



Mercy Health Plans
837 Institutional Companion Guide
Version Date: November 2007

Overview:

This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guide. This document is provided to further define situational components of the transaction and specifies data clarification where applicable.

Summary:

- 1) Claims requiring attachment information, with the exception of secondary claims, should be submitted on paper.
- 2) Secondary claims submitted electronically must use the appropriate loops & segments to provide the required COB information needed to process the claim.

Contact Information:

Please see contact information below for questions related to this transaction:

Lastest Update - November 2007

To establish requirements relating to the industry-wide NPI (National Provider Identifier) implementation. Within this update, revisions have been made to the following loops/segments: 2000A/PRV, 2010AA/NM1, 2010AA/REF, 2010AB/NM1, 2010AB/REF, 2310A/NM1, 2310A/PRV, 2310A/REF, 2310B/NM1, 2310B/REF, 2310C/NM1, 2310C/REF, 2310E/NM1, 2310E/REF.

Business Questions:

Steve Kelley - Director, Operations Consulting
Phone: 314.214.2322
Email: Steve.Kelley@mercy.net

Technical Questions:

Mark Risley - Business Analyst; Application Services
Phone: (314) 214-8274
Email: Mark.Risley@mercy.net

Brian Boyer - Manager; Application Services
Phone: (314) 214-8161
Email: Brian.Boyer@mercy.net

Pete Lemakis - Manager; Application Services
Phone: (314) 214-8058
Email: Peter.Lemakis@mercy.net

ASC X12N 837 Institutional (004010X096A1) Implementation Specification

Mercy Health Plans
Companion Guide Information

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
Header	ISA		Interchange Control Header	R						
Header	ISA01	I01	Authorization Information Qualifier	R	ID	00 - No Authorization Information Present 03 - Additional Data Identification	2	2		
Header	ISA02	I02	Authorization Information	R	AN		10	10		
Header	ISA03	I03	Security Information Qualifier	R	ID	00 - No Security Information Present 01 - Password	2	2		
Header	ISA04	I04	Security Information	R	AN		10	10		
Header	ISA05	I05	Interchange ID Qualifier	R	ID	01 - Duns 14 - Duns Plus Suffix 20 - Health Industry Number (HIN) 27 - Carrier Identification Number as assigned by HCFA 28 - Fiscal Intermediary Identification Number as assigned by HCFA 29 - Medicare Provider & Supplier Identification Number as assigned	2	2		
Header	ISA06	I06	Interchange Sender ID	R	AN		15	15		
Header	ISA07	I05	Interchange ID Qualifier	R	ID	01 - Duns 14 - Duns Plus Suffix 20 - Health Industry Number (HIN) 27 - Carrier Identification Number as assigned by HCFA 28 - Fiscal Intermediary Identification Number as assigned by HCFA 29 - Medicare Provider & Supplier Identification Number as assigned	2	2		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
Header	ISA08	I07	Interchange Receiver ID	R	AN		15	15		
Header	ISA09	I08	Interchange Date	R	DT		6	6		
Header	ISA10	I09	Interchange Time	R	TM		4	4		
Header	ISA11	I10	Interchange Control Standards Identifier	R	ID	U - U.S. EDI Community of ASC X12, TDCC, and UCS	1	1		
Header	ISA12	I11	Interchange Control Version	R	ID	00401	5	5		
Header	ISA13	I12	Interchange Control Number	R	N0		9	9		
Header	ISA14	I13	Acknowledgement Requested	R	ID	0 - No Acknowledgement Requested 1 - Interchange Acknowledgment Requested	1	1		
Header	ISA15	I14	Usage Indicator	R	ID	P - Production T - Test	1	1		
Header	ISA16	I15	Component Element Separator	R			1	1	Send ":" colon	
Header									<CR><LF>	MHP preference is carriage return and line feed, however, sender can specify preference.
Header	GS		Functional Group Header	R						
Header	GS01	479	Functional Identification Number	R	ID	HC - Healthcare Claim (837)	2	2		
Header	GS02	142	Application Sender's Code	R	AN	.	2	15		
Header	GS03	124	Application Receiver's Code	R	AN		2	15		
Header	GS04	373	Date	R	DT		8	8		
Header	GS05	337	Time	R	TM		4	8		
Header	GS06	28	Group Control Number	R	N0		1	9		
Header	GS07	455	Responsible Agency Code	R	ID	X - Accredited Standards Committee X12	1	2		
Header	GS08	480	Version/Release/Industry	R	AN		1	12		
Header	ST		Transaction Set Header	R						
Header	ST01	143	Transaction Set Identifier Code	R	ID	837	3	3		
Header	ST02	329	Transaction Set Control Number	R	AN		4	9		
Header	BHT		Beginning of Heirarchical Transaction	R						
Header	BHT01	1005	Hierarchical structure Code	R	ID	0019- Information Source, Subscriber, Dependent	4	4		
Header	BHT02	353	Transaction Set Purpose Code			00-Original 18-Reissue				

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
Header	BHT03	1251	Reference Identification	R	AN		1	30		
Header	BHT04	373	Transaction Set Creation Date	R	DT		8	8		
Header	BHT05	337	Transaction Set Creation Time	R	TM		4	8		
Header	BHT06	640	Transaction Type Code	R	ID	CH - Chargeable RP - Reporting	2	2		
Header	REF		Transmission Type Identification	R						
Header	REF01	128	Reference Identification Qualifier	R	ID	87 - Functional Category	4	4		
Header	REF02	127	Transmission Type Code	R	AN		1	30	004010X096A1	
1000A	NM1		Submitter Name Required	R						
1000A	NM101	98	Entity Identifier Code	R	ID	41- Submitter	2	3		
1000A	NM102	1065	Entity Type Qualifier	R	ID	1- Person 2- Non-person entity	1	1		
1000A	NM103	1035	Name Last or Organization Nm	R	AN		1	35		
1000A	NM104	1036	Name First	S	AN		1	25		Follow implementation guide rules.
1000A	NM105	1037	Name Middle	S	AN		1	25		Follow implementation guide rules.
1000A	NM108	66	Identification Code Qualifier	R	ID	46- Electronic Transmitter Identification Number (ETIN) Est. by trading partner	1	2		
1000A	NM109	67	Identification Code	R	AN		2	80		
1000A	PER		Submitter EDI Contact Information	R						
1000A	PER01	366	Contact Function Code	R	ID	IC- Information Contact	2	2		
1000A	PER02	93	Name	R	AN		1	60		
1000A	PER03	365	Communication Number Qualifier	R	ID	ED - EDI Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	2	2		
1000A	PER04	364	Communication Number	R	AN		1	80		
1000A	PER05	365	Communication Number Qualifier	S	ID	ED - EDI Access Number EM - Electronic Mail EX - Telephone extension FX - Fax TE - Telephone	2	2		Follow implementation guide rules.
1000A	PER06	364	Communication Number	S	AN		1	80		Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
1000A	PER07	365	Communication Number Qualifier	S	ID	ED - EDI Access Number EM - Electronic Mail EX - Telephone extension FX - Fax TE - Telephone	2	2		Follow implementation guide rules.
1000A	PER08	364	Communication Number	S	AN		1	80		Follow implementation guide rules.
1000B	NM1		Receiver Name Required	R						
1000B	NM101	98	Entity Identifier Code	R	ID	40 - Receiver	2	3		
1000B	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-person entity	1	1		
1000B	NM103	1035	Name Last or Organization Nm	R	AN		1	35		
1000B	NM108	66	Identification Code Qualifier	R	ID	46 - Electronic Transmitter Identification Number (ETIN) Est. by trading partner	1	2		
1000B	NM109	67	Identification Code	R	AN		2	80		
2000A			Billing/Pay-to-Provider Hierarchical Level	R						
2000A	HL01	628	Hierarchical ID Number	R	AN		1	12		
2000A	HL03	735	Hierarchical Level Code	R	ID	20 - Information source	1	2		
2000A	HL04	736	Hierarchical Child Code	R	ID	1 - Additional Subordinate HL Data Segment in this Hierarchical structure	1	1		
2000A	PRV		Billing Provider Specialty Information	S						Follow implementation guide rules. (If taxonomy info is available, please send to MHP)
2000A	PRV01	1221	Provider Code	R	ID	BI - Billing PT - Pay-To	1	3		
2000A	PRV02	128	Reference Identification Qualifier	R	ID	ZZ- Mutually Defined	2	3		
2000A	PRV03	127	Provider Taxonomy	R	AN		1	30		
2000A	CUR		Foreign Currency	S						Follow implementation guide rules.
2000A	CUR01	98	Entity Identifier Code	R	ID	85 - Billing Provider	2	3		
2000A	CUR02	100	Currency Code	R	ID		3	3		
2010AA	NM1		Billing Provider Name	R						
2010A	NM101	98	Entity Identifier Code	R	ID	85 - Billing Provider	2	3		
2010A	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-person Entity	1	1		
2010AA	NM103	1035	Billing Provider Last or Organizational Name	R	AN		1	35		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AA	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's Identification 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	1	2	XX	Submitters must populate with a value of 'XX'
2010AA	NM109	67	Billing Provider Identifier	R	AN		2	80		Submitters must populate with NPI
2010AA	N3		Billing Provider Address	R						
2010AA	N301	166	Address Information	R	AN		1	55		
2010AA	N302	166	Address Information	S	AN		1	55		Follow implementation guide rules.
2010AA	N4		Billing Provider City/State/Zip	R						
2010AA	N401	19	City Name	R	AN	1,Line 3(Provider Name, Address and telephone Number)	2	30		
2010AA	N402	156	State or Province Code	R	ID	1.Line 3(Provider Nmae, Address and telephone Number)	2	2		
2010AA	N403	116	Postal Code	R	ID	1, Line 3(Provider Name, Address and Telephone Number)	3	15		
2010AA	N404	26	Country Code	S	ID	1, Line 4, Positions 23-25(Provider Name, Address and Telephone Number)	2	3		Follow implementation guide rules.
2010AA	REF		Billing Provider Secondary Identification	S						This is a required segment by MHP (assuming NPI is being sent within the NM1 segment)

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AA	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number 1J - Facility ID Number B3 - Preferred Provider Organization Number BQ - Health Maintenance Organization Code Number EI - Employer's Identification Number FH - Clinic Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01. (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2010AA	REF02	127	Reference Identification	R	AN		1	30		
2010AA	REF		Credit/Debit Card Billing Information	S						This segment is not used by MHP.
2010AA	PER		Billing Provider Contact Information	S						Follow implementation guide rules.
2010AA	PER01	366	Contact Function Code	R	ID	IC-Information Contact	2	2		
2010AA	PER02	93	Name	R	AN		1	60		
2010AA	PER03	365	Communication Number Qualifier	R	ID	EM - Electronic Mail FX - Fax TE - Telephone	2	2		
2010AA	PER04	364	Communication Number	R	AN		1	80		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AA	PER05	365	Communication Number Qualifier	S	ID	EM -Electronic Mail EX - Telephone Extension FX - Fax TE - Telephone	2	2		Follow implementation guide rules.
2010AA	PER06	364	Communication Number	S	AN		1	80		Follow implementation guide rules.
2010AA	PER07	365	Communication Number Qualifier	S	ID	EM -Electronic Mail EX - Telephone Extension FX - Fax TE - Telephone	2	2		Follow implementation guide rules.
2010AA	PER08	364	Communication Number	S	AN		1	80		Follow implementation guide rules.
2010AB	NM1		Pay- To- Provider Name	S						Follow implementation guide rules.
2010AB	NM101	98	Entity Identifier Code	R	ID	87- Pay -to-Provider	2	3		
2010AB	NM102	1065	Entity Type Qualifier	R	ID	2- Non-Person Entity	1	1		
2010AB	NM103	1035	Pay-to Provider Last or Organizational Name	R	AN		1	35		
2010AB	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's Identification Number 34 - Social Security Number XX - Health Care Financing Administration National Provider Identifier	1	2	XX	If Loop 2010AB is being sent, submitters must populate NM108 with a value of 'XX'
2010AB	NM109	67	Identification Code	R	ID		1	88		If Loop 2010AB is being sent, submitters must populate NM109 with NPI
2010AB	N3		Pay-To Provider Address	R						
2010AB	N301	166	Pay-to Provider Address Line 1	R	AN		1	55		
2010AB	N302	166	Pay-to Provider Address Line 2	S	AN		1	55		Follow implementation guide rules.
2010AB	N4		Pay-To Provider City/State/Zip	R						
2010AB	N401	19	City Name	R	AN		2	30		
2010AB	N402	156	Pay-to Provider State Code	R	ID		2	2		
2010AB	N403	116	Pay-to Provider Postal Zone or ZIP Code	R	ID		3	15		
2010AB	N404	26	Pay to Provider Country Code	S	ID		2	3		Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010AB	REF		Pay-To Provider Secondary Identification	R						If 2010AB/NM1 is being populated, then this REF segment is required by MHP.
2010AB	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number 1J - Facility ID Number B3 - Preferred Provider Organization Number BQ - Health Maintenance Organization Code Number EI - Employer's Identification Number FH - Clinic Number G2 - Provider Commercial Number G5 - Provider Site Number LU - Location Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01. (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2010AB	REF02	127	Reference Identification	R	AN		1	30		
2000B	HL		2000B - Subscriber Hierarchical Level Required	R						
2000B	HL01	628	Hierarchical ID Number	R	AN		1	12		
2000B	HL02	734	Hierarchical Parent ID Number	R	AN		1	12		
2000B	HL03	735	Hierarchical Level Code	R	ID		1	2		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2000B		736	Hierarchical Child Code	R	ID	0 - No Subordinate HL segment in this hierarchial structure 1 - Additional subordination HL data segment in this hierarchial structure	1	1		
2000B	SBR		Subscriber Hierarchical Level	R						
2000B	SBR01	1138	Payer responsibility sequence number code	R	ID	P - Primary S - Secondary T - Tertiary	1	1		
2000B	SBR02	1069	Individual Relationship Code	S	ID	18 - Self	2	2		Follow implementation guide rules.
2000B	SBR03	127	Reference Identification	S	AN		1	30		Follow implementation guide rules.
2000B	SBR04	93	Name	S	AN		1	60		Follow implementation guide rules.
2000B	SBR09	1032	Claim Filing Indicator Code	S	ID	09 - Self-Pay 10 - Central Certification 11 - Other Non-Federal Programs 12 - Preferred Provider Organization 13 - Pointof Service 14 - Exclusive Provider Organization 15 - Idemnity Insurance 16 - HMO AM - Automobile Medical BL - Blue Shield/Blue Cross CH - CHAMPUS CI - Commercail Insurance DS - Disability HM - HMO LI - Liability LM - Liability Medical MA - Medicare Part A MB - Medicare Part B MC - Medicaid OF - Other Federal Programs TV - Title V VA - Veteran Admin Plan WC - Worker's Comp ZZ - Mutally Defined	1	2		Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010BA	NM1		Subscriber Name	R						
2010BA	NM101	98	Entity Identifier Code	R	ID	IL- Insured or Subscriber	2	3		
2010BA	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - NonPerson Entity	1	1		
2010BA	NM103	1035	Name Last or Organization Nm	R	AN		1	35		
2010BA	NM104	1036	Name First	R	AN		1	25		
2010BA	NM105	1037	Name Middle	S	AN		1	25		Follow implementation guide rules.
2010BA	NM107	1039	Name Suffix	S	AN		1	10		Follow implementation guide rules.
2010BA	NM108	66	Identification Code Qualifier	R	ID	MI - Member Identification Number ZZ - Mutally Defined	1	2		
2010BA	NM109	67	Identification Code	S	ID		1	2		Required when NM102 = "1".
2010BA	N3		Subscriber Address	S						Follow implementation guide rules.
2010BA	N301	166	Address Information	R	AN		1	55		
2010BA	N302	166	Address Information	S	AN		1	55		Follow implementation guide rules.
2010BA	N4		Subscriber City/State/Zip	S						Follow implementation guide rules.
2010BA	N401	19	City Name	R	AN		2	30		
2010BA	N402	156	State or Province Code	R	ID		2	2		
2010BA	N403	116	Postal Code	R	ID		3	15		
2010BA	N404	26	Country Code	S	ID		2	3		Follow implementation guide rules.
2010BA	DMG		Subscriber Demographic Information	S						Follow implementation guide rules.
2010BA	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8-Date Expressed in Format CCYYMMDD	2	3		
2010BA	DMG02	1251	Date Time Period	R	AN		1	35		
2010BA	DMG03	1068	Gender Code	R	ID	F - Female M - Male U - Unknown	1	1		
2010BA	REF		Subscriber Demographic Information	S						Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010BA	REF01	128	Reference Identification Qualifier	R	ID	1W - Member Identification Number 23 - Client Number 1G - Insurance Policy Number SY -Social Security Number	2	3		
2010BA	REF02	127	Subscriber Supplemental Identifier	R	AN		1	30		
2010BA	REF		Property and Casualty Claim Number	S						This segment is not used by MHP.
2010BB	NM1		Credit/Debit Card Account Holder Name	S						Loop 2010BB is not used by MHP.
2010BC	NM1		Payer Name	R						Follow implementation guide rules
2010BC	NM101	98	Entity Identifier Code	R	ID	PR - Payer	2	3		
2010BC	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-Person Entity	1	1		
2010BC	NM103	1035	Name Last or Organization Nm	R	AN		1	35		
2010BC	NM108	66	Identification Code Qualifier	R	ID	PI - Payor Identification XV - Health Care Financing Administration National PlanID	1	2		
2010BC	NM109	67	Identification Code	R	AN					
2010BC	N3		Payer Address	S						Follow implementation guide rules.
2010BC	N301	166	Address Information	R	AN		1	55		
2010BC	N302	166	Address Information	S	AN		1	55		Follow implementation guide rules.
2010BC	N4		Payer Address	S						Follow implementation guide rules.
2010BC	N401	19	City Name	R	AN		2	30		
2010BC	N402	156	State or Provence Code	R	ID		2	2		
2010BC	N403	116	Postal Code	R	ID		3	15		
2010BC	N404	26	Country Code	S	ID		2	3		Follow implementation guide rules.
2010BC	REF		Payer Secondary Identification	S						This segment is not used by MHP.
2010BD	NM1		Responsible Party Name	S						Loop 2010BD is not used by MHP.
2000C	HL		Patient Hierarchical Level	S						Follow implementation guide rules.
2000C	HL01	628	Hierarchical ID Number	R	AN		1	12		
2000C	HL02	734	Hierarchical Parent ID Number	R	AN		1	12		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2000C	HL03	735	Hierarchical Level Code	R	ID	23 - Dependent	1	2		
2000C	HL04	736	Hierarchical Child Code	R	ID	0 - No Subordinate HL segmnet in this hierarchial structure	1	1		
2000C	PAT		Patient Hierarchical Level	R						
2000C	PAT01	1069	Individual Relationship Code	R	ID	01 - Spouse 04 - Gand father 05 - Grandson/daughter 07 - nephew/niece 10 - foster child 15 - ward 17 - stepson/daughter 19 - child 20 - employee 21 - unknown See IG for complete list.				
2010CA	NM1		Patient Name	R						
2010CA	NM101	98	Entity Identifier Code	R	ID	QC- Patient	2	3		
2010CA	NM102	1065	Entity Type Qualifier	R	ID	1 - Person	1	1		
2010CA	NM103	1035	Name Last or Organization Nm	R	AN		1	35		
2010CA	NM104	1036	Name First	R	AN		1	25		
2010CA	NM105	1037	Name Middle	S	AN		1	25		Follow implementation guide rules.
2010CA	NM107	1039	Name Suffix	S	AN		1	10		Follow implementation guide rules.
2010CA	NM108	66	Identification Code Qualifier	R	ID	MI - Member ID Number ZZ - Mutually Defined	1	2	MI - Member ID Number	
2010CA	NM109	67	Identification Code	R	AN		2	80		
2010CA	N3		Patient Address	R						
2010CA	N301	166	Patient Address Line	R	AN		1	55		
2010CA	N302	166	Patient Address Line	S	AN		1	55		Follow implementation guide rules.
2010CA	N4		Patient City/State/Zip Code	R						
2010CA	N401	19	Patient City Name	R	AN		2	30		
2010CA	N402	156	Patient State Code	R	ID		2	2		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2010CA	N403	116	Patient Postal Zone or ZIP Code	R	ID		3	15		
2010CA	N404	26	Country Code	S	ID		2	3		Follow implementation guide rules.
2010CA	DMG		Patient Demographic Information	R						Follow implementation guide rules.
2010CA	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8-Date Expressed in Format CCYYMMDD	2	3		
2010CA	DMG02	1251	Patient Birth Date	R	AN		1	35		
2010CA	DMG03	1068	Gender Code	R	ID	F - Female M - Male U - Unknown	1	1		
2010CA	REF		Patient Secondary Identification Number	S						Follow implementation guide rules.
2010CA	REF01	128	Reference Identification Qualifier	R	ID	1W - Member Identification Number 23 - Client Number 1G - Insurance Policy Number SY - Social Security Number	2	3		
2010CA	REF02	127	Reference Identification	R	AN		1	30		
2010CA	REF		Property and Casualty Claim Number	S						Not Used by MHP.
2300	CLM		Claim Information	R						
2300	CLM01	1028	Patient Control Number	R	AN		1	38		
2300	CLM02	782	Total Claim Charge Amount	R	R		1	18		
2300	CLM05-1	1325	Facility Type Code	R	ID		1	1		
2300	CLM05-2	1332	Facility Code Qualifier	R	ID	A-Uniform Billing Claim Form Bill Type	1	2		
2300	CLM05-3	1331	Claim Frequency Code	R	AN		1	3		
2300	CLM06	1073	Yes/No Condition or Reponse Code	R	ID	N-No Y-Yes	1	1		
2300	CLM07	1359	Prov Accept Assignment Code	S	ID	A - Assigned C - Not assigned	1	1		Required when MHP is secondary to Medicare.
2300	CLM08	1073	Yes/No Condition or Reponse Code	R	ID	N-No Y-Yes	1	1		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	CLM09	1363	Release of Information Code	R	ID	A - Appropriate release I - Informed consent M - Provider has limited ability to release data N - Not allowed to release info O - Payor on file Y - Permitted to release data	1	1		
2300	CLM18	1073	Explanation of Benefits Indicator	R	ID	N - No Y - Yes				
2300	CLM20	1514	Delay Reason code	S	ID	1 - Proof of eligibility 2 - Litigation 3 - Authorization days 4 - Delay in certification 5 - Delay in supplying billing forms 6 - Delay in delivery of custom made appliances 7 - 3rd party processing delay 8 - Delay in eligibility 9 - Original claim rejected 10 - Admin delay 11 - Other	1,2			Not used by MHP.
2300	DTP		Discharge Hour	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	096 - Discharge	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	TM - Time Expressed in Fromat HHMM	2	3		
2300	DTP03	1251	Discharge Hour	R	AN	21 - Disacharge hour	1	35		
2300	DTP		Statement Dates	R						Follow implementation guide rules
2300	DTP01	374	Date Time Qualifier	R	ID	434 - Statement	3	3		
2300	DTP02	1250	Date and Time Period Format Qualifier	R	ID	D8 - Date expressed in format CCYYMMDD RD8 - Range of dates expressed in format CCYYMMDD-CCYYMMDD	2	3		
2300	DTP03	1251	Statement From or To Date	R	AN		1	35		
2300	DTP		Admission Date/Hour	S						Follow implementation guide rules.
2300	DTP01	374	Date Time Qualifier	R	ID	435 admission	3	3		
2300	DTP02	1250	Date Time Period Format Qualifier	R	ID	DT - Date expressed in format CCYYMMDDHHMM	2	3		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	DTP03	1251	Date Time Period	R	AN		1	35		
2300	CL1		Institutional Claim Code	S						Follow implementation guide rules.
2300	CL101	1351	Admission Type Code	S	ID	Code Source 231	1	1		Follow implementation guide rules.
2300	CL102	1314	Admission Source Code	S	ID	Code Source 230	1	1		Follow implementation guide rules.
2300	CL103	1352	Patient Status Code	S	ID	Code Source 239	1	1		If Bill Type = 711, patient status required
2300	PWK		Claim Supplemental Information	S						This segment is not used by MHP during the initial implementation of HIPAA. Claims requiring claim attachments must be submitted on paper.
2300	CN1		Contract Information	S						This segment is not used by MHP.
2300	AMT		Payer Estimated Amount Due	S						This segment is not used by MHP.
2300	AMT		Patient Estimated Amount Due	S						This segment is not used by MHP.
2300	AMT		Patient Paid Amount	S						This segment is not used by MHP.
2300	AMT		Credit/Debit Card Maximum Amount	S						This segment is not used by MHP.
2300	REF		Adjusted Repriced Claim Number	S						This segment is not used by MHP.
2300	REF		Repriced Claim Number	S						This segment is not used by MHP.
2300	REF		Claim Identification Number For Clearinghouses and Other Transmission Intermediaries	S						Required by MHP.
2300	REF01	128	Reference Identification Qualifier	R	ID	D9 - Claim Number	2	3		Claim number must be unique.
2300	REF02	127	Value Added Network Trace Number	R	AN		1	30		
2300	REF		Document Identification Code	S						This segment is not used by MHP.
2300	REF		Original Reference Number (ICN/DCN)	S						Follow implementation guide rules.
2300	REF01	128	Reference Identification Qualifier	R	ID	F8-original reference number	2	3		
2300	REF02	127	Claim Original Reference Number	R	AN		1	30		
2300	REF		Investigation Device Exemption Number	S						This segment is not used by MHP.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	REF		Service Authorization Exemption Code	S						This segment is not used by MHP.
2300	REF		Peer Review Organization (PRO) Approval Number	S						This segment is not used by MHP.
2300	REF		Prior Authorization or Referral Number	S						Required by MHP if services are authorized or referred.
2300	REF01	128	Reference Identification Qualifier	R	ID	9F-referral number G1-prior authorization number	2	3		
2300	REF02	127	Prior Authorization Number	R	AN	63-(a-c)[Treatment Authorization Code]	1	30		
2300	REF		Medical Record Number	S						This segment is not used by MHP.
2300	REF		Demonstration Project Identifier	S						This segment is not used by MHP.
2300	K3		File Information	S						This segment is not used by MHP.
2300	NTE		Claim Note	S						Follow implementation guide rules.
2300	NTE01	363	Note Reference Code	R	ID	ALG - Allergies DCP - Rehab goals DGN - Diagnosis description DME - Durable medical equipment MED - Medications NTR - Nutritional requirements ODT - Orders for treatments RHB - Functional limitations RLH - Reasons patient leaves home RNH - Time reasons patient not at home SET - Unusual home environment SFM - Safety measures SPT - Supplemental plan UPI - Updated information	3	3		
2300	NTE02	352	Claim Note Text	R	AN		1	80		
2300	NTE		Billing Note	S						Follow implementation guide rules.
2300	NTE01	363	Note Reference Code	R	ID	ADD - Additional info	3	3		
2300	NTE02	352	Billing Note Text	R	AN	84 - Remarks	1	80		
2300	CR6		Home Health Care Information	S						This segment is not used by MHP.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	CRC		Home Health Functional Limitations	S						This segment is not used by MHP.
2300	CRC		Home Health Activities Permitted	S						This segment is not used by MHP.
2300	CRC		Home Health Mental Status	S						This segment is not used by MHP.
2300	HI		Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	S						Follow implementation guide rules.
2300	HI01	C022	Healthcare Code Information	R						
2300	HI01-1	1270	Code List Qualifier Code	R	ID	BK - Principle Diagnosis	1	3		
2300	HI01-2	1271	Industry Code	R	AN		1	30		
2300	HI02	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	ID	BJ - Admitting Diagnosis ZZ - Mutually Defined	1	3		
2300	HI02-2	1271	Industry Code	R	AN	Code Source 131	1	30		
2300	HI03	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	ID	BN - US DHHS, Office of Vital Statistics E-Code	1	3		
2300	HI03-2	1271	Industry Code	R	AN		1	30		
2300	HI		Diagnosis Related Group (DRG) Information	S						Required by MHP when DRG is required by contract.
2300	HI01	C022	Healthcare Code Information	R						
2300	HI01-1	1270	Code List Qualifier Code	R	ID	DR - Diagnosis Related Group	1	3		
2300	HI01-2	1271	DRG Code	R	AN		1	30		
2300	HI		Other Diagnosis Information	S						Follow implementation guide rules.
2300	HI01	C022	Healthcare Code Information	R						
2300	HI01-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI01-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI02	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI02-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI03	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI03-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI04	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI04-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI04-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI05	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI05-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI05-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI06	C022	Code List Qualifier Code	S						Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI06-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI06-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI07	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI07-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI07-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI08	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI08-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI08-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI09	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI09-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI09-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI10	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI10-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI10-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI11	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI11-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI11-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI12	C022	Code List Qualifier Code	S						Follow implementation guide rules.
2300	HI12-1	1270	Code List Qualifier Code	R	ID	BF - Diagnosis	1	3		
2300	HI12-2	1271	Other Diagnosis	R	AN	Code Source 131	1	30		
2300	HI		Principal Procedure Information	S						Follow implementation guide rules.
2300	HI01	C022	Healthcare Code Information	R						
2300	HI01-1	1270	Code List Qualifier Code	R	AN	BP-Health Care Financing Admin Procedural Coding System Principle Procedure BR-International Classification of diseases clinical Modification	1	30		
2300	HI01-2	1271	Principal Procedure Code	R	AN	Code Source 131	1	30		
2300	HI01-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI01-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI		Other Procedure Information	S						Follow implementation guide rules.
2300	HI01	C022	Healthcare Code Information	R						

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI01-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI01-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI01-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI01-4	1251	Procedure Date	S	AN		2	3		Follow implementation guide rules.
2300	HI02	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI02-2	1271	Procedure Code	R	ID	Code Source 130 Code Source 131	1	30		
2300	HI02-3	1250	Date Time Period Format Qualifier	S	ID	D8-date expressed in format CCYYMMDD				Follow implementation guide rules.
2300	HI02-4	1251	Procedure Date	S	AN					Follow implementation guide rules.
2300	HI03	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI03-2	1271	Procedure Code	R	ID	Code Source 130 Code Source 131	1	30		
2300	HI03-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	1	35		Follow implementation guide rules.
2300	HI03-4	1251	Procedure Date	S	AN		1	30		Follow implementation guide rules.
2300	HI04	C022	Healthcare Code Information	S						Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI04-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI04-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI04-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI04-4	1251	Procedure Date	S	AN		1	30		Follow implementation guide rules.
2300	HI05	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI05-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI05-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI05-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI05-4	1251	Procedure Date	S	AN		1	30		Follow implementation guide rules.
2300	HI06	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI06-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI06-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI06-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI06-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI07	C022	Healthcare Code Information	S						Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI07-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI07-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI07-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI07-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI08	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI08-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI08-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI08-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI08-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI09	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI09-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI09-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI09-3	1251	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI09-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI10	C022	Healthcare Code Information	S						Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI10-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI10-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI10-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI10-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI11	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI11-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI11-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI11-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI11-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI12	C022	Healthcare Code Information	S						Follow implementation guide rules.
2300	HI12-1	1270	Code List Qualifier Code	R	ID	BO - Health Care Financing Admin Procedure Coding System BQ - International Classification of Diseases Clinical Modification	1	3		
2300	HI12-2	1271	Procedure Code	R	AN	Code Source 130 Code Source 131	1	30		
2300	HI12-3	1250	Date Time Period Format Qualifier	S	ID	D8 - Date expressed in format CCYYMMDD	2	3		Follow implementation guide rules.
2300	HI12-4	1251	Procedure Date	S	AN		1	35		Follow implementation guide rules.
2300	HI		Occurrence Span Information	S						Follow implementation guide rules.
2300	HI01	C022	Health Care Code Information For Occurrences	R	M					

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI01-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI01-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI01-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI01-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI02	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI02-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI02-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI02-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI03	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI03-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI03-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI03-4	1250	Occurrence Span Associated Date	R	AN		1	35		
2300	HI04	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI04-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI04-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI04-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI04-4	1250	Occurrence Span Associated Date	R	AN		1	35		
2300	HI05	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI05-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI05-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI05-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI05-4	1250	Occurrence Span Associated Date	R	AN		1	35		
2300	HI06	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI06-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI06-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI06-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI06-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI07	C022	Health Care Code Information For Occurrences	S	O					Follow implementation guide rules.
2300	HI07-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI07-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI07-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI07-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI08	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI08-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI08-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI08-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI08-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI09	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI09-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI09-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI09-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI09-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI10	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI10-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI10-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI10-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI10-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI11	C022	Health Care Code Information For Occurrences	S	O					Follow implementation guide rules.
2300	HI11-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI11-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI11-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI11-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI12	C022	Health Care Code Information For Occurrences	S	O					Follow implementation guide rules.
2300	HI12-1	1270	Code List Qualifier Code	R	ID	BI - Occurrence Span	1	3		
2300	HI12-2	1271	Occurance Span Code	R	AN	Code Source 132	1	30		
2300	HI12-3	1250	Date Time Period Format Qualifier	R	ID	RD8 - Range of dates expressed in format CCYYMMDD - CCYYMMDD	2	3		
2300	HI12-4	1251	Occurrence Span Associated Date	R	AN		1	35		
2300	HI		Occurrence Information	S						Follow implementation guide rules.
2300	HI01	C022	Health Care Code Information For Occurrences	R						
2300	HI01-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI01-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI01-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI01-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI02	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI02-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI02-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI02-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI03	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI03-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI03-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI03-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI04	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI04-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI04-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI04-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI04-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI05	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI05-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI05-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI05-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI05-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI06	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI06-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI06-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI06-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI06-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI07	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI07-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI07-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI07-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI07-4	1251	Occurrence Associated Date	R	AN		1	35		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI08	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI08-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI08-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI08-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI08-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI09	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI09-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI09-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI09-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI09-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI10	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI10-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI10-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI10-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI10-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI11	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI11-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI11-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI11-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI11-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI12	C022	Health Care Code Information For Occurrences	S						Follow implementation guide rules.
2300	HI12-1	1270	Code List Qualifier Code	R	ID	BH - Occurrence	1	3		
2300	HI12-2	1271	Occurrence Code	R	AN	Code Source 132	1	30		
2300	HI12-3	1250	Date Time Period Format Qualifier	R	ID	D8 - Range of dates expressed in format CCYYMMDD	2	3		
2300	HI12-4	1251	Occurrence Associated Date	R	AN		1	35		
2300	HI		Value Information	S						Follow implementation guide rules.
2300	HI01	C022	Health Care Code Information For Value Information	R						
2300	HI01-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI01-2	1271	Value Code	R	AN	Code Source 132	1	30		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI01-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI02	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI01-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI02-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI03	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI03-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI03-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI04	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI04-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI04-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI04-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI05	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI05-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI05-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI05-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI06	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI06-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI06-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI06-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI07	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI07-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI07-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI07-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI08	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI08-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI08-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI08-5	782	Value Code Associated Amount	R	R		1	18		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI09	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI09-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI09-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI09-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI10	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI010-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI010-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI010-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI11	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI011-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI011-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI011-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI12	C022	Health Care Code Information For Value Information	S						Follow implementation guide rules.
2300	HI012-1	1270	Code List Qualifier Code	R	AN	BE - Value	1	3		
2300	HI012-2	1271	Value Code	R	AN	Code Source 132	1	30		
2300	HI012-5	782	Value Code Associated Amount	R	R		1	18		
2300	HI		Condition Information	S						Follow implementation guide rules.
2300	HI01	C022	Health Care Code Information For Condition Information	R						
2300	HI01-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI01-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI02	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI02-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI02-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI03	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI03-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI03-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI04	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI04-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI04-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI05	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI05-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2300	HI05-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI06	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI06-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI06-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI07	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI07-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI07-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI08	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI08-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI08-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI09	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI09-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI09-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI10	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI10-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI10-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI11	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI11-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI11-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI12	C022	Health Care Code Information For Condition Information	S						Follow implementation guide rules.
2300	HI12-1	1270	Code List Qualifier Code	R	AN	BG - Condition	1	3		
2300	HI12-2	1271	Condition Code	R	AN	Code Source 132	1	30		
2300	HI		Treatment Code Information	S						This segment is not used by MHP.
2300	QTY		Claim Quantity	S						Follow Implementation Guide Rules
2300	QTY01	673	Quantity Qualifier	R	ID	CA - Covered-actual CD - Co-insured-actual LA - Lifetime reserve-actual NA - Number of non-covered days	2	2		
2300	QTY02	380	Claim Days Count	R	R		1	15		
2300	QTY03	C001	Composite Unit of Measure	R						
2300	QTY03-1	355	Unit or Basis for Measurement Code	R	ID	DA-Days	2	2		
2300	HCP		Claim Pricing/Repricing Information	S						This segment is not used by MHP.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2305	CR7		Home Health Care Plan Information	S						This segment is not used by MHP.
2305	HSD		Home Health Care Plan Information	S						This segment is not used by MHP.
2310A	NM1		Attending Physician Name	S						Follow implementation guide rules.
2310A	NM101	98	Entity Identifier Code	R	ID	71 - Attending physician	2	3		
2310A	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person entity	1	1		
2310A	NM103	1035	Attending Physician Last Name	R	AN		1	35		
2310A	NM104	1036	Attending Physician First Name	R	AN		1	25		
2310A	NM105	1037	Attending Physician Middle Name	S	AN		1	25		Follow implementation guide rules.
2310A	NM107	67	Attending Physician Name Suffix	S	AN		1	10		Follow implementation guide rules.
2310A	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's ID Number 34 - Social Security Number XX - Health Care Financing Admin National Provider ID	1	2	XX	If Loop 2310A is being sent, submitters must populate NM108 with a value of 'XX'
2310A	NM109	67	Attending Physician Primary Identifier	R	AN		2	80		If Loop 2310A is being sent, submitters must populate NM109 with NPI
2310A	PRV		Attending Physician Specialty Information	S						Follow implementation guide rules. (If taxonomy info is available, please send to MHP)
2310A	PRV01	1221	Provider Code	R	ID	AT - Attending SU - Supervising	1	3		
2310A	PRV02	128	Reference Identification Qualifier	R	ID	ZZ-mutually defined taxonomy code	2	3		
2310A	PRV03	127	Reference Identification	R	AN		1	30		
2310A	REF		Attending Physician Secondary Identification	S						If 2310A/NM1 is being populated, then this REF segment is required by MHP.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310A	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01. (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2310A	REF02	127	Attending Physician Secondary Identifier	R	AN		1	30		
2310B	NM1		Operating Physician Name	S						Follow Implementation Guide Rules
2310B	NM101	98	Entity Identifier Code	R	ID	72 - Operating Physician	2	3		
2310B	NM102	1065	Entity Type Qualifier	R	ID	1 - Person	1	1		
2310B	NM103	1035	Operating Physician Last Name	R	AN		1	35		
2310B	NM104	1036	Operating Physician First Name	R	AN		1	25		
2310B	NM105	1037	Operating Physician Middle Name	S	AN		1	25		
2310B	NM107	67	Operating Physician Name Suffix	S	AN		1	10		
2310B	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's ID Number 34 - Social Security Number XX - Health Care Financing Admin National Provider ID	1	2	XX	If Loop 2310B is being sent, submitters must populate NM108 with a value of 'XX'

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310B	NM109	67	Operating Physician Primary Identifier	R	AN		2	80		If Loop 2310B is being sent, submitters must populate NM109 with NPI
2310B	REF		Operating Physician Secondary Identification	S						If 2310B/NM1 is being populated, then this REF segment is required by MHP.
2310B	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	'EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01. (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2310B	REF02	127	Operating Physician Secondary Identifier	R	AN		1	30		
2310C	NM1		Other Provider Name	S						Follow Implementation Guide Rules
2310C	NM101	98	Entity Identifier Code	R	ID	73 - Other Physician	2	3		
2310C	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person-entity	1	1		
2310C	NM103	1035	Name Last or Organization Nm	R	AN		1	35		
2310C	NM104	1036	Name First	R	AN		1	25		
2310C	NM105	1037	Middle Name	S	AN		1	25		
2310C	NM107	67	Name Suffix	S	AN		1	10		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310C	NM108	66	Identification Code Qualifier	R	ID	24 - Employer's ID Number 34 - Social Security Number XX - Health Care Financing Admin National Provider ID	1	2	XX	If Loop 2310C is being sent, submitters must populate NM108 with a value of 'XX'
2310C	NM109	67	Identification Code	R	ID		1	2		If Loop 2310C is being sent, submitters must populate NM109 with NPI
2310C	REF		Other Provider Secondary Identification	S						If 2310C/NM1 is being populated, then this REF segment is required by MHP.
2310C	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01. (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2310C	REF02	127	Reference Identification	R	AN		1	30		
2310E	NM1		Service Facility Name	S						Follow Implementation Guide Rules
2310E	NM101	98	Entity Identifier Code	R	ID	FA - Facility	2	3		
2310E	NM102	1065	Entity Type Qualifier	R	ID	2 - Non-person Entity	1	1		
2310E	NM103	1035	Lab or Facility Name	R	AN		1	35		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310E	NM108	66	Identification Code Qualifier	S	ID	24 - Employer's ID Number 34 - Social Security Number XX - Health Care Financing Admin National Provider ID	1	2	XX	If Loop 2310E is being sent, submitters must populate NM108 with a value of 'XX'
2310E	NM109	67	Lab or Facility Primary ID	S	AN		2	80		If Loop 2310E is being sent, submitters must populate NM109 with NPI
2310E	N3		Service Facility Address	R						Follow Implementation Guide Rules
2310E	N301	166	Facility Address Line 1	R	AN		1	55		
2310E	N302	166	Facility Address Line 2	S	AN		1	55		Follow implementation guide rules.
2310E	N4		Service Facility City/State/Zip	R						Follow Implementation Guide Rules
2310E	N401	19	City Name	R	AN		2	30		
2310E	N402	156	State or Provence Code	R	ID	Code Source 22	2	2		
2310E	N403	116	Postal Code	R	ID	Code Source 51	3	15		
2310E	N404	26	Country Code	S	ID	Code Source 5	2	3		Follow implementation guide rules.
2310E	REF		Service Facility Secondary Identification	S						If 2310E/NM1 is being populated, then this REF segment is required by MHP.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2310E	REF01	128	Reference Identification Qualifier	R	ID	0B - State License Number 1A - Blue Cross Provider Number 1B - Blue Shield Provider Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1G - Provider UPIN Number 1H - CHAMPUS Identification Number EI - Employer's Identification Number G2 - Provider Commercial Number LU - Location Number N5 - Provider Plan Network Identification Number SY - Social Security Number X5 - State Industrial Accident Provider Number	2	3	EI' (Tax ID# or SSN) or '1G' (UPIN) or 'G2' (Commercial ID#)	If NPI is sent in NM109, then send Tax ID#/SSN, UPIN, or Commercial ID# within the REF01. (If more than one of these secondary provider id#'s is available, then please send multiple iterations of this REF segment.)
2310E	REF02	127	Reference Identification	R	AN		1	30		
2320	SBR		Other Subscriber Information	S						Loop 2320 is required when submitting a secondary claim.
2320	SBR01	1138	Payer responsibility sequence number code	R	ID	P - Primary S - Secondary T - Tertiary				
2320	SBR02	1069	Individual Relationship Code	R	ID	01 - Spouse 04 - Gand father 05 - Grandson/daughter 07 - nephew/niece 10 - foster child 15 - ward 17 - stepson/daughter 19 - child 20 - employee 21 - unknown See IG for complete list.	2	2		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	SBR03	127	Insured Group or Policy Number	S	AN		1	30		Follow implementation guide rules.
2320	SBR04	93	Other Insured Group Name	S	AN	61 - Insured Group Name	1	60		Follow implementation guide rules.
2320	SBR09	1032	Claim Filing Indicator Code	S	ID	09 - Self-Pay 10 - Central Certification 11 - Other Non-Federal Programs 12 - Preferred Provider Organization 13 - Pointof Service 14 - Exclusive Provider Organization 15 - Idemnity Insurance 16 - HMO AM - Automobile Medical BL - Blue Shield/Blue Cross See Implementation Guide for Complete List.	1	2		Follow implementation guide rules.
2320	CAS		Claim Level Adjustment	S						Follow implementation guide rules. NOTE: Line level adjustment informaton should be sent in loop 2430.
2320	CAS01	1033	Claim Adjustment Group Code	R	ID	CO - Contractual Obligation CR - Correction & Reveral OA - Other Adjustments PI - Payor Initiated Reductions PR - Patient Responsibility	1	2		
2320	CAS02	1034	Claim Adjustment Reason Code	R	ID		1	5		
2320	CAS03	782	Monetary Amount	R	R		1	18		
2320	CAS04	380	Quantity	S	R		1	15		Follow implementation guide rules.
2320	CAS05	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2320	CAS06	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2320	CAS07	380	Quantity	S	R		1	15		Follow implementation guide rules.
2320	CAS08	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2320	CAS09	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2320	CAS10	380	Quantity	S	R		1	15		Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	CAS11	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2320	CAS12	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2320	CAS13	380	Quantity	S	R		1	15		Follow implementation guide rules.
2320	CAS14	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2320	CAS15	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2320	CAS16	380	Quantity	S	R		1	15		Follow implementation guide rules.
2320	CAS17	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2320	CAS18	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2320	CAS19	380	Quantity	S	R		1	15		Follow implementation guide rules.
2320	AMT		Payer Prior Payment	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	C4 - Prior Payment - Actual	1	3		
2320	AMT02	782	Other Payor Patient Paid Amount	R	R		1	18		
2320	AMT		Coordination of Benefits (COB) Total Allowed Amount	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	B6-allowed-actual	1	3		
2320	AMT02	782	Monetary Amount	R	R	record type 92 field No.8	1	18		
2320	AMT		Coordination of Benefits (COB) Total Submitted Charges	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	T3-total submitted charges	1	3		
2320	AMT02	782	Monetary Amount	R	R	record type 92 field No.8	1	18		
2320	AMT		Diagnostic Related Group (DRG) Outlier Amount	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	ZZ-mutually defined	1	3		
2320	AMT02	782	Monetary Amount	R	R	record type 92 field No.8	1	18		
2320	AMT		Coordination of Benefits (COB) Total Medicare Paid Amount	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	N1-Net worth	1	3		
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	AMT		Medicare Paid Amount 100%	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	KF- Net Paid Amount	1	3		
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	AMT		Medicare Paid Amount 80%	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	PG-Payoff	1	3		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	AMT		Coordination of Benefits (COB) Medicare A Trust Fund Paid	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	AA-allocated	1	3		
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	AMT		Coordination of Benefits (COB) Medicare B Trust Fund Paid	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	B1- benefit amount	1	3		
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	AMT		Coordination of Benefits (COB) Total Non-covered Amount	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	A8-noncovered charges - actual	1	3		
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	AMT		Coordination of Benefits (COB) Total Denied Amount	S						Follow implementation guide rules.
2320	AMT01	522	Amount Qualifier Code	R	ID	YT-denird	1	3		
2320	AMT02	782	Monetary Amount	R	R		1	18		
2320	DMG		Other Subscriber Demographic Information	S						Follow implementation guide rules.
2320	DMG01	1250	Date Time Period Format Qualifier	R	ID	D8-Date Expressed in Format CCYYMMDD	2	3		
2320	DMG02	1251	Date Time Period	R	AN		1	35		
2320	DMG03	1068	Gender Code	R	ID		1	1		
2320	OI		Other Insurance Coverage Information	R						
2320	OI03	1073	Benefits Assignment Certification Indicator	R	ID	N - No Y - Yes	1	1		
2320	OI06	1363	Release of Information Code	R	ID	A - Appropriate release of information I - Informed consent to release medical information M - Provider has limited or restricted ability N - No,provider is not allowed to release info O - On file at payor Y - Yes,provider has a signed statement permitting release	1	1		
2320	MIA		Medicare Inpatient Adjudication Information	S						Required by MHP when Medicare is Primary.
2320	MIA01	380	Covered Days or Visits Count	R	R		1	15		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	MIA02	380	Lifetime Reserve Days Count	S	R		1	15		Follow implementation guide rules.
2320	MIA03	380	Lifetime Psychiatric Days Count	S	R		1	15		Follow implementation guide rules.
2320	MIA04	782	Claim DRG Amount	S	E		1	18		Follow implementation guide rules.
2320	MIA05	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MIA06	782	Claim Disproportiatnate Share Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA07	782	Claim MSP Pass-through Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA08	782	Claim PPS Capital Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA09	782	PPS-Capital FSP DRG Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA10	782	PPS-Capital HSP DRG Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA11	782	PPS - Capital DSH DRG Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA12	782	Old Capital Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA13	782	PPS - Capital IME Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA14	782	PPS - Operating Hospital Specific DRG Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA15	380	Cost Report Day Count	S	R		1	15		Follow implementation guide rules.
2320	MIA16	782	PPS - Operating Federal Specific DRG Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA17	782	Claim PPS Capital Outlier Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA18	782	Claim Indirect Teaching Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA19	782	Nonpayable Professional Component Amount	S	R		1	18		Follow implementation guide rules.
2320	MIA20	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MIA21	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MIA22	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MIA23	127	Remark Code	S	AN		1	30		Follow implementation guide rules.
2320	MIA24	782	PPS Capital Exception Amount	s	R		1	18		Follow implementation guide rules.
2320	MOA		Medicare Outpatient Adjudication Information	S						Required when MHP is secondary to Medicare.
2320	MOA01	954	Percent	S	R		1	10		Follow implementation guide rules.
2320	MOA02	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2320	MOA03	127	Reference Identification	S	AN		1	30		Follow implementation guide rules.
2320	MOA04	127	Reference Identification	S	AN		1	30		Follow implementation guide rules.
2320	MOA05	127	Reference Identification	S	AN		1	30		Follow implementation guide rules.
2320	MOA06	127	Reference Identification	S	AN		1	30		Follow implementation guide rules.
2320	MOA07	127	Reference Identification	S	AN		1	30		Follow implementation guide rules.
2320	MOA08	782	Monetary amount	S	R		1	18		Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2320	MOA09	782	Monetary amount	S	R		1	18		Follow implementation guide rules.
2330A	NM1		Other Subscriber Name	R						
2330A	NM101	98	Entity Identifier Code	R	ID	IL - Insured or Subscriber	2	3		
2330A	NM102	1065	Entity Type Qualifier	R	ID	1 - Person 2 - Non-person entity	1	1		
2330A	NM103	1035	Other insured last name	R	AN		1	25		
2330A	NM104	1036	Other insured first name	S	AN		1	25		Follow implementation guide rules.
2330A	NM105	1037	Other insured Middle Name	S	AN		1	25		Follow implementation guide rules.
2330A	NM107	1039	Other insured name suffix	S	AN		1	10		Follow implementation guide rules.
2330A	NM108	66	Identification Code Qualifier	R	ID	MI - Member identification number ZZ - Mutally defined	1	2		
2330A	NM109	67	Other insured identifier	R	AN		2	80		
2330A	N3		Other Subscriber Address	S						Follow implementation guide rules.
2330A	N301	166	Address Information	S	AN		1	55		
2330A	N301	166	Address Information	S	AN		1	55		
2330A	N4		Other Subscriber City/State/Zip	S						Follow implementation guide rules.
2330A	N401	19	Subscriber City Name	S	AN		2	30		
2330A	N402	156	State or Provence Code	S	ID		2	2		
2330A	N403	116	Postal Code	S	ID		3	15		
2330A	N404	26	Country Code	S	ID		2	3		
2330A	N4		Other Subscriber Secondary Information	S						Follow implementation guide rules.
2330A	REF01	128	Reference Identification Qualifier	R	ID	1W,23,IG, SY	2	3		
2330A	REF02	127	Reference Identification	R	AN		1	30		
2330B	NM1		Other Payer Name	R						Follow implementation guide rules.
2330B	NM101	98	Entity Identifier Code	R	ID	PR - Payer	2	3		
2330B	NM102	1065	Entity Type Qualifier	R	ID	2 - non-person entity	1	1		
2330B	NM103	1035	Other payer last name or organization name	R	AN		1	35		
2330B	NM108	66	Identification Code Qualifier	R	ID	PI - Payor XV - Health care financing admin	1	2		
2330B	NM109	67	Other Payor Primary Identifier	R	AN		2	80		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2330B	N3		Other Payer Address	S						Follow implementation guide rules.
2330B	N301	166	Address information	R	AN		1	55		
2330B	N302	166	Address Information	S	AN		1	55		
2330B	N3		Other Payer City/State/Zip	S						Follow implementation guide rules.
2330B	N401	19	City Name	S	AN		2	30		
2330B	N402	156	State or Province Code	S	ID		2	2		
2330B	N403	116	Postal Code	S	ID		3	15		
2330B	N404	26	Country Code	S	ID		2	3		
2330B	DTP		Claim Adjudication Date	S						Follow implementation guide rules.
2330B	DTP01	374	Date Time Qualifier	S	ID	573 - Date Claim Paid	3	3		Follow implementation guide rules.
2330B	DTP02	1250	Date Time Period Format Qualifier	S	ID	D8 - Date Expressed in Format CCYYMMDD	2	3		Follow implementation guide rules.
2330B	DTP03	1251	Date time period	R	AN		1	35		
2330B	REF		Other Payer Secondary Identification and Reference Number	S						Required by MHP.
2330B	REF01	128	Reference Identification Number	R	ID	2U - Payer ID number F8 - Original Reference Number FY - Claim office number NF - NAIC code TJ - Federal taxpayer's number	2	3	NC - NAIC Code	
2330B	REF02	127	Reference Identification	R	AN		1	30		
2330B	REF		Other Payer Prior Authorization or Referral Number	S						This segment is not used by MHP.
2330C	NM1		Other Payer Patient Information	S						Loop 2330C is not used by MHP.
2330D	NM1		Other Payer Attending Provider	S						Loop 2330D is not used by MHP.
2330E	NM1		Other Payer Operating Provider	S						Loop 2330E is not used by MHP.
2330F	NM1		Other Payer Other Provider	S						Loop 2330F is not used by MHP.
2330H	NM1		Other Payer Service Facility Provider	S						Loop 2330H is not used by MHP.
2400	LX		Service Line Number	R						
2400	LX01	554	Assigned Number	R	NO		1	6		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2400	SV2		Institutional Service Line	R						
2400	SV201	234	Service Line Revenue Code	R	AN	Code Source 132	1	48		
2400	SV202	C003	Composite Medical Procedure Identifier	S						Follow implementation guide rules.
2400	SV202-1	235	Product/service ID	R	ID	HC - HCPCS or CPT IV - Home Infusion ZZ - Mutually Defined/HIPPS				
2400	SV202-2	234	HCPCS Procedure Code	R	AN		1	2		
2400	SV201-3	1339	HCPCS Modifier 1	S	AN		1	2		Follow implementation guide rules.
2400	SV201-4	1339	HCPCS Modifier 2	S	AN		1	2		Follow implementation guide rules.
2400	SV201-5	1339	HCPCS Modifier 3	S	AN		1	2		Follow implementation guide rules.
2400	SV201-6	234	HCPCS Modifier 4	S	AN		1	2		Follow implementation guide rules.
2400	SV203	782	Line Item Charge Amount	R	R		1	18		
2400	SV204	355	Unit or Basis for Measurement Code	R	ID	DA - Days F2 - Internal Unit UN - Unit	2	2		
2400	SV205	380	Service Unit Count	R	R		1	15		
2400	SV206	1371	Service Line Rate Amount	S	R		1	10		Follow implementation guide rules.
2400	SV207	782	Service Line Non-Coverered Charge Amount	S	R		1	18		Follow implementation guide rules.
2400	PWK		Line Supplemental Information	S						This segment is not used by MHP for the initial implementation of HIPAA. Claims requiring claim attachments must be submitted on paper.
2400	DTP		Service Line Date	S						Follow implementation guide rules.
2400	DTP01	374	Date Time Qualifier	R	ID	472 - Service	3	3		
2400	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of dates expressed in format CCYYMMDD	2	3		
2400	DTP03	1251	Date Time Period	R	AN		1	35		
2400	DTP		Assessment Date	S						Required by MHP when billing for skilled nursing services.
2400	DTP01	374	Date Time Qualifier	R	ID	866 - Examination	3	3		

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2400	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8 - Date Expressed in Format CCYYMMDD	2	3		
2400	DTP03	1251	Date Time Period	R	AN		1	35		
2400	AMT		Service Tax Amount	S						Follow implementation guide rules.
2400	AMT01	522	Amount Qualifier Code	R	ID	GT- Goods and Service Taxes	1	3		
2400	AMT02	782	Monetary Amount	R	R		1	18		
2400	AMT		Facility Tax Amount	S						Follow implementation guide rules.
2400	AMT01	522	Amount Qualifier Code	R	ID	N8-miscellaneous taxes	1	3		
2400	AMT02	782	Monetary Amount	R	R		1	18		
2400	HCP		Line Pricing/Repricing Information	S						This segment is not used by MHP.
2410	LIN		Drug Identification	S						Follow implementation guide rules.
2410	LIN02	235	Product or Service ID Qualifier	R	ID	N4 - National Drug in 5-4-2 Format	2	2		
2410	LIN03	235	National Drug Code	R	AN		1	48		
2410	CTP		Drug Pricing	S						Follow implementation guide rules.
2410	CTP03	212	Unit Price	R	R		1	17		
2410	CTP04	380	National Drug Unit Count	R	R		1	15		
2410	CTP05	C001	Composite Unit of Measure	R						
2410	CTP05-1	355	Code Qualifier	R	ID		2	2		
2410	REF		Prescription Number	S						This segment is not used by MHP.
2420A	NM1		Attending Physician Name	S						Loop 2420A is not used by MHP for processing. Provider information must be sent in loop 2300.
2420B	NM1		Operating Physician Name	S						Loop 2420A is not used by MHP for processing. Provider information must be sent in loop 2300.
2420C	NM1		Other Provider Name	S						Loop 2420A is not used by MHP for processing. Provider information must be sent in loop 2300.
2430	SVD		Service Line Adjudication Information	S						Loop 2430 is required when submitting a secondary claim and line level adjustments were applied to by the primary payer.
2430	SVD01	67	Payer Identifier	R	AN		2	80		
2430	SVD02	782	Service Line Paid Amount	R	R		1	18		
2430	SVD03	C003	Composite Medical Procedure Identifier							

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2430	SVD03-1	234	Product/service ID	R	AN	HC - HCPCS IV - Home infusion ZZ - Mutually defined	1	48		
2430	SVD03-2	234	Product/service ID	R	AN					
2430	SVD03-3	1339	Procedure Modifier	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-4	1339	Procedure Modifier	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-5	1339	Procedure Modifier	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-6	1339	Procedure Modifier	S	AN		2	2		Follow implementation guide rules.
2430	SVD03-7	352	Description	S	AN		1	80		Follow implementation guide rules.
2430	SVD04	234	Product/service ID	R	AN		1	48		
2430	SVD05	234	Quantity	R	AN		1	15		
2430	SVD06	234	Bundled or Unbundled Line Number	S	AN		1	6		Follow implementation guide rules.
2430	CAS		Service Line Adjustment	S						Required by MHP when submitting a secondary claim and claim line adjustments were made by the primary payer.
2430	CAS01	1033	Claim Adjustment Group Code	R	ID	CO - Contractual obligations CR - Correction and reversal OA - Other adjustments PI - Payor initiated PR - Patient responsibility	1	2		
2430	CAS02	1034	Claim Adjustment Reason Code	R	ID		1	5		
2430	CAS03	782	Adjustment Amount	R	R		1	18		
2430	CAS04	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS05	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS06	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS07	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS08	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS09	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS10	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS11	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS12	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS13	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	CAS14	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS15	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS16	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.

Loop ID	Segment	Data Element	Segment or Data Element Name	Req. by HIPAA	Data Type	Valid HIPAA Values	Min	Max	MHP Preferred Values	Comments
2430	CAS17	1034	Claim Adjustment Reason Code	S	ID		1	5		Follow implementation guide rules.
2430	CAS18	782	Monetary Amount	S	R		1	18		Follow implementation guide rules.
2430	CAS19	380	Adjustment Quantity	S	R		1	15		Follow implementation guide rules.
2430	DTP		Service Adjudication Date	S						Required by MHP on secondary claims.
2430	DTP01	374	Date Time Qualifier	R	ID	573 - Date Claim Paid	3	3		
2430	DTP02	1250	Date Time Period Format Qualifier	R	ID	D8 - Date expressed in format CCYYMMDD RD8 - Range of dates expressed in format CCYYMMDD-CCYYMMDD	2	3		
2430	DTP03	1251	Date Time Period	R	AN		1	35		
Trailer	SE		Transaction Set Trailer Required	R						
Trailer	SE01	96	Number of Included Segments	R	N0		1	10		
Trailer	SE02	329	Transaction Set Control Number	R	AN		4	9		
Trailer	GE		Function Group Trailer	R						
Trailer	GE01	97	Number of Transaction Sets Included	R			1	6		
Trailer	GE02	28	Group Control Number	R			1	9		
Trailer	IEA		Interchange Control Trailer	R						
Trailer	IEA01	116	Number of Included Functional Groups	R			1	5		
Trailer	IEA02	112	Interchange Control Number	R			9	9		