MFE | Req | See the following two tables (i.e., Table 50 and Table 51) for the possible values. |  |  |
| 5 | Primary Key Value Type | Req | “CE” Coded Element |  |  |

### Payer Table Update Messages

Table : MSH Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Field Separator | Req | “|” | not applicable | not applicable |
| 2 | Encoding Characters | Req | “^~\&” | MessageHeader | MessageHeader.event.code |
| 3-1 | Sending Application | Req | “IIV EC” | MessageHeader | MessageHeader.source.name |
| 4 | Sending Facility | Req |  | MessageHeader/Location |  |
| 4-1 | Namespace ID | NS |  | Location | Location.identifier |
| 4-2 | Domain Name for IIV EC server | Req | Domain Name for the IIV EC server located at the AAC in Austin. I.E. IIV.VITRIA-EDI.AAC.VA.GOV  VistA: 870,.03 DOMAIN  eIV Database: iiv.domain\_name | MessageHeader | MessageHeader.source.endpoint |
| 4-3 | DNS | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 5-1 | Receiving Application | Req | “IIV VISTA” | MessageHeader | MessageHeader.destination.name |
| 6 | Receiving Facility | Req |  | MessageHeader/Location |  |
| 6-1 | Site Number | Req | The VistA site’s station number  VistA: 869.3, .04 INSTITUTION  eIV Database: site.site\_number | Location | Location.identifier |
| 6-2 | Site Domain Name | Req | The VistA site’s Domain Name System name, e.g. AUGUSTA.MED.VA.GOV  VistA: 869.3, .02 DOMAIN  eIV Database: site.domain\_name | MessageHeader | MessageHeader.destination.endpoint |
| 6-3 | DNS | Req | “DNS”  eIV Database: (no mapping) |  |  |
| 7-1 | Date/Time of Message | Req | Date/Time the Message was created. See section 10.1.1.1 Date/Time of Message Format | MessageHeader | MessageHeader.timestamp |
| 9 | Message Type | Req | “MFN^M01” |  |  |
| 10 | Message Control ID | Req | Sequential number assigned by the Eligibility Communicator. | MessageHeader | MessageHeader.id |
| 11 | Processing ID | Req | “P”=Production  “T”=Test  eIV Database: site.processing\_id |  |  |
| 12-1 | Version ID | Req | “2.4” | MessageHeader | MessageHeader.source.version |
| 15 | Accept Acknowledgement | Req | “AL” = Always |  |  |
| 16 | Application Acknowledgment Type | Req | “NE” = Never |  |  |
| 17 | Country Code | Req | “USA” |  |  |

Table : MFI Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Master File Identifier | Req |  |  |  |
| 1-1 | Identifier | Req | “365.12” | Coverage | Coverage.issuerIdentifier |
| 1-2 | Text | Req | “PAYER” | Coverage | Coverage.issuerReference.identifier.type.text |
| 3 | File-Level Event Code | Req | “UPD”=Change file records as defined in the record-level event codes for each record that follows |  |  |
| 6 | Response Level Code | Req | “NE”=Never. No application-level response needed |  |  |

Table : MFE Segment

| Sequence | Element Name | Use | Description | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Record-Level Event Code | Req | “MAD”=Add record to master file; or  “MUP”=Update record for master file; or  “MDC”=Deactivate: discontinue using record in master file, but do not delete from database; “MAC”=Reactivate deactivated record |  |  |
| 3-1 | Effective Date/Time | Req | Effective Date/Time (If MDC then the deactivate date/time)  If MFI-1 = “365.12^Payer” and MFE-1=” MDC” then VistA: 365.121, .12 DATE/TIME DEACTIVATED  EC: System D/T when message generated |  |  |
| 4-1 | Primary Key Value - MFE | Req | This will carry the current Payer ID, if changing.  VistA: 365.12, .02 VA NATIONAL ID |  |  |
| 5 | Primary Key Value Type | Req | “CE” Coded Element |  |  |

Table : ZPO Segment

| Sequence | Element Name | Use | Definition | FHIR Resource | FHIR Resource Element |
| --- | --- | --- | --- | --- | --- |
| 1 | Set ID | Req | “1” |  |  |
| 2 | Payer ID | Req | Payer ID is the VA National Payer ID before an update to the payer in the eIV Database.  VistA: 365.12, .02 VA NATIONAL ID  eIV Database: payer . va\_national\_payer\_id | Coverage. | Coverage.issuerIdentifier |
| 3 | New Payer ID | Req | If the Payer ID changes in the update, the value before the change is Payer ID and the value after the change is New Payer ID. In the case of a new payer, or one whose ID did not change, then Payer ID and New Payer ID have the unchanged ID.  VistA: 365.12, .02 VA NATIONAL ID  eIV Database: payer . va\_national\_payer\_id | Coverage | Coverage.issuerIdentifier |
| 4 | Payer Name | Req | Payer’s name.  VistA: 365.12, .01 PAYER NAME  eIV Database: payer . payer\_name | Coverage | Coverage.issuerReference.name |
| 5 | Institutional ID | Opt | Emdeon Payer ID for institutional claims  VistA: 365.12, .06 EDI ID NUMBER - INST  eIV Database: payer . institutional\_id | Organization | Organization.identifier[i] |
| 6 | Professional ID | Opt | Emdeon Payer ID for professional claims  VistA: 365.12, .05 EDI ID NUMBER – PROF  eIV Database: payer . professional\_id | Organization | Organization.identifier[i] |

Table : ZPA Segment

| **Sequence** | **Element Name** | **Use** | **Definition** | | **FHIR Resource** | **FHIR Resource Element** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Set ID | Req | “1” |  | |  |
| 2 | Application | Req | Identifies the application.  “IIV”  VistA: 365.121, .01 APPLICATION | |  |  |
| 3 | Nationally Active | Req | Indicates whether the indicated application may communicate with the identified payer. Communication is enabled through Austin if the value is “ON”. Communication is disabled if the value is “OFF”.   VistA: 365.121, .02 NATIONAL ACTIVE   Values are “Y” and “N”.  eIV Database: payers\_applications . enabled. If this column’s value is NULL, then “N” is this element’s value. | |  |  |
| 4 | Send SSN to Payer | NS |  | |  |  |
| 5 | Use SSN as Member ID | NS |  | |  |  |
| 6 | Inquiry Needs Subscriber ID | Req | VistA may only issue inquiries that include the subscriber (member) ID to the payer.  VistA: 365.121, .08 IDENT REQUIRES SUBSCRIBER ID  Values are “Y” and “N”.  eIV Database: payers\_applications.requires\_member\_id. If this column’s value is NULL, then “N” is this element’s value. | |  |  |
| 7 | Future Service Days | Opt | Number of days in the future that are allowed by a payer for the service date.  Service dates that are sent in the eligibility inquiry are adjusted to fall within the range defined by this parameter.  If value is not defined, then there is no limit to how far into the future the service date can be.  VistA: 365.121, .14 FUTURE SERVICE DAYS  eIV Database: payers\_applications . future\_service\_date. If this column’s value is NULL, then NULL is this element’s value. | |  |  |
| 8 | Past Service Days | Opt | Number of days in the past that are allowed by a payer for the service date.  Service dates that are sent in the eligibility inquiry are adjusted to fall within the range defined by this parameter.  If value is not defined, then there is no limit to how far into the past the service date can be.  VistA: 365.121, .15 PAST SERVICE DAYS  eIV Database: payers\_applications . past\_service\_date. If this column’s value is NULL, then NULL is this element’s value. | |  |  |
| 9 | Status | Req | Nationally trusted insurance.  Values are “Y” and “N”.  eIV Database: payers\_applications .trusted. If this column’s value is NULL, then “Y” is this element’s value. | |  |  |

## eBilling EDI Transaction Processing

The data elements needed for Claim Submission transaction processing are listed below. They are mapped to the FHIR STU 3 resource and data element to find gaps in the FHIR STU 3 Specification. The data elements listed are taken from the eBilling ICDs for 277, 278 and 837 which defines data sent to FSC for claims. Empty entries under the FHIR STU 3 Data Element Path column indicate a gap in the FHIR STU 3 Specification compared to the MCCF 277, 278 and 837 data requirements for sending claim data to FSC, and for precertifications and for responding to requests for additional information about a claim.

**NOTE:** Data for claims is currently sent in a proprietary flat file format that is generated by VistA IB. MCCF EDI TAS will need to replace the flat file generation currently done in VistA by retrieving the data from VistA in FHIR resource format and then creating the flat file as defined in the eBilling ICDs for 277, 278 and 837.

### Mapping 277RFAI HL7 v2 message to FHIR Resources

The MCCF EDI TAS will replace the functionality of the IB module of processing 277RFAI messages, creating and sending the eBilling response to payers via mail, FAX or email. The mapping below maps the 277RFAI message defined in the eBilling ICD for 277RFAI to FHIR resources.

The following mapping tables show the 277RFAI data elements in the eBilling ICD for 277RFAI to FHIR resources and VistA file and field data locations. FHIR includes mappings from FHIR Resources to HL7 v2 Segments and fields.

#### 277RFAI Request MSH Segment

Table : 277RFAI Request MSH Segment

| **Seq** | **X12** | **Data Element** | **Data Type Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  | Field Separator | 1 ST | MessageHeader |  |  | R |  | | |
| 2 |  | Encoding Characters | 4 ST |  |  |  | R |  | ^~\& |
| 3.1 |  | Sending Application | 20 IS |  |  |  | R |  | RFAI FSC |
| 4.1 |  | Sending Facility | 20 IS |  |  |  | R |  | FSC |
| 5.1 |  | Receiving Application | 20 IS |  |  |  | R |  | IB RFAI VISTA |
| 6.1 |  | Receiving Facility | 20 IS |  |  |  | R |  | VA Site Number |
| 7 |  | Date/Time of Message | 14 DTM |  |  |  | R | File 368 Field .03 | 20150104115901 |
| **9** | **Message Type** | | | | | | | | |
| 9.1 |  | Message Code | 3 ID |  |  |  | R |  | EHC |
| 9.2 |  | Trigger Event | 3 ID |  |  |  | R |  | E12 |
| 9.3 |  | Message Structure | 10 ID |  |  |  | R |  | EHC\_E12 |
| 10 |  | Message Control ID | 20 ST |  |  |  | R | File 368 Field .01 | **This must be a unique number as it is being used as the Key field in the VistA database.** |
| **11** | **Processing ID** | | | | | | | | |
| 11.1 |  | Processing ID | 1 ID |  |  |  | R |  | (T)est/(P)roduction Indication |
| **12** | **Version ID** | | | | | | | | |
| 12.1 |  | Version ID | 5 ID |  |  |  | R |  | 2.6 |
| 15 |  | Accept Acknowledgment Type | 15 ID |  |  |  | R |  | AL |
| 16 |  | Application Acknowledgment Type | 16 ID |  |  |  | R |  | NE |

#### 277RFAI Request RFI Segment (BHS & Response Due Date - Loop 2200D) – Required

Table : 277RFAI Request RFI Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | BHT04 & BHT05 | Request Date | 24 DTM |  |  | n/a | R | File 368  Field .02 | Loop 2200D/BHT04 Transaction Set  Creation Date & Loop 2200D/BHT05  Transaction Set Creation Time |
| 2 | 2200D/DTP03 | Response Due Date | 8 DTM |  |  | R | R | File 368  Field 12.01 | Loop 2200D/DPT03 Date Time Period (Response Due Date) |

#### 277RFAI Request CTD Segment (Payer Contact Information – Loop 2100A) – Situational

Table : 277RFAI Request CTD Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Contact Role – Loop 2100A PER – Situational** | | | | | | | | | |
| 1.1 | 2100A/PER01 | Information Contact | 2 ST |  |  | R | R | File 368 Field 80.04 | | Loop 2100A/PER01 Contact Function Code, IC=Information Contact, Always 'IC' |
| **2** | **Contact Name – Loop 2100A – Situational** | | | | | | | | | |
| 2.1 | Family Name | | | | | | | | | |
| 2.1.1 | 2100A/PER02 | Payer Contact Name | 60 ST |  |  | S | C | File 368 Field 1.03 | | Loop 2100A/PER02 Name (Payer Contact Name) |
| **5** | **Payer Contact Communication Number – Loop 2210D PER – Required – Up to 3 Communication Numbers** | | | | | | | | | |
| 5.1 | 2100A//PER03 | Communication Number Qualifier #1 | 3 ID |  |  | S | C | File 368 Field 2.01 | | PRN=TE, NET=EM, BPN=FX, ORN=UR |
| 5.7 | 2100A/PER06 or PER08 | Extension | 250 ST |  |  | S | C | File 368 Field 26.01 | | Example = 100034 |
| 5.8 | 2100A/PER04 | Payer Contact Communication Number #1 | 250 ST |  |  | S | C | File 368 Field 3.01 | | Example = 8005551212 |
| 5.1 | 2100A//PER05 or PER07 | Communication Number Qualifier #2 | 3 ID |  |  | S | C | File 368 Field 2.02 | | PRN=TE, NET=EM, BPN=FX, ORN=UR |
| 5.7 | 2100A/PER08 | Extension | 250 ST |  |  | S | C | File 368 Field 27.01 | | Example = 100034 |
| 5.8 | 2100A/PER06 or PER08 | Payer Contact Communication Number #2 | 250 ST |  |  | S | C | File 368 Field 4.01 | | Example = 8005551212 |
| 5.1 | 2100A//PER07 | Communication Number Qualifier #3 | 3 ID |  |  | S | C | File 368 Field 2.03 | | PRN=TE, NET=EM, BPN=FX, ORN=UR |
| 5.7 | ??? | Extension | 250 NM |  |  | S | C | File 368 Field 28.01 | | Example = 100034 |
| 5.8 | 2100A/PER08 | Payer Contact Communication Number #3 | 250 ST |  |  | S | C | File 368 Field 5.01 | | Example = 8005551212 |

#### 277RFAI Request CTD Segment (Payer Response Contact Information – Loop 2210D) – Required

Table : 277RFAi Request CTD Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max. Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Contact Role – Loop 2100A PER – Situational** | | | | | | | | |
| 1.1 | 2210D/PER01 | Information Contact | 2 ST |  |  | R | R | File 368 Field 80.27 | Loop 2210D/PER01 Payer Response Contact Information, RE=Receiving Contact, Always ‘RE’ |
| **2** | **Contact Name – Loop 2100A – Situational** | | | | | | | | |
| 2.1 | Family Name | | | | | | | | |
| 2.1.1 | 2210D/PER02 | Payer Contact Name | 60 ST |  |  | S | C | File 368 Field 15.01 | Loop 2210D/PER02 Name (Payer Contact Name) |
| **3** | **Contact Address – Loop 2210D N3 – Situational – Loop 2210D N4 – Situational** | | | | | | | | |
| 3.1 | Street Address | | | | | | | | |
| 3.1.1 | 2210D/N301 | Response Contact Address Line | 55 ST |  |  | R | R | File 368  Field 20.01 | Loop 2210D/N301 Address Information (Response Contact Address Line) |
| 3. 2 | 2210D/N302 | Response Contact Additional Address Line | 55 ST |  |  | S | C | File 368  Field 20.02 | Loop 2210D/N302 Address Information (Response Contact Additional Address Line) |
| 3. 3 | 2210D/N401 | Response Contact City Name | 30 ST |  |  | R | R | File 368 Field 20.03 | Loop 2210D/N401 City Name (ResponseContact City Name) |
| 3. 4 | 2210D/N402 | Response Contact Sate Code | 2 ST |  |  | S | C | File 368 Field 20.04 | Loop 2210D/N402 State or Province Code (Response Contact State Code), Example = TX |
| 3. 5 | 2210D/N403 | Response Contact Postal Zone or ZIP Code | 15 ST |  |  | S | C | File 368  Field 20.05 | Loop 2210D/N403 Postal Code (Response Contact Postal Zone or Zip Code) Example = 99999 |
| 3. 6 | 2210D/N404 | Country Code | 3 ID |  |  | S | C | File 368 Field 20.06 | Loop 2210D/N404 Country Code Example = USA |
| 3. 8 | 2210D/N407 | Country Subdivision Code | 3 ST |  |  | S | C | File 368 Field 20.07 | Loop 2210D/N407 Country Subdivision Code |
| **5** | **Payer Contact Communication Number – Loop 2210D PER – Required – Up to 3 Communication Numbers** | | | | | | | | |
| 5.1 | 2210D/PER03 | Communication Number Qualifier #1 | 3 ID |  |  | S | C | File 368 Field 16.01 | PRN=TE, NET=EM, BPN=FX, ORN=UR |
| 5.7 | 2210D/PER06, or PER08 | Extension | 250 ST |  |  | S | C | File 368 Field 29.01 |  |
| 5.8 | 2210D/PER04 | Payer Contact Communication Number #1 | 250 ST |  |  | S | C | File 368 Field 17.01 | Loop 2210D/PER04,PER06,PER08 Payer  Contact Communication Number (Payer Contact Communication Number)  Example = 8005551313 |
| 5.1 | 2210D/PER05 or PER07 | Communication Number Qualifier #2 | 3 ID |  |  | S | C | File 368 Field 16.02 | PRN=TE, NET=EM, BPN=FX, ORN=UR |
| 5.7 | 2210D/PER08 | Extension | 250 ST |  |  | S | C | File 368 Field 30.01 |  |
| 5.8 | 2210D/PER06 or PER08 | Payer Contact Communication Number #2 | 250 ST |  |  | S | C | File 368  Field 18.01 | Loop 2210D/PER04,PER06,PER08 Payer Contact Communication Number (Payer Contact Communication Number)  Example = 8005551313 |
| 5.1 | 2210D/PER07 | Communication Number Qualifier #3 | 3 ID |  |  | S | C | File 368 Field 16.03 | PRN=TE, NET=EM, BPN=FX, ORN=UR |
| 5.7 | 2210D/PER08 | Extension | 250 ST |  |  | S | C | File 368 Field 31.01 |  |
| 5.8 | 2210D/PER08 | Payer Contact Communication Number #3 | 250 ST |  |  | S | C | File 368 Field 19.01 | Loop 2210D/PER04,PER06,PER08 Payer Contact Communication Number (Payer Contact Communication Number)  Example = 8005551313 |

#### 277RFAI Request IVC Segment (Loop 2100A, 2100C, 2200D) – Required

Table : 277RFAI Request IVC Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Provider Invoice Number – Loop 2200D TRN – Required** | | | | | | | | |
| 1.1 | 2200D/REF02 | Patient Control Number | 50 AN |  |  | R | R | File 368 Field 11.01 | Loop 2200D/REF02 Reference ID (Patient Control Number) |
| 1.4 | 2200D/REF01 | Reference Identification Qualifier | 3 ID |  |  | R | O | File 368 Field 80.18 | Loop 2200D/REF01 Reference ID  Qualifier, EJ=Patient Account Number, Always EJ |
| **2** | **Payer Invoice Number – Loop 2200D TRN – Required** | | | | | | | | |
| 2.1 | 2200D/TRN02 | Payer Claim Control Number | 50 ST |  |  | R | R | File 368  Field 11.02 | Loop 2200D/REF02 Reference ID (Patient Control Number) |
| 2.4 | 2200D/TRN01 | Current Transaction Trace Numbers | 2 ID |  |  | R | R | File 368 Field 80.14 | Loop 2200D/TRN01 Trace Type Code, 1=Current Transaction Trace Numbers, Always 1 |
| 3.1 | 2200D/REF02 | Clearinghouse Trace Number | 50 AN |  |  | R | R | File 368 Field 11.04 | Loop 2200D/REF02 Reference ID  (Clearinghouse Trace Number)  Example = 453AD5436 |
| 3.4 | 2200D/REF01 | Reference Identification Qualifier | 3 ID |  |  | R | R | File 368 Field 80.21 | Loop 2200D/Ref01 Reference ID Qualifier, Always URI, URI=D9 |
| 5 | 2210D/PWK01 | Report Transmission Code | 2 ID |  |  | R | R | File 368 Field 80.26 | Always ‘OZ’ |
| **7** | **Invoice Date/Time** | | | | | | | | |
| 7 | 2200D/DTP03 | Claim Service Period | 35 DTM |  |  | R | R | File 368  Field 14.05, 14.03 & 14.04 | Loop 2200D/DTP03 Date Time Period  (Claim Service Period), this field is a Date or Date Range.  VistA fields 14.03 & 14.04 will contain the Begin & End dates of the range. Field 14.05 will contain the entire value. |
| **10** | **Provider Organization – Loop 2100C – Required if non person** | | | | | | | | |
| 10.1 | 2100C/NM103 | Organization Name | 60 ST |  |  | R | R | File 368  Field 7.01 | Loop 2100C/NM103 Organization Name,  Only if 2100C /NM102=2 (Non-Person) |
| 10.2 | 2100C/NM101 | Entity ID Code | 3 ID |  |  | R | R | File 368 Field 80.09 | Loop 2210C/NM102 Entity Type Qualifier, 2=Non-Person Entity |
| **11** | **Payer Organization – Loop 2100A NM1 – Required** | | | | | | | | |
| 11.1 | 2100A/NM103 | Payer Name | 60 ST |  |  | R | R | File 368  Field 1.01 | Loop 2100A/NM103 Name Last or  Organization Name (Payer Name)  Example = Medicare |
| 11.2 | 2100A/NM102 | Entity Type Qualifier | 1 ID |  |  |  |  | File 368 Field 80.02 | Always 2 = Non-Person Entity |
| 11.3 | 2100A/NM109 | Payer ID | 80 ST |  |  | R | R | File 368  Field 1.02 | Loop 2100A/NM109 Identification Code  (Payer Identifier)  Example = 889542587 |
| 11.7 | 2100A/NM108 | ID Code Qualifier | 2 ID |  |  | R | R | File 368 Field 80.03 | Loop 2100A/NM108 Identification Code  Qualifier, PI=Payor ID XV=Centers for  Medicare and Medicaid Services PlanID  Example = PI |
| 11.10 | 2100A/NM101 | Entity ID Code | 3 ID |  |  | R | R | File 368 Field 80.01 | Always ‘PR’ |
| 20.1 | 2200D/REF02 | Reference Identification | 50 AN |  |  | R | O | File 368 Field 25.01 | Loop 2200D/REF02 Reference ID  Example = 483847567 |
| 20.5 | 2200D/REF01 | Reference Identification Qualifier | 3 ID |  |  | R | O | File 368 Field 80.19 | Loop 2200D/REF01 Reference ID  Qualifier, BLT=Billing Type, Always ‘BLT’ |
| **12** | **Provider Organization – Loop 2100C – Required if person** | | | | | | | | |
| 12.2.1 | 2100C/NM103 | Provider Last or Organization Name | 60 ST |  |  | R | R | File 368  Field 7.01 | 2100C/NM103 Provider Last Name, Only  if 2100C /NM102=1 (Person), Example = Smith |
| 12.3 | 2100C/NM104 | Provider First Name | 35 ST |  |  | S | C | File 368  Field 7.01 | Loop 2100C/NM104 Name First, Only  if 2100C /NM102=1 (Person), Example = Trudy |
| 12.4 | 2100C/NM105 | Provider Middle Name or Initial | 25 ST |  |  | S | C | File 368  Field 7.01 | Loop 2100C/NM105 Name Middle, Only  if 2100C /NM102=1 (Person), Example = Jane |
| 12.5 | 2100C/NM107 | Provider Name Suffix | 10 ST |  |  | S | C | File 368  Field 7.01 | Loop 2100C/NM107 Name Suffix, Only  if 2100C /NM102=1 (Person), Example = III |
| 12.10 | 2100C/NM103 | Entity ID Code | 3 ID |  |  |  | C | File 368 Field 80.09 | Loop 2210C/NM102 Entity Type Qualifier,1=Person, Example = 1 |
| **26** | **Provider Tax ID – Loop 2100C NM1 – Required** | | | | | | | | |
| 26 | 2100C/NM109 | Provider ID | 80 ST |  |  | R | R | File 368  Field 8.01 | Loop 2100C/NM109 Identification Code  (Provider ID)  Example = MC652845635 |
| 28 | 2100C/NM108 | Provider ID Qualifier | 2 ID |  |  | R | C | File 368 Field 80.1 | Loop 2100C/NM108 Identification Code  Qualifier (Federal Taxpayer's ID Number)  FI – Fed Tax ID  SV – Service Provider Number  XX – NPI  Expecting XX |

#### 277RFAI Request PSS Segment – Not Supported

#### 277RFAI Request PSG Segment – Not Supported

#### 277RFAI Request PID Segment (Patient – Loop 2100D) – Required

Table : 277RFAI Request PID Segment

| **Seq** | **X12** | | **Data Element** | **Data Type**  **Max Length** | | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **Patient Name – Loop 2100D NM1 – Required** | | | | | | | | | | |
| 3.1 | 2100D/NM109 | Patient Primary ID | | | 80 ST |  |  | R | R | File 368 Field 10.01 | Loop 2100D/NM109 Identification Code  MI=Patient Primary Identifier Only when PID-3.5 = ‘MI’ |
| 3.1 | 2200D/REF02 | Reference Identification | | | 50 AN |  |  | R | R | File 368 Field 11.03 | Loop 2100D/REF02 Reference ID  EA=Medical Record ID Number) Only when PID-3.5 = ‘EA’ |
| 3.5 | 2100D/NM108 | ID Code Qualifier | | | 2 ID |  |  | R | R | File 368 Field 80.13 | Loop 2100D/NM108 Identification Code  Qualifier, Always ‘MI’ |
| 3.5 | 2200D/REF01 | Reference Identification Qualifier | | | 3 ID |  |  | R | R | File 368 Field 80.2 | Loop 2200D/REF01 Reference ID  Qualifier, EA=Medical Record ID Number,  Always ‘EA’, AN=EA |
| **5** | **Patient Name – Loop 2100D – Required** | | | | | | | | | | |
| 5.1 | Family Name | | | | | | | | | | |
| 5.1.1 | 2100D/NM103 | Patient Last Name | | 60 ST | |  |  | R | R | File 368 Field 9.01 | Example = Smith |
| 5.2 | 2100D/NM104 | Patient First Name | | 35 ST | |  |  | S | C | File 368 Field 9.01 | Example = John |
| 5.3 | 2100D/NM105 | Patient Middle Name or Initial | | 25 ST | |  |  | S | C | File 368 Field 9.01 | Example = Billy |
| 5.4 | 2100D/NM107 | Patient Name Suffix | | 10 ST | |  |  | S | C | File 368 Field 9.01 | Example = JR |
| 5.5 | 2100D/NM106 | Patient Name Prefix | | 10 ST | |  |  | S | C | File 368 Field 9.01 | Example = Mr |
| 5.7 | 2100D/NM102 | Entity Type Qualifier | | 1 AN | |  |  | R |  | File 368 Field 80.12 | Loop 2100D/NM102 Entity Type Qualifier, 1=Person |
| 5.8 | 2100D/NM101 | Entity ID | | 3 ID | |  |  | R |  | File 368 Field 80.11 | Loop 2100D/NM101 Entity ID Code,  QC=Patient A = QC |

#### 277RFAI Request PSL Segment (Service Line Item – Loop 2220D) – Situational

Table : 277RFAI Request PSL Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Provider Product/Service Line Item Number – Loop 2220D REF – Required** | | | | | | | | |
| 1.1 | 2220D/REF02 | Line Item Control Number | 50 ST |  |  | R | R | File 368.021  Field .1 | Loop 2200D/REF02 Reference  Identification (Line Item Control Number)  Example = 5685965 |
| 1.4 | 2220D/REF01 | Reference ID Qualifier | 3 [ID] |  |  | R |  | File 368.021 Field 1.01 | Always ‘FJ’ |
| **6** | **Provider Product/Service Line Item Status – Loop 22200D – Required** | | | | | | | | |
| 6.1 | 2220D/SVC01-1 | Product or Service ID Qualifier | 2 ID |  |  | R | R | File 368.021 Field .02 | AD, ER, HC, HP, IV, N4, NU or WK |
| 7.1 | 2220D/SVC01-2 | Service Identification Code | 48 AN |  |  | R | R | File 368.021 Field .03 | Loop 2220D/SVC01-02 Product/Service  ID (Service Identification Code), Revenue Code |
| 8.1 | 2220D/SVC01-3 | Procedure Modifiers | 2 AN |  |  | S | C | File 368.021 Field .04 | Repeatable  Example = 65 |
| 8.1 | 2220D/SVC01-4 | Procedure Modifiers | 2 AN |  |  | S | C | File 368.021 Field .05 | Repeatable |
| 8.1 | 2220D/SVC01-5 | Procedure Modifiers | 2 AN |  |  | S | C | File 368.021 Field .06 | Repeatable |
| 8.1 | 2220D/SVC01-6 | Procedure Modifiers | 2 AN |  |  | S | C | File 368.021 Field .07 | Repeatable |
| 10 | 2220D/STC02 | Status Information Effective Date | 8 DT |  |  | R | R | File 368.2199 Field .02 | Example = 20150821 |
| 16.1.1 | 2220D/SVC02 | Line Item Charge Amount | 18 NM |  |  | R | R | File 368.021 Field .08 | Decimal implied  Example = 10025 |
| 17 | 2220D/STC01-4, STC10-4 or STC11-4 | Health Care Claim Indicator | 10 IS |  |  | R | R | File 368.2199 Field 1.04, 10.04 or 11.04 | “LOI-STC01”, “LOI-STC10”, or “LOI-STC11” |
| 18 | 2220D/STC01-2, STC10-2 or STC11-2 | Additional Information Request Modifier | 30 AN |  |  | R | R | File 368.2199 Field 1.02, 10.02 or 11.02 | This is the LOINC code  Example = 18789-8 |
| 20 | 2200D/STC01-1, STC10-1 or STC11-1 | Health Care Claim Status Category Code | 30 AN |  |  | R | R | File 368.2199 Field 1.01, 10.01 or 11.01 | Loop 2220D/STC01-1,STC10-1,STC11-1  Industry Code Health Care Claim Status Category Code (Only R” type codes allowed)  Example = R4 |
| 22.1 | 2220D/SVC04 | Revenue Code | 48 AN |  |  | S | C | File 368.021 Field .09 | Example = 410 |
| 26.1 | 2220D/DPT03 | Service Line Date | 35 AN |  |  | R | R | File 368.021 Field .11 | Loop 2220D/DPT03 Date Time Period  (Service Line Date)  Example = 20150921 |

#### 277RFAI Request PYE Segment (Service Line Item – Loop 2100B) – Situational

Table : 277RFAI Request PYE Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2 | 2100B/NM01 | Entity ID Qualifier | 3 ID |  |  | R |  | File 368 Field 80.05 | Always 41 |
| **4** | **Payee Identification List – Loop 2100B – Required** | | | | | | | | |
| 4.1 | 2100B/NM103 | Information Receiver Organization Name | 60 ST |  |  | R | R | File 368 Field 6.01 | Loop 2100B/NM103 Organization Name. This would be if it’s a non person.2100B/NM022 = Non-Person  Example = DEPARTMENT OF VETERAN AFFAIRS |
| 4.3 | 2100B/NM109 | Information Receiver ID Number | 80 ST |  |  | R | R | File 368 Field 6.02 | Loop2100B/NM109 Information Receiver  Identification Number (Information  Receiver ID Number) |
| 4.7 | 2100B/NM108 | ID Code Qualifier | 2 ID |  |  | R | C | File 368 Field 80.07 | Loop2100B/NM108 Identification Code  Qualifier. Always 46 |
| 5.1.1 | 2100B/NM103 | Information Receiver Last Name | 60 ST |  |  | R | R | File 368 Field 6.01 | Loop2100B/NM103 Information Receiver  Last. This would be if it’s a person.  2100B/NM02  1 = Person |
| 5.2 | 2100B/NM104 | Information Receiver First Name | 35 ST |  |  | S |  | File 368 Field 6.01 | This would be if it’s a person.  2100B/NM02  1 = Person  Example = John |
| 5.3 | 2100B/NM105 | Information Receiver Middle Name or Initial | 25 ST |  |  | S |  | File 368 Field 6.01 | This would be if it’s a person.  2100B/NM02  1 = Person  Example = Jim |

#### 277RFAI Request OBX Segment (Claim Level Status Codes – Loop 2200D) – Situational

Table : 277RFAI Request OBX Segment

| **Seq** | **X12** | **Data Element** | **Data Type**  **Max Length** | **FHIR Resource** | **FHIR Data Element Path** | **Use X12** | **Use VistA** | **VistA Files** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Claim Level Status Information – Loop 2200D – Situational** | | | | | | | | |
| 1 | Set ID | n/a | n/a |  |  | n/a | n/a | n/a | Sequential Counter (1, 2, 3, etc.) |
| 3.1 | 2200D/STC01-2, STC10-2 or STC11-2 | Industry Code (Set ID 1) | 30 AN |  |  | R | O | File 368.013 Field 1.02, 10.2 or 11.02 | This is the LOINC Code that defines the additional Information being requested. |
| 3.3 | 2200D/STCO1-4, STC10-4 or STC11-4 | Code List Qualifier Code (Set ID 1) | 3 ID |  |  | R | O | File 368.013 Field 1.04, 10.4 or 11.4 | X12 Always ‘LOI’, but we use the HL7 equivalent.  HL7 LN=LOI |
| 3.4 | 2200D/STC01-1 | Health Care Claim Status Category Code | 30 AN |  |  | R | O | File 368.013 Field 1.01, 10.01 or 11.01 | Loop 2200D/STC01-1, STC10-1, STC11-1  Claim Status Category Codes. Use Requests for Additional Information “R” type Category Codes only. |
| 3.6 | 2200D/STC01, STC10 or STC11 | Health Care Claim Status | 10 AN |  |  | R | O |  | “STC01”, “STC10” or “STC11” |
| 14 | 2200D/STC02 | Status Information Effective Date | 8 DT |  |  | R | O | File 368.013 Field .02 | This is the date the claim was placed in this status by the Information Source’s adjudication process.  Example = 20150901 |

### Mapping 278 HL7 v2 message to FHIR Resources

The MCCF EDI TAS will replace the functionality of the IB module of processing 278 HCSR– Request for Review and Response (278x217), Inquiry and Response (278x215). The mapping below maps the 278x217 and 278x215 messages defined in the eBilling ICD for 278 to FHIR resources.

The mapping file below maps the 278 data elements in the eBilling ICD for 278 to FHIR resources as well as to the VistA file and field locations for the data. FHIR includes mappings from FHIR Resources to HL7 v2 Segments and fields. These were used in Table 64.



### **EDI 837 Transaction Data Mapping Table**

Table : EDI 837 Transaction Data Mapping Table

| **ID** | **837 LOOP** | **837 Piece** | **837 Description** | **837 Always** | **Required** | **FHIR STU 3 Resource** | **FHIR STU 3 Data Element Path** | **Gap Notes** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | GEN - General ID Data | 1 | RECORD ID = ‘GEN ’ |  | Y | Communication | Communication.identifier |  |
| 2 | GEN - General ID Data | 2 | VISTA INTERNAL CONTROL NUMBER |  | Y | Communication | Communication.identifier | Identifier is a codeable concept. We may want to define a code system to identify when a value is a VistA ICN |
| 3 | GEN - General ID Data | 3 | DATE |  | Y | Communication | Communication.sent |  |
| 4 | GEN - General ID Data | 4 | REFERENCE # |  | Y | ? |  |  |
| 5 | GEN - General ID Data | 5 | SITE ID |  | Y | Location | Location.identifier |  |
| 6 | GEN - General ID Data | 6 | RECEIVER ID # |  | Y | Communication | Communication.recipient (reference to Organization) |  |
| 7 | GEN - General ID Data | 6 | ENVOYH (Envoy hospital) |  | Y | Communication | Communication.recipient (reference to Organization) |  |
| 8 | GEN - General ID Data | 6 | ENVOYP (Envoy Professional) |  | Y | Communication | Communication.recipient (reference to Organization) |  |
| 9 | GEN - General ID Data | 6 | CHAMVA (ChampVA bills) |  | Y | Communication | Communication.recipient (reference to Organization) |  |
| 10 | GEN - General ID Data | 6 | PARTA (MEDICARE PART A) (Institutional) |  | Y | Communication | Communication.recipient (reference to Organization) |  |
| 11 | GEN - General ID Data | 6 | PARTB (MEDICARE PART B) (Professional) |  | Y | Communication | Communication.recipient (reference to Organization) |  |
| 12 | GEN - General ID Data | 7 | VERSION IDENTIFIER |  | Y | MessageHeader | MessageHeader.source.version |  |
| 13 | PRV - Loop 2010AA (Billing Provider Data) | 1 | RECORD ID = ‘PRV ’ |  | Y | Claim | Claim.organization.organizationIdentifier | Identifier is a codeable concept. We may want to define a code system to identify the Record ID for Provider loops in 837 (e.g. "PRV") |
| 14 | PRV - Loop 2010AA (Billing Provider Data) | 2 | BLANK |  | Y | Blank | BLANK |  |
| 15 | PRV - Loop 2010AA (Billing Provider Data) | 3 | Billing Prov Organization Name |  | Y | Organization | Organization.name |  |
| 16 | PRV - Loop 2010AA (Billing Provider Data) | 4 | Billing Prov Address 1 |  | Y | Organization | Organization.address |  |
| 17 | PRV - Loop 2010AA (Billing Provider Data) | 5 | Billing Prov City Name |  | Y | Organization | Organization.address |  |
| 18 | PRV - Loop 2010AA (Billing Provider Data) | 6 | Billing Prov State Code |  | Y | Organization | Organization.address |  |
| 19 | PRV - Loop 2010AA (Billing Provider Data) | 7 | Billing Prov ZIP Code |  | Y | Organization | Organization.address |  |
| 20 | PRV - Loop 2010AA (Billing Provider Data) | 8 | Communication Number (Phone) |  | Y | Organization | Organization.telecom |  |
|  | PRV - Loop 2010AA (Billing Provider Data) | 9 | Billing Prov Primary ID |  |  | Claim | Claim.organization.organizationIdentifier | Identifier is a codeable concept. We may want to define a code system to identify the NPI as the identifier type |
|  | PRV - Loop 2010AA (Billing Provider Data) | 10 | BLANK |  |  |  |  |  |
|  | PRV - Loop 2010AA (Billing Provider Data) | 11 | Billing Prov Address 2 |  |  | Organization | Organization.address |  |
|  | PRV - Loop 2010AA (Billing Provider Data) | 12 | Billing Provider Primary ID Qualifier | XX |  | Claim | Claim.organization.organizationIdentifier |  |
|  | PRV - Loop 2010AA (Billing Provider Data) | 13 | Billing Prov Taxonomy Code Qualifier | BI |  | Organization | Organization.type |  |
|  | PRV - Loop 2010AA (Billing Provider Data) | 14 | Billing Prov Taxonomy Code |  |  | Organization | Organization.type | Type is a codeable concept. the provider taxonomy code value set is the NUCC Provider Taxonomy available at <http://www.nucc.org/index.php/code-sets-mainmenu-41/provider-taxonomy-mainmenu-40/csv-mainmenu-57> |
| 21 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 1 | RECORD ID = ‘PRV1' |  | Y | Claim | Claim.organization.organizationIdentifier | Identifier is a codeable concept. We may want to define a code system to identify the Record ID for Provider loops in 837 |
| 22 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 2 | Entity ID Code "87" |  | Y |  |  |  |
| 23 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 3 | Entity Type Qualifier "2" |  | Y |  |  |  |
| 24 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 4 | BLANK |  | Y | Blank | BLANK |  |
| 25 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 5 | BLANK |  | Y | Blank | BLANK |  |
| 26 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 6 | BLANK |  | Y | Blank | BLANK |  |
| 27 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 7 | Pay-To Prov Address 1 |  | Y | Organization | Organization.address |  |
| 28 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 8 | Pay-To Prov Address 2 |  | Y | Organization | Organization.address |  |
| 29 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 9 | Pay-To Prov City Name |  | Y | Organization | Organization.address |  |
| 30 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 10 | Pay-To Prov State Code |  | Y | Organization | Organization.address |  |
| 31 | PRV1 - Loop 2010AB (Pay-To Provider (Parent VAMC) Data) | 11 | Pay-To Prov ZIP Code |  | Y | Organization | Organization.address |  |
| 32 | PRV2 - Loop 2010AA (Billing Provider Data) | 1 | RECORD ID = ‘PRV3 ’ |  | Y |  |  |  |
| 33 | PRV2 - Loop 2010AA (Billing Provider Data) | 2 | Billing Prov Address 2 |  | Y | Organization | Organization.address |  |
| 34 | PRV2 - Loop 2010AA (Billing Provider Data) | 3 | Billing Provider Primary ID Qualifier | XX | Y | Provider | Claim.item.providerQualification |  |
| 35 | PRV2 - Loop 2010AA (Billing Provider Data) | 4 | Billing Prov Taxonomy Code Qualifier | BI | Y | Provider | Claim.item.providerQualification |  |
| 36 | PRV2 - Loop 2010AA (Billing Provider Data) | 5 | Billing Prov Taxonomy Code |  | Y | Organization | Practitioner.practitionerRole.specialty |  |
| 37 | PRV2 - Loop 2010AA (Billing Provider Data) | 6 | Billing Prov Primary ID |  | Y | Organization | Organization.identifier |  |
| 38 | CI1 - Loop 2010BB/BC (Current Payer Data) | 1 | RECORD ID = ‘CI1 ’ |  | Y |  |  |  |
| 39 | CI1 - Loop 2010BB/BC (Current Payer Data) | 2 | Payer Name |  | Y | Insurance | Organization.name |  |
| 40 | CI1 - Loop 2010BB/BC (Current Payer Data) | 3 | Payer Address 1 |  | Y | Insurance | Organization.address |  |
| 41 | CI1 - Loop 2010BB/BC (Current Payer Data) | 4 | Payer City Name |  | Y | Insurance | Organization.address |  |
| 42 | CI1 - Loop 2010BB/BC (Current Payer Data) | 5 | Payer State Code |  | Y | Insurance | Organization.address |  |
| 43 | CI1 - Loop 2010BB/BC (Current Payer Data) | 6 | Payer ZIP Code |  | Y | Insurance | Organization.address |  |
| 44 | CI1 - Loop 2010BB/BC (Current Payer Data) | 7 | BLANK |  | Y | Blank | BLANK |  |
| 45 | CI1 - Loop 2010BB/BC (Current Payer Data) | 8 | BLANK |  | Y | Blank | BLANK |  |
| 46 | CI1 - Loop 2010BB/BC (Current Payer Data) | 9 | BLANK |  | Y | Blank | BLANK |  |
| 47 | CI1 - Loop 2010BB/BC (Current Payer Data) | 10 | Payer Address 2 |  | Y | Insurance | Organization.address |  |
| 48 | CI1 - Loop 2010BB/BC (Current Payer Data) | 11 | BLANK |  | Y | Blank | BLANK |  |
| 49 | CI1 - Loop 2010BB/BC (Current Payer Data) | 12 | Insurance Type Code |  | Y | Insurance | Coverage.plan |  |
| 50 | CI1 - Loop 2010BB/BC (Current Payer Data) | 13 | BLANK |  | Y | Blank | BLANK |  |
| 51 | CI1 - Loop 2010BB/BC (Current Payer Data) | 14 | BLANK |  | Y | Blank | BLANK |  |
| 52 | CI1 - Loop 2010BB/BC (Current Payer Data) | 15 | MRA Secondary Indicator |  | Y |  | ? |  |
| 53 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 1 | RECORD ID = ‘CI1A ’ |  | Y |  |  |  |
| 54 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 2 | Billing Prov Sec ID Qualifier(1) | G5 | Y | Provider | Claim.item.providerQualification |  |
| 55 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 3 | Billing Prov Sec ID(1) (4 character Site/Div ID for report sorting) |  | Y | Organization | Organization.identifier |  |
| 57 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 4 | Billing Prov Sec ID Qualifier(2) |  | Y | Organization | Claim.item.providerQualification |  |
| 58 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 5 | Billing Prov Sec ID(2) |  | Y | Organization | Practitioner.identifier |  |
| 59 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 6 | Billing Prov Sec ID Qualifier(3) |  | Y | Organization | Claim.item.providerQualification |  |
| 60 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 7 | Billing Prov Sec ID(3) |  | Y | Organization | Practitioner.identifier |  |
| 61 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 8 | Billing Prov Sec ID Qualifier(4) |  | Y | Organization | Claim.item.providerQualification |  |
| 62 | CI1A - Loop 2010AA (Billing Provider Secondary ID Data) | 9 | Billing Prov Sec ID(4) |  | Y | Organization | Practitioner.identifier |  |
| 63 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 1 | RECORD ID = ‘CI2 ’ |  | Y | Insurance |  |  |
| 64 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 2 | Payer Responsibility Sequence |  | Y | Claim | Coverage.sequence |  |
| 65 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 3 | Subscriber Last Name |  | Y | Patient | Patient.name |  |
| 66 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 4 | Subscriber First Name |  | Y | Patient | [Patient.name](http://patient.name/) |  |
| 67 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 5 | Subscriber Middle Name |  | Y | Patient | [Patient.name](http://patient.name/) |  |
| 68 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 6 | BLANK |  | Y | Blank | BLANK |  |
| 69 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 7 | Subscriber Address 1 |  | Y | Patient | Patient.address |  |
| 70 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 8 | Subscriber City Name |  | Y | Patient | Patient.address |  |
| 71 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 9 | Subscriber State Code |  | Y | Patient | Patient.address |  |
| 71 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 9 | Subscriber State Code |  | Y | Patient | Patient.address |  |
| 72 | CI2 - Loop 2000B/2010BA (Subscriber Data) | 10 | Subscriber ZIP Code |  | Y | Patient | Patient.address |  |
| 73 | CI2A - Loop 2000B/2010BA (Subscriber Data) | 1 | RECORD ID = ‘CI2A ’ |  | Y |  |  |  |
| 74 | CI2A - Loop 2000B/2010BA (Subscriber Data) | 2 | Subscriber Birth Date |  | Y | Patient | Patient.birthDate |  |
| 75 | CI2A - Loop 2000B/2010BA (Subscriber Data) | 3 | Subscriber Gender Code |  | Y | Patient | Patient.gender |  |
| 76 | CI2A - Loop 2000B/2010BA (Subscriber Data) | 4 | Subscriber Telephone Number |  | Y | Patient | Patient.telecom |  |
| 77 | CI2A - Loop 2000B/2010BA (Subscriber Data) | 5 | Subscriber Address 2 |  | Y | Patient | Patient.address |  |
| 78 | CI2A - Loop 2000B/2010BA (Subscriber Data) | 6 | Subscriber Name Suffix |  | Y | Patient | Patient.name |  |
| 79 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 1 | RECORD ID = ‘CI3 ’ |  | N | Insurance |  |  |
| 80 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 2 | Insured Group or Policy # |  | N | Insurance | Coverage.identifier |  |
| 81 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 3 | Insured Group Name |  | N | Insurance | Coverage.group |  |
| 82 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 4 | BLANK |  | N | Blank | BLANK |  |
| 83 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 5 | INSURED EMPLOYER NAME |  | N | Patient | Organization.name |  |
| 83 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 5 | INSURED EMPLOYER NAME |  | N | Patient | Organization.name |  |
| 84 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 6 | BLANK |  | N | Blank | BLANK |  |
| 85 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 7 | BLANK |  | N | Blank | BLANK |  |
| 86 | CI3 - Loop 2000B (Subscriber Group/Employment Data) | 8 | Claim Filing Indicator Code (Type of Payer/Source of Pay) |  | N | Insurance | Coverage.plan |  |
| 88 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 1 | RECORD ID = ‘CI3A ’ |  | N |  |  |  |
| 89 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 2 | Prior Authorization # |  | N | Claim | Claim.coverage.preAuthRef |  |
| 90 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 3 | Payer Claim Control Number Qualifier | F8 | N |  |  |  |
| 91 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 4 | Payer Claim Control Number |  | N | EXPLANATION OF BENEFITS | Claim.identifier |  |
| 92 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 5 | Prior Authorization qualifier | G1 | N |  | Claim.coverage.preAuthRef |  |
| 93 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 6 | Referral Number Qualifier | 9F | N |  |  |  |
| 94 | CI3A – Loop 2000B (Subscriber Group/Employment Data) | 7 | Referral Number |  | N | Claim | ReferralRequest.identifier |  |
| 95 | CI5 - Loop 2010BB/BC (Payer ID Data) | 1 | RECORD ID = ‘CI5 ’ |  | Y |  |  |  |
| 96 | CI5 - Loop 2010BB/BC (Payer ID Data) | 2 | Payer Primary ID Qualifier | PI | Y |  |  |  |
| 97 | CI5 - Loop 2010BB/BC (Payer ID Data) | 3 | Payer Primary ID (Emdeon Payer ID) |  | Y | Insurance | Coverage.network |  |
| 98 | CI5 - Loop 2010BB/BC (Payer ID Data) | 4 | Payer Secondary ID Qualifier (1) |  | Y | Insurance |  |  |
| 99 | CI5 - Loop 2010BB/BC (Payer ID Data) | 5 | Payer Secondary ID (1) |  | Y | Insurance | Coverage.network |  |
| 100 | CI5 - Loop 2010BB/BC (Payer ID Data) | 6 | Payer Secondary ID Qualifier (2) |  | Y | Insurance |  |  |
| 101 | CI5 - Loop 2010BB/BC (Payer ID Data) | 7 | Payer Secondary ID (2) |  | Y | Insurance | Coverage.network |  |
| 102 | CI5A - Loop 2010BB/BC (Payer ID Data) | 1 | RECORD ID = ‘CI5A ’ |  | Y |  |  |  |
| 103 | CI5A - Loop 2010BB/BC (Payer ID Data) | 2 | Payer ID Qualifier | XV | Y |  |  |  |
| 104 | CI5A - Loop 2010BB/BC (Payer ID Data) | 3 | Payer Primary ID (HPID) |  | Y | Insurance |  |  |
| 105 | CI6 - Loop 2010BA (Subscriber ID Data) | 1 | RECORD ID = ‘CI6 ’ |  | Y |  |  |  |
| 106 | CI6 - Loop 2010BA (Subscriber ID Data) | 2 | Subscriber Primary ID Qualifier | MI | Y |  |  |  |
| 107 | CI6 - Loop 2010BA (Subscriber ID Data) | 3 | Subscriber Primary ID |  | Y | Patient | Coverage.identifier |  |
| 108 | CI6 - Loop 2010BA (Subscriber ID Data) | 4 | Subscriber Secondary Qualifier (1) |  | Y | Patient |  |  |
| 109 | CI6 - Loop 2010BA (Subscriber ID Data) | 5 | Subscriber Secondary ID(1) |  | Y | Patient | Coverage.identifier |  |
| 110 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 1 | RECORD ID = ‘PT1 ’ |  | Y |  |  |  |
| 111 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 2 | Pt Relationship to Insured |  | Y | Patient | Coverage.relationship |  |
| 112 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 3 | BLANK |  | Y | Blank | BLANK |  |
| 113 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 4 | Pt Last Name |  | Y | Patient | Patient.name |  |
| 114 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 5 | Pt First Name |  | Y | Patient | Patient.name |  |
| 115 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 6 | Pt Middle Name |  | Y | Patient | Patient.name |  |
| 116 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 7 | Pt Address 1 |  | Y | Patient | Patient.address |  |
| 117 | PT1 - Loop 2000B/C 2010BA/CA (Patient Data) | 8 | Pt Address 2 |  | Y | Patient | Patient.address |  |
| 118 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 1 | RECORD ID = ‘PT1A ’ |  | Y |  |  |  |
| 119 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 2 | Pt City Name |  | Y | Patient | Patient.address |  |
| 120 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 3 | Pt State Code |  | Y | Patient | Patient.address |  |
| 121 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 4 | Pt ZIP Code |  | Y | Patient | Patient.address |  |
| 122 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 5 | Pt Birth DT |  | Y | Patient | Patient.birthDate |  |
| 123 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 6 | Pt Gender Code |  | Y | Patient | Patient.gender |  |
| 124 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 7 | Medical Record Number |  | Y | Patient | Patient.identifier |  |
| 125 | PT1A - Loop 2000B/C 2010BA/CA (Patient Data) | 8 | Pt Name Suffix |  | Y | Patient | Patient.name |  |
| 126 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 1 | RECORD ID = ‘PT2 ’ |  | N |  |  |  |
| 127 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 2 | BLANK |  | N | Blank | BLANK |  |
| 128 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 3 | Patient Telephone Number |  | N | Patient | Patient.telecom |  |
| 129 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 4 | Insured or Pt Death Date |  | N | Patient | Patient.deceased[x] – deceasedBoolean  ,deceasedDateTime |  |
| 130 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 5 | Property/Casualty Claim Number Qualifier | The qualifier Y4 is automatically added by the output formatter when a P&C number is present. | N | Claim |  |  |
| 131 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 6 | Property/Casualty Claim Number |  | N | Claim | Claim.related.reference |  |
| 132 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 7 | Property and Casualty Contact Qualifier | IC | N | Claim |  |  |
| 133 | PT2 - Loop 2000B/C 2010CA (Patient Data) | 8 | Property and Casualty Contact Name |  | N | Claim | Organization.contact |  |
| 134 | PT2A - Loop 2000B/C 2010CA (Patient Data) | 1 | RECORD ID = ‘PT2C’ |  | N |  |  |  |
| 135 | PT2A - Loop 2000B/C 2010CA (Patient Data) | 2 | Property and Casualty Telephone Qualifier | TE | N | Claim |  |  |
| 136 | PT2A - Loop 2000B/C 2010CA (Patient Data) | 3 | Property and Casualty Telephone Number |  | N | Claim | Organization.contact.telecom |  |
| 137 | PT2A - Loop 2000B/C 2010CA (Patient Data) | 4 | Property and Casualty Extension Qualifier |  | N | Claim |  |  |
| 138 | PT2A - Loop 2000B/C 2010CA (Patient Data) | 5 | Property and Casualty Extension Number |  | N | Claim | Organization.contact.telecom |  |
| 139 | CL1 - Loop 2300 (Claim Level Data) | 1 | RECORD ID = ‘CL1 ’ |  | Y |  |  |  |
| 140 | CL1 - Loop 2300 (Claim Level Data) | 2 | Pt Control # (Claim Number) |  | Y | Claim | Claim.identifier |  |
| 142 | CL1 - Loop 2300 (Claim Level Data) | 3 | Facility Type Code (Location of Care - Type of Bill) |  | Y | Claim | Claim.item.place |  |
| 144 | CL1 - Loop 2300 (Claim Level Data) | 4 | Type of Bill Classification (Bill Classification - Type of Bill) |  | Y | Claim | Claim.subType |  |
| 146 | CL1 - Loop 2300 (Claim Level Data) | 5 | Claim Frequency Code (Timeframe of Bill - Type of Bill) |  | Y | Claim | Claim.hospitalization |  |
| 148 | CL1 - Loop 2300 (Claim Level Data) | 6 | CLAIM TYPE | Note: RX for CMS -1500 RX claims and MD for CMS – 1500 500 non-RX claims | Y | Claim | Claim.type |  |
| 149 | CL1 - Loop 2300 (Claim Level Data) | 7 | Release of Information Code | Y | Y | Claim | Flag.status |  |
| 150 | CL1 - Loop 2300 (Claim Level Data) | 8 | Assignment of Benefits Indicator | Y or N | Y | Insurance | Flag.status |  |
| 151 | CL1 - Loop 2300 (Claim Level Data) | 9 | Bill Status |  | Y | Claim |  |  |
| 152 | CL1 - Loop 2300 (Claim Level Data) | 10 | Statement From DT |  | Y | Claim | Claim.item.serviced[x] - servicedDate  ,servicedPeriod |  |
| 153 | CL1 - Loop 2300 (Claim Level Data) | 11 | Statement To DT |  | Y | Claim | Claim.item.serviced[x] servicedDate  servicedPeriod |  |
| 154 | CL1 - Loop 2300 (Claim Level Data) | 12 | Estimated Claim Due Amt |  | Y | Claim |  |  |
| 155 | CL1 - Loop 2300 (Claim Level Data) | 13 | Total Claim Charge Amt |  | Y | Claim | Claim.total |  |
| 156 | CL1 - Loop 2300 (Claim Level Data) | 14 | Admission/Start or Care DT |  | Y | EOC | Claim.hospitalization |  |
| 157 | CL1 - Loop 2300 (Claim Level Data) | 15 | Admission Time |  | Y | EOC | Claim.hospitalization |  |
| 158 | CL1 - Loop 2300 (Claim Level Data) | 16 | Discharge DT |  | Y | EOC | Claim.hospitalization |  |
| 159 | CL1 - Loop 2300 (Claim Level Data) | 17 | Discharge Time |  | Y | EOC | Claim.hospitalization |  |
| 160 | CL1 - Loop 2300 (Claim Level Data) | 18 | Onset of Current Illness/Symptom DT |  | Y | EOC | Claim.onset |  |
| 161 | CL1A - Loop 2300 (Claim Level Data) | 1 | RECORD ID = ‘CL1A ’ |  | Y |  |  |  |
| 162 | CL1A - Loop 2300 (Claim Level Data) | 2 | Initial Treatment DT (Spinal) |  | Y | Claim |  |  |
| 163 | CL1A - Loop 2300 (Claim Level Data) | 3 | Last X-Ray DT (Spinal) |  | Y | Claim |  |  |
| 164 | CL1A - Loop 2300 (Claim Level Data) | 4 | BLANK |  | Y | Blank | BLANK |  |
| 165 | CL1A - Loop 2300 (Claim Level Data) | 5 | Assignment code | A | Y |  |  |  |
| 166 | CL1A - Loop 2300 (Claim Level Data) | 6 | Mammography Certification # |  | Y | Claim |  |  |
| 167 | CL1A - Loop 2300 (Claim Level Data) | 7 | Patient Condition Description (Spinal) |  | Y | Claim | Condition.code |  |
| 168 | CL1A - Loop 2300 (Claim Level Data) | 8 | Acute Manifestation DT (Spinal) |  | Y | Claim | Condition.dateRecorded |  |
| 169 | CL1A - Loop 2300 (Claim Level Data) | 9 | Mammography Certification Qualifier | EW | Y |  |  |  |
| 170 | CL1A - Loop 2300 (Claim Level Data) | 10 | Initial Treatment DT Qualifier | 454 | Y |  |  |  |
| 171 | CL1A - Loop 2300 (Claim Level Data) | 11 | Last X-Ray DT Qualifier | 455 | Y |  |  |  |
| 172 | CL1A - Loop 2300 (Claim Level Data) | 12 | Acute Manifestation DT Qualifier (453) |  | Y |  |  |  |
| 173 | CL1A - Loop 2300 (Claim Level Data) | 13 | Code List Qualifier Code (DR) | DR | Y |  |  |  |
| 174 | CL1A - Loop 2300 (Claim Level Data) | 14 | Industry Code (Prospective Payment Sys. DRG)) |  | Y | Claim |  |  |
| 176 | CL1B – Loop 2300 (Claim Level Data) | 1 | RECORD ID = ‘CL1B ’ |  | N |  |  |  |
| 177 | CL1B – Loop 2300 (Claim Level Data) | 2 | Attachment Report Type |  | N | Claim |  |  |
| 178 | CL1B – Loop 2300 (Claim Level Data) | 3 | Attachment Report Transmission Code |  | N | Claim |  |  |
| 179 | CL1B – Loop 2300 (Claim Level Data) | 4 | Attachment Control Qualifier | AC | N |  |  |  |
| 180 | CL1B – Loop 2300 (Claim Level Data) | 5 | Attachment Control Number |  | N | Claim |  |  |
| 181 | CL1B – Loop 2300 (Claim Level Data) | 6 | Property and Casualty Date Qualifier | 444 | N |  |  |  |
| 182 | CL1B – Loop 2300 (Claim Level Data) | 7 | Property and Casualty Date of First Contact |  | N | Claim |  |  |
| 183 | CL1C - Loop 2300 (Claim Level Data) | 1 | RECORD ID = ‘CL1C ‘ |  | Y |  |  |  |
| 184 | CL1C - Loop 2300 (Claim Level Data) | 2 | Code List Qualifier Code – Admit DX | ALWAYS BJ WITH ICD 9 OR ABJ WITH ICD 10 | Y |  |  |  |
| 185 | CL1C - Loop 2300 (Claim Level Data) | 3 | Industry Code - (Admitting DX) |  | Y | Claim | Encounter.hospitalization.admittingDiagnosis |  |
| 186 | CL1C - Loop 2300 (Claim Level Data) | 4 | Code List Qualifier Code (Patient Reason for Visit) 01 | ALWAYS PR WITH ICD9 OR APR WITH ICD10 | Y |  |  |  |
| 187 | CL1C - Loop 2300 (Claim Level Data) | 5 | Industry Code (Patient Reason for Visit 01) |  | Y | Condition | Encounter.reason |  |
| 188 | CL1C - Loop 2300 (Claim Level Data) | 6 | Code List Qualifier Code (Patient Reason for Visit) 02 | ALWAYS PR WITH ICD9 OR APR WITH ICD10 | Y |  |  |  |
| 189 | CL1C - Loop 2300 (Claim Level Data) | 7 | Industry Code (Patient Reason for Visit) 02 |  | Y | Condition | Encounter.reason |  |
| 190 | CL1C - Loop 2300 (Claim Level Data) | 8 | Code List Qualifier Code (Patient Reason for Visit) 03 | ALWAYS PR WITH ICD9 OR APR WITH ICD10 | Y |  |  |  |
| 191 | CL1C - Loop 2300 (Claim Level Data) | 9 | Industry Code (Patient Reason for Visit) 03 |  | Y | Condition | Encounter.reason |  |
| 193 | CL1C - Loop 2300 (Claim Level Data) | 10 | Disability Date Qualifier | Qualifiers: 360 – Start date; 361 – End date; 314 – Disability span | Y |  |  |  |
| 194 | CL1C - Loop 2300 (Claim Level Data) | 11 | Disability Dates |  | Y | Condition | Claim.employmentImpacted |  |
| 195 | CL1C - Loop 2300 (Claim Level Data) | 12 | Assume Care Date Qualifier | 90 Assume Care | Y |  |  |  |
| 196 | CL1C - Loop 2300 (Claim Level Data) | 13 | Assume Care Date |  | Y | Condition | EpisodeOfCare.period |  |
| 197 | CL1C - Loop 2300 (Claim Level Data) | 14 | Relinquish Care Date Qualifier | 91 Relinquish care | Y |  |  |  |
| 198 | CL1C - Loop 2300 (Claim Level Data) | 15 | Relinquish Care Date |  | Y | Condition | EpisodeOfCare.period |  |
| 199 | CL1D - Loop 2300 (Claim Level Data) | 1 | RECORD ID = ‘CL1D ‘ |  | Y |  |  |  |
| 200 | CL1D - Loop 2300 (Claim Level Data) | 2 | Last Worked DT |  | Y | Claim | Claim.employmentImpacted |  |
| 201 | CL1D - Loop 2300 (Claim Level Data) | 3 | Work Return DT |  | Y | Claim | Claim.employmentImpacted |  |
| 202 | CL1D - Loop 2300 (Claim Level Data) | 4 | Point of origin for ADM or visit |  | Y | Claim | Encounter.hospitalization.admitSource |  |
| 203 | CL1D - Loop 2300 (Claim Level Data) | 5 | Priority type of ADM or visit |  | Y | Claim | Claim.priority |  |
| 204 | CL1D - Loop 2300 (Claim Level Data) | 6 | Patient Status Code |  | Y | Claim | EpisodeOfCare.statusHistory.status |  |
| 205 | CL1D - Loop 2300 (Claim Level Data) | 7 | Last Menstrual Period DT |  | Y | Claim |  |  |
| 206 | CL1D - Loop 2300 (Claim Level Data) | 8 | Accident/Employment/Related Causes (Qualified by AA) |  | Y |  |  |  |
| 208 | CL1D - Loop 2300 (Claim Level Data) | 9 | Accident/Employment/Related Causes (Qualified by EM) |  | Y |  |  |  |
| 210 | CL1D - Loop 2300 (Claim Level Data) | 10 | Accident/Employment/Related Causes (Qualified by OA) |  | Y |  |  |  |
| 212 | CL1D - Loop 2300 (Claim Level Data) | 11 | Auto Accident State Code |  | Y | Claim | Location.address |  |
| 213 | CL1D - Loop 2300 (Claim Level Data) | 12 | Provider Signature on File |  | Y | Provider |  |  |
| 214 | CL1D - Loop 2300 (Claim Level Data) | 13 | Place of Service Code (Claim Level) |  | Y | Claim |  |  |
| 215 | CL1D - Loop 2300 (Claim Level Data) | 14 | Accident DT |  | Y | Claim | Claim.accidentDate |  |
| 216 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 1 | RECORD ID = ‘SUB ‘ |  | N |  |  |  |
| 217 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 2 | Lab/Facility Name |  | N | Organization | HealthcareService.providedBy |  |
| 218 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 3 | Lab/Facility Address 1 |  | N | Organization | HealthcareService.providedBy |  |
| 219 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 4 | Lab/Facility City |  | N | Organization | HealthcareService.providedBy |  |
| 220 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 5 | Lab/Facility State |  | N | Organization | HealthcareService.providedBy |  |
| 221 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 6 | Lab/Facility ZIP Code |  | N | Organization | HealthcareService.providedBy |  |
| 222 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 7 | Total Purchased Service Amt |  | N | Claim | Claim.item.net |  |
| 223 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 8 | BLANK |  | N | Blank | BLANK |  |
| 224 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 9 | BLANK |  | N | Blank | BLANK |  |
| 225 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 10 | Purchased Serv Flag 1 = FEE, NON-LAB  2 = FEE, LAB |  | N | Claim |  |  |
| 228 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 11 | BLANK |  | N | Blank | BLANK |  |
| 229 | SUB - Loop 2310C/D/E 2300 (Service Facility Data) | 12 | Lab/Facility Address 2 |  | N | Organization | HealthcareService.providedBy |  |
| 230 | SUB1 - Loop 2310C/E (Service Facility Data) | 1 | RECORD ID = ‘SUB1 ‘ |  | N |  |  |  |
| 231 | SUB1 - Loop 2310C/E (Service Facility Data) | 2 | Facility Phone Number Qualifier | TE | N |  |  |  |
| 232 | SUB1 - Loop 2310C/E (Service Facility Data) | 3 | Facility Phone Number |  | N | Organization | Organization.contact.telecom |  |
| 233 | SUB1 - Loop 2310C/E (Service Facility Data) | 4 | Facility Phone Extension Qualifier | EX | N |  |  |  |
| 234 | SUB1 - Loop 2310C/E (Service Facility Data) | 5 | Facility Phone Extension |  | N | Organization | Organization.contact.telecom |  |
| 235 | SUB2 - Loop 2310C/E (Service Facility Data) | 1 | RECORD ID = ‘SUB2 ‘ |  | N |  |  |  |
| 236 | SUB2 - Loop 2310C/E (Service Facility Data) | 2 | Lab/Facility Entity Code |  | N | Organization |  |  |
| 237 | SUB2 - Loop 2310C/E (Service Facility Data) | 3 | Lab/Facility Entity Type Qualifier 2 = Non-Person | XX | N |  |  |  |
| 239 | SUB2 - Loop 2310C/E (Service Facility Data) | 4 | BLANK |  | N | Blank | BLANK |  |
| 240 | SUB2 - Loop 2310C/E (Service Facility Data) | 5 | Lab/Facility Primary ID Qualifier | XX | N |  |  |  |
| 241 | SUB2 - Loop 2310C/E (Service Facility Data) | 6 | Lab/Facility Primary ID |  | N | Organization |  |  |
| 242 | SUB2 - Loop 2310C/E (Service Facility Data) | 7 | Lab/Facility Secondary ID Qualifier (1) |  | N | Organization |  |  |
| 243 | SUB2 - Loop 2310C/E (Service Facility Data) | 8 | Lab/Facility Secondary ID (1) |  | N | Organization |  |  |
| 244 | SUB2 - Loop 2310C/E (Service Facility Data) | 9 | Lab/Facility Secondary ID Qualifier (2) |  | N | Organization |  |  |
| 245 | SUB2 - Loop 2310C/E (Service Facility Data) | 10 | Lab/Facility Secondary ID (2) |  | N | Organization |  |  |
| 246 | SUB2 - Loop 2310C/E (Service Facility Data) | 11 | Lab/Facility Secondary ID Qualifier (3) |  | N | Organization |  |  |
| 247 | SUB2 - Loop 2310C/E (Service Facility Data) | 12 | Lab/Facility Secondary ID (3) |  | N | Organization |  |  |
| 248 | SUB3 - Loop 2310C/E (Service Facility Data) | 1 | RECORD ID = ‘SUB3 ‘ |  | N |  |  |  |
| 249 | SUB3 - Loop 2310C/E (Service Facility Data) | 2 | Facility Contact Name Qualifier | IC | N |  |  |  |
| 250 | SUB3 - Loop 2310C/E (Service Facility Data) | 3 | Facility Contact Name |  | N | Organization | Organization.contact.name |  |
| 251 | SUB3 - Loop 2310C/E (Service Facility Data) | 4 | CLIA # (Clinical Laboratory Improvement Amendment Number) |  | N | Organization |  |  |
| 253 | UB1 - Loop 2300 (Claim Level Form Data) | 1 | RECORD ID = ‘UB1 ’ |  | N |  |  |  |
| 254 | UB1 - Loop 2300 (Claim Level Form Data) | 2 | Certification Condition Indicator (Homebound) |  | N | Claim |  |  |
| 255 | UB1 - Loop 2300 (Claim Level Form Data) | 3 | Special Program Indicator |  | N | Claim | Claim.item.programCode |  |
| 256 | UB1 - Loop 2300 (Claim Level Form Data) | 4 | Last Seen DT |  | N | Claim |  |  |
| 257 | UB1 - Loop 2300 (Claim Level Form Data) | 5 | BLANK |  | N | Blank | BLANK |  |
| 258 | UB1 - Loop 2300 (Claim Level Form Data) | 6 | BLANK |  | N | Blank | BLANK |  |
| 259 | UB1 - Loop 2300 (Claim Level Form Data) | 7 | BLANK |  | N | Blank | BLANK |  |
| 260 | UB1 - Loop 2300 (Claim Level Form Data) | 8 | BLANK |  | N | Blank | BLANK |  |
| 261 | UB1 - Loop 2300 (Claim Level Form Data) | 9 | BLANK |  | N | Blank | BLANK |  |
| 262 | UB1 - Loop 2300 (Claim Level Form Data) | 10 | BLANK |  | N | Blank | BLANK |  |
| 263 | UB1 - Loop 2300 (Claim Level Form Data) | 11 | BLANK |  | N | Blank | BLANK |  |
| 264 | UB1 - Loop 2300 (Claim Level Form Data) | 12 | BLANK |  | N | Blank | BLANK |  |
| 265 | UB1 - Loop 2300 (Claim Level Form Data) | 13 | BLANK |  | N | Blank | BLANK |  |
| 266 | UB1 - Loop 2300 (Claim Level Form Data) | 14 | BLANK |  | N | Blank | BLANK |  |
| 267 | UB1 - Loop 2300 (Claim Level Form Data) | 15 | BLANK |  | N | Blank | BLANK |  |
| 268 | UB1 - Loop 2300 (Claim Level Form Data) | 16 | BLANK |  | N | Blank | BLANK |  |
| 269 | UB1 - Loop 2300 (Claim Level Form Data) | 17 | BLANK |  | N | Blank | BLANK |  |
| 270 | UB1 - Loop 2300 (Claim Level Form Data) | 18 | BLANK |  | N | Blank | BLANK |  |
| 271 | UB1 - Loop 2300 (Claim Level Form Data) | 19 | Claim Note Text |  | N | Claim |  |  |
| 272 | UB1 - Loop 2300 (Claim Level Form Data) | 20 | Billing Note Text Qualifier | Only codes ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI | N |  |  |  |
| 273 | UB1 - Loop 2300 (Claim Level Form Data) | 21 | Billing Note Text |  | N | Claim |  |  |
| 274 | OC1-OC12 - Loop 2300 (Occurrence Code Data) | 1 | RECORD ID = ‘OC1 ’ - ‘OC12’ |  | N |  |  |  |
| 275 | OC1-OC12 - Loop 2300 (Occurrence Code Data) | 2 | Occurrence Code DT |  | N | Claim | Claim.onset.time[x], Timedate, Timeperiod |  |
| 276 | OC1-OC12 - Loop 2300 (Occurrence Code Data) | 3 | OCCURRENCE CODE |  | N | Claim | Claim.occurrenceCode |  |
| 277 | OS1-OS12 - Loop 2300 (Occurrence Span Code Data) | 1 | RECORD ID = ‘OS1 ’ - ‘OS12’ |  | N |  |  |  |
| 278 | OS1-OS12 - Loop 2300 (Occurrence Span Code Data) | 2 | Occurrence Span Code DT (From) |  | N | Claim | Claim.onset.time[x], Timedate, Timeperiod |  |
| 279 | OS1-OS12 - Loop 2300 (Occurrence Span Code Data) | 3 | Occurrence Span Code DT (Through) |  | N | Claim | Claim.onset.time[x], Timedate, Timeperiod |  |
| 280 | OS1-OS12 - Loop 2300 (Occurrence Span Code Data) | 4 | Occurrence Span Code |  | N | Claim | Claim.occurenceSpanCode |  |
| 281 | PC1-PC12 - Loop 2300 (Procedure Code Data) | 1 | RECORD ID = ‘PC1 ’ - ‘PC12’ |  | N |  |  |  |
| 282 | PC1-PC12 - Loop 2300 (Procedure Code Data) | 2 | Procedure DT |  | N | Claim | Claim.procedure.date |  |
| 283 | PC1-PC12 - Loop 2300 (Procedure Code Data) | 3 | Procedure Code |  | N | Claim | Procedure.code |  |
| 284 | PC1-PC12 - Loop 2300 (Procedure Code Data) | 4 | Procedure Code Qualifier | Note: Always BR or BQ for ICD 9 Always BBR or BBQ for ICD 10 | N |  |  |  |
| 285 | SPC- Loop 2300 (Surgical Procedure Code Data) | 1 | RECORD ID = SPC |  | N |  |  |  |
| 286 | SPC- Loop 2300 (Surgical Procedure Code Data) | 2 | Primary Surgical Procedure Code Qualifier | BP | N |  |  |  |
| 287 | SPC- Loop 2300 (Surgical Procedure Code Data) | 3 | Primary Surgical Procedure Code |  | N | Claim | Claim.procedure.sequence |  |
| 288 | SPC- Loop 2300 (Surgical Procedure Code Data) | 4 | Secondary Surgical Procedure Code Qualifier | BO | N |  |  |  |
| 289 | SPC- Loop 2300 (Surgical Procedure Code Data) | 5 | Secondary Surgical Procedure Code |  | N | Claim | Procedure.code |  |
| 290 | VC1-VC12 - Loop 2300 (Value Code Data) | 1 | RECORD ID = ‘VC1 ’ - ‘VC12’ |  | N |  |  |  |
| 291 | VC1-VC12 - Loop 2300 (Value Code Data) | 2 | VALUE CODE |  | N | Claim |  |  |
| 292 | VC1-VC12 - Loop 2300 (Value Code Data) | 3 | Value Code Associated Amt |  | N | Claim |  |  |
| 293 | CC1-CC12 - Loop 2300 (Condition Code Data) | 1 | RECORD ID = ‘CC1 ’ - ‘CC12’ |  | N |  |  |  |
| 294 | CC1-CC12 - Loop 2300 (Condition Code Data) | 2 | CONDITION CODE |  | N | Claim | EpisodeOfCare.condition |  |
| 295 | DC1-DC12 - Loop 2300 (Diagnosis Code Data) | 1 | RECORD ID = ‘DC1 ’ - ‘DC12’ |  | N |  |  |  |
| 296 | DC1-DC12 - Loop 2300 (Diagnosis Code Data) | 2 | DIAGNOSIS CODE |  | N | Condition | Claim.diagnosis.diagnosis |  |
| 296 | DC1-DC12 - Loop 2300 (Diagnosis Code Data) | 2 | DIAGNOSIS CODE |  | N | Condition | Claim.diagnosis.diagnosis |  |
| 297 | DC1-DC12 - Loop 2300 (Diagnosis Code Data) | 3 | Code List Qualifier Code | May be BK, BF or BN for ICD -9  May be ABK, ABF, and ABN for ICD-10 | N |  |  |  |
| 298 | DC1-DC12 - Loop 2300 (Diagnosis Code Data) | 4 | Present on Admission Indicator | Value of "1" instead of the actual blank is required for 837 transmissions | N | Condition |  |  |
| 299 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 1 | RECORD ID = ‘OPR ’ |  | N |  |  |  |
| 300 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 2 | Attending Prov Last Name |  | N | Provider | Provider.name |  |
| 301 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 3 | Attending Prov First Name |  | N | Provider | Provider.name |  |
| 302 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 4 | Attending Prov Name Suffix |  | N | Provider | Provider.name |  |
| 303 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 5 | BLANK |  | N | Blank | BLANK |  |
| 304 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 6 | Other Operating Prov Last Name |  | N | Provider | Provider.name |  |
| 305 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 7 | Other Operating Prov First Name |  | N | Provider | Provider.name |  |
| 306 | OPR - Loop 2310A/B/C (Att/Other Oper/Oper Physician/Provider Data) | 8 | Other Operating Prov Name Suffix |  | N | Provider | Provider.name |  |
| 307 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 1 | RECORD ID = ‘OPR1’ |  | N |  |  |  |
| 308 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 2 | Attending Prov Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 309 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 3 | Attending Prov Primary ID |  | N | Provider | Claim.provider[x] - Provideridentifier, Providerreference |  |
| 310 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 4 | Attending Prov Entity Type Qualifier |  | N | Provider | Claim.item.providerQualification |  |
| 311 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 5 | Other Operating Prov Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 312 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 6 | Other Operating Provider Primary ID |  | N | Provider | Claim.provider[x] - Provideridentifier, Providerreference |  |
| 313 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 7 | Other Operating Prov Entity Type Qualifier |  | N | Provider | Claim.item.providerQualification |  |
| 314 | OPR1 - Loop 2310A/B (Att/Other Oper/Oper Physician/Provider Data) | 8 | Operating Phy Primary ID Qualifier | XX | N |  | Claim.item.providerQualification |  |
| 315 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 1 | RECORD ID = ‘OPR2 ’ |  | N |  |  |  |
| 316 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 2 | Attending Prov Secondary ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 317 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 3 | Attending Prov Secondary ID (1) |  | N | Provider | Practitioner.identifier |  |
| 318 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 4 | Attending Prov Sec ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 319 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 5 | Attending Prov Sec ID (2) |  | N | Provider | Practitioner.identifier |  |
| 320 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 6 | Attending Prov Sec ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 321 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 7 | Attending Prov Sec ID (3) |  | N | Provider | Practitioner.identifier |  |
| 322 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 8 | Attending Prov Sec ID Qualifier (4) |  | N | Provider | Claim.item.providerQualification |  |
| 323 | OPR2 - Loop 2310A (Attending Provider Secondary ID Data) | 9 | Attending Prov Sec ID (4) |  | N | Provider | Practitioner.identifier |  |
| 324 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 1 | RECORD ID = ‘OPR3 ’ |  | N |  |  |  |
| 325 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 2 | Operating Phy Sec ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 326 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 3 | Operating Phy Sec ID (1) |  | N | Provider | Practitioner.identifier |  |
| 327 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 4 | Operating Phy Sec ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 328 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 5 | Operating Phy Sec ID (2) |  | N | Provider | Practitioner.identifier |  |
| 329 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 6 | Operating Phy Sec ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 330 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 7 | Operating Phy Sec ID (3) |  | N | Provider | Practitioner.identifier |  |
| 331 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 8 | Operating Phy Sec ID Qualifier (4) |  | N | Provider | Claim.item.providerQualification |  |
| 332 | OPR3 - Loop 2310B (Operating Physician Secondary ID Data) | 9 | Operating Phy Sec ID (4) |  | N | Provider | Practitioner.identifier |  |
| 333 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 1 | RECORD ID = ‘OPR4 ’ |  | N |  |  |  |
| 334 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 2 | Other Operating Prov Sec ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 335 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 3 | Other Operating Prov Sec ID (1) |  | N | Provider | Practitioner.identifier |  |
| 336 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 4 | Other Operating Prov Sec ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 337 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 5 | Other Operating Prov Sec ID (2) |  | N | Provider | Practitioner.identifier |  |
| 338 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 6 | Other Operating Prov Sec ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 339 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 7 | Other Operating Prov Sec ID (3) |  | N | Provider | Practitioner.identifier |  |
| 340 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 8 | Other Operating Prov Sec ID Qualifier (4) |  | N | Provider | Claim.item.providerQualification |  |
| 341 | OPR4 - Loop 2310C (Other Operating Provider Secondary ID Data) | 9 | Other Operating Prov Sec ID (4) |  | N | Provider | Practitioner.identifier |  |
| 342 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 1 | RECORD ID = ‘OPR5 ’ |  | N |  |  |  |
| 343 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 2 | Referring Prov Sec ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 344 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 3 | Referring Prov Sec ID (1) |  | N | Provider | Practitioner.identifier |  |
| 345 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 4 | Referring Prov Sec ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 346 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 5 | Referring Prov Sec ID (2) |  | N | Provider | Practitioner.identifier |  |
| 347 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 6 | Referring Prov Sec ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 348 | OPR5 - Loop 2310A (Referring Provider Secondary ID Data) | 7 | Referring Prov Sec ID (3) |  | N | Provider | Practitioner.identifier |  |
| 349 | OPR7 - Loop 2310E (Supervising Provider Data) | 1 | RECORD ID = ‘OPR7’ |  | N |  |  |  |
| 350 | OPR7 - Loop 2310E (Supervising Provider Data) | 2 | Supervising Prov Last Name |  | N | Provider | Practitioner.name |  |
| 351 | OPR7 - Loop 2310E (Supervising Provider Data) | 3 | Supervising Prov First Name |  | N | Provider | Practitioner.name |  |
| 352 | OPR7 - Loop 2310E (Supervising Provider Data) | 4 | Supervising Prov Middle Name |  | N | Provider | Practitioner.name |  |
| 353 | OPR7 - Loop 2310E (Supervising Provider Data) | 5 | Supervising Prov Name Suffix |  | N | Provider | Practitioner.name |  |
| 354 | OPR7 - Loop 2310E (Supervising Provider Data) | 6 | Supervising Prov Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 355 | OPR7 - Loop 2310E (Supervising Provider Data) | 7 | Supervising Provider Primary ID |  | N | Provider | Practitioner.identifier |  |
| 356 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 1 | RECORD ID = ‘OPR8’ |  | N |  |  |  |
| 357 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 2 | Supervising Prov Sec ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 358 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 3 | Supervising Prov Sec ID (1) |  | N | Provider | Practitioner.identifier |  |
| 359 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 4 | Supervising Prov Sec ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 360 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 5 | Supervising Prov Sec ID (2) |  | N | Provider | Practitioner.identifier |  |
| 361 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 6 | Supervising Prov Sec ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 362 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 7 | Supervising Prov Sec ID (3) |  | N | Provider | Practitioner.identifier |  |
| 363 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 8 | Supervising Prov Sec ID Qualifier (4) |  | N | Provider | Claim.item.providerQualification |  |
| 364 | OPR8 - Loop 2310E (Supervising Provider Secondary ID Data) | 9 | Supervising Prov Sec ID (4) |  | N | Provider | Practitioner.identifier |  |
| 365 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 1 | RECORD ID = ‘OPR9’ |  | N |  |  |  |
| 366 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 2 | Rendering Provider Qualifier | 82 | N | Provider | Claim.item.providerQualification |  |
| 367 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 3 | Rendering Provider Type | 1 | N | Provider |  |  |
| 368 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 4 | Rendering Provider Last Name |  | N | Provider | Practitioner.name |  |
| 369 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 5 | Rendering Provider First Name |  | N | Provider | Practitioner.name |  |
| 370 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 6 | Rendering Provider Middle Name |  | N | Provider | Practitioner.name |  |
| 371 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 7 | Rendering Provider Name Suffix |  | N | Provider | Practitioner.name |  |
| 372 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 8 | Rendering Provider Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 373 | OPR9 – Loop 2310B/2310D (Rendering Provider Data) | 9 | Rendering Provider Primary ID |  | N | Provider | Practitioner.identifier |  |
| 374 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 1 | RECORD ID = ‘OPRA’ |  | N |  |  |  |
| 375 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 2 | Rendering Provider Sec ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 376 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 3 | Rendering Provider Sec ID (1) |  | N | Provider | Practitioner.identifier |  |
| 377 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 4 | Rendering Provider Sec ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 378 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 5 | Rendering Provider Sec ID (2) |  | N | Provider | Practitioner.identifier |  |
| 379 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 6 | Rendering Provider Sec ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 380 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 7 | Rendering Provider Sec ID (3) |  | N | Provider | Practitioner.identifier |  |
| 381 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 8 | Rendering Provider Sec ID Qualifier (4) |  | N | Provider | Claim.item.providerQualification |  |
| 382 | OPRA – Loop 2310B/2310D (Rendering Provider Secondary ID) | 9 | Rendering Provider Sec ID (4) |  | N | Provider | Practitioner.identifier |  |
| 383 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 1 | RECORD ID = ‘OPRB’ |  | N |  |  |  |
| 384 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 2 | Operating Phy Last Name |  | N | Claim | Practitioner.name |  |
| 385 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 3 | Operating Phy First Name |  | N | Claim | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 386 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 4 | Operating Phy Name Suffix |  | N | Claim | Practitioner.name |  |
| 387 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 5 | Referring Prov Last Name |  | N | Provider | Practitioner.name |  |
| 388 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 6 | Referring Prov First Name |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 389 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 7 | Referring Prov Name Suffix |  | N | Provider | Practitioner.name |  |
| 390 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 8 | Attending Prov Taxonomy Qualifier | AT | N | Provider | Claim.item.providerQualification |  |
| 391 | OPRB – Loop 2310B/2310A/F (Operating/Referring/Attending Provider Data) | 9 | Attending Prov Taxonomy |  | N | Provider | Practitioner.qualification.code |  |
| 392 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 1 | RECORD ID = ‘OPRC’ |  | N |  |  |  |
| 393 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 2 | Operating Phy Primary ID |  | N | Provider |  |  |
| 394 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 3 | Rend Prov Credentials |  | N | Provider | Practitioner.qualification |  |
| 395 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 4 | Referring Prov Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 396 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 5 | Referring Provider Primary ID |  | N | Provider |  |  |
| 397 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 6 | Referring Prov Entity Type Qualifier |  | N | Provider | Claim.item.providerQualification |  |
| 398 | OPRC – Loop 2310B/2310A/F (Operating/Referring/ Provider Primary ID) | 7 | Operating Phy Entity Type Qualifier |  | N |  | Claim.item.providerQualification |  |
| 399 | OPRD – Loop 2310B/2310D (Rendering Provider Secondary ID) | 1 | RECORD ID = ‘OPRD’ |  | N |  |  |  |
| 400 | OPRD – Loop 2310B/2310D (Rendering Provider Secondary ID) | 2 | Rend Prov Taxonomy Qualifier | PE | N | Provider | Claim.item.providerQualification |  |
| 401 | OPRD – Loop 2310B/2310D (Rendering Provider Secondary ID) | 3 | Rend Prov Taxonomy |  | N | Provider | Practitioner.practitionerRole.specialty |  |
| 402 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 1 | RECORD ID = ‘AMB’ |  | N | Organization |  |  |
| 403 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 2 | Address Type Qualifier |  | N | Organization |  |  |
| 404 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 3 | Ambulance Address Line 1 |  | N | Organization | Location.address |  |
| 405 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 4 | Ambulance Address Line 2 |  | N | Organization | Location.address |  |
| 406 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 5 | Ambulance City |  | N | Organization | Location.address |  |
| 407 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 6 | Ambulance State |  | N | Organization | Location.address |  |
| 408 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 7 | Ambulance Zip |  | N | Organization | Location.address |  |
| 409 | AMB - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 8 | Ambulance Drop Off Location |  | N | Organization | Location.name |  |
| 410 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 1 | RECORD ID = ‘AMB1’ |  | N | Organization |  |  |
| 411 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 2 | Amb Patient Weight Units | LB | N | Organization |  |  |
| 412 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 3 | Amb Patient Weight |  | N | Organization |  |  |
| 413 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 4 | Amb Transport Reason Code |  | N | Organization |  |  |
| 414 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 5 | Amb Distance Units | DH | N | Organization |  |  |
| 415 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 6 | Amb Transport Distance |  | N | Organization |  |  |
| 416 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 7 | Amb Round Trip Purpose |  | N | Organization |  |  |
| 417 | AMB1 - Loop 2310E/F (Ambulance Pick-up / Drop-off) | 8 | Amb Stretcher Purpose |  | N | Organization |  |  |
| 418 | AMB2 - Loop 2300 (Ambulance Certification Data) | 1 | RECORD ID = ‘AMB2’ |  | N | Organization |  |  |
| 419 | AMB2 - Loop 2300 (Ambulance Certification Data) | 2 | Amb Code Category | 07 | N | Organization |  |  |
| 420 | AMB2 - Loop 2300 (Ambulance Certification Data) | 3 | Amb Certification Condition Indicator | Y | N | Organization | Flag.status |  |
| 421 | AMB2 - Loop 2300 (Ambulance Certification Data) | 4 | Amb Condition Code [1] |  | N | Organization | Condition.code |  |
| 422 | AMB2 - Loop 2300 (Ambulance Certification Data) | 5 | Amb Condition Code [2] |  | N | Organization | Condition.code |  |
| 423 | AMB2 - Loop 2300 (Ambulance Certification Data) | 6 | Amb Condition Code [3] |  | N | Organization | Condition.code |  |
| 424 | AMB2 - Loop 2300 (Ambulance Certification Data) | 7 | Amb Condition Code [4] |  | N | Organization | Condition.code |  |
| 425 | AMB2 - Loop 2300 (Ambulance Certification Data) | 8 | Amb Condition Code [5] |  | N | Organization | Condition.code |  |
| 426 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 1 | RECORD ID = ‘OI1 ’ |  | N |  |  |  |
| 427 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 428 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 3 | Individual Relationship Code |  | N | Patient | RelatedPerson.identifier |  |
| 429 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 4 | Other Group or Policy # |  | N | Insurance | Coverage.identifier |  |
| 430 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 5 | Other Group or Policy Name |  | N | Insurance | Coverage.group |  |
| 431 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 6 | BLANK |  | N | Blank | BLANK |  |
| 432 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 7 | BLANK |  | N | Blank | BLANK |  |
| 433 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 8 | Other Payer Paid Amt |  | N | Claim | PaymentReconciliation.total |  |
| 434 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 9 | BLANK |  | N | Blank | BLANK |  |
| 435 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 10 | BLANK |  | N | Blank | BLANK |  |
| 436 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 11 | Other Payer Last or Organization Name |  | N | Insurance | Organization.name |  |
| 437 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 12 | COB Total non-Covered Amount |  | N | Claim |  |  |
| 438 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 13 | COB Total non-Covered Amount Qualifier |  | N |  |  |  |
| 439 | OI1 - Loop 2320/2330B (Other Subscriber and Other Payer Data) | 14 | Claim Filing Indicator (Type of Payer) |  | N | Insurance | Coverage.plan |  |
| 440 | OI1A - Loop 2330B (Other Payer ID Data) | 1 | RECORD ID = ‘OI1A ’ |  | N |  |  |  |
| 441 | OI1A - Loop 2330B (Other Payer ID Data) | 2 | Other Payer Prior Authorization Qualifier | G1 | N |  |  |  |
| 442 | OI1A - Loop 2330B (Other Payer ID Data) | 3 | Other Payer Prior Auth Number |  | N | Claim | Claim.coverage.preAuthRef |  |
| 443 | OI1A - Loop 2330B (Other Payer ID Data) | 4 | Insurance Type Code |  | N | Insurance | Coverage.plan |  |
| 444 | OI1A - Loop 2330B (Other Payer ID Data) | 5 | Other Payer Pt Signature Source Code | B | N |  |  |  |
| 445 | OI1A - Loop 2330B (Other Payer ID Data) | 6 | Remaining Patient Liability Qualifier | EAF | N |  |  |  |
| 446 | OI1A - Loop 2330B (Other Payer ID Data) | 7 | Remaining Patient Liability |  | N | EXPLANATION OF BENEFITS |  |  |
| 447 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 1 | RECORD ID = ‘OI2 ’ |  | N |  |  |  |
| 448 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 449 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 3 | Other Subscriber Primary ID |  | N | Patient |  |  |
| 450 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 4 | Other Subscriber Last Name |  | N | Patient | Coverage.planholder[x] planholderIdentifier  planholderReference |  |
| 451 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 5 | Other Subscriber First Name |  | N | Patient | Coverage.planholder[x] planholderIdentifier  planholderReference |  |
| 452 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 6 | Other Subscriber Middle Name |  | N | Patient | Coverage.planholder[x] planholderIdentifier  planholderReference |  |
| 453 | OI2 - Loop 2330A (Other Payer Subscriber Data) | 7 | Other Subscriber Primary ID Qualifier | MI | N |  |  |  |
| 454 | OI2A - Loop 2330A (Other Payer Subscriber Data) | 1 | RECORD ID = ‘OI2A ’ |  | N |  |  |  |
| 455 | OI2A - Loop 2330A (Other Payer Subscriber Data) | 2 | Other Subscriber Employer Name |  | N | Patient | Organization.name |  |
| 456 | OI4 - Loop 2330B (Other Payer Data) | 1 | RECORD ID = ‘OI4 ’ |  | N |  |  |  |
| 457 | OI4 - Loop 2330B (Other Payer Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 458 | OI4 - Loop 2330B (Other Payer Data) | 3 | Other Payer Address Line 1 |  | N | Insurance | Organization.address |  |
| 459 | OI4 - Loop 2330B (Other Payer Data) | 4 | Other Payer Address Line 2 |  | N | Insurance | Organization.address |  |
| 460 | OI4 - Loop 2330B (Other Payer Data) | 5 | Other Payer City Name |  | N | Insurance | Organization.address |  |
| 461 | OI4 - Loop 2330B (Other Payer Data) | 6 | Other Payer State Code |  | N | Insurance | Organization.address |  |
| 462 | OI4 - Loop 2330B (Other Payer Data) | 7 | Other Payer Zip Code |  | N | Insurance | Organization.address |  |
| 463 | OI4 - Loop 2330B (Other Payer Data) | 8 | Other Payer Check Qualifier | 573 | N |  |  |  |
| 464 | OI4 - Loop 2330B (Other Payer Data) | 9 | Other Payer Check Date |  | N | EXPLANATION OF BENEFITS |  |  |
| 465 | OI4 - Loop 2330B (Other Payer Data) | 10 | Other Payer Claim Status |  | N | EXPLANATION OF BENEFITS |  |  |
| 466 | OI4A - Loop 2330B (Other Payer Data) | 1 | RECORD ID = ‘OI4A ’ |  | N |  |  |  |
| 467 | OI4A - Loop 2330B (Other Payer Data) | 2 | Other Payer Referral Number Qualifier | 9F | N |  |  |  |
| 468 | OI4A - Loop 2330B (Other Payer Data) | 3 | Other Payer Referral Number |  | N | Claim | Claim.referral[x] referralIdentifier  referralReference |  |
| 469 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 1 | RECORD ID = ‘OI5 ’ |  | N |  |  |  |
| 470 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 471 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 3 | Other Subscriber Name Suffix |  | N | Patient | Patient.name |  |
| 472 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 4 | Other Subscriber Address 1 |  | N | Patient | Patient.address |  |
| 473 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 5 | Other Subscriber Address 2 |  | N | Patient | Patient.address |  |
| 474 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 6 | Other Subscriber City Name |  | N | Patient | Patient.address |  |
| 475 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 7 | Other Subscriber State Code |  | N | Patient | Patient.address |  |
| 476 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 8 | Other Subscriber ZIP Code |  | N | Patient | Patient.address |  |
| 477 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 9 | Other Subscriber Sec ID Qualifier(1) |  | N | Patient |  |  |
| 478 | OI5 - Loop 2330A (Other Payer Subscriber Data) | 10 | Other Subscriber Sec ID(1) |  | N | Patient |  |  |
| 479 | OI6 - Loop 2330B (Other Payer ID Data) | 1 | RECORD ID = ‘OI6 ’ |  | N |  |  |  |
| 480 | OI6 - Loop 2330B (Other Payer ID Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 481 | OI6 - Loop 2330B (Other Payer ID Data) | 3 | Other Payer Primary ID Qualifier |  | N |  |  |  |
| 482 | OI6 - Loop 2330B (Other Payer ID Data) | 4 | Other Payer Primary ID |  | N | Insurance | Coverage.network |  |
| 483 | OI6 - Loop 2330B (Other Payer ID Data) | 5 | Other Payer Sec ID Qualifier (1) |  | N | Insurance |  |  |
| 484 | OI6 - Loop 2330B (Other Payer ID Data) | 6 | Other Payer Sec ID (1) |  | N | Insurance | Coverage.network |  |
| 485 | OI6 - Loop 2330B (Other Payer ID Data) | 7 | Other Payer Sec ID Qualifier (2) |  | N | Insurance |  |  |
| 486 | OI6 - Loop 2330B (Other Payer ID Data) | 8 | Other Payer Sec ID (2) |  | N | Insurance | Coverage.network |  |
| 487 | OI6A - Loop 2330B (Other Payer ID Data) | 1 | RECORD ID = ‘OI6A ’ |  | N |  |  |  |
| 488 | OI6A - Loop 2330B (Other Payer ID Data) | 2 | Other Payer ID Qualifier | XV | N |  |  |  |
| 489 | OI6A - Loop 2330B (Other Payer ID Data) | 3 | Other Payer Primary ID (HPID) |  | N | Insurance |  |  |
| 490 | COB1 - Loop 2320 (Claim Level COB Amounts) | 1 | RECORD ID = ‘COB1’ |  | N |  |  |  |
| 491 | COB1 - Loop 2320 (Claim Level COB Amounts) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 492 | COB1 - Loop 2320 (Claim Level COB Amounts) | 3 | BLANK |  | N | Blank | BLANK |  |
| 493 | COB1 - Loop 2320 (Claim Level COB Amounts) | 4 | BLANK |  | N | Blank | BLANK |  |
| 494 | COB1 - Loop 2320 (Claim Level COB Amounts) | 5 | BLANK |  | N | Blank | BLANK |  |
| 495 | COB1 - Loop 2320 (Claim Level COB Amounts) | 6 | BLANK |  | N | Blank | BLANK |  |
| 496 | COB1 - Loop 2320 (Claim Level COB Amounts) | 7 | Other Payer Claim Control Number |  | N | EXPLANATION OF BENEFITS | Claim.identifier |  |
| 497 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 1 | RECORD ID = ‘MOA1’ |  | N |  |  |  |
| 498 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 499 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 3 | Outpatient Reimbursement Rate |  | N | EXPLANATION OF BENEFITS |  |  |
| 500 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 4 | HCPCS Payable Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 501 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 5 | REMARKS CODE (1) |  | N | EXPLANATION OF BENEFITS |  |  |
| 502 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 6 | REMARKS CODE (2) |  | N | EXPLANATION OF BENEFITS |  |  |
| 503 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 7 | REMARKS CODE (3) |  | N | EXPLANATION OF BENEFITS |  |  |
| 504 | MOA1 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 8 | REMARKS CODE (4) |  | N | EXPLANATION OF BENEFITS |  |  |
| 505 | MOA2 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 1 | RECORD ID = ‘MOA2’ |  | N |  |  |  |
| 506 | MOA2 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 2 | REMARKS CODE (5) |  | N | EXPLANATION OF BENEFITS |  |  |
| 507 | MOA2 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 3 | ESRD Payment Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 508 | MOA2 - Loop 2320 (Medicare Outpatient Adjudication COB Data) | 4 | Non-payable Prof Component Billed Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 509 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 1 | RECORD ID = ‘MIA1’ |  | N |  |  |  |
| 510 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 511 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 3 | Covered Days or Visits Count |  | N | EXPLANATION OF BENEFITS |  |  |
| 512 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 4 | Claim DRG Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 513 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 5 | DRG Used |  | N | EXPLANATION OF BENEFITS |  |  |
| 514 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 6 | Claim Disproportionate Share Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 515 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 7 | Claim MSP Pass-through Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 516 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 8 | Claim PPS Capital Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 517 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 9 | PPS-Capital FSP DRG Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 518 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 10 | PPS-Capital HSP DRG Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 519 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 11 | PPS-Capital DSH DRG Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 520 | MIA1 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 12 | Old Capital Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 521 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 1 | RECORD ID = ‘MIA2’ |  | N |  |  |  |
| 522 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 523 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 3 | PPS-Capital IME Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 524 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 4 | PPS-Operating Hospital Specific DRG Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 525 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 5 | Cost Report Day Count |  | N | EXPLANATION OF BENEFITS |  |  |
| 526 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 6 | PPS-Operating Federal Specific DRG Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 527 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 7 | Claim PPS Capital Outlier Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 528 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 8 | Claim Indirect Teaching Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 529 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 9 | Non-Payable Prof Component Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 530 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 10 | BLANK |  | N | Blank | BLANK |  |
| 531 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 11 | BLANK |  | N | Blank | BLANK |  |
| 532 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 12 | BLANK |  | N | Blank | BLANK |  |
| 533 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 13 | BLANK |  | N | Blank | BLANK |  |
| 534 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 14 | BLANK |  | N | Blank | BLANK |  |
| 535 | MIA2 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 15 | PPS-Capital Exception Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 536 | MIA3 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 1 | RECORD ID = ‘MIA3’ |  | N |  |  |  |
| 537 | MIA3 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 2 | Claim Payment Remark Code (1) |  | N | EXPLANATION OF BENEFITS |  |  |
| 538 | MIA3 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 3 | Claim Payment Remark Code (2) |  | N | EXPLANATION OF BENEFITS |  |  |
| 539 | MIA3 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 4 | Claim Payment Remark Code (3) |  | N | EXPLANATION OF BENEFITS |  |  |
| 540 | MIA3 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 5 | Claim Payment Remark Code (4) |  | N | EXPLANATION OF BENEFITS |  |  |
| 541 | MIA3 - Loop 2320 (Medicare Inpatient Adjudication COB Data) | 6 | Claim Payment Remark Code (5) |  | N | EXPLANATION OF BENEFITS |  |  |
| 542 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 1 | RECORD ID = ‘CCAS’ |  | N |  |  |  |
| 543 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 544 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 3 | Adjustment Group Code |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication |  |
| 545 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 4 | Adjustment Reason Code (1) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.reason |  |
| 546 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 5 | Adjustment Amt (1) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.amount |  |
| 547 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 6 | Adjustment Quantity (1) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.value |  |
| 548 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 7 | Adjustment Reason Code (2) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.reason |  |
| 549 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 8 | Adjustment Amt (2) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.amount |  |
| 550 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 9 | Adjustment Quantity (2) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.value |  |
| 551 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 10 | Adjustment Reason Code (3) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.reason |  |
| 552 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 11 | Adjustment Amt (3) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.amount |  |
| 553 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 12 | Adjustment Quantity (3) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.value |  |
| 554 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 13 | Adjustment Reason Code (4) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.reason |  |
| 555 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 14 | Adjustment Amt (4) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.amount |  |
| 556 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 15 | Adjustment Quantity (4) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.value |  |
| 557 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 16 | Adjustment Reason Code (5) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.reason |  |
| 558 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 17 | Adjustment Amt (5) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.amount |  |
| 559 | CCAS - Loop 2320 (COB Claim Level Adjustments) | 18 | Adjustment Quantity (5) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.value |  |
| 560 | CCAS1 - Loop 2320 (COB Claim Level Adjustments) | 1 | RECORD ID = ‘CCAS1’ |  | N |  |  |  |
| 561 | CCAS1 - Loop 2320 (COB Claim Level Adjustments) | 2 | Adjustment Reason Code (6) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.reason |  |
| 562 | CCAS1 - Loop 2320 (COB Claim Level Adjustments) | 3 | Adjustment Amt (6) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.amount |  |
| 563 | CCAS1 - Loop 2320 (COB Claim Level Adjustments) | 4 | Adjustment Quantity (6) |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.item.detail.adjudication.value |  |
| 564 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 1 | RECORD ID = ‘OP1 ’ |  | N |  |  |  |
| 565 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 566 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 3 | Other Payer Rendering Entity ID | 82 | N |  |  |  |
| 567 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 4 | Other Payer Rendering Entity Type Qualifier | 1 - PERSON | N |  |  |  |
| 568 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 5 | Other Payer Rendering Sec ID Qualifier (1) |  | N | Provider |  |  |
| 569 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 6 | Other Payer Rendering Sec ID (1) |  | N | Provider |  |  |
| 570 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 7 | Other Payer Rendering Sec ID Qualifier (2) |  | N | Provider |  |  |
| 571 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 8 | Other Payer Rendering Sec ID (2) |  | N | Provider |  |  |
| 572 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 9 | Other Payer Rendering Sec ID Qualifier (3) |  | N | Provider |  |  |
| 573 | OP1 - Loop 2330C/D (Other Payer Rendering Provider Data) | 10 | Other Payer Rendering Sec ID (3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 574 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 1 | RECORD ID = ‘OP1A ’ |  | N |  |  |  |
| 575 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 576 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 3 | Other Payer Attending Entity ID | 71 | N |  |  |  |
| 577 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 4 | Other Payer Attending Entity Type Qualifier | 1 - PERSON | N |  |  |  |
| 578 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 5 | Other Payer Attending Sec ID Qualifier (1) |  | N | Provider |  |  |
| 579 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 6 | Other Payer Attending Sec ID (1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 580 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 7 | Other Payer Attending Sec ID Qualifier (2) |  | N | Provider |  |  |
| 581 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 8 | Other Payer Attending Sec ID (2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 582 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 9 | Other Payer Attending Sec ID Qualifier (3) |  | N | Provider |  |  |
| 583 | OP1A - Loop 2330C/D (Other Payer Attending Physician Data) | 10 | Other Payer Attending Sec ID (3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 584 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 1 | RECORD ID = ‘OP2 ’ |  | N |  |  |  |
| 585 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 586 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 3 | Other Payer Operating Phy Entity ID | 72 | N |  |  |  |
| 587 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 4 | Other Payer Operating Phy Entity Qualifier | 1 - PERSON | N |  |  |  |
| 588 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 5 | Other Payer Oper Phy Sec ID Qualifier (1) |  | N | Provider |  |  |
| 589 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 6 | Other Payer Operating Phy Sec ID (1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 590 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 7 | Other Payer Oper Phy Sec ID Qualifier (2) |  | N | Provider |  |  |
| 591 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 8 | Other Payer Operating Phy Sec ID (2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 592 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 9 | Other Payer Oper Phy Sec ID Qualifier (3) |  | N | Provider |  |  |
| 593 | OP2 - Loop 2330D (Other Payer Operating Physician Data) | 10 | Other Payer Operating Phy Sec ID (3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 594 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 1 | RECORD ID = ‘OP3 ’ |  | N |  |  |  |
| 595 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 596 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 3 | Other Payer Lab/Facility Entity ID | 77 | N |  |  |  |
| 597 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 4 | Other Payer Lab / Fac Entity Qualifier | 2 - NON PERSON | N |  |  |  |
| 598 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 5 | Other Payer Lab/Fac Sec ID Qualifier (1) |  | N | Organization |  |  |
| 599 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 6 | Other Payer Lab/Facility Sec ID (1) |  | N | Organization | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 600 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 7 | Other Payer Lab/Fac Sec ID Qualifier (2) |  | N | Organization |  |  |
| 601 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 8 | Other Payer Lab/Facility Sec ID (2) |  | N | Organization | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 602 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 9 | Other Payer Lab/Fac Sec ID Qualifier (3) |  | N | Organization |  |  |
| 603 | OP3 - Loop 2330F (Other Payer Service Facility Data) | 10 | Other Payer Lab/Facility Sec ID (3) |  | N | Organization | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 604 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 1 | RECORD ID = ‘OP4 ’ |  | N |  |  |  |
| 605 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 606 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 3 | Other Payer Referring Prov Entity ID | DN | N | Provider |  |  |
| 607 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 4 | Other Payer Referring Prov Entity Qualifier | 1 - PERSON | N | Provider |  |  |
| 608 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 5 | Other Payer Refer Prov Sec ID Qualifier (1) |  | N | Provider |  |  |
| 609 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 6 | Other Payer Referring Prov Sec ID (1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 610 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 7 | Other Payer Refer Prov Sec ID Qualifier (2) |  | N | Provider |  |  |
| 611 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 8 | Other Payer Referring Prov Sec ID (2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 612 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 9 | Other Payer Refer Prov Sec ID Qualifier (3) |  | N | Provider |  |  |
| 613 | OP4 - Loop 2330C (Other Payer Referring Provider Data) | 10 | Other Payer Referring Prov Sec ID (3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 614 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 1 | RECORD ID = ‘OP7 ’ |  | N |  |  |  |
| 615 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 616 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 3 | Other Payer Service Facility Entity ID | 77 | N |  |  |  |
| 617 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 4 | Other Payer Service Fac Entity Qualifier | 2 - NON PERSON | N |  |  |  |
| 618 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 5 | Other Payer Service Fac Sec ID Qualifier (1) |  | N | Organization |  |  |
| 619 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 6 | Other Payer Service Facility Sec ID (1) |  | N | Organization | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 620 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 7 | Other Payer Service Fac Sec ID Qualifier (2) |  | N | Organization |  |  |
| 621 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 8 | Other Payer Service Facility Sec ID (2) |  | N | Organization | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 622 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 9 | Other Payer Service Fac Sec ID Qualifier (2) |  | N | Organization |  |  |
| 623 | OP7 - Loop 2330E (Other Payer Service Facility Data) | 10 | Other Payer Service Facility Sec ID (3) |  | N | Organization | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 624 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 1 | RECORD ID = ‘OP8 ’ |  | N |  |  |  |
| 625 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 626 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 3 | Other Payer Supervising Prov Entity ID | DQ | N | Provider |  |  |
| 627 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 4 | Other Payer Super Prov Entity Qualifier | 1 - PERSON | N | Provider |  |  |
| 628 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 5 | Other Payer Supervising Prov Sec ID Qualifier (1) |  | N | Provider |  |  |
| 629 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 6 | Other Payer Supervising Prov Sec ID (1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 630 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 7 | Other Payer Supervising Prov Sec ID Qualifier (2) |  | N | Provider |  |  |
| 631 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 8 | Other Payer Supervising Prov Sec ID (2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 632 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 9 | Other Payer Supervising Prov Sec ID Qualifier (3) |  | N | Provider |  |  |
| 633 | OP8 - Loop 2330F (Other Payer Supervising Provider Data) | 10 | Other Payer Supervising Prov Sec ID (3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 634 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 1 | RECORD ID = ‘OP9 ’ |  | N |  |  |  |
| 635 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 2 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |
| 636 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 3 | Other Payer Other Operating Prov Entity ID Code | ZZ | N | Provider |  |  |
| 637 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 4 | Other Payer Other Operating Prov Entity Qualifier | 1 - PERSON | N | Provider |  |  |
| 638 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 5 | Other Payer Other Operating Prov Sec ID Qualifier (1) |  | N | Provider |  |  |
| 639 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 6 | Other Payer Other Operating Prov Sec ID (1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 640 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 7 | Other Payer Other Prov Sec ID Qualifier (2) |  | N | Provider |  |  |
| 641 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 8 | Other Payer Other Operating Prov Sec ID (2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 642 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 9 | Other Payer Other Operating Prov Sec ID Qualifier (3) |  | N | Provider |  |  |
| 643 | OP9 - Loop 2330E (Other Payer Other Operating Provider Data) | 10 | Other Payer Other Prov Sec ID (3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 644 | PRF - Loop 2400 (Professional Service Line Data) | 1 | RECORD ID = ‘PRF ’ |  | N |  |  |  |
| 645 | PRF - Loop 2400 (Professional Service Line Data) | 2 | Service Line # |  | N | Claim |  |  |
| 646 | PRF - Loop 2400 (Professional Service Line Data) | 3 | Service ID Qualifier | Can only use ER, HC, IV, WK | N |  |  |  |
| 647 | PRF - Loop 2400 (Professional Service Line Data) | 4 | Procedure Code |  | N | Claim | Claim.procedure.procedure[x] procedureCoding  procedureReference |  |
| 647 | PRF - Loop 2400 (Professional Service Line Data) | 4 | Procedure Code |  | N | Claim | Claim.procedure.procedure[x] procedureCoding  procedureReference |  |
| 648 | PRF - Loop 2400 (Professional Service Line Data) | 5 | Line Item Charge Amt |  | N | Claim |  |  |
| 649 | PRF - Loop 2400 (Professional Service Line Data) | 6 | Service Unit Count |  | N | Claim |  |  |
| 650 | PRF - Loop 2400 (Professional Service Line Data) | 7 | Place of Service Code |  | N | Claim |  |  |
| 651 | PRF - Loop 2400 (Professional Service Line Data) | 8 | BLANK |  | N | Blank | BLANK |  |
| 652 | PRF - Loop 2400 (Professional Service Line Data) | 9 | Service DT From |  | N | Claim |  |  |
| 653 | PRF - Loop 2400 (Professional Service Line Data) | 10 | BLANK |  | N | Blank | BLANK |  |
| 654 | PRF - Loop 2400 (Professional Service Line Data) | 11 | Diagnosis Code Pointer (1) |  | N | Claim |  |  |
| 655 | PRF - Loop 2400 (Professional Service Line Data) | 12 | Diagnosis Code Pointer (2) |  | N | Claim |  |  |
| 656 | PRF - Loop 2400 (Professional Service Line Data) | 13 | Diagnosis Code Pointer (3) |  | N | Claim |  |  |
| 657 | PRF - Loop 2400 (Professional Service Line Data) | 14 | Diagnosis Code Pointer (4) |  | N | Claim |  |  |
| 658 | PRF - Loop 2400 (Professional Service Line Data) | 15 | Procedure Modifier (1) |  | N | Claim | Claim.item.modifier |  |
| 659 | PRF - Loop 2400 (Professional Service Line Data) | 16 | Procedure Modifier (2) |  | N | Claim | Claim.item.modifier |  |
| 660 | PRF - Loop 2400 (Professional Service Line Data) | 17 | Procedure Modifier (3) |  | N | Claim | Claim.item.modifier |  |
| 661 | PRF - Loop 2400 (Professional Service Line Data) | 18 | Procedure Modifier (4) |  | N | Claim | Claim.item.modifier |  |
| 662 | PRF - Loop 2400 (Professional Service Line Data) | 19 | Emergency Indicator |  | N | Claim | Claim.item.modifier |  |
| 663 | PRF - Loop 2400 (Professional Service Line Data) | 20 | Units/Basis for Measurement Code | FOR ANESTHESIA UN, FOR ALL OTHER SERVICES USE MJ | N |  |  |  |
| 664 | PRF - Loop 2400 (Professional Service Line Data) | 21 | Service ID Qualifier | N4 | N |  |  |  |
| 665 | PRF - Loop 2400 (Professional Service Line Data) | 22 | NDC |  | N | Claim |  |  |
| 666 | PRF - Loop 2400 (Professional Service Line Data) | 23 | National Drug Unit Count |  | N | Claim |  |  |
| 667 | PRF - Loop 2400 (Professional Service Line Data) | 24 | Hospice Employee Indicator |  | N | Claim |  |  |
| 668 | PRF - Loop 2400 (Professional Service Line Data) | 25 | Unit or Basis of Measurement Code | UN | N |  |  |  |
| 669 | PRF1 - Loop 2400 (Professional Service Line Data) | 1 | RECORD ID = ‘PRF1 ’ |  | N |  |  |  |
| 670 | PRF1 - Loop 2400 (Professional Service Line Data) | 2 | EPSDT Indicator |  | N | Claim |  |  |
| 671 | PRF1 - Loop 2400 (Professional Service Line Data) | 3 | Line Note Text |  | N | Claim |  |  |
| 672 | INS - Loop 2400 (Institutional Service Line Data) | 1 | RECORD ID = ‘INS ’ |  | N |  |  |  |
| 673 | INS - Loop 2400 (Institutional Service Line Data) | 2 | Service Line Counter |  | N |  |  |  |
| 674 | INS - Loop 2400 (Institutional Service Line Data) | 3 | REVENUE CODE |  | N | Claim |  |  |
| 675 | INS - Loop 2400 (Institutional Service Line Data) | 4 | Procedure Code |  | N | Claim |  |  |
| 676 | INS - Loop 2400 (Institutional Service Line Data) | 5 | Service Unit Count |  | N | Claim |  |  |
| 677 | INS - Loop 2400 (Institutional Service Line Data) | 6 | BLANK |  | N | Blank | BLANK |  |
| 678 | INS - Loop 2400 (Institutional Service Line Data) | 7 | Procedure Modifier (1) |  | N | Claim | Claim.item.modifier |  |
| 679 | INS - Loop 2400 (Institutional Service Line Data) | 8 | Procedure Modifier (2) |  | N | Claim | Claim.item.modifier |  |
| 680 | INS - Loop 2400 (Institutional Service Line Data) | 9 | Service Line Charge Amt |  | N | Claim |  |  |
| 681 | INS - Loop 2400 (Institutional Service Line Data) | 10 | Service Date From |  | N | Claim |  |  |
| 682 | INS - Loop 2400 (Institutional Service Line Data) | 11 | BLANK |  | N | Blank | BLANK |  |
| 683 | INS - Loop 2400 (Institutional Service Line Data) | 12 | Service Line Non-Covered Charge Amt |  | N | Claim |  |  |
| 684 | INS - Loop 2400 (Institutional Service Line Data) | 13 | Units/Basis for Measurement Code | ALWAYS DA FOR 100 - 219, ALWAYS USE DN FOR ALL OTHER PROCEDURES | N |  |  |  |
| 685 | INS1 - Loop 2400 (Institutional Service Line Data) | 1 | RECORD ID = ‘INS1 ’ |  | N |  |  |  |
| 686 | INS1 - Loop 2400 (Institutional Service Line Data) | 2 | Service ID Qualifier | N4 | N |  |  |  |
| 687 | INS1 - Loop 2400 (Institutional Service Line Data) | 3 | NDC |  | N | Claim |  |  |
| 688 | INS1 - Loop 2400 (Institutional Service Line Data) | 4 | National Drug Code Count |  | N | Claim |  |  |
| 689 | INS1 - Loop 2400 (Institutional Service Line Data) | 5 | Unit or Basis of Measurement Code |  | N | Claim |  |  |
| 690 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 1 | RECORD ID = ‘RX1 ’ |  | N |  |  |  |
| 691 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 2 | Service Line Counter |  | N |  |  |  |
| 692 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 3 | Prescription # |  | N | Claim | MedicationOrder.identifier |  |
| 693 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 4 | National Drug Code (1) |  | N | Claim |  |  |
| 694 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 5 | BLANK |  | N | Blank | BLANK |  |
| 695 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 6 | Quantity, Days Supply |  | N | Claim | MedicationOrder.dispenseRequest.quantity |  |
| 696 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 7 | Service Date (Refill) |  | N | Claim |  |  |
| 697 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 8 | National Drug Unit Count |  | N | Claim | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 698 | RX1 - Loop 2400/2410 (Drug Service Line Data) | 9 | Service ID Qualifier | Always: N4 - NDC in 5-4-2 Format | N |  |  |  |
| 699 | RX2 - Loop 2400/2410 (Drug Service Line Data) | 1 | RECORD ID = ‘RX2 ’ |  | N |  |  |  |
| 700 | RX2 - Loop 2400/2410 (Drug Service Line Data) | 2 | Prescription Date Qualifier | 471 | N |  |  |  |
| 701 | RX2 - Loop 2400/2410 (Drug Service Line Data) | 3 | Prescription Date |  | N | Claim | MedicationOrder.dateWritten |  |
| 702 | LDAT – Loop 2400 Supplemental line information | 1 | RECORD ID = ‘LDAT ’ |  | N |  |  |  |
| 703 | LDAT – Loop 2400 Supplemental line information | 2 | Service Line Counter |  | N |  |  |  |
| 704 | LDAT – Loop 2400 Supplemental line information | 3 | Attachment Report Type |  | N | Claim |  |  |
| 705 | LDAT – Loop 2400 Supplemental line information | 4 | Attachment Report Transmission Code |  | N | Claim |  |  |
| 706 | LDAT – Loop 2400 Supplemental line information | 5 | Attachment Control Qualifier | AC | N |  |  |  |
| 707 | LDAT – Loop 2400 Supplemental line information | 6 | Attachment Control Number |  | N | Claim |  |  |
| 708 | LDAT – Loop 2400 Supplemental line information | 7 | OB Anesthesia Additional Units Qualifier | FL | N |  |  |  |
| 709 | LDAT – Loop 2400 Supplemental line information | 8 | OB Anesthesia Additional Units |  | N | Claim |  |  |
| 710 | LDAT – Loop 2400 Supplemental line information | 9 | BLANK |  | N | Blank | BLANK |  |
| 711 | LDAT – Loop 2400 Supplemental line information | 10 | BLANK |  | N | Blank | BLANK |  |
| 712 | LDAT – Loop 2400 Supplemental line information | 11 | Line Item Control Number Qualifier | 6R | N |  |  |  |
| 713 | LDAT – Loop 2400 Supplemental line information | 12 | Line Item Control Number |  | N |  |  |  |
| 714 | LDAT – Loop 2400 Supplemental line information | 13 | Purchase Service Provider ID |  | N | Provider |  |  |
| 715 | LDAT – Loop 2400 Supplemental line information | 14 | Purchase Service Amount |  | N | Claim |  |  |
| 716 | LDA1 – Loop 2400 Supplemental line information | 1 | RECORD ID = ‘LDA1 ’ |  | N |  |  |  |
| 717 | LDA1 – Loop 2400 Supplemental line information | 2 | Description (NOC Procedure) |  | N | Claim |  |  |
| 718 | LOPE - Loop 2420A (Line Operating Physician Data) | 1 | RECORD ID = ‘LOPE’ |  | N |  |  |  |
| 719 | LOPE - Loop 2420A (Line Operating Physician Data) | 2 | Service Line Counter |  | N |  |  |  |
| 720 | LOPE - Loop 2420A (Line Operating Physician Data) | 3 | Operating Physician Qualifier | 72 | N |  | Claim.item.providerQualification |  |
| 721 | LOPE - Loop 2420A (Line Operating Physician Data) | 4 | Operating Physician Last Name |  | N | Claim |  |  |
| 722 | LOPE - Loop 2420A (Line Operating Physician Data) | 5 | Operating Physician First Name |  | N | Claim |  |  |
| 723 | LOPE - Loop 2420A (Line Operating Physician Data) | 6 | Operating Physician Middle |  | N | Claim |  |  |
| 724 | LOPE - Loop 2420A (Line Operating Physician Data) | 7 | Operating Physician Name Suffix |  | N | Claim |  |  |
| 725 | LOPE - Loop 2420A (Line Operating Physician Data) | 8 | Operating Physician Primary ID Qualifier | XX | N |  | Claim.item.providerQualification |  |
| 726 | LOPE - Loop 2420A (Line Operating Physician Data) | 9 | Operating Physician Primary ID |  | N | Provider |  |  |
| 727 | LOP1 - Loop 2420A (Line Operating Physician Data) | 1 | RECORD ID = ‘LOP1’ |  | N |  |  |  |
| 728 | LOP1 - Loop 2420A (Line Operating Physician Data) | 2 | Operating Physician Secondary ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 729 | LOP1 - Loop 2420A (Line Operating Physician Data) | 3 | Operating Physician Secondary ID(1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 730 | LOP1 - Loop 2420A (Line Operating Physician Data) | 4 | Operating Physician Secondary ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 731 | LOP1 - Loop 2420A (Line Operating Physician Data) | 5 | Operating Physician Secondary ID(2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 732 | LOP1 - Loop 2420A (Line Operating Physician Data) | 6 | Operating Physician Secondary ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 733 | LOP1 - Loop 2420A (Line Operating Physician Data) | 7 | Operating Physician Secondary ID(3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 734 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 1 | RECORD ID = ‘OP1’ |  | N |  |  |  |
| 735 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 2 | Service Line Counter |  | N |  |  |  |
| 736 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 3 | Other Operating Qualifier | ZZ | N |  |  |  |
| 737 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 4 | Other Operating Provider Last Name |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 738 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 5 | Other Operating Provider First Name |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 739 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 6 | Other Operating Provider Middle |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 740 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 7 | Other Operating Provider Name Suffix |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 741 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 8 | Other Operating Provider Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 742 | OP1 - Loop 2420B (Line Other Operating Physician Data) | 9 | Other Operating Provider Primary ID |  | N | Provider | Practitioner.identifier |  |
| 743 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 1 | RECORD ID = ‘OP1A’ |  | N |  |  |  |
| 744 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 2 | Other Operating Provider Secondary ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 745 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 3 | Other Operating Provider Secondary ID(1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 746 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 4 | Other Operating Provider Secondary ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 747 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 5 | Other Operating Provider Secondary ID(2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 748 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 6 | Other Operating Provider Secondary ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 749 | OP1A - Loop 2420B (Line Other Operating Physician Data) | 7 | Other Operating Provider Secondary ID(3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 750 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 1 | RECORD ID = ‘LREN’ |  | N |  |  |  |
| 751 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 2 | Service Line Counter |  | N |  |  |  |
| 752 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 3 | Rendering Provider Qualifier | 82 | N | Provider | Claim.item.providerQualification |  |
| 753 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 4 | Rendering Provider Last Name |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 754 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 5 | Rendering Provider First Name |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 755 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 6 | Rendering Provider Middle |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 756 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 7 | Rendering Provider Name Suffix |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 757 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 8 | Rendering provider Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 758 | LREN - Loop 2420A/C (Line Rendering Provider Data) | 9 | Rendering Provider Primary ID |  | N | Provider | Practitioner.identifier |  |
| 759 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 1 | RECORD ID = ‘LRE1’ |  | N |  |  |  |
| 760 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 2 | Rendering Provider Secondary ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 761 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 3 | Rendering Provider Secondary ID(1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 762 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 4 | Rendering Provider Secondary ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 763 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 5 | Rendering Provider Secondary ID(2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 764 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 6 | Rendering Provider Secondary ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 765 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 7 | Rendering Provider Secondary ID(3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 766 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 8 | Rendering Provider Taxonomy Qualifier | PE | N | Provider | Claim.item.providerQualification |  |
| 767 | LRE1 - Loop 2420A/C (Line Rendering Provider Data) | 9 | Rendering Provider Taxonomy Code |  | N | Provider | Claim.item.providerQualification |  |
| 768 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 1 | RECORD ID = ‘LPUR’ |  | N |  |  |  |
| 769 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 2 | Service Line Counter |  | N |  |  |  |
| 770 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 3 | Purchase Service Provider Qualifier | QB | N | Provider |  |  |
| 771 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 4 | Purchase Service Provider Primary ID Qualifier | XX | N | Provider |  |  |
| 772 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 5 | Purchase Service Provider Primary ID |  | N | Provider |  |  |
| 773 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 6 | Purchase Service Provider Secondary ID Qualifier (1) |  | N | Provider |  |  |
| 774 | LPUR - Loop 2420B (Line Purchase Service Provider Data) | 7 | Purchase Service Provider Secondary ID(1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 775 | LSUP - Loop 2420D (Line Supervising Provider Data) | 1 | RECORD ID = ‘LSUP’ |  | N |  |  |  |
| 776 | LSUP - Loop 2420D (Line Supervising Provider Data) | 2 | Service Line Counter |  | N |  |  |  |
| 777 | LSUP - Loop 2420D (Line Supervising Provider Data) | 3 | Supervising Provider Qualifier | DQ | N | Provider | Claim.item.providerQualification |  |
| 778 | LSUP - Loop 2420D (Line Supervising Provider Data) | 4 | Supervising Provider Last Name |  | N | Provider | Claim.item.supervisor[x] supervisorIdentifier  supervisorReference |  |
| 779 | LSUP - Loop 2420D (Line Supervising Provider Data) | 5 | Supervising Provider First Name |  | N | Provider | Claim.item.supervisor[x] supervisorIdentifier  supervisorReference |  |
| 780 | LSUP - Loop 2420D (Line Supervising Provider Data) | 6 | Supervising Provider Middle |  | N | Provider | Claim.item.supervisor[x] supervisorIdentifier  supervisorReference |  |
| 781 | LSUP - Loop 2420D (Line Supervising Provider Data) | 7 | Supervising Provider Name Suffix |  | N | Provider | Claim.item.supervisor[x] supervisorIdentifier  supervisorReference |  |
| 782 | LSUP - Loop 2420D (Line Supervising Provider Data) | 8 | Supervising Provider Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 783 | LSUP - Loop 2420D (Line Supervising Provider Data) | 9 | Supervising Provider Primary ID |  | N | Provider |  |  |
| 784 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 1 | RECORD ID = ‘LSU1’ |  | N |  |  |  |
| 785 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 2 | Supervising Provider Secondary ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 786 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 3 | Supervising Provider Secondary ID(1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 787 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 4 | Supervising Provider Secondary ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 788 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 5 | Supervising Provider Secondary ID(2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 789 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 6 | Supervising Provider Secondary ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 790 | LSU1 - Loop 2420D (Line Supervising Provider Data) | 7 | Supervising Provider Secondary ID(3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 791 | LREF - Loop 2420F/D (Line Referring Provider Data) | 1 | RECORD ID = ‘LREF’ |  | N |  |  |  |
| 792 | LREF - Loop 2420F/D (Line Referring Provider Data) | 2 | Service Line Counter |  | N |  |  |  |
| 793 | LREF - Loop 2420F/D (Line Referring Provider Data) | 3 | Referring Provider Qualifier | DN | N | Provider | Claim.item.providerQualification |  |
| 794 | LREF - Loop 2420F/D (Line Referring Provider Data) | 4 | Referring Provider Last Name |  | N | Provider | ReferralRequest.requester |  |
| 795 | LREF - Loop 2420F/D (Line Referring Provider Data) | 5 | Referring Provider First Name |  | N | Provider | ReferralRequest.requester |  |
| 796 | LREF - Loop 2420F/D (Line Referring Provider Data) | 6 | Referring Provider Middle |  | N | Provider | ReferralRequest.requester |  |
| 797 | LREF - Loop 2420F/D (Line Referring Provider Data) | 7 | Referring Provider Name Suffix |  | N | Provider | ReferralRequest.requester |  |
| 798 | LREF - Loop 2420F/D (Line Referring Provider Data) | 8 | Referring Provider Primary ID Qualifier | XX | N | Provider | Claim.item.providerQualification |  |
| 799 | LREF - Loop 2420F/D (Line Referring Provider Data) | 9 | Referring Provider Primary ID |  | N | Provider | Practitioner.identifier |  |
| 800 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 1 | RECORD ID = ‘LRE1’ |  | N |  |  |  |
| 801 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 2 | Referring Provider Secondary ID Qualifier (1) |  | N | Provider | Claim.item.providerQualification |  |
| 802 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 3 | Referring Provider Secondary ID(1) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 803 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 4 | Referring Provider Secondary ID Qualifier (2) |  | N | Provider | Claim.item.providerQualification |  |
| 804 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 5 | Referring Provider Secondary ID(2) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 805 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 6 | Referring Provider Secondary ID Qualifier (3) |  | N | Provider | Claim.item.providerQualification |  |
| 806 | LRE1 - Loop 2420F/D (Line Referring Provider Data) | 7 | Referring Provider Secondary ID(3) |  | N | Provider | Claim.item.provider[x] providerIdentifier  providerReference |  |
| 807 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 1 | RECORD ID = ‘LCOB’ |  | N |  |  |  |
| 808 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 2 | Service Line Counter |  | N |  |  |  |
| 809 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 3 | Payer ID |  | N | Insurance | Coverage.network |  |
| 810 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 4 | Service Line Paid Amt |  | N | EXPLANATION OF BENEFITS |  |  |
| 811 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 5 | Procedure Code |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.procedure |  |
| 812 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 6 | Service Line Revenue Code |  | N | EXPLANATION OF BENEFITS |  |  |
| 813 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 7 | Procedure Modifier (1) |  | N | EXPLANATION OF BENEFITS | Claim.item.modifier |  |
| 814 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 8 | Procedure Modifier (2) |  | N | EXPLANATION OF BENEFITS | Claim.item.modifier |  |
| 815 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 9 | Procedure Modifier (3) |  | N | EXPLANATION OF BENEFITS | Claim.item.modifier |  |
| 816 | LCOB - Loop 2430 (COB Service Line Adjudication Data) | 10 | Procedure Modifier (4) |  | N | EXPLANATION OF BENEFITS | Claim.item.modifier |  |
| 817 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 1 | RECORD ID = ‘LCO1’ |  | N |  |  |  |
| 818 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 2 | Procedure Code Description |  | N | EXPLANATION OF BENEFITS | ExplanationOfBenefit.procedure.procedure[x]procedureCoding  procedureReference |  |
| 819 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 3 | Paid Service Unit Count |  | N | EXPLANATION OF BENEFITS |  |  |
| 820 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 4 | Bundled Line Number |  | N | EXPLANATION OF BENEFITS |  |  |
| 821 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 5 | Adjudication or Payment DT |  | N | EXPLANATION OF BENEFITS |  |  |
| 822 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 6 | Product or Service ID Qualifier |  | N |  |  |  |
| 823 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 7 | Remaining Liability Qualifier | EAF | N |  |  |  |
| 824 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 8 | Remaining Liability |  | N | EXPLANATION OF BENEFITS |  |  |
| 825 | LCO1 - Loop 2430 (COB Service Line Adjudication Data) | 9 | Payer Responsibility Sequence # Code |  | N |  | Coverage.sequence |  |
| 826 | LCAS - Loop 2430 (COB Line Level Adjustments) | 1 | RECORD ID = ‘LCAS’ |  | N |  |  |  |
| 827 | LCAS - Loop 2430 (COB Line Level Adjustments) | 2 | Service Line Counter |  | N |  |  |  |
| 828 | LCAS - Loop 2430 (COB Line Level Adjustments) | 3 | Claim Adjustment Group Code |  | N | EXPLANATION OF BENEFITS |  |  |
| 829 | LCAS - Loop 2430 (COB Line Level Adjustments) | 4 | Adjustment Reason Code (1) |  | N | EXPLANATION OF BENEFITS |  |  |
| 830 | LCAS - Loop 2430 (COB Line Level Adjustments) | 5 | Adjustment Amt (1) |  | N | EXPLANATION OF BENEFITS |  |  |
| 831 | LCAS - Loop 2430 (COB Line Level Adjustments) | 6 | Adjustment Quantity (1) |  | N | EXPLANATION OF BENEFITS |  |  |
| 832 | LCAS - Loop 2430 (COB Line Level Adjustments) | 7 | Adjustment Reason Code (2) |  | N | EXPLANATION OF BENEFITS |  |  |
| 833 | LCAS - Loop 2430 (COB Line Level Adjustments) | 8 | Adjustment Amt (2) |  | N | EXPLANATION OF BENEFITS |  |  |
| 834 | LCAS - Loop 2430 (COB Line Level Adjustments) | 9 | Adjustment Quantity (2) |  | N | EXPLANATION OF BENEFITS |  |  |
| 835 | LCAS - Loop 2430 (COB Line Level Adjustments) | 10 | Adjustment Reason Code (3) |  | N | EXPLANATION OF BENEFITS |  |  |
| 836 | LCAS - Loop 2430 (COB Line Level Adjustments) | 11 | Adjustment Amt (3) |  | N | EXPLANATION OF BENEFITS |  |  |
| 837 | LCAS - Loop 2430 (COB Line Level Adjustments) | 12 | Adjustment Quantity (3) |  | N | EXPLANATION OF BENEFITS |  |  |
| 838 | LCAS - Loop 2430 (COB Line Level Adjustments) | 13 | Adjustment Reason Code (4) |  | N | EXPLANATION OF BENEFITS |  |  |
| 839 | LCAS - Loop 2430 (COB Line Level Adjustments) | 14 | Adjustment Amt (4) |  | N | EXPLANATION OF BENEFITS |  |  |
| 840 | LCAS - Loop 2430 (COB Line Level Adjustments) | 15 | Adjustment Quantity(4) |  | N | EXPLANATION OF BENEFITS |  |  |
| 841 | LCAS - Loop 2430 (COB Line Level Adjustments) | 16 | Adjustment Reason Code (5) |  | N | EXPLANATION OF BENEFITS |  |  |
| 842 | LCAS - Loop 2430 (COB Line Level Adjustments) | 17 | Adjustment Amt (5) |  | N | EXPLANATION OF BENEFITS |  |  |
| 843 | LCAS - Loop 2430 (COB Line Level Adjustments) | 18 | Adjustment Quantity (5) |  | N | EXPLANATION OF BENEFITS |  |  |
| 844 | LCAS - Loop 2430 (COB Line Level Adjustments) | 19 | Adjustment Reason Code (6) |  | N | EXPLANATION OF BENEFITS |  |  |
| 845 | LCAS - Loop 2430 (COB Line Level Adjustments) | 20 | Adjustment Amt (6) |  | N | EXPLANATION OF BENEFITS |  |  |
| 846 | LCA1 – Loop 2430 (COB Line Level Adjustments) | 1 | RECORD ID = ‘LCA1’ |  | N |  |  |  |
| 847 | LCA1 – Loop 2430 (COB Line Level Adjustments) | 2 | Adjustment Quantity (6) |  | N | EXPLANATION OF BENEFITS |  |  |
| 848 | LCA1 – Loop 2430 (COB Line Level Adjustments) | 3 | Payer Responsibility Sequence # Code |  | N | Claim | Coverage.sequence |  |