




# **5010 Gap Analysis for Professional Claims**

**Based on ASC X12 837 v5010 TR3 X222A1**


Version 2.0 August 2010



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**PURPOSE**

The purpose of this document is to provide a high-level gap analysis between the current HIPAA-mandated Health Care Claim: Professional X098A1 837 version 4010 and the HIPAA-mandated Health Care Claim: Professional X222A1 837 version 5010 that has a compliance date of January 1, 2012.

This document should be used along with the X12 5010 Professional TR3 X222A1. To obtain your copy of the TR3 visit the X12 Web Site at:

<http://store.X12.org>  
Health Care Claims: Professional 837  
ASC X12 837 (005010X222A1)

**OVERALL GAP ANALYSIS REPORT**

The Overall Gap Analysis Report provides a list of all content changes in the order of the TR3. Changes that were considered non-substantive are not listed in this report. The Change Comment gives a brief summary of the change, and the columns listed to the right indicate the type of change.

**NEW CONTENT REPORT**

The New Content Report provides a list of NEW data elements added in the 5010 version of the transaction.

**DELETED CONTENT REPORT**

The Deleted Content Report provides a list of the data elements REMOVED in the 5010 version of the transaction.

**USE CHANGE REPORT**


The Use Change Report provides a list of data elements where the TR3 usage changed from Situational to Required; Required to Situational; or the Situational Note changed.

**SIZING CHANGE REPORT**

The Sizing Change Report provides a list of data elements where the min/max requirements changed in the 5010.

**CODE CHANGE REPORT**

The Code Change Report provides a list of data elements where the code values within the data element were changed in 5010.



# Overall Gap Analysis Report



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## 5010 Gap Analysis Professional Claims X222A1 Gap Analysis

Items in Red are flagged as Transitions Challenges.

Highlighted Items indicate Errata Changes.



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
Header	ISA11	^	Repetition Separator	Element changed from Interchange Control Standards Identifier to Repetition Separator.								
Header	ISA12		Interchange Control Version Number	Code value 00401 changed to 00501.								
Group	GS08		Version / Release Industry ID Code	<b>X222A1: Code value changed to 005010X222A1.</b> <b>X222: Code value changed to 005010X222.</b>								
Table 1	ST03	005010X222	Implementation Convention Reference	<b>X222A1: Code value is 005010X222A1</b> <b>X222: Added ST03 to replace the Table 1 REF.</b> <b>Code value is 005010X222</b>								
Table 1	BHT03		Originator Application Transaction Identifier	For the purposes of the 837 5010 implementation the maximum field length is 30. Min/Max changed from 1/30 to 1/50.								
Table 1	BHT06		Claim or Encounter Identifier	Code value 31 (Subrogation Demand) was added.								
Table 1	REF01	87	Reference Number Qualifier	Moved the Transmission Type to ST03.								
Table 1	REF02		Transmission Type Code	Moved the Transmission Type to ST03.								
1000A	NM103		Submitter Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.								
1000A	NM104		Submitter First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
1000A	PER02		Submitter Contact Name	Changed from Required to Situational.								
1000A	PER03	List	Communication Number Qualifier	Qualifier ED was deleted.								
1000A	PER04		Communication Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER04	ED	Submitter EDI Number	Deleted in 5010 due to lack of business requirement.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
1000A	PER04	EM	Submitter E-mail	Min/Max changed from 1/80 to 1/256.								
1000A	PER04	FX	Submitter FAX Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER04	TE	Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER05	List	Communication Number Qualifier	Qualifier ED was deleted.								
1000A	PER06		Communication Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	ED	Submitter EDI Number	Deleted in 5010 due to lack of business requirement.								
1000A	PER06	EM	Submitter E-mail	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	EX	Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	FX	Submitter FAX Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER06	TE	Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER07	List	Communication Number Qualifier	Qualifier ED was deleted.								
1000A	PER08	ED	Submitter EDI Number	Deleted in 5010 due to lack of business requirement.								
1000A	PER08	EM	Submitter E-mail	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	EX	Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	FX	Submitter FAX Number	Min/Max changed from 1/80 to 1/256.								
1000A	PER08	TE	Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.								
1000B	NM103		Receiver Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.								
2000A	PRV01	BI	Provider Code	Qualifier PT was deleted.								
2000A	PRV02	PXC	Reference Number Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.								
2000A	PRV03	BI	Billing Provider Taxonomy code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.								
2000A	PRV03	PT	Pay-to Provider Taxonomy code	Deleted Taxonomy Code as this is now Address Information only.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	NM103		Billing Provider Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.								
<b>2010AA</b>	<b>NM104</b>		<b>Billing Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b> <b>Min/Max changed from 1/25 to 1/35.</b>								
2010AA	NM108		Identification Code Qualifier	Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2010AA	NM109		Billing Provider Primary Identification Number	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI.								
2010AA	NM109	24	Billing Provider Employer Identification Number	Employer Identification Number (Qualifier 24) was relocated to a REF segment in the 2010AA Loop. The usage changed from Required to Situational. Required when the Provider is eligible for an NPI.								
2010AA	NM109	34	Billing Provider Social Security Number	Social Security Number (Qualifier 34) was relocated to a REF segment in the 2010AA Loop. The usage changed from Required to Situational. Required when the Provider is eligible for an NPI.								
2010AA	NM109	XX	Billing Provider National Provider Identifier	Changed from Required to Situational when the Billing Provider is eligible for an NPI.								
<b>2010AA</b>	<b>N402</b>		<b>Billing Provider State/Province Code</b>	<b>Changed from Required to Situational.</b> <b>Required when US or it's territories or Canada.</b> <b>X12 Attribute changed from O to X.</b> <b>Only one of N402 or N407 may be present.</b>								
<b>2010AA</b>	<b>N403</b>		<b>Billing Provider Postal Zone or Zip Code</b>	<b>Changed from Required to Situational.</b> <b>Required when US or it's territories or Canada.</b> <b>When reporting zip codes for US addresses the full nine digit zip code must be provided.</b>								
2010AA	N404		Billing Provider Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010AA	N407		Billing Provider Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010AA	REF01	List	Reference Number Qualifier									
2010AA	REF02		Billing Provider Secondary Identifiers									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	REF02	0B	Billing Provider State License Number									
2010AA	REF02	1A	Billing Provider Blue Cross Number									
2010AA	REF02	1B	Billing Provider Blue Shield Number									
2010AA	REF02	1C	Billing Provider Medicare Number									
2010AA	REF02	1D	Billing Provider Medicaid Number									
2010AA	REF02	1G	Billing Provider UPIN									
2010AA	REF02	1H	Billing Provider CHAMPUS Id Number									
2010AA	REF02	1J	Billing Provider Facility ID Number									
2010AA	REF02	B3	Billing Provider Preferred Provider Organization Number									
2010AA	REF02	BQ	Billing Provider Health Maintenance Organization Code Number									
2010AA	REF02	EI	Billing Provider Employer Identification Number									
2010AA	REF02	FH	Billing Provider Clinic Number									
2010AA	REF02	G2	Billing Provider Commercial Number									
2010AA	REF02	G5	Billing Provider Site Number	Deleted in 5010. However, Emdeon will continue to allow providers to use this for reporting purposes. The information will not be passed on to the payer.								
2010AA	REF02	LU	Billing Provider Location Number									
2010AA	REF02	SY	Billing Provider Social Security Number									
2010AA	REF02	U3	Billing Provider USIN Number									
2010AA	REF02	X5	Billing Provider State Industrial Accident Provider Number									
2010AA	REF01	List	Reference Number Qualifier	Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number.								
2010AA	REF02		Billing Provider Tax Identification Number	Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number. Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	EI	Employer Identification Number	Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	SY	Social Security Number	Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50.								



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	REF02		Billing Provider UPIN/License Information	Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	0B	State License Number	Min/Max changed from 1/30 to 1/50.								
2010AA	REF02	1G	UPIN Number	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2010AA	REF01	List	Reference Number Qualifier									
2010AA	REF02		Billing Provider Credit Card Identifier									
2010AA	REF02	06	System Number									
2010AA	REF02	8U	Bank Assigned Security Identifier									
2010AA	REF02	EM	Electronic Payment Reference Number									
2010AA	REF02	IJ	Standard Industry Classification (SIC)									
2010AA	REF02	LU	Location Number									
2010AA	REF02	RB	Rate Code Number									
2010AA	REF02	ST	Store Number									
2010AA	REF02	TT	Terminal Code									
2010AA	PER02		Contact Name	Changed from Required to Situational. Clarification: the requirement of this element on the second repeat of the PER Segment.								
2010AA	PER04		Communication Number	Min/Max changed from 1/80 to 1/256.								
2010AA	PER04	EM	Billing Provider Email	Min/Max changed from 1/80 to 1/256.								
2010AA	PER04	FX	Billing Provider FAX	Min/Max changed from 1/80 to 1/256.								
2010AA	PER04	TE	Billing Provider Telephone	Min/Max changed from 1/80 to 1/256.								
2010AA	PER06	EM	Billing Provider Email	Min/Max changed from 1/80 to 1/256.								
2010AA	PER06	EX	Billing Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.								
2010AA	PER06	FX	Billing Provider FAX	Min/Max changed from 1/80 to 1/256.								
2010AA	PER06	TE	Billing Provider Telephone	Min/Max changed from 1/80 to 1/256.								
2010AA	PER08	EM	Billing Provider Email	Min/Max changed from 1/80 to 1/256.								
2010AA	PER08	EX	Billing Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.								
2010AA	PER08	FX	Billing Provider FAX	Min/Max changed from 1/80 to 1/256.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AA	PER08	TE	Billing Provider Telephone	Min/Max changed from 1/80 to 1/256.								
2010AB	NM103		Pay-to Provider Last/Org Name									
2010AB	NM104		Pay-to Provider First Name									
2010AB	NM105		Pay-to Provider Middle Name									
2010AB	NM107		Pay-to Provider Name Suffix									
2010AB	NM108		Identification Code Qualifier									
2010AB	NM109		Pay-to Provider Primary Identifier									
2010AB	NM109	24	Pay-to Employer Identification Number									
2010AB	NM109	34	Pay-to Social Security Number									
2010AB	NM109	XX	Pay-to National Provider Identifier									
2010AB	N402		Pay-to State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.								
2010AB	N403		Pay-to Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010AB	N404		Pay-to Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010AB	N407		Pay-to Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010AB	REF01	List	Reference Number Qualifier									
2010AB	REF02		Pay-to Provider Secondary Identifiers									
2010AB	REF02	0B	Pay-to Provider State License Number									
2010AB	REF02	1A	Pay-to Provider Blue Cross Number									
2010AB	REF02	1B	Pay-to Provider Blue Shield Number									
2010AB	REF02	1C	Pay-to Provider Medicare Number									
2010AB	REF02	1D	Pay-to Provider Medicaid Number									
2010AB	REF02	1G	Pay-to Provider UPIN									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AB	REF02	1H	Pay-to Provider CHAMPUS Id Number									
2010AB	REF02	1J	Pay-to Provider Facility ID Number									
2010AB	REF02	B3	Pay-to Provider Preferred Provider Organization Number									
2010AB	REF02	BQ	Pay-to Provider Health Maintenance Organization Code Number									
2010AB	REF02	EI	Pay-to Provider Employer Identification Number									
2010AB	REF02	FH	Pay-to Provider Clinic Number									
2010AB	REF02	G2	Pay-to Provider Commercial Number									
2010AB	REF02	G5	Pay-to Provider Site Number									
2010AB	REF02	LU	Pay-to Provider Location Number									
2010AB	REF02	SY	Pay-to Provider Social Security Number									
2010AB	REF02	U3	Pay-to Provider USIN Number									
2010AB	REF02	X5	Pay-to Provider State Industrial Accident Provider Number									
2010AC	NM103		Pay-to Plan Organization Name									
2010AC	NM108	List	Identification Code Qualifier									
2010AC	NM109		Pay-to Plan Primary Identifier									
2010AC	NM109	PI	Pay-to Plan Payer ID									
2010AC	NM109	XV	Pay-to Plan CMS PlanID									
2010AC	N301		Pay-to Plan Address Line 1									
2010AC	N302		Pay-to Plan Address Line 2									
2010AC	N401		Pay-to Plan City Name									
2010AC	N402		Pay-to Plan State/Province Code									
2010AC	N403		Pay-to Plan Postal Zone or Zip Code									
2010AC	N404		Pay-to Plan Country Code	If N407 is present then N404 is required.								
2010AC	N407		Pay-to Plan Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010AC	REF01	List	Reference Number Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010AC	REF02		Pay-to Plan Secondary Identifiers									
2010AC	REF02	2U	Pay-to Plan Payer ID									
2010AC	REF02	FY	Pay-to Plan Claim Office Number									
2010AC	REF02	NF	Pay-to Plan National Association of Insurance Commissioners (NAIC) Number									
2010AC	REF01		Reference Number Qualifier									
2010AC	REF02	EI	Pay-to Plan Tax Identification Number	Qualfier note restricts to 9 numerics - no hyphens.								
2000B	SBR01		Payer Responsibility Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.								
2000B	SBR03		Subscriber Group or Policy Number	Industry Name changed from insured to subscriber. Min/Max changed from 1/30 to 1/50.								
2000B	SBR09		Claim Filing Indicator Code	Code Values 09, 10, LI were deleted. Code Values 17 and FI were added. Code descriptions for VA and ZZ were modified (non-substantive).								
2010BA	NM103		Subscriber Last Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.								
2010BA	NM104		Subscriber First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2010BA	NM108	List	Identification Code Qualifier	X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X222:Qualifier II replaced ZZ for Standard Unique Health Identifier. Changed from Situational to Required to support the new definition of subscriber.								
2010BA	NM109		Subscriber Primary Identifier	X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when NM102 = 1. X222: Changed from Situational to Required to support the new definition of subscriber.								
2010BA	NM109	ZZ	Mutually Defined									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BA	N4		SUBSCRIBER CITY/STATE/ZIP CODE	<b>X222A1: Changed to Situational. Required when the patient is the subscriber or considered to be the subscriber.</b>  <b>X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.</b>								
2010BA	N402		Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.								
2010BA	N403		Subscriber Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010BA	N404		Subscriber Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010BA	N407		Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010BA	REF01	List	Reference Number Qualifier	Qualifiers 1W, 23, IG were deleted. Removed Note that SY may not be used for Medicare. Hyphens should be stripped from the value prior to sending.								
2010BA	REF02		Subscriber Secondary Identifiers	Min/Max changed from 1/30 to 1/50.								
2010BA	REF02	1W	Subscriber Member Identification Number									
2010BA	REF02	23	Subscriber Indian Health Service Number									
2010BA	REF02	IG	Subscriber Insurance Policy Number									
2010BA	REF02	SY	Subscriber Social Security Number	Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50.								
2010BA	REF02		Property Casualty Claim Number	Min/Max changed from 1/30 to 1/50.								
2010BA	PER01	IC	Contact Function Code									
2010BA	PER02		P&C Subscriber Information Contact									
2010BA	PER03	TE	Communication Number Qualifier									
2010BA	PER04		P&C Subscriber Telephone Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BA	PER05	EX	Communication Number Qualifier									
2010BA	PER06		P&C Subscriber Telephone Extension									
2010BB	NM103		Payer Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.								
2010BB	N4		PAYER CITY/STATE/ZIP CODE	<b>X222A1: Changed to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location.</b>  <b>X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.</b>								
2010BB	N402		Payer State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.								
2010BB	N403		Payer Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010BB	N404		Payer Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010BB	N407		Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010BB	REF01	List	Reference Number Qualifier	Qualifier TJ was removed. Qualifier EI was added.								
2010BB	REF02		Payer Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	2U	Payer Identification	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	EI	Payer Employer Identification Number	Qualifier note restricts to 9 numeric - no hyphens.								
2010BB	REF02	FY	Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	NF	Payer National Association of Insurance Commissioners (NAIC) Number	Min/Max changed from 1/30 to 1/50.								
2010BB	REF02	TJ	Payer Federal Taxpayer's Identification Number									
2010BB	REF01	List	Reference Number Qualifier	Qualifiers G2 and LU are the only valid Qualifiers.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BB	REF02		Billing Provider Secondary Identifier	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.								
<b>2010BB</b>	<b>REF02</b>	<b>LU</b>	<b>Billing Provider Location Number</b>	<b>Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.</b>								
<b>2010BB</b>	<b>REF02</b>	<b>G2</b>	<b>Billing Provider Payer Assigned ID</b>	<b>Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.</b>								
2010BC	NM101		Name Qualifier									
2010BC	NM102		Entity Type Qualifier									
2010BC	NM103		Responsible Party Last/Org Name									
2010BC	NM104		Responsible Party First Name									
2010BC	NM105		Responsible Party Middle Name or Initial									
2010BC	NM107		Responsible Party Suffix									
2010BC	N301		Responsible Party Address 1									
2010BC	N302		Responsible Party Address 2									
2010BC	N401		Responsible Party City Name									
2010BC	N402		Responsible Party State/Province Code									
2010BC	N403		Responsible Party Postal Zone or Zip Code									
2010BC	N404		Responsible Party Country Code									
2010BD	NM101		Name Qualifier									
2010BD	NM102		Entity Type Qualifier									
2010BD	NM103		Credit/Debit Cardholder Last/Org Name									
2010BD	NM104		Credit /Debit Cardholder First Name									
2010BD	NM105		Credit /Debit Cardholder Middle Name or Initial									
2010BD	NM107		Credit /Debit Cardholder Suffix									
2010BD	NM108		Identification Code Qualifier									
2010BD	NM109		Credit or Debit Card Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010BD	REF01	List	Reference Number Qualifier									
2010BD	REF02	BB	Credit/Debit Card Authorization Number									
2010BD	REF02	AB	Credit/Debit Card Acceptable Source Purchaser ID									
2000C	PAT01		Individual Relationship Code	Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted.								
2010CA	NM103		Patient Last Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.								
2010CA	NM104		Patient First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2010CA	NM108	MI	Identification Code Qualifier	Deleted in 5010. If patient has a unique identifier then the patient is reported in the subscriber information.								
2010CA	NM109		Patient Primary Identifier									
2010CA	NM109	MI	Patient Member Identification Number	Deleted in 5010. If patient has a unique identifier then the patient is reported in the subscriber information.								
2010CA	NM109	ZZ	Patient HIPAA Individual Identifier									
2010CA	N402		Patient State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.								
2010CA	N403		Patient Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2010CA	N404		Patient Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2010CA	N407		Patient Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2010CA	REF01	List	Reference Number Qualifier									
2010CA	REF02		Reference Identification Number									
2010CA	REF02	1W	Patient Member Identification Number									
2010CA	REF02	23	Patient Indian Health Service Number									



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2010CA	REF02	IG	Patient Insurance Policy Number									
2010CA	REF02	SY	Patient Social Security Number									
2010CA	REF		PROPERTY AND CASUALTY PATIENT IDENTIFIER	X222A1: This Segment was added to accommodate Workers' Compensation in lieu of the removal of the Patient Secondary Identification Segment.								
2010CA	REF01	List	Reference Number Qualifier									
2010CA	REF02		Reference Identification Number									
2010CA	REF02	1W	Patient Member Identification Number									
2010CA	REF02	SY	Patient Social Security Number									
2010CA	REF02		Property Casualty Claim Number	Min/Max changed from 1/30 to 1/50.								
2010CA	PER01		Information Contact									
2010CA	PER02		P&C Patient Contact Name									
2010CA	PER03	TE	Communication Number Qualifier									
2010CA	PER04		P&C Patient Telephone Number									
2010CA	PER05	EX	Communication Number Qualifier									
2010CA	PER06		P&C Patient Telephone Extension									
2300	CLM02		Total Claim Charge Amount	Clarification: total claim charge amount cannot be less than zero. Maximum length note was added to be 11 characters including the decimal.								
2300	CLM05-2	B	Facility Code Qualifier	Allowable value is B.								
2300	CLM07	List	Assignment or Plan Participation Code	Code value P was deleted. Code values remaining are A, B and C. Usage of this field changed and is no longer limited to Medicare Assignment. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting claims.								
2300	CLM08	List	Benefits Assignment Certification Indicator	Code value W added to replace CLM07- Provider Accept Assignment Indicator code value P - 'Patient refuses to assign benefits'.								
2300	CLM09	List	Release of Information Code	Code values A, M, N, O were deleted. Code values remaining are I and Y.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	CLM10	List	Patient Signature Source Code	Code values B, C, M and S were deleted. Situational Rule changed. Required in 4010 when CLM09 value was other than 'N'. Situationally Required in 5010 when signed on behalf of patient.								
2300	CLM11-1		Related-Causes Code	Code value 'AP' was deleted.								
2300	CLM11-1	AP	Another Party Responsible	Code value 'AP' was deleted.								
2300	CLM11-2		Related-Causes Code	Code value 'AP' was deleted.								
2300	CLM11-2	AP	Another Party Responsible	Code value 'AP' was deleted.								
2300	CLM11-3		Related-Causes Code	Deleted in 5010 as the maximum number of logical combinations of the allowable code values will never exceed 2.								
2300	CLM11-3	AA	Auto Accident									
2300	CLM11-3	AP	Another Party Responsible									
2300	CLM11-3	EM	Employment Related									
2300	CLM11-3	OA	Other Accident									
2300	CLM12		Special Program Indicator	Code values 01, 07, 08 were deleted. Code 01 for EPSDT can be determined by other information in the claim. Codes 07 and 08 are now reported in Condition Codes. Code value clarifications were made on some codes.								
2300	CLM16		Participation Agreement	CLM07 was redefined and includes participation in any health plan, including Medicare. This element was no longer needed.								
2300	CLM20		Delay Reason Code	Code value 15 was added. Example was removed to eliminate confusion in use of the element.								
2300	DTP02	D8	DTP Format Qualifier	Qualifier DT was deleted.								
2300	DTP03	439	Accident Hour									
2300	DTP01	438	DTP Qualifier									
2300	DTP02	D8	DTP Format Qualifier									
2300	DTP03		Similar Illness or Symptom Date									
2300	DTP01	360	DTP Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	DTP02	D8	DTP Format Qualifier									
2300	DTP03		Disability Begin Date	Moved to 2300 DTP - Date - Disability Dates.								
2300	DTP01	361	DTP Qualifier									
2300	DTP02	D8	DTP Format Qualifier									
2300	DTP03		Disability End Date	Moved to 2300 DTP - Date - Disability Dates.								
2300	DTP01	List	DTP Qualifier	Qualifiers are 374, 314 and 360.								
2300	DTP02	List	DTP Format Qualifier	Qualifiers are D8 and RD8. The RD8 can only be used with Qualifier 314.								
2300	DTP03		Disability Dates									
2300	DTP03	314	Disability									
2300	DTP03	360	Initial Disability Period Start									
2300	DTP03	361	Initial Disability Period End									
2300	DTP01	444	Date Time Qualifier									
2300	DTP02	D8	DTP Format Qualifier									
2300	DTP03		First Visit or Consultation									
2300	DTP01	050	Date Time Qualifier									
2300	DTP02	D8	DTP Format Qualifier									
2300	DTP03		Repricer Received Date									
2300	PWK01	List	Attachment Report Type Code	Code values 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21 A3, A4, AM, BR, BS, BT, CB, CK, D2, DB, DJ, HC, HR, I5, IR, LA, M1, OC, OD, OE, OX, P4, P5, PE, PQ, PY, RX, SG, V5, XP were added.								
2300	PWK02	List	Attachment Transmission Code	Code value FT was added.								
2300	PWK06		Attachment Control Number	A realistic maximum of 50 was added to the notes.								
2300	CN101	List	Contract Type Code	Code value 01 - DRG was added.								
2300	CN102		Contract Amount	Maximum length note was added to be 11 characters including the decimal.								
2300	CN104		Contract Code	Min/Max changed from 1/30 to 1/50.								
2300	AMT01	MA	Amount Qualifier Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	AMT02		Credit or Debit Card Maximum Amount			■						
2300	AMT02		Patient Amount Paid	Maximum length note was added to be 11 characters including the decimal.								■
2300	AMT01	NE	Amount Qualifier Code			■						
2300	AMT02		Total Purchased Service Amount			■						
2300	REF02		Service Authorization Exception Code	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Medicare Section 4081 Indicator	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Mammography Certification Number	Min/Max changed from 1/30 to 1/50.								■
2300	REF01	List	Reference Number Qualifier			■	■					
2300	REF02	9F	Referral Number			■	■					
2300	REF02	G1	Prior Authorization Number			■	■					
2300	REF01	G1	Reference Number Qualifier		■		■					
2300	REF02		Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2300	REF01	9F	Reference Number Qualifier		■		■					
2300	REF02		Referral Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2300	REF02		Payer Claim Control Number	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Clinical Laboratory Improvement Amendment Number	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Repriced Claim Reference Number	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Adjusted Repriced Claim Reference Number	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Investigational Device Exemption Identifier	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Value Added Network Trace Number	Min/Max changed from 1/30 to 1/50. Maximum length note was added to be 20 characters.								■
2300	REF01	1S	Reference Number Qualifier			■						
2300	REF02		Ambulatory Patient Group Number			■						
2300	REF02		Medical Record Number	Min/Max changed from 1/30 to 1/50.								■
2300	REF02		Demonstration Project Identifier	Min/Max changed from 1/30 to 1/50.								■
2300	REF01	1J	Reference Number Qualifier		■							

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	REF02		Care Plan Oversight Number									
2300	NTE01	List	Note Reference Code	Qualifier PMT was deleted. This information should be reported in the CAS, SVD and AMT segments as appropriate.								
2300	CR103	List	Ambulance Transport Code	Deleted in 5010 as no business case to support the use.								
2300	CR212	List	X-Ray Availability Indicator	Need for this element ended on Jan. 1, 2000.								
2300	CRC03	List	Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2300	CRC04	List	Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2300	CRC05	List	Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2300	CRC06	List	Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2300	CRC07	List	Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2300	CRC03	List	Vision Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC04	List	Vision Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC05	List	Vision Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC06	List	Vision Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC07	List	Vision Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC03	IH	Homebound Indicator	Min/Max changed from 2/2 to 2/3.								
2300	CRC03	List	EPSDT Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC04	List	EPSDT Condition Code	Min/Max changed from 2/2 to 2/3.								
2300	CRC05	List	EPSDT Condition Code	Min/Max changed from 2/2 to 2/3.								
<b>2300</b>	<b>HI01-1</b>	<b>List</b>	<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HI01-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI02-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI02-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI03-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI03-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI04-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI04-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI05-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI05-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI06-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI06-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI07-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HI07-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI08-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI08-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI09		HealthCare Code Information	ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period.								
2300	HI09-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI09-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI10		HealthCare Code Information	ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period.								
2300	HI10-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI10-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI11		HealthCare Code Information									
2300	HI11-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI11-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI12		HealthCare Code Information									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HI12-1	List	Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.								
2300	HI12-2		Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims								
2300	HI01		HealthCare Code Information	The inclusion of this procedure code is a definite impact to the products as usually software allows either the Anesthesia Codes or the Surgical codes but not both.								
2300	HI01-1	BP	Code List Qualifier Code									
2300	HI01-2		Anesthesia Related Surgical Procedure	Added to provide the Surgical Procedure Code associated with the Anesthesia.								
2300	HI02		HealthCare Code Information									
2300	HI02-1	BO	Code List Qualifier Code									
2300	HI02-2		Anesthesia Related Surgical Procedure	Added to provide the Surgical Procedure Code associated with the Anesthesia.								
2300	HI01		HealthCare Code Information									
2300	HI01-1	BG	Code List Qualifier Code									



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HI01-2		Condition Code	<p>The Condition Codes approved for use on the 1500 Claim Form are available at <a href="http://www.nucc.org">www.nucc.org</a> under Code Sets.</p> <p>AA Abortion Performed due to Rape  AB Abortion Performed due to Incest  AC Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality  AD Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself  AE Abortion Performed due to Physical Health of Mother that is not Life Endangering  AF Abortion Performed due to Emotional/psychological Health of the Mother  AG Abortion Performed due to Social or Economic Reasons  AH Elective Abortion  AI Sterilization</p> <p>The following is a list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form.</p> <p>W2 Duplicate of original bill  W3 Level 1 appeal  W4 Level 2 appeal  W5 Level 3 appeal</p>								
2300	HI02		HealthCare Code Information									
2300	HI02-1	BG	Code List Qualifier Code									
2300	HI02-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI03		HealthCare Code Information									
2300	HI03-1	BG	Code List Qualifier Code									
2300	HI03-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI04		HealthCare Code Information									
2300	HI04-1	BG	Code List Qualifier Code									
2300	HI04-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI05		HealthCare Code Information									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HI05-1	BG	Code List Qualifier Code									
2300	HI05-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI06		HealthCare Code Information									
2300	HI06-1	BG	Code List Qualifier Code									
2300	HI06-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI07		HealthCare Code Information									
2300	HI07-1	BG	Code List Qualifier Code									
2300	HI07-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI08		HealthCare Code Information									
2300	HI08-1	BG	Code List Qualifier Code									
2300	HI08-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI09		HealthCare Code Information									
2300	HI09-1	BG	Code List Qualifier Code									
2300	HI09-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI10		HealthCare Code Information									
2300	HI10-1	BG	Code List Qualifier Code									
2300	HI10-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI11		HealthCare Code Information									
2300	HI11-1	BG	Code List Qualifier Code									
2300	HI11-2		Condition Code	See HI01-2 for valid Codes.								
2300	HI12		HealthCare Code Information									
2300	HI12-1	BG	Code List Qualifier Code									
2300	HI12-2		Condition Code	See HI01-2 for valid Codes.								
2300	HCP02		Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.								
2300	HCP03		Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2300	HCP04		Repricing Organization Identifier	Min/Max changed from 1/30 to 1/50.								
2300	HCP06		Repriced Approved Ambulatory Patient Group Code	Min/Max changed from 1/30 to 1/50.								
2300	HCP07		Repriced Approved Ambulatory Patient Group Amount	Maximum length note was added to be 11 characters including the decimal.								
2305	CR701		Discipline Type Code									
2305	CR702		Total Visits Rendered Count									
2305	CR703		Certification Period Projected Visit Count									
2305	HSD01		Quantity Qualifier									
2305	HSD02		Number Of Visits									
2305	HSD03		Modulus UBM Code									
2305	HSD04		Modulus Amount									
2305	HSD05		Time Period Qualifier									
2305	HSD06		Number of Periods									
2305	HSD07		Calendar Pattern Code									
2305	HSD08		Delivery Pattern Time Code									
2310A	NM102	1	Entity Type Qualifier	Qualifier 2 was deleted								
2310A	NM103		Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
<b>2310A</b>	<b>NM104</b>		<b>Referring Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>								
2310A	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2310A	NM109	24	Referring Provider Employer Identification Number									
2310A	NM109	34	Referring Provider Social Security Number									
2310A	PRV01	RF	Provider Code									
2310A	PRV02	PXC	Provider Taxonomy Code									
2310A	PRV03		Provider Taxonomy Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310A	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2310A	REF02		Referring Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2310A	REF02	0B	Referring Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2310A	REF02	1B	Referring Provider Blue Shield Number									
2310A	REF02	1C	Referring Provider Medicare Number									
2310A	REF02	1D	Referring Provider Medicaid Number									
2310A	REF02	1G	Referring Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.								
2310A	REF02	1H	Referring Provider Champus Number									
2310A	REF02	EI	Referring Provider Employer Identification Number									
2310A	REF02	G2	Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310A	REF02	LU	Referring Provider Location Number									
2310A	REF02	N5	Referring Provider Network ID Number									
2310A	REF02	SY	Referring Provider Social Security Number									
2310A	REF02	X5	Referring Provider State Industrial Accident Provider Number									
2310B	NM103		Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
<b>2310B</b>	<b>NM104</b>		<b>Rendering Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>								
2310B	NM108		Identification Code Qualifier	Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2310B	NM109		Rendering Provider Primary Identifier									
2310B	NM109	24	Rendering Provider Employer Identification Number									
2310B	NM109	34	Rendering Provider Social Security Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310B	PRV02	PXC	Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.								
2310B	PRV03		Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.								
2310B	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2310B	REF02		Rendering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	0B	Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	1B	Rendering Provider Blue Shield Number									
2310B	REF02	1C	Rendering Provider Medicare Number									
2310B	REF02	1D	Rendering Provider Medicaid Number									
2310B	REF02	1G	Rendering Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.								
2310B	REF02	1H	Rendering Provider Champus Number									
2310B	REF02	EI	Rendering Provider Employer Identification Number									
2310B	REF02	G2	Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	LU	Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2310B	REF02	N5	Rendering Provider Network ID Number									
2310B	REF02	SY	Rendering Provider Social Security Number									
2310B	REF02	X5	Rendering Provider State Industrial Accident Provider Number									
2310C	NM101	QB	Purchased Service Provider Name Qualifier									
2310C	NM102		Entity Type Qualifier									
2310C	NM103		Purchased Service Provider Name Last or Organization Name									
2310C	NM104		Purchased Service Provider Name First									
2310C	NM105		Purchase Service Provider Name Middle or Initial									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310C	NM108		Identification Code Qualifier									
2310C	NM109		Purchase Service Provider Primary Identifier									
2310C	NM109	24	Purchase Service Provider Employer Identification Number									
2310C	NM109	34	Purchase Service Provider Social Security Number									
2310C	NM109	XX	Purchase Service Provider National Provider Identifier									
2310C	REF01	List	Reference Number Qualifier									
2310C	REF02		Purchased Service Provider Secondary Identifier									
2310C	REF02	0B	Purchase Service Provider State License Number									
2310C	REF02	1A	Purchase Service Provider Blue Cross Number									
2310C	REF02	1B	Purchase Service Provider Blue Shield Number									
2310C	REF02	1C	Purchase Service Provider Medicare Number									
2310C	REF02	1D	Purchase Service Provider Medicaid Number									
2310C	REF02	1G	Purchase Service Provider UPIN									
2310C	REF02	1H	Purchase Service Provider Champus Number									
2310C	REF02	EI	Purchase Service Provider Employer Identification Number									
2310C	REF02	G2	Purchase Service Provider Commercial Number	23								
2310C	REF02	LU	Purchase Service Provider Location Number									
2310C	REF02	N5	Purchase Service Provider Network ID Number									
2310C	REF02	SY	Purchase Service Provider Social Security Number									
2310C	REF02	U3	Purchase Service Provider Universal Supplier Identification Number (USIN)									
2310C	REF02	X5	Purchase Service Provider State Industrial Accident Provider Number									
2310C	NM101	77	Name Qualifier	Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310C	NM103		Laboratory or Facility Name	Changed from Situational to Required due to NPI Subpart rules. X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2310C	NM109	24	Employer Identification Number									
2310C	NM109	34	Social Security Number									
2310C	N402		Laboratory or Facility State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2310C	N403		Laboratory or Facility Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.								
2310C	N404		Laboratory or Facility Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2310C	N407		Laboratory or Facility Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2310C	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2310C	REF02		Laboratory or Facility Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	0B	Laboratory or Facility State License Number	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	1A	Laboratory or Facility Blue Cross Number									
2310C	REF02	1B	Laboratory or Facility Blue Shield Number									
2310C	REF02	1C	Laboratory or Facility Medicare Number									
2310C	REF02	1D	Laboratory or Facility Medicaid Number									
2310C	REF02	1G	Service Facility Location UPIN									
2310C	REF02	1H	Laboratory or Facility Champus Number									
2310C	REF02	G2	Laboratory or Facility Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	LU	Laboratory or Facility Location Number	Min/Max changed from 1/30 to 1/50.								
2310C	REF02	N5	Laboratory or Facility Network ID Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310C	REF02	SY	Laboratory or Facility Social Security Number									
2310C	REF02	TJ	Laboratory or Facility Taxpayer's Identification Number									
2310C	REF02	X4	Laboratory or Facility Clinical Laboratory Improvement Amendment Number									
2310C	REF02	X5	Laboratory or Facility State Industrial Accident Provider Number									
2310C	PER01	IC	Information Contact									
2310C	PER02		P&C Service Facility Contact Name									
2310C	PER03	TE	Communication Number Qualifier									
2310C	PER04		P&C Service Facility Telephone Number									
2310C	PER05	EX	Communication Number Qualifier									
2310C	PER06		P&C Service Facility Telephone Extension									
2310D	NM103		Supervising Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
<b>2310D</b>	<b>NM104</b>		<b>Supervising Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>								
2310D	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2310D	NM109	24	Supervising Provider Employer Identification Number									
2310D	NM109	34	Supervising Provider Social Security Number									
2310D	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2310D	REF02		Supervising Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	0B	Supervising Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	1B	Supervising Provider Blue Shield Number									
2310D	REF02	1C	Supervising Provider Medicare Number									
2310D	REF02	1D	Supervising Provider Medicaid Number									



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310D	REF02	1G	Supervising Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2310D	REF02	1H	Supervising Provider Champus Number									
2310D	REF02	EI	Supervising Provider Employer Identification Number									
2310D	REF02	G2	Supervising Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	LU	Supervising Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2310D	REF02	N5	Supervising Provider Network ID Number									
2310D	REF02	SY	Supervising Provider Social Security Number									
2310D	REF02	X5	Supervising Provider State Industrial Accident Provider Number									
2310E	NM101	PW	Name Qualifier									
2310E	NM102	2	Entity Type Qualifier									
2310E	N301		Ambulance Pick-up Address Line 1									
2310E	N302		Ambulance Pick-up Address Line 2									
2310E	N401		Ambulance Pick-up City Name									
2310E	N402		Ambulance Pick-up State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2310E	N403		Ambulance Pick-up Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2310E	N404		Ambulance Pick-up Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2310E	N407		Ambulance Pick-up Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2310F	NM101	45	Name Qualifier									
2310F	NM102	2	Entity Type Qualifier									
2310F	NM103		Ambulance Drop-off Location									
2310F	N301		Ambulance Drop-off Address Line 1									
2310F	N302		Ambulance Drop-off Address Line 2									
2310F	N401		Ambulance Drop-off City Name									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2310F	N402		Ambulance Drop-off State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2310F	N403		Ambulance Drop-off Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2310F	N404		Ambulance Drop-off Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2310F	N407		Ambulance Drop-off Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2320	SBR01	List	Payer Responsibility Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.								
2320	SBR02	List	Individual Relationship Code	Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted. Code value 18 (self) is also valid at this level.								
2320	SBR03		Insured Group or Policy Number	Min/Max changed from 1/30 to 1/50.								
<b>2320</b>	<b>SBR05</b>	<b>List</b>	<b>Insurance Type Code</b>	<b>Changed from Required to Situational. Code values were modified to match SBR05 at 2000B.</b>								
2320	SBR09	List	Claim Filing Indicator Code	Code values 09, 10, and LI were deleted. Codes MA Medicare Part A, 17 DMO, FI-Federal Employee Program was added. Code descriptions for VA and ZZ were modified (non-substantive).								
2320	CAS03		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS06		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS09		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS12		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS15		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	CAS18		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	AMT02		Payer Paid Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	AMT01	AAE	Amount Qualifier Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2320	AMT02		Approved Amount									
2320	AMT01	B6	Amount Qualifier Code									
2320	AMT02		Allowed Amount									
2320	AMT01	F2	Amount Qualifier Code									
2320	AMT02		Other Payer Patient Responsibility Amount									
2320	AMT01	AU	Amount Qualifier Code									
2320	AMT02		Other Payer Covered Amount									
2320	AMT01	D8	Amount Qualifier Code									
2320	AMT02		Other Payer Discount Amount									
2320	AMT01	DY	Amount Qualifier Code									
2320	AMT02		Other Payer Per Day Limit Amount									
2320	AMT01	F5	Amount Qualifier Code									
2320	AMT02		Other Payer Patient Paid Amount									
2320	AMT01	T	Amount Qualifier Code									
2320	AMT02		Other Payer Tax Amount									
2320	AMT01	T2	Amount Qualifier Code									
2320	AMT02		Other Payer Pre-Tax Claim Total Amount									
2320	AMT01	A8	Amount Qualifier Code									
2320	AMT02		Non-Covered Charge Amount									
2320	AMT01	AEF	Amount Qualifier Code									
2320	AMT02		Remaining Patient Liability									
2320	DMG01		DTP Qualifier									
2320	DMG02		Other Insured Birth Date									
2320	DMG03		Other Insured Gender Code									
2320	OI03		Benefits Assignment Certification Indicator	Code value of W-'Patient refused to assign benefits' was added.								
2320	OI04		Patient Signature Source Code	Code values B, C, M and S were deleted.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2320	OI06		Release of Information Code	Code values of A, M, N, O were deleted. Code values I and Y are the only remaining values.								
2320	MOA02		HCPCS Payable Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	MOA03		Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.								
2320	MOA04		Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.								
2320	MOA05		Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.								
2320	MOA06		Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.								
2320	MOA07		Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.								
2320	MOA08		End Stage Renal Disease Payment Amount	Maximum length note was added to be 11 characters including the decimal.								
2320	MOA09		Non-payable Professional Component Billed Amount	Maximum length note was added to be 11 characters including the decimal.								
2330A	NM103		Other Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
<b>2330A</b>	<b>NM104</b>		<b>Other Subscriber First Name</b>	<b>Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>								
2330A	NM108	List	Identification Code Qualifier	Qualifier II replaced ZZ for Standard Unique Health Identifier.								
2330A	NM109	II	Other Subscriber Standard Unique Health Identifier	Qualifier II changed to ZZ for Standard Unique Health Identifier.								
2330A	NM109	ZZ	Mutually Defined									
<b>2330A</b>	<b>N4</b>		<b>OTHER SUBSCRIBER CITY /STATE /ZIP CODE</b>	<b>X222A1: Changed from Required to Situational. Required when the information is available.  X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.</b>								
2330A	N402		Other Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330A	N403		Other Subscriber Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2330A	N404		Other Subscriber Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2330A	N407		Other Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2330A	REF01	List	Reference Number Qualifier	Qualifies W, 23 and IG were deleted.								
2330A	REF02	1W	Other Subscriber Member Identification Number									
2330A	REF02	23	Other Subscriber Client Number (IHS)									
2330A	REF02	IG	Other Subscriber Insurance Policy Number									
2330A	REF02	SY	Other Subscriber Social Security Number	Min/Max changed from 1/30 to 1/50.								
2330B	NM103		Other Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2330B	PER01		Contact Function Code									
2330B	PER02		Other Payer Contact Name									
2330B	PER03		Communication Number Qualifier									
2330B	PER04		Communication Number	Min/Max changed from 1/80 to 1/256.								
2330B	PER04	ED	Payer EDI Access Number									
2330B	PER04	EM	Payer E-Mail									
2330B	PER04	FX	Payer Facsimile									
2330B	PER04	TE	Payer Telephone									
2330B	PER05		Communication Number Qualifier									
2330B	PER06	ED	Payer EDI Access Number									
2330B	PER06	EM	Payer E-Mail									
2330B	PER06	EX	Payer Telephone Ext									
2330B	PER06	FX	Payer Facsimile									
2330B	PER06	TE	Payer Telephone									
2330B	PER07		Communication Number Qualifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330B	PER08	ED	Payer EDI Access Number									
2330B	PER08	EM	Payer E-Mail									
2330B	PER08	EX	Payer Telephone Ext									
2330B	PER08	FX	Payer Facsimile									
2330B	PER08	TE	Payer Telephone									
2330B	N301		Other Payer Address Line 1									
2330B	N302		Other Payer Address Line 2									
2330B	N4		<b>OTHER PAYER CITY, STATE, ZIP CODE</b>	<b>X222A1: Changed from Required to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location.</b>								
2330B	N401		Other Payer City Name									
2330B	N402		Other Payer State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2330B	N403		Other Payer Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2330B	N404		Other Payer Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2330B	N407		Other Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2330B	REF01	List	Reference Number Qualifier	Qualifier F8 was deleted. New REF segment was added to support this data content. Qualifier EI was added to provide consistent identification of tax identification number and TJ was deleted.								
2330B	REF02		Other Payer Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2330B	REF02	2U	Other Payer Identification Number	Min/Max changed from 1/30 to 1/50.								
2330B	REF02	EI	Other Payer Employer Identification Number									
2330B	REF02	F8	Other Payer Original Reference Number	Qualifier F8 was deleted and moved to a separate 2330B REF to provide a unique element for this information.								
2330B	REF02	FY	Other Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.								
2330B	REF02	NF	Other Payer National Association of Insurance Commissioners (NAIC) Number	Min/Max changed from 1/30 to 1/50.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330B	REF02	TJ	Other Payer Taxpayer's Identification Number			■						
2330B	REF01	List	Reference Number Qualifier			■	■					
2330B	REF02	9F	Other Payer Referral Number			■	■					
2330B	REF02	G1	Other Payer Prior Authorization Number			■	■					
2330B	REF01	G1	Reference Number Qualifier		■		■					
2330B	REF02		Other Payer Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2330B	REF01	9F	Reference Number Qualifier		■		■					
2330B	REF02		Other Payer Prior Authorization or Referral Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2330B	REF02		Other Payer Claim Adjustment Indicator	Min/Max changed from 1/30 to 1/50.								■
2330B	REF01	F8	Reference Number Qualifier	Qualifier F8 is the only value.	■		■					
2330B	REF02		Other Payer's Claim Control Number	Min/Max changed from 1/30 to 1/50.	■		■					■
2330C	NM101		Name Qualifier			■						
2330C	NM102		Entity Type Qualifier			■						
2330C	NM108		Identification Code Qualifier			■						
2330C	NM109		Other Payer Patient Primary Identifier			■						
2330C	REF01	List	Reference Number Qualifier			■						
2330C	REF02		Other Payer Patient Secondary Identifier			■						
2330C	NM102	1	Entity Type Qualifier	Qualifier 2 was deleted. Only a medical professional can initiate a referral.						■		
2330C	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.						■		
2330C	REF02		Other Payer Referring Provider Identifier	Min/Max changed from 1/30 to 1/50.								■
2330C	REF02	0B	Other Payer Referring Provider State License Number		■							
2330C	REF02	1B	Other Payer Referring Provider Blue Shield Number			■						
2330C	REF02	1C	Other Payer Referring Provider Medicare Number			■						
2330C	REF02	1D	Other Payer Referring Provider Medicaid Number			■						

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330C	REF02	1G	Other Payer Referring Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2330C	REF02	EI	Other Payer Referring Provider Employer Identification Number									
2330C	REF02	G2	Other Payer Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2330C	REF02	LU	Other Payer Referring Provider Location Number									
2330C	REF02	N5	Other Payer Referring Provider Network ID Number									
2330D	REF01	List	Reference Number Qualifier	Allowable code values are 0B, 1G, G2 and LU								
2330D	REF02		Other Payer Rendering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	0B	Other Payer Rendering Provider State License Number									
2330D	REF02	1B	Other Payer Rendering Provider Blue Shield Number									
2330D	REF02	1C	Other Payer Rendering Provider Medicare Number									
2330D	REF02	1D	Other Payer Rendering Provider Medicaid Number									
2330D	REF02	1G	Other Payer Rendering Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2330D	REF02	EI	Other Payer Rendering Provider Employer Identification Number									
2330D	REF02	G2	Other Payer Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	LU	Other Payer Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2330D	REF02	N5	Other Payer Rendering Provider Network ID Number									
2330F	NM101		Name Qualifier									
2330F	NM102		Entity Type Qualifier									
2330F	REF01	List	Reference Number Qualifier									
2330F	REF02		Other Payer Purchase Service Provider Secondary Identifier									
2330E	NM101	77	Name Qualifier	Qualifiers FA, LI and TL were deleted.								
2330E	REF01	List	Reference Number Qualifier	Qualifiers 0B, G2, and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2330E	REF02		Other Payer Service Facility Secondary Identifier	Min/Max changed from 1/30 to 1/50.								



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330E	REF02	0B	Other Payer Service Facility State License Number									
2330E	REF02	1A	Other Payer Service Facility Blue Cross Number									
2330E	REF02	1B	Other Payer Service Facility Blue Shield Number									
2330E	REF02	1C	Other Payer Service Facility Medicare Number									
2330E	REF02	1D	Other Payer Service Facility Medicaid Number									
2330E	REF02	G2	Other Payer Service Facility Commercial Number	Min/Max changed from 1/30 to 1/50.								
2330E	REF02	LU	Other Payer Service Facility Location Number	Min/Max changed from 1/30 to 1/50.								
2330E	REF02	N5	Other Payer Service Facility Network ID Number									
2330F	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2330F	REF02		Other Payer Supervising Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2330F	REF02	0B	Other Payer Supervising Provider State License Number									
2330F	REF02	1B	Other Payer Supervising Provider Blue Shield Number									
2330F	REF02	1C	Other Payer Supervising Provider Medicare Number									
2330F	REF02	1D	Other Payer Supervising Provider Medicaid Number									
2330F	REF02	1G	Other Payer Supervising Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2330F	REF02	EI	Other Payer Supervising Provider Employer Identification Number									
2330F	REF02	G2	Other Payer Supervising Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2330F	REF02	LU	Other Payer Supervising Provider Location Number									
2330F	REF02	N5	Other Payer Supervising Provider Network ID Number									
2330G	NM101	85	Name Qualifier									
2330G	NM102		Entity Type Qualifier									
2330G	REF01	List	Reference Number Qualifier									
2330G	REF02		Other Payer Billing Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2330G	REF02	G2	Other Payer Billing Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2330G	REF02	LU	Other Payer Billing Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2400	SV101-1	List	Product or Service ID Qualifier	Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes.								
<b>2400</b>	<b>SV101-7</b>		<b>Procedure Code Description</b>	<b>Added in 5010 to support NOC procedure codes. This information was carried in the NTE segment in 4010. During the transition, the information may be carried in either place.</b>								
2400	SV102	List	Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
<b>2400</b>	<b>SV103</b>		<b>Unit or Basis of Measurement Code</b>	<b>Code F2 was deleted. This information is supported in CTP Segment. Code MJ is now required for anesthesia claims.</b>								
2400	SV104		Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three.								
2400	SV107		Composite Diagnosis Code Pointer	Changed from Situational to Required to support the requirement of the diagnosis code on all claims.								
2400	SV107-1		Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.								
2400	SV107-2		Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.								
2400	SV107-3		Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.								
2400	SV107-4		Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.								
2400	SV504		DME Rental Amount	Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal.								
2400	SV505		DME Purchase Price	Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal.								
2400	SV506	List	Rental Unit Price Indicator	Changed from Situational to Required element.								
2400	PWK01	List	Line Item Attachment Report Type Code									
2400	PWK02	List	Line Item Attachment Transmission Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	PWK05	AC	Identification Code Qualifier									
2400	PWK06		Line Item Attachment Control Number									
2400	CR103		Ambulance Transport Code	Deleted in 5010 as no business case to support the use.								
2400	CR208		Spinal Manipulation Nature of Condition Code									
2400	CR210		Spinal Manipulation Patient Condition Description									
2400	CR211		Spinal Manipulation Patient Condition Description									
2400	CR212		Spinal Manipulation X-Ray Availability Indicator									
2400	CR501		Oxygen Certification Type Code									
2400	CR502		Oxygen Treatment Period Count									
2400	CR510		Oxygen Arterial Blood Gas Quantity									
2400	CR511		Oxygen Saturation Quantity									
2400	CR512		Oxygen Test Condition Code									
2400	CR513	1	Oxygen Test Finding Code									
2400	CR514	2	Oxygen Test Finding Code									
2400	CR515	3	Oxygen Test Findings Code									
2400	CRC03	List	Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2400	CRC04	List	Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Clarification Min/Max changed from 2/2 to 2/3.								
2400	CRC05	List	Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2400	CRC06	List	Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2400	CRC07		Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.								
2400	CRC03	65	Condition Indicator	Min/Max changed from 2/2 to 2/3.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	CRC01	09	Code Category	Code value 11 was deleted. All oxygen information is now reported in the 2440 loop.								
2400	CRC03	List	DMERC Condition Indicator	Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3.								
2400	CRC04	List	DMERC Condition Indicator	Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3.								
2400	CRC05	List	DMERC Condition Indicator									
2400	CRC06	List	DMERC Condition Indicator									
2400	CRC07	List	DMERC Condition Indicator									
2400	DTP01	471	DTP Qualifier									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Prescription Date									
2400	DTP01	304	DTP Qualifier									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Treatment or Therapy Date									
2400	DTP01	List	Date Time Qualifier									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03	119	Test Performed									
2400	DTP03	480	Arterial Blood Gas Test									
2400	DTP03	481	Oxygen Saturation Test									
2400	DTP01	431	Date Time Qualifier									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Onset Date									
2400	DTP01	453	Date - Acute Manifestation									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Acute Manifestation Date									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	DTP01	438	Onset of Similar Symptom or Illness									
2400	DTP02	D8	DTP Format Qualifier									
2400	DTP03		Similar Illness or Symptom Date									
2400	QTY01	PT	Quantity Qualifier	Qualifier PT is the only valid value.								
2400	QTY02		Ambulance Patient Count									
2400	QTY01	FL	Quantity Qualifier	Qualifier FL is the only valid value.								
2400	QTY02		Obstetric Additional Units									
2400	MEA02	List	Measurement Qualifier	Qualifiers GRA and ZO were deleted. Oxygen test results have been removed as this information is reported in the 2440 Loop.								
2400	CN102		Contract Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	CN104		Contract Code	Min/Max changed from 1/30 to 1/50.								
2400	REF02		Repriced Line Item Reference Number	Min/Max changed from 1/30 to 1/50.								
2400	REF02		Adjusted Repriced Line Item Number	Min/Max changed from 1/30 to 1/50.								
2400	REF01	List	Reference Number Qualifier									
2400	REF02	9F	Referral Number									
2400	REF02	G1	Prior Authorization									
2400	REF01	G1	Reference Number Qualifier									
2400	REF02		Prior Authorization Number	Min/Max changed from 1/30 to 1/50.								
2400	REF04		Reference Identifier									
2400	REF04-1		Reference Identification Qualifier									
2400	REF04-2		Other Payer Primary Identifier									
2400	REF02		Line Item Control Number	Min/Max changed from 1/30 to 1/50.								
2400	REF02		Mammography Certification Number	Min/Max changed from 1/30 to 1/50.								
2400	REF02		Clinical Laboratory Improvement Amendment Number	Min/Max changed from 1/30 to 1/50.								
2400	REF02		Referring CLIA Number	Min/Max changed from 1/30 to 1/50.								
2400	REF02		Immunization Batch Number	Min/Max changed from 1/30 to 1/50.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	REF01	1S	Reference Number Qualifier									
2400	REF02		Ambulatory Patient Group Number									
2400	REF01	TP	Reference Number Qualifier									
2400	REF02		Oxygen Flow Rate									
2400	REF01	List	Reference Number Qualifier									
2400	REF02	OZ	Universal Product Number									
2400	REF02	VP	Vendor Product Number									
2400	REF01	9F	Reference Number Qualifier									
2400	REF02		Referral Number	Min/Max changed from 1/30 to 1/50.								
2400	REF04		Reference Identifier									
2400	REF04-1	2U	Reference Identification Qualifier									
2400	REF04-2		Other Payer Primary Identifier									
2400	AMT02		Sales Tax Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	AMT01	AAE	Amount Qualifier Code									
2400	AMT02		Approved Amount									
2400	AMT02		Postage Claimed Amount	Situational Note revised to clearly state this is informational and not used in balancing the claim. Maximum length note was added to be 11 characters including the decimal.								
2400	NTE01	TPO	Note Reference Code									
2400	NTE02		Line Note Text									
2400	PS101		Purchased Service Provider Identifier	Clarification: provider identifier reported here must be the same as the 2420B. Min/Max changed from 1/30 to 1/50.								
2400	PS102		Purchased Service Charge Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	HSD01		Quantity Qualifier									
2400	HSD02		Quantity (Number of Visits)									
2400	HSD03	List	Unit or Basis for Measurement Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2400	HSD04		Sample Selection Modulus									
2400	HSD05	List	Time Period Qualifier									
2400	HSD06		Number of Periods (Duration of Visits, Number of Units)									
2400	HSD07	List	Ship/Delivery or Calendar Pattern Code									
2400	HSD08	List	Delivery Pattern Time Code									
2400	HCP02		Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	HCP03		Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	HCP04		Repricing Organization Identifier	Min/Max changed from 1/30 to 1/50.								
2400	HCP06		Repriced Approved Ambulatory Patient Group Code	Min/Max changed from 1/30 to 1/50.								
2400	HCP07		Repriced Approved Ambulatory Patient Group Amount	Maximum length note was added to be 11 characters including the decimal.								
2400	HCP09	List	Product or Service ID Qualifier	Code value ER changed to ZZ. Code value WK was added.								
2400	HCP11	List	Unit or Basis for Measurement Code	Code value DA was deleted Code value MJ was added.								
2400	HCP12		Repriced Approved Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. This aligns with the Service Line Unit in the SV104.								
2410	LIN		<b>DRUG IDENTIFICATION</b>	<b>X222A1: Situational Rule changed to include specific references to submission of Univeral Product Numbers within this Segment.</b>								
2410	LIN02	N4	<b>Product / Service ID Qualifier</b>	<b>X222A1: New code values EN, EO, HI, UK, UP and ON added to support submission of UPN.</b>								
2410	CTP03		Drug Unit Price	Deleted in 5010 as this is the same amount reported in the SV102.								
2410	CTP05-1	List	Drug Unit Type	Code value ME was added.								
2410	REF01	List	Reference Number Qualifier	Qualifier VY was added for use when a prescription drug does not have a prescription number.								
2410	REF02		Prescription Number	Min/Max changed from 1/30 to 1/50.								
2420A	NM103		Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420A	NM104		Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2420A	NM108		Identification Code Qualifier	Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier.								
2420A	NM109		Rendering Provider Primary Identifier	Changed from Required to Situational when the Rendering Provider is eligible for an NPI.								
2420A	NM109	24	Rendering Provider Employer Identification Number									
2420A	NM109	34	Rendering Provider Social Security Number									
2420A	NM109	XX	Rendering Provider National Provider Identifier	Changed from Required to Situational when the Rendering Provider is eligible for an NPI.								
2420A	PRV02	PXC	Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.								
2420A	PRV03		Rendering Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.								
2420A	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2420A	REF02		Rendering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	0B	Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	1B	Rendering Provider Blue Shield Number									
2420A	REF02	1C	Rendering Provider Medicare Number									
2420A	REF02	1D	Rendering Provider Medicaid Number									
2420A	REF02	1G	Rendering Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.								
2420A	REF02	1H	Rendering Provider Champus Number									
2420A	REF02	EI	Rendering Provider Employer Identification Number									
2420A	REF02	G2	Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420A	REF02	LU	Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.								



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420A	REF02	N5	Rendering Provider Network ID Number									
2420A	REF02	SY	Rendering Provider Social Security Number									
2420A	REF02	X5	Rendering Provider State Industrial Accident Provider Number									
2420A	REF04		Reference Identifier									
2420A	REF04-1	2U	Reference Identification Qualifier									
2420A	REF04-2		Other Payer Primary Identifier									
2420B	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2420B	NM109	24	Purchase Service Provider Employer Identification Number									
2420B	NM109	34	Purchase Service Provider Social Security Number									
2420B	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2420B	REF02		Purchase Service Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2420B	REF02	0B	Purchase Service Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2420B	REF02	1A	Purchase Service Provider Blue Cross Number									
2420B	REF02	1B	Purchase Service Provider Blue Shield Number									
2420B	REF02	1C	Purchase Service Provider Medicare Number									
2420B	REF02	1D	Purchase Service Provider Medicaid Number									
2420B	REF02	1G	Purchase Service Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2420B	REF02	1H	Purchase Service Provider Champus Number									
2420B	REF02	EI	Purchase Service Provider Employer Identification Number									
2420B	REF02	G2	Purchase Service Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420B	REF02	LU	Purchase Service Provider Location Number									
2420B	REF02	N5	Purchase Service Provider Network ID Number									
2420B	REF02	SY	Purchase Service Provider Social Security Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420B	REF02	U3	Purchase Service Provider Universal Supplier Identification Number (USIN)									
2420B	REF02	X5	Purchase Service Provider State Industrial Accident Provider Number									
2420B	REF04		Reference Identifier									
2420B	REF04-1	2U	Reference Identification Qualifier									
2420B	REF04-2		Other Payer Primary Identifier									
2420C	NM101	77	Name Qualifier	Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value.								
2420C	NM103		Laboratory or Facility Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2420C	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2420C	NM109	24	Service Facility Location Employer Identification Number									
2420C	NM109	34	Service Facility Location Social Security Number									
2420C	N402		Laboratory or Facility State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2420C	N403		Laboratory or Facility Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.								
2420C	N404		Service Facility Location Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2420C	N407		Service Facility Location Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2420C	REF01	List	Reference Number Qualifier	Qualifiers G2 and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2420C	REF02		Service Facility Location Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2420C	REF02	0B	Service Facility Location State License Number									
2420C	REF02	1A	Service Facility Location Blue Cross Number									
2420C	REF02	1B	Service Facility Location Blue Shield Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420C	REF02	1C	Service Facility Location Medicare Number									
2420C	REF02	1D	Service Facility Location Medicaid Number									
2420C	REF02	1G	Service Facility Location UPIN									
2420C	REF02	1H	Service Facility Location Champus Number									
2420C	REF02	G2	Service Facility Location Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420C	REF02	LU	Service Facility Location Number	Min/Max changed from 1/30 to 1/50.								
2420C	REF02	N5	Service Facility Location Network ID Number									
2420C	REF02	TJ	Service Facility Location Taxpayer's Identification Number									
2420C	REF02	X4	Service Facility Location Clinical Laboratory Improvement Amendment Number									
2420C	REF02	X5	Service Facility Location State Industrial Accident Provider Number									
2420C	REF04		Reference Identifier									
2420C	REF04-1	2U	Reference Identification Qualifier									
2420C	REF04-2		Other Payer Primary Identifier									
2420D	NM103		Supervising Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
<b>2420D</b>	<b>NM104</b>		<b>Supervising Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>								
2420D	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2420D	NM109	24	Supervising Provider Employer Identification Number									
2420D	NM109	34	Supervising Provider Social Security Number									
2420D	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2420D	REF02		Supervising Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2420D	REF02	0B	Supervising Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2420D	REF02	1B	Supervising Provider Blue Shield Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420D	REF02	1C	Supervising Provider Medicare Number									
2420D	REF02	1D	Supervising Provider Medicaid Number									
2420D	REF02	1G	Supervising Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.								
2420D	REF02	1H	Supervising Provider Champus Number									
2420D	REF02	EI	Supervising Provider Employer Identification Number									
2420D	REF02	G2	Supervising Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420D	REF02	LU	Supervising Provider Location Number	Min/Max changed from 1/30 to 1/50.								
2420D	REF02	N5	Supervising Provider Network ID Number									
2420D	REF02	SY	Supervising Provider Social Security Number									
2420D	REF02	X5	Supervising Provider State Industrial Accident Provider Number									
2420D	REF04		Reference Identifier									
2420D	REF04-1	2U	Reference Identification Qualifier									
2420D	REF04-2		Other Payer Primary Identifier									
2420E	NM103		Ordering Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
2420E	NM104		Ordering Provider First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.								
2420E	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2420E	NM109	24	Ordering Provider Employer Identification Number									
2420E	NM109	34	Ordering Provider Social Security Number									
2420E	N4		ORDERING PROVIDER CITY, STATE, ZIP CODE	X222A1: Changed from Required to Situational. Required when a DMERC CMN or DIF is included on this service line.  X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this								

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420E	N402		Ordering Provider State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.								
2420E	N403		Ordering Provider Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2420E	N404		Ordering Provider Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2420E	N407		Ordering Provider Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2420E	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2420E	REF02		Ordering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2420E	REF02	0B	Ordering Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2420E	REF02	1B	Ordering Provider Blue Shield Number									
2420E	REF02	1C	Ordering Provider Medicare Number									
2420E	REF02	1D	Ordering Provider Medicaid Number									
2420E	REF02	1G	Ordering Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2420E	REF02	1H	Ordering Provider Champus Number									
2420E	REF02	EI	Ordering Provider Employer Identification Number									
2420E	REF02	G2	Ordering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420E	REF02	LU	Ordering Provider Location Number									
2420E	REF02	N5	Ordering Provider Network ID Number									
2420E	REF02	SY	Ordering Provider Social Security Number									
2420E	REF02	X5	Ordering Provider State Industrial Accident Provider Number									
2420E	REF04		Reference Identifier									
2420E	REF04-1	2U	Reference Identification Qualifier									
2420E	REF04-2		Other Payer Primary Identifier									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420E	PER02		Ordering Provider Contact Name	Changed from Required to Situational.								
2420E	PER04		Communication Number	Min/Max changed from 1/80 to 1/256.								
2420E	PER04	EM	Ordering Provider Email	Min/Max changed from 1/80 to 1/256.								
2420E	PER04	FX	Ordering Provider Fax	Min/Max changed from 1/80 to 1/256.								
2420E	PER04	TE	Ordering Provider Telephone	Min/Max changed from 1/80 to 1/256.								
2420E	PER06		Communication Number	Min/Max changed from 1/80 to 1/256.								
2420E	PER06	EM	Ordering Provider Email	Min/Max changed from 1/80 to 1/256.								
2420E	PER06	EX	Ordering Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.								
2420E	PER06	FX	Ordering Provider Fax	Min/Max changed from 1/80 to 1/256.								
2420E	PER06	TE	Ordering Provider Telephone	Min/Max changed from 1/80 to 1/256.								
2420E	PER08		Communication Number	Min/Max changed from 1/80 to 1/256.								
2420E	PER08	EM	Ordering Provider Email	Min/Max changed from 1/80 to 1/256.								
2420E	PER08	EX	Ordering Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.								
2420E	PER08	FX	Ordering Provider Fax	Min/Max changed from 1/80 to 1/256.								
2420E	PER08	TE	Ordering Provider Telephone	Min/Max changed from 1/80 to 1/256.								
2420F	NM103		Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.								
<b>2420F</b>	<b>NM104</b>		<b>Referring Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>								
2420F	NM108		Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.								
2420F	NM109	24	Referring Provider Employer Identification Number									
2420F	NM109	34	Referring Provider Social Security Number									
2420F	PRV01		Provider Code									
2420F	PRV02		Mutually Defined									
2420F	PRV03		Referring Provider Taxonomy Code									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420F	REF01	List	Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.								
2420F	REF02		Referring Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.								
2420F	REF02	0B	Referring Provider State License Number	Min/Max changed from 1/30 to 1/50.								
2420F	REF02	1B	Referring Provider Blue Shield Number									
2420F	REF02	1C	Referring Provider Medicare Number									
2420F	REF02	1D	Referring Provider Medicaid Number									
2420F	REF02	1G	Referring Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.								
2420F	REF02	1H	Referring Provider Champus Number									
2420F	REF02	EI	Referring Provider Employer Identification Number									
2420F	REF02	G2	Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.								
2420F	REF02	LU	Referring Provider Location Number									
2420F	REF02	N5	Referring Provider Network ID Number									
2420F	REF02	SY	Referring Provider Social Security Number									
2420F	REF02	X5	Referring Provider State Industrial Accident Provider Number									
2420F	REF04		Reference Identifier									
2420F	REF04-1	2U	Reference Identification Qualifier									
2420F	REF04-2		Other Payer Primary Identifier									
2420G	NM101	PR	Name Qualifier									
2420G	NM102	2	Entity Type Qualifier									
2420G	NM103		Other Payer Name									
2420G	NM108	List	Identification Code Qualifier									
2420G	NM109		Other Payer Identification Number									
2420G	REF01	List	Reference Number Qualifier									
2420G	REF02	G1	Prior Authorization Number									

Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2420G	NM101	PW	Name Qualifier									
2420G	NM102	2	Entity Type Qualifier									
2420G	N301		Ambulance Pick-up Address Line 1									
2420G	N302		Ambulance Pick-up Address Line 2									
2420G	N401		Ambulance Pick-up City Name									
2420G	N402		Ambulance Pick-up State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2420G	N403		Ambulance Pick-up Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2420G	N404		Ambulance Pick-up Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2420G	N407		Ambulance Pick-up Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2420H	NM101	45	Name Qualifier									
2420H	NM102	2	Entity Type Qualifier									
2420H	NM103		Ambulance Drop-off Location									
2420H	N301		Ambulance Drop-off Address Line 1									
2420H	N302		Ambulance Drop-off Address Line 2									
2420H	N401		Ambulance Drop-off City Name									
2420H	N402		Ambulance Drop-off State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.								
2420H	N403		Ambulance Drop-off Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.								
2420H	N404		Ambulance Drop-off Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.								
2420H	N407		Ambulance Drop-off Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.								
2430	SVD02		Service Line Paid Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	SVD03-1	List	Product or Service ID Qualifier	Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes.								



Loop	Segment	Qualifier	Description	Change Comment	New	Del	Relocate	TR3 Use	Code	Qualifier	X12 Use	X12 Size
2430	CAS03		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS06		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS09		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS12		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS15		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	CAS18		Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.								
2430	AMT01	EAF	Amount Qualifier Code									
2430	AMT02		Remaining Patient Liability									
2440			FORM IDENTIFICATION CODE	Repeat changed from 5 to greater than 1.								
2440	FRM03		Question Response	Min/Max changed from 1/30 to 1/50.								

# New Content Report



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## 5010 Gap Analysis Professional Claim X222A1 New Content

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Repetition Separator	Element changed from Interchange Control Standards Identifier to Repetition Separator.	Header	ISA11	^	R
Billing Provider Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010AA	N407		S
Pay-to Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010AB	N407		S
<b>Pay-to Plan Organization Name</b>		<b>2010AC</b>	<b>NM103</b>		<b>R</b>
<b>Identification Code Qualifier</b>		<b>2010AC</b>	<b>NM108</b>	<b>List</b>	<b>R</b>
<b>Pay-to Plan Primary Identifier</b>		<b>2010AC</b>	<b>NM109</b>		<b>R</b>
<b>Pay-to Plan Payer ID</b>		<b>2010AC</b>	<b>NM109</b>	<b>PI</b>	<b>R</b>
<b>Pay-to Plan CMS PlanID</b>		<b>2010AC</b>	<b>NM109</b>	<b>XV</b>	<b>R</b>
<b>Pay-to Plan Address Line 1</b>		<b>2010AC</b>	<b>N301</b>		<b>R</b>
<b>Pay-to Plan Address Line 2</b>		<b>2010AC</b>	<b>N302</b>		<b>S</b>
<b>Pay-to Plan City Name</b>		<b>2010AC</b>	<b>N401</b>		<b>R</b>
<b>Pay-to Plan State/Province Code</b>		<b>2010AC</b>	<b>N402</b>		<b>S</b>
<b>Pay-to Plan Postal Zone or Zip Code</b>		<b>2010AC</b>	<b>N403</b>		<b>S</b>
<b>Pay-to Plan Country Code</b>	<b>If N407 is present then N404 is required.</b>	<b>2010AC</b>	<b>N404</b>		<b>S</b>
<b>Pay-to Plan Country Subdivision Code</b>	<b>Only one of N402 or N407 may be present. If N407 is present then N404 is required.</b>	<b>2010AC</b>	<b>N407</b>		<b>S</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Number Qualifier		2010AC	REF01	List	R
Pay-to Plan Secondary Identifiers		2010AC	REF02		R
Pay-to Plan Payer ID		2010AC	REF02	2U	R
Pay-to Plan Claim Office Number		2010AC	REF02	FY	R
Pay-to Plan National Association of Insurance Commissioners (NAIC) Number		2010AC	REF02	NF	R
Reference Number Qualifier		2010AC	REF01		R
Pay-to Plan Tax Identification Number	Qualfier note restricts to 9 numerics - no hyphens.	2010AC	REF02	EI	R
Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010BA	N407		S
Contact Function Code		2010BA	PER01	IC	R
P&C Subscriber Information Contact		2010BA	PER02		S
Communication Number Qualifier		2010BA	PER03	TE	R
P&C Subscriber Telephone Number		2010BA	PER04		R
Communication Number Qualifier		2010BA	PER05	EX	S
P&C Subscriber Telephone Extension		2010BA	PER06		S
Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010BB	N407		S
Payer Employer Identification Number	Qualifier note restricts to 9 numeric - no hyphens.	2010BB	REF02	EI	R
Patient Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2010CA	N407		S
Reference Number Qualifier		2010CA	REF01	List	R
Reference Identification Number		2010CA	REF02		R
Patient Member Identification Number		2010CA	REF02	1W	R
Patient Social Security Number		2010CA	REF02	SY	R
Information Contact		2010CA	PER01		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
P&C Patient Contact Name		2010CA	PER02		S
Communication Number Qualifier		2010CA	PER03	TE	R
P&C Patient Telephone Number		2010CA	PER04		R
Communication Number Qualifier		2010CA	PER05	EX	S
P&C Patient Telephone Extension		2010CA	PER06		R
Facility Code Qualifier	Allowable value is B.	2300	CLM05-2	B	R
Date Time Qualifier		2300	DTP01	444	R
DTP Format Qualifier		2300	DTP02	D8	R
First Visit or Consultation		2300	DTP03		R
Date Time Qualifier		2300	DTP01	050	R
DTP Format Qualifier		2300	DTP02	D8	R
Repricer Received Date		2300	DTP03		R
Reference Number Qualifier		2300	REF01	1J	R
Care Plan Oversight Number		2300	REF02		R
HealthCare Code Information	ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period.	2300	HI09		S
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI09-1</b>	<b>List</b>	<b>R</b>
<b>Diagnosis Code</b>	<b>ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims</b>	<b>2300</b>	<b>HI09-2</b>		<b>R</b>
HealthCare Code Information	ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period.	2300	HI10		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI10-1	List	R
Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims	2300	HI10-2		R
HealthCare Code Information		2300	HI11		S
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI11-1	List	R
Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims	2300	HI11-2		R
HealthCare Code Information		2300	HI12		S
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI12-1	List	R
Diagnosis Code	ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims	2300	HI12-2		R
HealthCare Code Information	The inclusion of this procedure code is a definite impact to the products as usually software allows either the Anesthesia Codes or the Surgical codes but not both.	2300	HI01		R
Code List Qualifier Code		2300	HI01-1	BP	R
Anesthesia Related Surgical Procedure	Added to provide the Surgical Procedure Code associated with the Anesthesia.	2300	HI01-2		R
HealthCare Code Information		2300	HI02		S
Code List Qualifier Code		2300	HI02-1	BO	R
Anesthesia Related Surgical Procedure	Added to provide the Surgical Procedure Code associated with the Anesthesia.	2300	HI02-2		R
HealthCare Code Information		2300	HI01		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Code List Qualifier Code		2300	HI01-1	BG	R
Condition Code	<p>The Condition Codes approved for use on the 1500 Claim Form are available at <a href="http://www.nucc.org">www.nucc.org</a> under Code Sets.</p> <p>AA Abortion Performed due to Rape  AB Abortion Performed due to Incest  AC Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality  AD Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself  AE Abortion Performed due to Physical Health of Mother that is not Life Endangering  AF Abortion Performed due to Emotional/psychological Health of the Mother  AG Abortion Performed due to Social or Economic Reasons  AH Elective Abortion  AI Sterilization</p> <p>The following is a list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form.</p> <p>W2 Duplicate of original bill  W3 Level 1 appeal  W4 Level 2 appeal  W5 Level 3 appeal</p>	2300	HI01-2		R
HealthCare Code Information		2300	HI02		S
Code List Qualifier Code		2300	HI02-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI02-2		R
HealthCare Code Information		2300	HI03		S
Code List Qualifier Code		2300	HI03-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI03-2		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
HealthCare Code Information		2300	HI04		S
Code List Qualifier Code		2300	HI04-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI04-2		R
HealthCare Code Information		2300	HI05		S
Code List Qualifier Code		2300	HI05-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI05-2		R
HealthCare Code Information		2300	HI06		S
Code List Qualifier Code		2300	HI06-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI06-2		R
HealthCare Code Information		2300	HI07		S
Code List Qualifier Code		2300	HI07-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI07-2		R
HealthCare Code Information		2300	HI08		S
Code List Qualifier Code		2300	HI08-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI08-2		R
HealthCare Code Information		2300	HI09		S
Code List Qualifier Code		2300	HI09-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI09-2		R
HealthCare Code Information		2300	HI10		S
Code List Qualifier Code		2300	HI10-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI10-2		R
HealthCare Code Information		2300	HI11		S
Code List Qualifier Code		2300	HI11-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI11-2		R
HealthCare Code Information		2300	HI12		S



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Code List Qualifier Code		2300	HI12-1	BG	R
Condition Code	See HI01-2 for valid Codes.	2300	HI12-2		R
Laboratory or Facility Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2310C	N407		S
Information Contact		2310C	PER01	IC	R
P&C Service Facility Contact Name		2310C	PER02		S
Communication Number Qualifier		2310C	PER03	TE	R
P&C Service Facility Telephone Number		2310C	PER04		R
Communication Number Qualifier		2310C	PER05	EX	S
P&C Service Facility Telephone Extension		2310C	PER06		R
Name Qualifier		2310E	NM101	PW	R
Entity Type Qualifier		2310E	NM102	2	R
Ambulance Pick-up Address Line 1		2310E	N301		R
Ambulance Pick-up Address Line 2		2310E	N302		S
Ambulance Pick-up City Name		2310E	N401		R
Ambulance Pick-up State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2310E	N402		S
Ambulance Pick-up Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2310E	N403		S
Ambulance Pick-up Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2310E	N404		S
Ambulance Pick-up Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2310E	N407		S
Name Qualifier		2310F	NM101	45	R
Entity Type Qualifier		2310F	NM102	2	R
Ambulance Drop-off Location		2310F	NM103		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Ambulance Drop-off Address Line 1		2310F	N301		R
Ambulance Drop-off Address Line 2		2310F	N302		S
Ambulance Drop-off City Name		2310F	N401		R
Ambulance Drop-off State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2310F	N402		S
Ambulance Drop-off Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2310F	N403		S
Ambulance Drop-off Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2310F	N404		S
Ambulance Drop-off Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2310F	N407		S
Amount Qualifier Code		2320	AMT01	A8	R
Non-Covered Charge Amount		2320	AMT02		R
Amount Qualifier Code		2320	AMT01	AEF	R
Remaining Patient Liability		2320	AMT02		R
Other Subscriber Standard Unique Health Identifier	Qualifier II changed to ZZ for Standard Unique Health Identifier.	2330A	NM109	II	R
Other Subscriber Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2330A	N407		S
Other Payer Address Line 1		2330B	N301		R
Other Payer Address Line 2		2330B	N302		S
Other Payer City Name		2330B	N401		R
Other Payer State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2330B	N402		S
Other Payer Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2330B	N403		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Other Payer Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2330B	N404		S
Other Payer Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2330B	N407		S
Other Payer Employer Identification Number		2330B	REF02	EI	R
Other Payer Referring Provider State License Number		2330C	REF02	OB	R
Other Payer Rendering Provider State License Number		2330D	REF02	OB	R
Other Payer Service Facility State License Number		2330E	REF02	OB	R
Other Payer Supervising Provider State License Number		2330F	REF02	OB	R
Other Payer Supervising Provider Location Number		2330F	REF02	LU	R
Name Qualifier		2330G	NM101	85	R
Entity Type Qualifier		2330G	NM102		R
<b>Procedure Code Description</b>	<b>Added in 5010 to support NOC procedure codes. This information was carried in the NTE segment in 4010. During the transition, the information may be carried in either place.</b>	<b>2400</b>	<b>SV101-7</b>		<b>S</b>
Line Item Attachment Report Type Code		2400	PWK01	List	R
Line Item Attachment Transmission Code		2400	PWK02	List	R
Identification Code Qualifier		2400	PWK05	AC	S
Line Item Attachment Control Number		2400	PWK06		S
DTP Qualifier		2400	DTP01	471	R
DTP Format Qualifier		2400	DTP02	D8	R
Prescription Date		2400	DTP03		R
Quantity Qualifier	Qualifier PT is the only valid value.	2400	QTY01	PT	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Ambulance Patient Count		2400	QTY02		R
Quantity Qualifier	Qualifier FL is the only valid value.	2400	QTY01	FL	R
Obstetric Additional Units		2400	QTY02		R
Reference Identifier		2420A	REF04		S
Reference Identification Qualifier		2420A	REF04-1	2U	R
Other Payer Primary Identifier		2420A	REF04-2		R
Reference Identifier		2420B	REF04		S
Reference Identification Qualifier		2420B	REF04-1	2U	R
Other Payer Primary Identifier		2420B	REF04-2		R
Service Facility Location Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2420C	N407		S
Reference Identifier		2420C	REF04		S
Reference Identification Qualifier		2420C	REF04-1	2U	R
Other Payer Primary Identifier		2420C	REF04-2		R
Reference Identifier		2420D	REF04		S
Reference Identification Qualifier		2420D	REF04-1	2U	R
Other Payer Primary Identifier		2420D	REF04-2		R
Ordering Provider Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2420E	N407		S
Reference Identifier		2420E	REF04		S
Reference Identification Qualifier		2420E	REF04-1	2U	R
Other Payer Primary Identifier		2420E	REF04-2		R
Reference Identifier		2420F	REF04		S
Reference Identification Qualifier		2420F	REF04-1	2U	R
Other Payer Primary Identifier		2420F	REF04-2		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Name Qualifier		2420G	NM101	PW	R
Entity Type Qualifier		2420G	NM102	2	R
Ambulance Pick-up Address Line 1		2420G	N301		R
Ambulance Pick-up Address Line 2		2420G	N302		S
Ambulance Pick-up City Name		2420G	N401		R
Ambulance Pick-up State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2420G	N402		S
Ambulance Pick-up Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2420G	N403		S
Ambulance Pick-up Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2420G	N404		S
Ambulance Pick-up Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2420G	N407		S
Name Qualifier		2420H	NM101	45	R
Entity Type Qualifier		2420H	NM102	2	R
Ambulance Drop-off Location		2420H	NM103		S
Ambulance Drop-off Address Line 1		2420H	N301		R
Ambulance Drop-off Address Line 2		2420H	N302		S
Ambulance Drop-off City Name		2420H	N401		R
Ambulance Drop-off State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2420H	N402		S
Ambulance Drop-off Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2420H	N403		S
Ambulance Drop-off Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2420H	N404		S
Ambulance Drop-off Country Subdivision Code	Only one of N402 or N407 may be present. If N407 is present then N404 is required.	2420H	N407		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Amount Qualifier Code		2430	AMT01	EAF	R
Remaining Patient Liability		2430	AMT02		R

# Deleted Content Report



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## 5010 Gap Analysis Professional Claim X222A1 Deleted Content

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

Description	Loop	Segment	Qualifier
Submitter EDI Number	1000A	PER04	ED
Submitter EDI Number	1000A	PER06	ED
Submitter EDI Number	1000A	PER08	ED
<b>Pay-to Provider Taxonomy code</b>	<b>2000A</b>	<b>PRV03</b>	<b>PT</b>
Reference Number Qualifier	2010AA	REF01	List
Billing Provider Blue Cross Number	2010AA	REF02	1A
Billing Provider Blue Shield Number	2010AA	REF02	1B
Billing Provider Medicare Number	2010AA	REF02	1C
Billing Provider Medicaid Number	2010AA	REF02	1D
Billing Provider CHAMPUS Id Number	2010AA	REF02	1H
Billing Provider Facility ID Number	2010AA	REF02	1J
Billing Provider Preferred Provider Organization Number	2010AA	REF02	B3
Billing Provider Health Maintenance Organization Code Number	2010AA	REF02	BQ
Billing Provider Clinic Number	2010AA	REF02	FH
Billing Provider Site Number	2010AA	REF02	G5
Billing Provider USIN Number	2010AA	REF02	U3
Billing Provider State Industrial Accident Provider Number	2010AA	REF02	X5
Reference Number Qualifier	2010AA	REF01	List
System Number	2010AA	REF02	06



Description	Loop	Segment	Qualifier
Bank Assigned Security Identifier	2010AA	REF02	8U
Electronic Payment Reference Number	2010AA	REF02	EM
Standard Industry Classification (SIC)	2010AA	REF02	IJ
Location Number	2010AA	REF02	LU
Rate Code Number	2010AA	REF02	RB
Store Number	2010AA	REF02	ST
Terminal Code	2010AA	REF02	TT
<b>Pay-to Provider Last/Org Name</b>	<b>2010AB</b>	<b>NM103</b>	
<b>Pay-to Provider First Name</b>	<b>2010AB</b>	<b>NM104</b>	
<b>Pay-to Provider Middle Name</b>	<b>2010AB</b>	<b>NM105</b>	
<b>Pay-to Provider Name Suffix</b>	<b>2010AB</b>	<b>NM107</b>	
<b>Identification Code Qualifier</b>	<b>2010AB</b>	<b>NM108</b>	
<b>Pay-to Employer Identification Number</b>	<b>2010AB</b>	<b>NM109</b>	<b>24</b>
<b>Pay-to Social Security Number</b>	<b>2010AB</b>	<b>NM109</b>	<b>34</b>
<b>Pay-to National Provider Identifier</b>	<b>2010AB</b>	<b>NM109</b>	<b>XX</b>
Reference Number Qualifier	2010AB	REF01	List
Pay-to Provider State License Number	2010AB	REF02	0B
Pay-to Provider Blue Cross Number	2010AB	REF02	1A
Pay-to Provider Blue Shield Number	2010AB	REF02	1B
Pay-to Provider Medicare Number	2010AB	REF02	1C
Pay-to Provider Medicaid Number	2010AB	REF02	1D
Pay-to Provider UPIN	2010AB	REF02	1G
Pay-to Provider CHAMPUS Id Number	2010AB	REF02	1H
Pay-to Provider Facility ID Number	2010AB	REF02	1J
Pay-to Provider Preferred Provider Organization Number	2010AB	REF02	B3

Description	Loop	Segment	Qualifier
Pay-to Provider Health Maintenance Organization Code Number	2010AB	REF02	BQ
Pay-to Provider Employer Identification Number	2010AB	REF02	EI
Pay-to Provider Clinic Number	2010AB	REF02	FH
Pay-to Provider Commercial Number	2010AB	REF02	G2
Pay-to Provider Site Number	2010AB	REF02	G5
Pay-to Provider Location Number	2010AB	REF02	LU
Pay-to Provider Social Security Number	2010AB	REF02	SY
Pay-to Provider USIN Number	2010AB	REF02	U3
Pay-to Provider State Industrial Accident Provider Number	2010AB	REF02	X5
Mutually Defined	2010BA	NM109	ZZ
Subscriber Member Identification Number	2010BA	REF02	1W
Subscriber Indian Health Service Number	2010BA	REF02	23
Subscriber Insurance Policy Number	2010BA	REF02	IG
Payer Federal Taxpayer's Identification Number	2010BB	REF02	TJ
Name Qualifier	2010BC	NM101	
Entity Type Qualifier	2010BC	NM102	
Responsible Party Last/Org Name	2010BC	NM103	
Responsible Party First Name	2010BC	NM104	
Responsible Party Middle Name or Initial	2010BC	NM105	
Responsible Party Suffix	2010BC	NM107	
Responsible Party Address 1	2010BC	N301	
Responsible Party Address 2	2010BC	N302	
Responsible Party City Name	2010BC	N401	
Responsible Party State/Province Code	2010BC	N402	
Responsible Party Postal Zone or Zip Code	2010BC	N403	

Description	Loop	Segment	Qualifier
Responsible Party Country Code	2010BC	N404	
Name Qualifier	2010BD	NM101	
Entity Type Qualifier	2010BD	NM102	
Credit/Debit Cardholder Last/Org Name	2010BD	NM103	
Credit /Debit Cardholder First Name	2010BD	NM104	
Credit /Debit Cardholder Middle Name or Initial	2010BD	NM105	
Credit /Debit Cardholder Suffix	2010BD	NM107	
Identification Code Qualifier	2010BD	NM108	
Reference Number Qualifier	2010BD	REF01	List
Credit/Debit Card Authorization Number	2010BD	REF02	BB
Credit/Debit Card Acceptable Source Purchaser ID	2010BD	REF02	AB
<b>Identification Code Qualifier</b>	<b>2010CA</b>	<b>NM108</b>	<b>MI</b>
<b>Patient Member Identification Number</b>	<b>2010CA</b>	<b>NM109</b>	<b>MI</b>
Patient HIPAA Individual Identifier	2010CA	NM109	ZZ
Reference Number Qualifier	2010CA	REF01	List
Patient Member Identification Number	2010CA	REF02	1W
Patient Indian Health Service Number	2010CA	REF02	23
Patient Insurance Policy Number	2010CA	REF02	IG
Patient Social Security Number	2010CA	REF02	SY
Another Party Responsible	2300	CLM11-1	AP
Another Party Responsible	2300	CLM11-2	AP
Related-Causes Code	2300	CLM11-3	
Auto Accident	2300	CLM11-3	AA
Another Party Responsible	2300	CLM11-3	AP
Employment Related	2300	CLM11-3	EM

Description	Loop	Segment	Qualifier
Other Accident	2300	CLM11-3	OA
Participation Agreement	2300	CLM16	
Accident Hour	2300	DTP03	439
DTP Qualifier	2300	DTP01	438
DTP Format Qualifier	2300	DTP02	D8
Similar Illness or Symptom Date	2300	DTP03	
Amount Qualifier Code	2300	AMT01	MA
Credit or Debit Card Maximum Amount	2300	AMT02	
Amount Qualifier Code	2300	AMT01	NE
Total Purchased Service Amount	2300	AMT02	
Reference Number Qualifier	2300	REF01	1S
Ambulatory Patient Group Number	2300	REF02	
Ambulance Transport Code	2300	CR103	List
X-Ray Availability Indicator	2300	CR212	List
Discipline Type Code	2305	CR701	
Total Visits Rendered Count	2305	CR702	
Certification Period Projected Visit Count	2305	CR703	
Quantity Qualifier	2305	HSD01	
Number Of Visits	2305	HSD02	
Modulus UBM Code	2305	HSD03	
Modulus Amount	2305	HSD04	
Time Period Qualifier	2305	HSD05	
Number of Periods	2305	HSD06	
Calendar Pattern Code	2305	HSD07	
Delivery Pattern Time Code	2305	HSD08	

Description	Loop	Segment	Qualifier
Referring Provider Employer Identification Number	2310A	NM109	24
Referring Provider Social Security Number	2310A	NM109	34
Provider Code	2310A	PRV01	RF
Provider Taxonomy Code	2310A	PRV02	PXC
Provider Taxonomy Code	2310A	PRV03	
Referring Provider Blue Shield Number	2310A	REF02	1B
Referring Provider Medicare Number	2310A	REF02	1C
Referring Provider Medicaid Number	2310A	REF02	1D
Referring Provider Champus Number	2310A	REF02	1H
Referring Provider Employer Identification Number	2310A	REF02	EI
Referring Provider Location Number	2310A	REF02	LU
Referring Provider Network ID Number	2310A	REF02	N5
Referring Provider Social Security Number	2310A	REF02	SY
Referring Provider State Industrial Accident Provider Number	2310A	REF02	X5
Rendering Provider Employer Identification Number	2310B	NM109	24
Rendering Provider Social Security Number	2310B	NM109	34
Rendering Provider Blue Shield Number	2310B	REF02	1B
Rendering Provider Medicare Number	2310B	REF02	1C
Rendering Provider Medicaid Number	2310B	REF02	1D
Rendering Provider Champus Number	2310B	REF02	1H
Rendering Provider Employer Identification Number	2310B	REF02	EI
Rendering Provider Network ID Number	2310B	REF02	N5
Rendering Provider Social Security Number	2310B	REF02	SY
Rendering Provider State Industrial Accident Provider Number	2310B	REF02	X5
Purchased Service Provider Name Qualifier	2310C	NM101	QB

Description	Loop	Segment	Qualifier
Entity Type Qualifier	2310C	NM102	
Purchased Service Provider Name Last or Organization Name	2310C	NM103	
Purchased Service Provider Name First	2310C	NM104	
Purchase Service Provider Name Middle or Initial	2310C	NM105	
Identification Code Qualifier	2310C	NM108	
Purchase Service Provider Employer Identification Number	2310C	NM109	24
Purchase Service Provider Social Security Number	2310C	NM109	34
Purchase Service Provider National Provider Identifier	2310C	NM109	XX
Reference Number Qualifier	2310C	REF01	List
Purchase Service Provider State License Number	2310C	REF02	0B
Purchase Service Provider Blue Cross Number	2310C	REF02	1A
Purchase Service Provider Blue Shield Number	2310C	REF02	1B
Purchase Service Provider Medicare Number	2310C	REF02	1C
Purchase Service Provider Medicaid Number	2310C	REF02	1D
Purchase Service Provider UPIN	2310C	REF02	1G
Purchase Service Provider Champus Number	2310C	REF02	1H
Purchase Service Provider Employer Identification Number	2310C	REF02	EI
Purchase Service Provider Commercial Number	2310C	REF02	G2
Purchase Service Provider Location Number	2310C	REF02	LU
Purchase Service Provider Network ID Number	2310C	REF02	N5
Purchase Service Provider Social Security Number	2310C	REF02	SY
Purchase Service Provider Universal Supplier Identification Number (USIN)	2310C	REF02	U3
Purchase Service Provider State Industrial Accident Provider Number	2310C	REF02	X5
Employer Identification Number	2310C	NM109	24
Social Security Number	2310C	NM109	34

Description	Loop	Segment	Qualifier
Laboratory or Facility Blue Cross Number	2310C	REF02	1A
Laboratory or Facility Blue Shield Number	2310C	REF02	1B
Laboratory or Facility Medicare Number	2310C	REF02	1C
Laboratory or Facility Medicaid Number	2310C	REF02	1D
Service Facility Location UPIN	2310C	REF02	1G
Laboratory or Facility Champus Number	2310C	REF02	1H
Laboratory or Facility Network ID Number	2310C	REF02	N5
Laboratory or Facility Social Security Number	2310C	REF02	SY
Laboratory or Facility Taxpayer's Identification Number	2310C	REF02	TJ
Laboratory or Facility Clinical Laboratory Improvement Amendment Number	2310C	REF02	X4
Laboratory or Facility State Industrial Accident Provider Number	2310C	REF02	X5
Supervising Provider Employer Identification Number	2310D	NM109	24
Supervising Provider Social Security Number	2310D	NM109	34
Supervising Provider Blue Shield Number	2310D	REF02	1B
Supervising Provider Medicare Number	2310D	REF02	1C
Supervising Provider Medicaid Number	2310D	REF02	1D
Supervising Provider Champus Number	2310D	REF02	1H
Supervising Provider Employer Identification Number	2310D	REF02	EI
Supervising Provider Network ID Number	2310D	REF02	N5
Supervising Provider Social Security Number	2310D	REF02	SY
Supervising Provider State Industrial Accident Provider Number	2310D	REF02	X5
Amount Qualifier Code	2320	AMT01	AAE
Approved Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	B6
Allowed Amount	2320	AMT02	

Description	Loop	Segment	Qualifier
Amount Qualifier Code	2320	AMT01	F2
Other Payer Patient Responsibility Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	AU
Other Payer Covered Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	D8
Other Payer Discount Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	DY
Other Payer Per Day Limit Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	F5
Other Payer Patient Paid Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	T
Other Payer Tax Amount	2320	AMT02	
Amount Qualifier Code	2320	AMT01	T2
Other Payer Pre-Tax Claim Total Amount	2320	AMT02	
DTP Qualifier	2320	DMG01	
Other Insured Birth Date	2320	DMG02	
Other Insured Gender Code	2320	DMG03	
Mutually Defined	2330A	NM109	ZZ
Other Subscriber Member Identification Number	2330A	REF02	1W
Other Subscriber Client Number (IHS)	2330A	REF02	23
Other Subscriber Insurance Policy Number	2330A	REF02	IG
Contact Function Code	2330B	PER01	
Other Payer Contact Name	2330B	PER02	
Communication Number Qualifier	2330B	PER03	
Payer EDI Access Number	2330B	PER04	ED



Description	Loop	Segment	Qualifier
Payer E-Mail	2330B	PER04	EM
Payer Facsimile	2330B	PER04	FX
Payer Telephone	2330B	PER04	TE
Communication Number Qualifier	2330B	PER05	
Payer EDI Access Number	2330B	PER06	ED
Payer E-Mail	2330B	PER06	EM
Payer Telephone Ext	2330B	PER06	EX
Payer Facsimile	2330B	PER06	FX
Payer Telephone	2330B	PER06	TE
Communication Number Qualifier	2330B	PER07	
Payer EDI Access Number	2330B	PER08	ED
Payer E-Mail	2330B	PER08	EM
Payer Telephone Ext	2330B	PER08	EX
Payer Facsimile	2330B	PER08	FX
Payer Telephone	2330B	PER08	TE
Other Payer Taxpayer's Identification Number	2330B	REF02	TJ
Name Qualifier	2330C	NM101	
Entity Type Qualifier	2330C	NM102	
Identification Code Qualifier	2330C	NM108	
Reference Number Qualifier	2330C	REF01	List
Other Payer Referring Provider Blue Shield Number	2330C	REF02	1B
Other Payer Referring Provider Medicare Number	2330C	REF02	1C
Other Payer Referring Provider Medicaid Number	2330C	REF02	1D
Other Payer Referring Provider Employer Identification Number	2330C	REF02	EI
Other Payer Referring Provider Location Number	2330C	REF02	LU

Description	Loop	Segment	Qualifier
Other Payer Referring Provider Network ID Number	2330C	REF02	N5
Other Payer Rendering Provider Blue Shield Number	2330D	REF02	1B
Other Payer Rendering Provider Medicare Number	2330D	REF02	1C
Other Payer Rendering Provider Medicaid Number	2330D	REF02	1D
Other Payer Rendering Provider Employer Identification Number	2330D	REF02	EI
Other Payer Rendering Provider Network ID Number	2330D	REF02	N5
Name Qualifier	2330F	NM101	
Entity Type Qualifier	2330F	NM102	
Reference Number Qualifier	2330F	REF01	List
Other Payer Service Facility Blue Cross Number	2330E	REF02	1A
Other Payer Service Facility Blue Shield Number	2330E	REF02	1B
Other Payer Service Facility Medicare Number	2330E	REF02	1C
Other Payer Service Facility Medicaid Number	2330E	REF02	1D
Other Payer Service Facility Network ID Number	2330E	REF02	N5
Other Payer Supervising Provider Blue Shield Number	2330F	REF02	1B
Other Payer Supervising Provider Medicare Number	2330F	REF02	1C
Other Payer Supervising Provider Medicaid Number	2330F	REF02	1D
Other Payer Supervising Provider Employer Identification Number	2330F	REF02	EI
Other Payer Supervising Provider Network ID Number	2330F	REF02	N5
Ambulance Transport Code	2400	CR103	
Spinal Manipulation Nature of Condition Code	2400	CR208	
Spinal Manipulation Patient Condition Description	2400	CR210	
Spinal Manipulation Patient Condition Description	2400	CR211	
Spinal Manipulation X-Ray Availability Indicator	2400	CR212	
Oxygen Certification Type Code	2400	CR501	

Description	Loop	Segment	Qualifier
Oxygen Treatment Period Count	2400	CR502	
Oxygen Arterial Blood Gas Quantity	2400	CR510	
Oxygen Saturation Quantity	2400	CR511	
Oxygen Test Condition Code	2400	CR512	
Oxygen Test Finding Code	2400	CR513	1
Oxygen Test Finding Code	2400	CR514	2
Oxygen Test Findings Code	2400	CR515	3
Date Time Qualifier	2400	DTP01	List
DTP Format Qualifier	2400	DTP02	D8
Test Performed	2400	DTP03	119
Arterial Blood Gas Test	2400	DTP03	480
Oxygen Saturation Test	2400	DTP03	481
Date Time Qualifier	2400	DTP01	431
DTP Format Qualifier	2400	DTP02	D8
Onset Date	2400	DTP03	
Date - Acute Manifestation	2400	DTP01	453
DTP Format Qualifier	2400	DTP02	D8
Acute Manifestation Date	2400	DTP03	
Onset of Similar Symptom or Illness	2400	DTP01	438
DTP Format Qualifier	2400	DTP02	D8
Similar Illness or Symptom Date	2400	DTP03	
Reference Number Qualifier	2400	REF01	1S
Ambulatory Patient Group Number	2400	REF02	
Reference Number Qualifier	2400	REF01	TP
Oxygen Flow Rate	2400	REF02	

Description	Loop	Segment	Qualifier
Reference Number Qualifier	2400	REF01	List
Universal Product Number	2400	REF02	OZ
Vendor Product Number	2400	REF02	VP
Amount Qualifier Code	2400	AMT01	AAE
Approved Amount	2400	AMT02	
Quantity Qualifier	2400	HSD01	
Quantity (Number of Visits)	2400	HSD02	
Unit or Basis for Measurement Code	2400	HSD03	List
Sample Selection Modulus	2400	HSD04	
Time Period Qualifier	2400	HSD05	List
Number of Periods (Duration of Visits, Number of Units)	2400	HSD06	
Ship/Delivery or Calendar Pattern Code	2400	HSD07	List
Delivery Pattern Time Code	2400	HSD08	List
Drug Unit Price	2410	CTP03	
Rendering Provider Employer Identification Number	2420A	NM109	24
Rendering Provider Social Security Number	2420A	NM109	34
Rendering Provider Blue Shield Number	2420A	REF02	1B
Rendering Provider Medicare Number	2420A	REF02	1C
Rendering Provider Medicaid Number	2420A	REF02	1D
Rendering Provider Champus Number	2420A	REF02	1H
Rendering Provider Employer Identification Number	2420A	REF02	EI
Rendering Provider Network ID Number	2420A	REF02	N5
Rendering Provider Social Security Number	2420A	REF02	SY
Rendering Provider State Industrial Accident Provider Number	2420A	REF02	X5
Purchase Service Provider Employer Identification Number	2420B	NM109	24

Description	Loop	Segment	Qualifier
Purchase Service Provider Social Security Number	2420B	NM109	34
Purchase Service Provider Blue Cross Number	2420B	REF02	1A
Purchase Service Provider Blue Shield Number	2420B	REF02	1B
Purchase Service Provider Medicare Number	2420B	REF02	1C
Purchase Service Provider Medicaid Number	2420B	REF02	1D
Purchase Service Provider Champus Number	2420B	REF02	1H
Purchase Service Provider Employer Identification Number	2420B	REF02	EI
Purchase Service Provider Location Number	2420B	REF02	LU
Purchase Service Provider Network ID Number	2420B	REF02	N5
Purchase Service Provider Social Security Number	2420B	REF02	SY
Purchase Service Provider Universal Supplier Identification Number (USIN)	2420B	REF02	U3
Purchase Service Provider State Industrial Accident Provider Number	2420B	REF02	X5
Service Facility Location Employer Identification Number	2420C	NM109	24
Service Facility Location Social Security Number	2420C	NM109	34
Service Facility Location State License Number	2420C	REF02	0B
Service Facility Location Blue Cross Number	2420C	REF02	1A
Service Facility Location Blue Shield Number	2420C	REF02	1B
Service Facility Location Medicare Number	2420C	REF02	1C
Service Facility Location Medicaid Number	2420C	REF02	1D
Service Facility Location UPIN	2420C	REF02	1G
Service Facility Location Champus Number	2420C	REF02	1H
Service Facility Location Network ID Number	2420C	REF02	N5
Service Facility Location Taxpayer's Identification Number	2420C	REF02	TJ
Service Facility Location Clinical Laboratory Improvement Amendment Number	2420C	REF02	X4
Service Facility Location State Industrial Accident Provider Number	2420C	REF02	X5

Description	Loop	Segment	Qualifier
Supervising Provider Employer Identification Number	2420D	NM109	24
Supervising Provider Social Security Number	2420D	NM109	34
Supervising Provider Blue Shield Number	2420D	REF02	1B
Supervising Provider Medicare Number	2420D	REF02	1C
Supervising Provider Medicaid Number	2420D	REF02	1D
Supervising Provider Champus Number	2420D	REF02	1H
Supervising Provider Employer Identification Number	2420D	REF02	EI
Supervising Provider Network ID Number	2420D	REF02	N5
Supervising Provider Social Security Number	2420D	REF02	SY
Supervising Provider State Industrial Accident Provider Number	2420D	REF02	X5
Ordering Provider Employer Identification Number	2420E	NM109	24
Ordering Provider Social Security Number	2420E	NM109	34
Ordering Provider Blue Shield Number	2420E	REF02	1B
Ordering Provider Medicare Number	2420E	REF02	1C
Ordering Provider Medicaid Number	2420E	REF02	1D
Ordering Provider Champus Number	2420E	REF02	1H
Ordering Provider Employer Identification Number	2420E	REF02	EI
Ordering Provider Location Number	2420E	REF02	LU
Ordering Provider Network ID Number	2420E	REF02	N5
Ordering Provider Social Security Number	2420E	REF02	SY
Ordering Provider State Industrial Accident Provider Number	2420E	REF02	X5
Referring Provider Employer Identification Number	2420F	NM109	24
Referring Provider Social Security Number	2420F	NM109	34
Provider Code	2420F	PRV01	
Mutually Defined	2420F	PRV02	

Description	Loop	Segment	Qualifier
Referring Provider Taxonomy Code	2420F	PRV03	
Referring Provider Blue Shield Number	2420F	REF02	1B
Referring Provider Medicare Number	2420F	REF02	1C
Referring Provider Medicaid Number	2420F	REF02	1D
Referring Provider Champus Number	2420F	REF02	1H
Referring Provider Employer Identification Number	2420F	REF02	EI
Referring Provider Location Number	2420F	REF02	LU
Referring Provider Network ID Number	2420F	REF02	N5
Referring Provider Social Security Number	2420F	REF02	SY
Referring Provider State Industrial Accident Provider Number	2420F	REF02	X5

# Use Change Report



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## 5010 Gap Analysis Professional Claim X222A1 TR3 Use Changes

Items in Red are flagged as Transitions Issue

Highlighted Items indicate Errata Changes.



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Submitter Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	1000A	NM103		R
<b>Submitter First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b> <b>Min/Max changed from 1/25 to 1/35.</b>	<b>1000A</b>	<b>NM104</b>		<b>S</b>
Submitter Contact Name	Changed from Required to Situational.	1000A	PER02		S
Receiver Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	1000B	NM103		R
Reference Number Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2000A	PRV02	PXC	R
Billing Provider Taxonomy code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2000A	PRV03	BI	R
Billing Provider Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010AA	NM103		R
<b>Billing Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b> <b>Min/Max changed from 1/25 to 1/35.</b>	<b>2010AA</b>	<b>NM104</b>		<b>S</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier	Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2010AA	NM108		S
Billing Provider Primary Identification Number	Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI.	2010AA	NM109		R
Billing Provider National Provider Identifier	Changed from Required to Situational when the Billing Provider is eligible for an NPI.	2010AA	NM109	XX	S
<b>Billing Provider State/Province Code</b>	<b>Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.</b>	<b>2010AA</b>	<b>N402</b>		<b>S</b>
<b>Billing Provider Postal Zone or Zip Code</b>	<b>Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.</b>	<b>2010AA</b>	<b>N403</b>		<b>S</b>
Billing Provider Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010AA	N404		S
Contact Name	Changed from Required to Situational. Clarification: the requirement of this element on the second repeat of the PER Segment.	2010AA	PER02		S
Pay-to State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.	2010AB	N402		S
Pay-to Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010AB	N403		S
Pay-to Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010AB	N404		S
<b>Pay-to Plan Organization Name</b>		<b>2010AC</b>	<b>NM103</b>		<b>R</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Pay-to Plan State/Province Code		2010AC	N402		S
Pay-to Plan Country Code	If N407 is present then N404 is required.	2010AC	N404		S
Subscriber Last Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010BA	NM103		R
Subscriber First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2010BA	NM104		S
Identification Code Qualifier	X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1.  X222:Qualifier II replaced ZZ for Standard Unique Health Identifier. Changed from Situational to Required to support the new definition of subscriber.	2010BA	NM108	List	S
Subscriber Primary Identifier	X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when NM102 = 1.  X222: Changed from Situational to Required to support the new definition of subscriber.	2010BA	NM109		S
SUBSCRIBER CITY/STATE/ZIP CODE	X222A1: Changed to Situational. Required when the patient is the subscriber or considered to be the subscriber.  X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.	2010BA	N4		S-1
Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.	2010BA	N402		S
Subscriber Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010BA	N403		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Subscriber Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010BA	N404		S
SUBSCRIBER DEMOGRAPHIC INFORMATION	Situational Rule changed to align with new definition of Subscriber/Patient.	2010BA	DMG		S-1
SUBSCRIBER SECONDARY IDENTIFICATION	Repeat changed from 4 to 1.	2010BA	REF		S-1
Payer Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010BB	NM103		R
<b>PAYER CITY/STATE/ZIP CODE</b>	<b>X222A1: Changed to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location.</b>  <b>X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.</b>	<b>2010BB</b>	<b>N4</b>		<b>S-1</b>
Payer State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present.	2010BB	N402		S
Payer Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2010BB	N403		S
Payer Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010BB	N404		S
Patient Last Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010CA	NM103		R
<b>Patient First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.</b> <b>Min/Max changed from 1/25 to 1/35.</b>	<b>2010CA</b>	<b>NM104</b>		<b>S</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
<b>Patient State/Province Code</b>	<b>Changed from Required to Situational.</b> <b>Required when US or it's territories or Canada.</b> <b>X12 Attribute changed from Optional (O) to Conditional (X).</b> <b>Only one of N402 or N407 may be present.</b>	2010CA	N402		S
<b>Patient Postal Zone or Zip Code</b>	<b>Changed from Required to Situational.</b> <b>Required when US or it's territories or Canada.</b>	2010CA	N403		S
Patient Country Code	X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2010CA	N404		S
DATE - ACUTE MANIFESTATION	Repeats changed from 5 to 1.	2300	DTP		S-1
DATE - ACCIDENT	Repeat changed from 10 to 1.	2300	DTP		S-1
CONTRACT INFORMATION	Situational Rule changed to state that it is required when a submitter is contractually obligated to supply this information on post adjudicated claims.	2300	CN1		S-1
CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	Repeats changed from 3 to 1. Situational Rule modified to state no longer required for Medicare/Medicaid. It's now required for a CLIA facility.	2300	REF		S-1
AMBULANCE TRANSPORT INFORMATION	Situational Note change to used when patient is transported.	2300	CR1		S-1
AMBULANCE CERTIFICATION	Situational Note changed to indicate use only when the patient is being transported.	2300	CRC		S-3
<b>HEALTH CARE DIAGNOSIS CODE</b>	<b>Changed from Situational to Required.</b>	<b>2300</b>	<b>HI</b>		<b>R-1</b>
Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310A	NM103		R
<b>Referring Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b> <b>Min/Max changed from 1/25 to 1/35.</b>	<b>2310A</b>	<b>NM104</b>		<b>S</b>
REFERRING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 3.	2310A	REF		S-3
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310B	NM103		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2310B	NM104		S
Identification Code Qualifier	Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310B	NM108		S
Rendering Provider Primary Identifier		2310B	NM109		S
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2310B	PRV02	PXC	R
Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2310B	PRV03		R
RENDERING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 4.	2310B	REF		S-4
Laboratory or Facility Name	Changed from Situational to Required due to NPI Subpart rules. X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310C	NM103		R
Laboratory or Facility State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2310C	N402		S
Laboratory or Facility Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.	2310C	N403		S
Laboratory or Facility Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2310C	N404		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	Clarification: only used if provider is not eligible for NPI. Repeat changed from 5 to 3.	2310C	REF		S-3
Supervising Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310D	NM103		R
<b>Supervising Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>	<b>2310D</b>	<b>NM104</b>		<b>S</b>
SUPERVISING PROVIDER SECONDARY IDENTIFICATION NUMBERS	Clarification: only used if provider is not eligible for NPI. Repeat changed from 5 to 4.	2310D	REF		S-4
Ambulance Pick-up State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2310E	N402		S
Ambulance Pick-up Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2310E	N404		S
Ambulance Drop-off Location		2310F	NM103		S
Ambulance Drop-off State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2310F	N402		S
Ambulance Drop-off Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2310F	N404		S
<b>Insurance Type Code</b>	<b>Changed from Required to Situational. Code values were modified to match SBR05 at 2000B.</b>	<b>2320</b>	<b>SBR05</b>	<b>List</b>	<b>S</b>
CLAIM LEVEL ADJUSTMENTS		2320	CAS		S-5
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA03		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA04		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA05		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA06		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA07		S
Other Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330A	NM103		R
<b>Other Subscriber First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b> <b>Min/Max changed from 1/25 to 1/35.</b>	<b>2330A</b>	<b>NM104</b>		<b>S</b>
<b>OTHER SUBSCRIBER CITY /STATE /ZIP CODE</b>	<b>X222A1: Changed from Required to Situational. Required when the information is available.</b> <b>X222: Changed from Situational to Required.</b> <b>The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.</b>	<b>2330A</b>	<b>N4</b>		<b>S-1</b>
Other Subscriber State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2330A	N402		S
Other Subscriber Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2330A	N403		S
Other Subscriber Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2330A	N404		S
OTHER SUBSCRIBER SECONDARY IDENTIFICATION	Repeat was changed from 3 to 1.	2330A	REF		S-1
Other Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330B	NM103		R
<b>OTHER PAYER CITY, STATE, ZIP CODE</b>	<b>X222A1: Changed from Required to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location.</b>	<b>2330B</b>	<b>N4</b>		<b>S-1</b>
OTHER PAYER CLAIM ADJUSTMENT INDICATOR	Repeat changed from 2 to 1.	2330B	REF		S-1



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Composite Diagnosis Code Pointer	Changed from Situational to Required to support the requirement of the diagnosis code on all claims.	2400	SV107		R
Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.	2400	SV107-1		R
DURABLE MEDICAL EQUIPMENT SERVICE	Situational Note added to indicate use only when necessary to report both the Rental Price and Purchase Price on DME.	2400	SV5		S-1
DME Rental Amount	Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal.	2400	SV504		R
DME Purchase Price	Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal.	2400	SV505		R
Rental Unit Price Indicator	Changed from Situational to Required element.	2400	SV506	List	R
AMBULANCE TRANSPORT INFORMATION	Situational Note change to used when patient is transported.	2400	CR1		S-1
AMBULANCE CERTIFICATION	Situational Note changed to indicate use only when the patient is being transported.	2400	CRC		S-3
<b>CONDITION INDICATOR/DURABLE MEDICAL EQUIPMENT</b>	<b>Repeat was changed from 2 to 1. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop.</b>	<b>2400</b>	<b>CRC</b>		<b>S-1</b>
DATE - DATE LAST SEEN DATE	Situational Note changed to remove requirements for physical or occupational therapy.	2400	DTP		S-1
DTP Qualifier		2400	DTP01	304	R
DTP Format Qualifier		2400	DTP02	D8	R
Treatment or Therapy Date		2400	DTP03		R
DATE - INITIAL TREATMENT DATE	In 4010 this element was only reported on Spinal Manipulation claims for Medicare Part B. Situational Note modified to include spinal manipulation, physical therapy, occupational therapy or speech language pathology.	2400	DTP		S-1

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
TEST RESULT	Repeat changed from 20 to 5. Oxygen test results have been removed as this information is reported in the 2440 Loop.	2400	MEA		S-5
PRIOR AUTHORIZATION	Split into separate segments to prevent sending 2 REFS. with the same qualifier. REF04 was added to point to the payer associated with the Prior Authorization Number.	2400	REF		S-5
LOOP ID 2410 DRUG IDENTIFICATION	Repeat changed from 25 to 1.	2410			S-1
DRUG QUANTITY	Changed from Situational to Required Segment.	2410	CTP		R-1
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420A	NM103		R
Rendering Provider First Name	Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2420A	NM104		S
Identification Code Qualifier	Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier.	2420A	NM108		S
Rendering Provider Primary Identifier	Changed from Required to Situational when the Rendering Provider is eligible for an NPI.	2420A	NM109		S
Rendering Provider National Provider Identifier	Changed from Required to Situational when the Rendering Provider is eligible for an NPI.	2420A	NM109	XX	S
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2420A	PRV02	PXC	R
Rendering Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2420A	PRV03		R
RENDERING PROVIDER SECONDARY IDENTIFICATION	Repeats increased from 5 to 20 to support other payer assigned provider secondary identifiers.	2420A	REF		S-20
PURCHASE SERVICE PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 20.	2420B	REF		S-20

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Laboratory or Facility Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420C	NM103		R
Laboratory or Facility State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2420C	N402		S
<b>Laboratory or Facility Postal Zone or Zip Code</b>	<b>Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided.</b>	<b>2420C</b>	<b>N403</b>		<b>S</b>
Service Facility Location Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2420C	N404		S
SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	Repeat changed from 5 to 3.	2420C	REF		S-3
Supervising Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420D	NM103		R
<b>Supervising Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>	<b>2420D</b>	<b>NM104</b>		<b>S</b>
SUPERVISING PROVIDER SECONDARY IDENTIFICATION NUMBERS	Repeat changed from 5 to 20.	2420D	REF		S-20
Ordering Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420E	NM103		R
<b>Ordering Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.</b>	<b>2420E</b>	<b>NM104</b>		<b>S</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
ORDERING PROVIDER CITY, STATE, ZIP CODE	X222A1: Changed from Required to Situational. Required when a DMERC CMN or DIF is included on this service line.  X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778.	2420E	N4		S-1
Ordering Provider State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present.	2420E	N402		S
Ordering Provider Postal Zone or Zip Code	Changed from Required to Situational. Required when US or it's territories or Canada.	2420E	N403		S
Ordering Provider Country Code	X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2420E	N404		S
ORDERING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 20.	2420E	REF		S-20
Ordering Provider Contact Name	Changed from Required to Situational.	2420E	PER02		S
Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420F	NM103		R
Referring Provider First Name	Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35.	2420F	NM104		S
REFERRING PROVIDER SECONDARY IDENTIFICATION	Repeat changed from 5 to 20.	2420F	REF		S-20
Ambulance Pick-up State/Province Code	Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2420G	N402		S
Ambulance Pick-up Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2420G	N404		S
Ambulance Drop-off Location		2420H	NM103		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Ambulance Drop-off State/Province Code	Required when US or it's territories or Canada. Only one of N402 or N407 may be present.	2420H	N402		S
Ambulance Drop-off Country Code	If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list.	2420H	N404		S
LOOP ID 2430 SERVICE LINE ADJUDICATION INFORMATION	Repeat changed from 25 to 15.	2430			S-15
LINE ADJUSTMENT	Repeat changed from 99 to 5.	2430	CAS		S-5
FORM IDENTIFICATION CODE	Repeat changed from 5 to greater than 1.	2440			S>1

# Sizing Change Report



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## 5010 Gap Analysis Professional Claim X222A1 Sizing Change Report

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Originator Application Transaction Identifier	For the purposes of the 837 5010 implementation the maximum field length is 30. Min/Max changed from 1/30 to 1/50.	Table 1	BHT03		R
Submitter Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	1000A	NM103		R
<b>Submitter First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>1000A</b>	<b>NM104</b>		<b>S</b>
Communication Number	Min/Max changed from 1/80 to 1/256.	1000A	PER04		R
Submitter E-mail	Min/Max changed from 1/80 to 1/256.	1000A	PER04	EM	R
Submitter FAX Number	Min/Max changed from 1/80 to 1/256.	1000A	PER04	FX	R
Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.	1000A	PER04	TE	R
Communication Number	Min/Max changed from 1/80 to 1/256.	1000A	PER06		S
Submitter E-mail	Min/Max changed from 1/80 to 1/256.	1000A	PER06	EM	S
Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.	1000A	PER06	EX	S
Submitter FAX Number	Min/Max changed from 1/80 to 1/256.	1000A	PER06	FX	S
Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.	1000A	PER06	TE	S
Submitter E-mail	Min/Max changed from 1/80 to 1/256.	1000A	PER08	EM	S
Submitter Telephone Extension	Min/Max changed from 1/80 to 1/256.	1000A	PER08	EX	S
Submitter FAX Number	Min/Max changed from 1/80 to 1/256.	1000A	PER08	FX	S
Submitter Telephone Number	Min/Max changed from 1/80 to 1/256.	1000A	PER08	TE	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Receiver Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	1000B	NM103		R
Billing Provider Taxonomy code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2000A	PRV03	BI	R
Billing Provider Last/Org Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010AA	NM103		R
<b>Billing Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>2010AA</b>	<b>NM104</b>		<b>S</b>
Billing Provider Tax Identification Number	Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number. Min/Max changed from 1/30 to 1/50.	2010AA	REF02		R
Employer Identification Number	Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50.	2010AA	REF02	EI	R
Social Security Number	Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50.	2010AA	REF02	SY	R
Billing Provider UPIN/License Information	Min/Max changed from 1/30 to 1/50.	2010AA	REF02		R
State License Number	Min/Max changed from 1/30 to 1/50.	2010AA	REF02	OB	R
UPIN Number	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2010AA	REF02	1G	R
Communication Number	Min/Max changed from 1/80 to 1/256.	2010AA	PER04		R
Billing Provider Email	Min/Max changed from 1/80 to 1/256.	2010AA	PER04	EM	S
Billing Provider FAX	Min/Max changed from 1/80 to 1/256.	2010AA	PER04	FX	R
Billing Provider Telephone	Min/Max changed from 1/80 to 1/256.	2010AA	PER04	TE	R
Billing Provider Email	Min/Max changed from 1/80 to 1/256.	2010AA	PER06	EM	S
Billing Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.	2010AA	PER06	EX	S
Billing Provider FAX	Min/Max changed from 1/80 to 1/256.	2010AA	PER06	FX	S
Billing Provider Telephone	Min/Max changed from 1/80 to 1/256.	2010AA	PER06	TE	S



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Billing Provider Email	Min/Max changed from 1/80 to 1/256.	2010AA	PER08	EM	S
Billing Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.	2010AA	PER08	EX	S
Billing Provider FAX	Min/Max changed from 1/80 to 1/256.	2010AA	PER08	FX	S
Billing Provider Telephone	Min/Max changed from 1/80 to 1/256.	2010AA	PER08	TE	S
Subscriber Group or Policy Number	Industry Name changed from insured to subscriber. Min/Max changed from 1/30 to 1/50.	2000B	SBR03		S
Subscriber Last Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010BA	NM103		R
<b>Subscriber First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>2010BA</b>	<b>NM104</b>		<b>S</b>
Subscriber Secondary Identifiers	Min/Max changed from 1/30 to 1/50.	2010BA	REF02		R
Subscriber Social Security Number	Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50.	2010BA	REF02	SY	R
Property Casualty Claim Number	Min/Max changed from 1/30 to 1/50.	2010BA	REF02		R
Payer Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010BB	NM103		R
Payer Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2010BB	REF02		R
Payer Identification	Min/Max changed from 1/30 to 1/50.	2010BB	REF02	2U	R
Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.	2010BB	REF02	FY	R
Payer National Association of Insurance Commissioners (NAIC) Number	Min/Max changed from 1/30 to 1/50.	2010BB	REF02	NF	R
Billing Provider Secondary Identifier	Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.	2010BB	REF02		R
<b>Billing Provider Location Number</b>	<b>Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.</b>	<b>2010BB</b>	<b>REF02</b>	<b>LU</b>	<b>R</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
<b>Billing Provider Payer Assigned ID</b>	<b>Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50.</b>	2010BB	REF02	G2	R
Patient Last Name	X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60.	2010CA	NM103		R
<b>Patient First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.</b>	2010CA	NM104		S
Property Casualty Claim Number	Min/Max changed from 1/30 to 1/50.	2010CA	REF02		R
Total Claim Charge Amount	Clarification: total claim charge amount cannot be less than zero. Maximum length note was added to be 11 characters including the decimal.	2300	CLM02		R
Attachment Control Number	A realistic maximum of 50 was added to the notes.	2300	PWK06		S
Contract Amount	Maximum length note was added to be 11 characters including the decimal.	2300	CN102		S
Contract Code	Min/Max changed from 1/30 to 1/50.	2300	CN104		S
Patient Amount Paid	Maximum length note was added to be 11 characters including the decimal.	2300	AMT02		R
Service Authorization Exception Code	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Medicare Section 4081 Indicator	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Mammography Certification Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Referral Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Payer Claim Control Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Clinical Laboratory Improvement Amendment Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Repriced Claim Reference Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Adjusted Repriced Claim Reference Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Investigational Device Exemption Identifier	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Value Added Network Trace Number	Min/Max changed from 1/30 to 1/50. Maximum length note was added to be 20 characters.	2300	REF02		R
Medical Record Number	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Demonstration Project Identifier	Min/Max changed from 1/30 to 1/50.	2300	REF02		R
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC03	List	R
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC04	List	S
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC05	List	S
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC06	List	S
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC07	List	S
Vision Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC03	List	R
Vision Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC04	List	S
Vision Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC05	List	S
Vision Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC06	List	S
Vision Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC07	List	S
Homebound Indicator	Min/Max changed from 2/2 to 2/3.	2300	CRC03	IH	R
EPSDT Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC03	List	R
EPSDT Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC04	List	S
EPSDT Condition Code	Min/Max changed from 2/2 to 2/3.	2300	CRC05	List	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.	2300	HCP02		R
Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.	2300	HCP03		S
Repricing Organization Identifier	Min/Max changed from 1/30 to 1/50.	2300	HCP04		S
Repriced Approved Ambulatory Patient Group Code	Min/Max changed from 1/30 to 1/50.	2300	HCP06		S
Repriced Approved Ambulatory Patient Group Amount	Maximum length note was added to be 11 characters including the decimal.	2300	HCP07		S
Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310A	NM103		R
<b>Referring Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>2310A</b>	<b>NM104</b>		<b>S</b>
Referring Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2310A	REF02		R
Referring Provider State License Number	Min/Max changed from 1/30 to 1/50.	2310A	REF02	0B	R
Referring Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.	2310A	REF02	1G	R
Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2310A	REF02	G2	R
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310B	NM103		R
<b>Rendering Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>2310B</b>	<b>NM104</b>		<b>S</b>
Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2310B	PRV03		R
Rendering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2310B	REF02		R
Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.	2310B	REF02	0B	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Rendering Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.	2310B	REF02	1G	R
Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2310B	REF02	G2	R
Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.	2310B	REF02	LU	R
<b>Laboratory or Facility Name</b>	<b>Changed from Situational to Required due to NPI Subpart rules. X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.</b>	<b>2310C</b>	<b>NM103</b>		<b>R</b>
Laboratory or Facility Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2310C	REF02		R
Laboratory or Facility State License Number	Min/Max changed from 1/30 to 1/50.	2310C	REF02	0B	R
Laboratory or Facility Commercial Number	Min/Max changed from 1/30 to 1/50.	2310C	REF02	G2	R
Laboratory or Facility Location Number	Min/Max changed from 1/30 to 1/50.	2310C	REF02	LU	R
Supervising Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2310D	NM103		R
<b>Supervising Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.</b>	<b>2310D</b>	<b>NM104</b>		<b>S</b>
Supervising Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2310D	REF02		R
Supervising Provider State License Number	Min/Max changed from 1/30 to 1/50.	2310D	REF02	0B	R
Supervising Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2310D	REF02	1G	R
Supervising Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2310D	REF02	G2	R
Supervising Provider Location Number	Min/Max changed from 1/30 to 1/50.	2310D	REF02	LU	R
Insured Group or Policy Number	Min/Max changed from 1/30 to 1/50.	2320	SBR03		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS03		R
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS06		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS09		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS12		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS15		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	CAS18		S
Payer Paid Amount	Maximum length note was added to be 11 characters including the decimal.	2320	AMT02		R
HCPCS Payable Amount	Maximum length note was added to be 11 characters including the decimal.	2320	MOA02		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA03		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA04		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA05		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA06		S
Claim Payment Remark Code	Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters.	2320	MOA07		S
End Stage Renal Disease Payment Amount	Maximum length note was added to be 11 characters including the decimal.	2320	MOA08		S
Non-payable Professional Component Billed Amount	Maximum length note was added to be 11 characters including the decimal.	2320	MOA09		S
Other Subscriber Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330A	NM103		R
<b>Other Subscriber First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>2330A</b>	<b>NM104</b>		<b>S</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Other Subscriber Social Security Number	Min/Max changed from 1/30 to 1/50.	2330A	REF02	SY	R
Other Payer Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2330B	NM103		R
Communication Number	Min/Max changed from 1/80 to 1/256.	2330B	PER04		
Other Payer Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer Identification Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02	2U	R
Other Payer Claim Office Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02	FY	R
Other Payer National Association of Insurance Commissioners (NAIC) Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02	NF	R
Other Payer Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer Prior Authorization or Referral Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer Claim Adjustment Indicator	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer's Claim Control Number	Min/Max changed from 1/30 to 1/50.	2330B	REF02		R
Other Payer Referring Provider Identifier	Min/Max changed from 1/30 to 1/50.	2330C	REF02		R
Other Payer Referring Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2330C	REF02	1G	R
Other Payer Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2330C	REF02	G2	R
Other Payer Rendering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2330D	REF02		R
Other Payer Rendering Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2330D	REF02	1G	R
Other Payer Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2330D	REF02	G2	R
Other Payer Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.	2330D	REF02	LU	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Other Payer Service Facility Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2330E	REF02		R
Other Payer Service Facility Commercial Number	Min/Max changed from 1/30 to 1/50.	2330E	REF02	G2	R
Other Payer Service Facility Location Number	Min/Max changed from 1/30 to 1/50.	2330E	REF02	LU	R
Other Payer Supervising Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2330F	REF02		R
Other Payer Supervising Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2330F	REF02	1G	R
Other Payer Supervising Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2330F	REF02	G2	R
Other Payer Billing Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2330G	REF02		R
Other Payer Billing Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2330G	REF02	G2	R
Other Payer Billing Provider Location Number	Min/Max changed from 1/30 to 1/50.	2330G	REF02	LU	R
Line Item Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2400	SV102	List	R
Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three.	2400	SV104		R
DME Rental Amount	Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal.	2400	SV504		R
DME Purchase Price	Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal.	2400	SV505		R



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC03	List	R
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Clarification Min/Max changed from 2/2 to 2/3.	2400	CRC04	List	S
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC05	List	S
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC06	List	S
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC07		S
Condition Indicator	Min/Max changed from 2/2 to 2/3.	2400	CRC03	65	R
DMERC Condition Indicator	Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3.	2400	CRC03	List	R
DMERC Condition Indicator	Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3.	2400	CRC04	List	S
DMERC Condition Indicator		2400	CRC05	List	N/U
DMERC Condition Indicator		2400	CRC06	List	N/U
DMERC Condition Indicator		2400	CRC07	List	N/U
Contract Amount	Maximum length note was added to be 11 characters including the decimal.	2400	CN102		S
Contract Code	Min/Max changed from 1/30 to 1/50.	2400	CN104		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Repriced Line Item Reference Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Adjusted Repriced Line Item Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Prior Authorization Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Line Item Control Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Mammography Certification Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Clinical Laboratory Improvement Amendment Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Referring CLIA Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Immunization Batch Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Referral Number	Min/Max changed from 1/30 to 1/50.	2400	REF02		R
Sales Tax Amount	Maximum length note was added to be 11 characters including the decimal.	2400	AMT02		R
Postage Claimed Amount	Situational Note revised to clearly state this is informational and not used in balancing the claim. Maximum length note was added to be 11 characters including the decimal.	2400	AMT02		R
Purchased Service Provider Identifier	Clarification: provider identifier reported here must be the same as the 2420B. Min/Max changed from 1/30 to 1/50.	2400	PS101		R
Purchased Service Charge Amount	Maximum length note was added to be 11 characters including the decimal.	2400	PS102		R
Repriced Allowed Amount	Maximum length note was added to be 11 characters including the decimal.	2400	HCP02		R
Repriced Savings Amount	Maximum length note was added to be 11 characters including the decimal.	2400	HCP03		S
Repricing Organization Identifier	Min/Max changed from 1/30 to 1/50.	2400	HCP04		S
Repriced Approved Ambulatory Patient Group Code	Min/Max changed from 1/30 to 1/50.	2400	HCP06		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Repriced Approved Ambulatory Patient Group Amount	Maximum length note was added to be 11 characters including the decimal.	2400	HCP07		S
Repriced Approved Service Unit Count	Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. This aligns with the Service Line Unit in the SV104.	2400	HCP12		S
Prescription Number	Min/Max changed from 1/30 to 1/50.	2410	REF02		R
Rendering Provider Last or Organization Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420A	NM103		R
<b>Rendering Provider First Name</b>	<b>Required when NM102 equals 1 and the person has a first name.</b>	<b>2420A</b>	<b>NM104</b>		<b>S</b>
Rendering Provider Taxonomy Code	X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50.	2420A	PRV03		R
Rendering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2420A	REF02		R
Rendering Provider State License Number	Min/Max changed from 1/30 to 1/50.	2420A	REF02	0B	R
Rendering Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.	2420A	REF02	1G	R
Rendering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2420A	REF02	G2	R
Rendering Provider Location Number	Min/Max changed from 1/30 to 1/50.	2420A	REF02	LU	R
Purchase Service Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2420B	REF02		R
Purchase Service Provider State License Number	Min/Max changed from 1/30 to 1/50.	2420B	REF02	0B	R
Purchase Service Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2420B	REF02	1G	R
Purchase Service Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2420B	REF02	G2	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Laboratory or Facility Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420C	NM103		R
Service Facility Location Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2420C	REF02		R
Service Facility Location Commercial Number	Min/Max changed from 1/30 to 1/50.	2420C	REF02	G2	R
Service Facility Location Number	Min/Max changed from 1/30 to 1/50.	2420C	REF02	LU	R
Supervising Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420D	NM103		R
<b>Supervising Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.</b>	<b>2420D</b>	<b>NM104</b>		<b>S</b>
Supervising Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2420D	REF02		R
Supervising Provider State License Number	Min/Max changed from 1/30 to 1/50.	2420D	REF02	0B	R
Supervising Provider UPIN	Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999.	2420D	REF02	1G	R
Supervising Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2420D	REF02	G2	R
Supervising Provider Location Number	Min/Max changed from 1/30 to 1/50.	2420D	REF02	LU	R
Ordering Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420E	NM103		R
<b>Ordering Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.</b>	<b>2420E</b>	<b>NM104</b>		<b>S</b>
Ordering Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2420E	REF02		R
Ordering Provider State License Number	Min/Max changed from 1/30 to 1/50.	2420E	REF02	0B	R
Ordering Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2420E	REF02	1G	R
Ordering Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2420E	REF02	G2	R
Communication Number	Min/Max changed from 1/80 to 1/256.	2420E	PER04		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Ordering Provider Email	Min/Max changed from 1/80 to 1/256.	2420E	PER04	EM	R
Ordering Provider Fax	Min/Max changed from 1/80 to 1/256.	2420E	PER04	FX	R
Ordering Provider Telephone	Min/Max changed from 1/80 to 1/256.	2420E	PER04	TE	R
Communication Number	Min/Max changed from 1/80 to 1/256.	2420E	PER06		S
Ordering Provider Email	Min/Max changed from 1/80 to 1/256.	2420E	PER06	EM	S
Ordering Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.	2420E	PER06	EX	S
Ordering Provider Fax	Min/Max changed from 1/80 to 1/256.	2420E	PER06	FX	S
Ordering Provider Telephone	Min/Max changed from 1/80 to 1/256.	2420E	PER06	TE	S
Communication Number	Min/Max changed from 1/80 to 1/256.	2420E	PER08		S
Ordering Provider Email	Min/Max changed from 1/80 to 1/256.	2420E	PER08	EM	S
Ordering Provider Telephone Extension	Min/Max changed from 1/80 to 1/256.	2420E	PER08	EX	S
Ordering Provider Fax	Min/Max changed from 1/80 to 1/256.	2420E	PER08	FX	S
Ordering Provider Telephone	Min/Max changed from 1/80 to 1/256.	2420E	PER08	TE	S
Referring Provider Last Name	X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60.	2420F	NM103		R
<b>Referring Provider First Name</b>	<b>Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name.</b>	<b>2420F</b>	<b>NM104</b>		<b>S</b>
Referring Provider Secondary Identifier	Min/Max changed from 1/30 to 1/50.	2420F	REF02		R
Referring Provider State License Number	Min/Max changed from 1/30 to 1/50.	2420F	REF02	OB	R
Referring Provider UPIN	Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50.	2420F	REF02	1G	R
Referring Provider Commercial Number	Min/Max changed from 1/30 to 1/50.	2420F	REF02	G2	R
Service Line Paid Amount	Maximum length note was added to be 11 characters including the decimal.	2430	SVD02		R
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS03		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS06		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS09		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS12		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS15		S
Adjustment Amount	Maximum length note was added to be 11 characters including the decimal.	2430	CAS18		S
FORM IDENTIFICATION CODE	Repeat changed from 5 to greater than 1.	2440			S>1
Question Response	Min/Max changed from 1/30 to 1/50.	2440	FRM03		S

# Code Value Change Report



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## 5010 Gap Analysis Professional Claim X222A1 Code Changes

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Interchange Control Version Number	Code value 00401 changed to 00501.	Header	ISA12		R
<b>Version / Release Industry ID Code</b>	<b>X22A1: Code value changed to 005010X222A1.</b> <b>X222: Code value changed to 005010X222.</b>	<b>Group</b>	<b>GS08</b>		<b>R</b>
Claim or Encounter Identifier	Code value 31 (Subrogation Demand) was added.	Table 1	BHT06		R
Communication Number Qualifier	Qualifier ED was deleted.	1000A	PER03	List	R
Communication Number Qualifier	Qualifier ED was deleted.	1000A	PER05	List	S
Communication Number Qualifier	Qualifier ED was deleted.	1000A	PER07	List	S
<b>Provider Code</b>	<b>Qualifier PT was deleted.</b>	<b>2000A</b>	<b>PRV01</b>	<b>BI</b>	<b>R</b>
Reference Number Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2000A	PRV02	PXC	R
Identification Code Qualifier	Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2010AA	NM108		S
Payer Responsibility Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.	2000B	SBR01		R
Claim Filing Indicator Code	Code Values 09, 10, LI were deleted. Code Values 17 and FI were added. Code descriptions for VA and ZZ were modified (non-substantive).	2000B	SBR09		S



Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Identification Code Qualifier	<b>X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1.</b> <b>X222:Qualifier II replaced ZZ for Standard Unique Health Identifier.</b> <b>Changed from Situational to Required to support the new</b>	2010BA	NM108	List	S
Reference Number Qualifier	Qualifiers 1W, 23, IG were deleted. Removed Note that SY may not be used for Medicare. Hyphens should be stripped from the value prior to sending.	2010BA	REF01	List	R
Reference Number Qualifier	Qualifier TJ was removed. Qualifier EI was added.	2010BB	REF01	List	R
Individual Relationship Code	Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted.	2000C	PAT01		R
Assignment or Plan Participation Code	<b>Code value P was deleted.</b> <b>Code values remaining are A, B and C.</b> <b>Usage of this field changed and is no longer limited to Medicare Assignment. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting</b>	2300	CLM07	List	R
Benefits Assignment Certification Indicator	<b>Code value W added to replace CLM07- Provider Accept Assignment Indicator code value P - 'Patient refuses to assign benefits'.</b>	2300	CLM08	List	R
Release of Information Code	<b>Code values A, M, N, O were deleted.</b> <b>Code values remaining are I and Y.</b>	2300	CLM09	List	R
Patient Signature Source Code	<b>Code values B, C, M and S were deleted.</b> <b>Situational Rule changed.</b> <b>Required in 4010 when CLM09 value was other than 'N'.</b> <b>Situationally Required in 5010 when signed on behalf of patient.</b>	2300	CLM10	List	S
Related-Causes Code	Code value 'AP' was deleted.	2300	CLM11-1		R
Another Party Responsible	Code value 'AP' was deleted.	2300	CLM11-1	AP	R
Related-Causes Code	Code value 'AP' was deleted.	2300	CLM11-2		R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Another Party Responsible	Code value 'AP' was deleted.	2300	CLM11-2	AP	R
Special Program Indicator	Code values 01, 07, 08 were deleted. Code 01 for EPSDT can be determined by other information in the claim. Codes 07 and 08 are now reported in Condition Codes. Code value clarifications were made on some codes.	2300	CLM12		S
Delay Reason Code	Code value 15 was added. Example was removed to eliminate confusion in use of the element.	2300	CLM20		S
DTP Format Qualifier	Qualifier DT was deleted.	2300	DTP02	D8	R
Attachment Report Type Code	Code values 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21 A3, A4, AM, BR, BS, BT, CB, CK, D2, DB, DJ, HC, HR, I5, IR, LA, M1, OC, OD, OE, OX, P4, P5, PE, PQ, PY, RX, SG, V5, XP were added.	2300	PWK01	List	R
Attachment Transmission Code	Code value FT was added.	2300	PWK02	List	R
Contract Type Code	Code value 01 - DRG was added.	2300	CN101	List	R
Note Reference Code	Qualifier PMT was deleted. This information should be reported in the CAS, SVD and AMT segments as appropriate.	2300	NTE01	List	R
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC03	List	R
Ambulance Condition Code	Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2300	CRC04	List	S
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI01-1</b>	<b>List</b>	<b>R</b>
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI02-1</b>	<b>List</b>	<b>R</b>
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI03-1</b>	<b>List</b>	<b>R</b>
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI04-1</b>	<b>List</b>	<b>R</b>
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI05-1</b>	<b>List</b>	<b>R</b>
<b>Diagnosis Type Code</b>	<b>Qualifier ABK was added to support ICD-10-CM.</b>	<b>2300</b>	<b>HI06-1</b>	<b>List</b>	<b>R</b>

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI07-1	List	R
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI08-1	List	R
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI09-1	List	R
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI10-1	List	R
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI11-1	List	R
Diagnosis Type Code	Qualifier ABK was added to support ICD-10-CM.	2300	HI12-1	List	R
Entity Type Qualifier	Qualifier 2 was deleted	2310A	NM102	1	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310A	NM108		S
Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2310A	REF01	List	R
Identification Code Qualifier	Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310B	NM108		S
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2310B	PRV02	PXC	R
Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2310B	REF01	List	R
Name Qualifier	Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value.	2310C	NM101	77	R
Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2310C	REF01	List	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2310D	NM108		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2310D	REF01	List	R
Payer Responsibility Code	Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only.	2320	SBR01	List	R
Individual Relationship Code	Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted. Code value 18 (self) is also valid at this level.	2320	SBR02	List	R
Claim Filing Indicator Code	Code values 09, 10, and LI were deleted. Codes MA Medicare Part A, 17 DMO, FI-Federal Employee Program was added. Code descriptions for VA and ZZ were modified (non-substantive).	2320	SBR09	List	S
Benefits Assignment Certification Indicator	Code value of W-'Patient refused to assign benefits' was added.	2320	OI03		R
Patient Signature Source Code	Code values B, C, M and S were deleted.	2320	OI04		S
Release of Information Code	Code values of A, M, N, O were deleted. Code values I and Y are the only remaining values.	2320	OI06		R
Identification Code Qualifier	Qualifier II replaced ZZ for Standard Unique Health Identifier.	2330A	NM108	List	R
Other Subscriber Standard Unique Health Identifier	Qualifier II changed to ZZ for Standard Unique Health Identifier.	2330A	NM109	II	R
Reference Number Qualifier	Qualifies W, 23 and IG were deleted.	2330A	REF01	List	R
Reference Number Qualifier	Qualifier F8 was deleted. New REF segment was added to support this data content. Qualifier EI was added to provide consistent identification of tax identification number and TJ was deleted.	2330B	REF01	List	R
Entity Type Qualifier	Qualifier 2 was deleted. Only a medical professional can initiate a referral.	2330C	NM102	1	R
Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2330C	REF01	List	R

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Number Qualifier	Allowable code values are 0B, 1G, G2 and LU	2330D	REF01	List	R
Name Qualifier	Qualifiers FA, LI and TL were deleted.	2330E	NM101	77	R
Reference Number Qualifier	Qualifiers 0B, G2, and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2330E	REF01	List	R
Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2330F	REF01	List	R
Product or Service ID Qualifier	Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes.	2400	SV101-1	List	R
Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.	2400	SV107-1		R
Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.	2400	SV107-2		S
Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.	2400	SV107-3		S
Diagnosis Code Pointer	Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line.	2400	SV107-4		S
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC03	List	R
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Clarification Min/Max changed from 2/2 to 2/3.	2400	CRC04	List	S
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC05	List	S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC06	List	S
Ambulance Condition Code	Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3.	2400	CRC07		S
Code Category	Code value 11 was deleted. All oxygen information is now reported in the 2440 loop.	2400	CRC01	09	R
DMERC Condition Indicator	Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3.	2400	CRC03	List	R
DMERC Condition Indicator	Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3.	2400	CRC04	List	S
Measurement Qualifier	Qualifiers GRA and ZO were deleted. Oxygen test results have been removed as this information is reported in the 2440 Loop.	2400	MEA02	List	R
Product or Service ID Qualifier	Code value ER changed to ZZ. Code value WK was added.	2400	HCP09	List	S
Unit or Basis for Measurement Code	Code value DA was deleted Code value MJ was added.	2400	HCP11	List	S
<b>Product / Service ID Qualifier</b>	<b>X222A1: New code values EN, EO, HI, UK, UP and ON added to support submission of UPN.</b>	<b>2410</b>	<b>LIN02</b>	<b>N4</b>	<b>R</b>
Drug Unit Type	Code value ME was added.	2410	CTP05-1	List	R
Reference Number Qualifier	Qualifier VY was added for use when a prescription drug does not have a prescription number.	2410	REF01	List	R
Identification Code Qualifier	Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier.	2420A	NM108		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Identification Qualifier	Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required.	2420A	PRV02	PXC	R
Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2420A	REF01	List	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2420B	NM108		S
Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2420B	REF01	List	R
Name Qualifier	Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value.	2420C	NM101	77	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2420C	NM108		S
Reference Number Qualifier	Qualifiers G2 and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2420C	REF01	List	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2420D	NM108		S
Reference Number Qualifier	Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2420D	REF01	List	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2420E	NM108		S
Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2420E	REF01	List	R
Identification Code Qualifier	Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier.	2420F	NM108		S

Description	5010 Change Comment	Loop	Segment	Qualifier	Use
Reference Number Qualifier	Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'.	2420F	REF01	List	R
Product or Service ID Qualifier	Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes.	2430	SVD03-1	List	R