



Sagamore Health Network

Inbound Institutional

X12N 837 4010A

Revised June 2008

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| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|--------|-----|---------|---------|---|----------------------------------|-------------------------------|--------------|------------------------------|
| ISA - Interchange Control Header | | | | | M | | | | |
| | Header | ISA | 01 | 2/2 | M | Authorization Information Qual | No Authorization Info present | 00 | |
| | | ISA | 02 | 10/10 | M | Authorization Information | 10 spaces | | |
| | | ISA | 03 | 2/2 | M | Security Information Qualifier | No Security Info present | 00 | |
| | | ISA | 04 | 10/10 | M | Security Information | 10 spaces | | |
| | | ISA | 05 | 2/2 | M | Interchange ID Qualifier | Mutually defined | ZZ | |
| | | ISA | 06 | 15/15 | M | Sender ID | | | Mutually defined |
| | | ISA | 07 | 2/2 | M | Interchange ID Qualifier | Mutually defined | ZZ | |
| | | ISA | 08 | 15/15 | M | Receiver ID | Must be 15 bytes | | 351641636 |
| | | ISA | 09 | 6/6 | M | Interchange Date | YYMMDD | | |
| | | ISA | 10 | 4/4 | M | Interchange Time | HHMM | | |
| | | ISA | 11 | 1/1 | M | Interchange Cntrl Stds ID | | U | |
| | | ISA | 12 | 5/5 | M | ANSI Version Code | | 00401 | |
| | | ISA | 13 | 9/9 | M | Interchange Control # | | | Unique # for each batch |
| | | ISA | 14 | 1/1 | M | Acknowledgment Requested | No Acknowledgment Requested | 0 | |
| | | ISA | 15 | 1/1 | M | Test Indicator | Production Data | P | |
| | | ISA | 16 | 1/1 | M | Component Element Separator | Delimiter | | |
| GS - Functional Group Header | | | | | M | | | | |
| | Header | GS | 01 | 2/2 | M | Functional ID Code | | HC | |
| | | GS | 02 | 2/15 | M | Sender's TaxID | | | Mutually defined (TP TaxID) |
| | | GS | 03 | 2/15 | M | Receiver ID | | | 351641636 |
| | | GS | 04 | 8/8 | M | Creation Date | CCYYMMDD | | |
| | | GS | 05 | 4/8 | M | Creation Time | HHMM | | |
| | | GS | 06 | 1/9 | M | Group Control # | | | |
| | | GS | 07 | 1/2 | M | Responsible Agency Code | Accredited Stnds Com X12 | X | |
| | | GS | 08 | 1/12 | M | Version/Release Industry ID Code | | 004010X096A1 | |
| ST - Transaction Set Header | | | | | M | | | | |
| | Header | ST | 01 | 3/3 | M | Transaction Set Id Code | | 837 | |
| | | ST | 02 | 4/9 | M | Transaction Control Number | | 0001 | |
| BHT - Beginning of Hierarchial Trans | | | | | M | | | | |
| | Header | BHT | 01 | 4/4 | M | Hierarchical Structure Code | | 0019 | |
| | | BHT | 02 | 2/2 | M | Transaction Set Purpose Code | Original | 00 | |
| | | BHT | 03 | 1/30 | M | Reference Identification | Batch control # | | |
| | | BHT | 04 | 8/8 | M | Date | CCYYMMDD | | |
| | | BHT | 05 | 4/8 | M | Time | HHMM, HHMMSS | | |
| | | BHT | 06 | 2/2 | M | Transaction Type Code | Chargeable | CH | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|--|--------|-----|---------|---------|---|------------------------------------|-----------------------------|--------------|------------------------------|
| REF - Reference Identification | | | | | M | | | | |
| | Header | REF | 01 | 2/3 | M | Reference Identifier Qualifier | Functional Category | 87 | |
| | | REF | 02 | 1/30 | M | Reference Identifier | | 004010X096A1 | |
| NM1 - Submitter Name | | | | | M | | | | |
| | 1000 | NM1 | 01 | 2/3 | M | Submitter Entity Identifier Code | Submitter | 41 | |
| | | NM1 | 02 | 1/1 | M | Submitter Entity Type Qualifier | "1" or "2" | 2 | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | Organization Name | | |
| | | NM1 | 08 | 1/2 | M | Submitter Id Code Qualifier | Estab by TP Agreeemt (ETIN) | 46 | |
| | | NM1 | 09 | 2/80 | M | Submitter Id Code (EIN) | | | |
| PER - Submitter EDI Contact Info | | | | | M | | | | |
| | 1000 | PER | 01 | 2/2 | M | Contact Function Code | Information Contact | IC | |
| | | PER | 02 | 1/60 | M | Name | | | |
| | | PER | 03 | 2/2 | M | Communication # Qualifier | Telephone | TE | |
| | | PER | 04 | 1/80 | M | Communication # | | | |
| NM1 - Receiver Name | | | | | M | | | | |
| | 1000 | NM1 | 01 | 2/3 | M | Receiver Entity Identifier Code | Receiver | 40 | |
| | | NM1 | 02 | 1/1 | M | Receiver Entity Type Qualifier | "1" or "2" | 2 | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | Receiving Trading Partner | | Sagamore Health Network |
| | | NM1 | 08 | 1/2 | M | Receiver Id Code Qualifier | Estab by TP Agreeemt (ETIN) | 46 | |
| | | NM1 | 09 | 2/80 | M | Receiver Id Code (EIN) | Receiver ID number | | Mutually defined |
| HL - Billing Provider / Hierarchial Level | | | | | M | | | | |
| | 2000 | HL | 01 | 1/12 | M | Hierarchial ID number | Start "1" and increment +1 | | |
| | | HL | 02 | | | | Not Used | | |
| | | HL | 03 | 1/2 | M | Hierarchial Level Code | | 20 | |
| | | HL | 04 | 1/1 | O | Hierarchial Child Code | | 1 | |
| PRV - Billing Provider Information | | | | | O | | | | |
| | 2010 | PRV | 01 | 1/3 | O | Provider Code | See X12N I.G. for codes | | |
| | | PRV | 02 | 2/3 | O | Reference Identification Qualifier | | ZZ | |
| | | PRV | 03 | 1/30 | O | Reference Identification | Taxonomy Code | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|--|------|-----|---------|---------|---|---|-----------------------------|-------|------------------------------|
| NM1 - Billing Provider Name | | | | | M | ** Billing Tax ID is required for this loop in NM109 or REF02 ** | | | |
| | 2010 | NM1 | 01 | 2/3 | M | Billing Provider Identifier Code | Billing Provider | 85 | |
| | | NM1 | 02 | 1/1 | M | Entity Type Qualifier | "1" or "2" | 2 | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | Last or Organization Name | | |
| | | | | | | ** NPI or Tax ID in 08 /09 ** | | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | 24 | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | Tax ID number | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | XX | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | National Provider ID | | NPI # |
| N3 - Billing Provider Address | | | | | M | | | | |
| | 2010 | | | | | See X12N implementation guide | | | |
| N4 - Billing Provider City, State and Zip | | | | | M | | | | |
| | 2010 | | | | | See X12N implementation guide | | | |
| REF - Reference Identifier | | | | | O | | | | |
| | 2010 | REF | 01 | 2/3 | M | Reference Number Qualifier | | EI | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Employer's Tax ID number | | |
| REF - Reference Identifier | | | | | O | | | | |
| | 2010 | REF | 01 | 2/3 | M | Reference Number Qualifier | | G5 | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Provider Site ID | | |
| PER - Billing Provider Contact Info | | | | | O | | | | |
| | 2010 | PER | 01 | 2/2 | M | Contact Function Code | Information Contact | IC | |
| | | PER | 02 | 1/60 | M | Name | Contact / Organization Name | | |
| | | PER | 03 | 2/2 | M | Communication # Qualifier | Telephone | TE | |
| | | PER | 04 | 1/80 | M | Communication # | Organization Phone Number | | |
| NM1 - Pay-To Provider Name | | | | | M | | | | |
| | 2010 | NM1 | 01 | 2/3 | M | Billing Provider Identifier Code | Billing Provider | 87 | |
| | | NM1 | 02 | 1/1 | M | Entity Type Qualifier | "1" or "2" | 2 | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | Last or Organization Name | | |
| | | | | | | ** NPI or Tax ID in 08 /09 ** | | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | 24 | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | Tax ID number | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | XX | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | National Provider ID | | NPI # |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|----------------------------------|-------------------------------|-------|--|
| N3 - Pay-To Provider Address | | | | | | M | | | |
| | 2010 | | | | | See X12N implementation guide | | | |
| N4 - Pay-To Provider City, State and Zip | | | | | | M | | | |
| | 2010 | | | | | See X12N implementation guide | | | |
| REF - Reference Identifier | | | | | | O | | | |
| | 2010 | REF | 01 | 2/3 | M | Reference Number Qualifier | | EI | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Employer's Tax ID number | | |
| HL - Subscriber Hierarchial Level | | | | | | M | | | |
| | 2000 | HL | 01 | 1/12 | M | Hierarchial ID Number | Increment +1 from previous HL | | |
| | | HL | 02 | 1/12 | M | Hierarchial Parent ID Number | Must = HL01 from Loop 2000A | | |
| | | HL | 03 | 1/2 | M | Hierarchial Level Code | Subscriber | 22 | |
| | | HL | 04 | 1/1 | M | Hierarchial Child Code | "0" or "1" | 1 | |
| SBR - Subscriber Information | | | | | | M | | | |
| | 2000 | SBR | 01 | 1/1 | M | Payer Response Seq Number | Primary | P | |
| | | SBR | 02 | 2/2 | O | Relationship Code | | | If Self, PAT will not exist |
| | | SBR | 03 | 1/30 | O | Group Number | | | |
| | | SBR | 04 | 1/60 | O | Group or Plan Name | Name or SHN Route Code | | |
| | | SBR | 09 | 1/2 | O | Claim Filing Indicator Code | Commercial Insurance | CI | |
| NM1 - Subscriber Information | | | | | | M | | | |
| | 2010 | NM1 | 01 | 2/3 | M | Subscriber Entity Id Code | Insured or Subscriber | IL | |
| | | NM1 | 02 | 1/1 | M | Subscriber Entity Type Qualifier | Person | 1 | |
| | | NM1 | 03 | 1/35 | M | Subscriber Last Name | | | |
| | | NM1 | 04 | 1/25 | O | Subscriber First Name | | | |
| | | NM1 | 05 | 1/25 | O | Subscriber Middle Initial | | | |
| | | NM1 | 08 | 1/2 | M | Member ID Qualifier | | MI | |
| | | NM1 | 09 | 2/80 | M | Member ID Number | Insured ID # or SSN | | |
| N3 - Subscriber Address | | | | | | O | | | |
| | 2010 | | | | | See X12N implementation guide | | | If Patient & Insured are same N3 required. |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|-------------------------------|---|-------|---|
| N4 - Subscriber City, State and Zip | | | | | | O | | | If Patient & Insured are same N4 required. |
| | 2010 | | | | | See X12N implementation guide | | | |
| DMG - Subscriber Demographic Information | | | | | | O | | | |
| | 2010 | DMG | 01 | 2/3 | M | DTP Qualifier | | D8 | If Patient & Insured are same DMG required. |
| | | DMG | 02 | 1/35 | M | Subscriber Birth Date | CCYYMMDD | | |
| | | DMG | 03 | 1/1 | M | Gender Code | "F," "M," or "U" | | |
| NM1 - Payer Information | | | | | | M | | | |
| | 2010 | NM1 | 01 | 2/3 | M | Payer Entity Id Code | Payer | PR | |
| | | NM1 | 02 | 1/1 | M | Payer Entity Type Qualifier | Non-Person | 2 | |
| | | NM1 | 03 | 1/35 | M | Payer Name | Name or SHN Route Code | | |
| | | NM1 | 08 | 1/2 | M | Primary Payer ID Qualifier | | PI | |
| | | NM1 | 09 | 1/80 | M | Primary Payer ID Number | Payer ID# / Routing ID # | | |
| REF - Reference Identifier | | | | | | O | | | |
| | 2010 | REF | 01 | 2/3 | M | Reference Number Qualifier | | FY | |
| | | REF | 02 | 1/30 | M | Payer Additional Identifier | Claim Office Number | | |
| HL - Patient Hierarchial Level | | | | | | O | <i>** This loop will only exist when the Patient Relationship is not equal to "Self" **</i> | | |
| | 2000 | HL | 01 | 1/12 | M | Hierarchial ID Number | Increment +1 from previous HL | | |
| | | HL | 02 | 1/12 | M | Hierarchial Parent ID Number | Must = HL01 from Loop 2000B | | |
| | | HL | 03 | 1/2 | M | Hierarchial Level Code | Dependent | 23 | |
| | | HL | 04 | 1/1 | M | Hierarchial Child Code | | 0 | |
| PAT - Patient Information | | | | | | M | | | |
| | 2000 | PAT | 01 | 2/2 | M | Patient Relationship Code | | | See X12N I.G. for codes |
| NM1 - Patient Name Information | | | | | | M | | | |
| | 2010 | NM1 | 01 | 2/3 | M | Patient Name Entity Id Code | | QC | |
| | | NM1 | 02 | 1/1 | M | Patient Entity Type Qualifier | Person | 1 | |
| | | NM1 | 03 | 1/35 | M | Patient Name | | | |
| | | NM1 | 04 | 1/25 | M | Patient First Name | | | |
| | | NM1 | 05 | 1/25 | O | Patient Middle Initial | | | |
| N3 - Patient Address | | | | | | M | | | |
| | 2010 | | | | | See X12N implementation guide | | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|--|------|-----|---------|---------|---|----------------------------------|--------------------------------|-------|------------------------------|
| N4 - Patient City, State and Zip | | | | | M | | | | |
| | 2010 | | | | | See X12N implementation guide | | | |
| DMG - Patient Demographic Information | | | | | M | | | | |
| | 2010 | DMG | 01 | 2/3 | M | DTP Qualifier | | D8 | |
| | | DMG | 02 | 1/35 | M | Patient Birth Date | CCYYMMDD | | |
| | | DMG | 03 | 1/1 | M | Patient Gender Code | "F," "M," or "U" | | |
| CLM - Claim Information | | | | | M | | | | |
| | 2300 | CLM | 01 | 1/38 | M | Patient Account Number | | | |
| | | CLM | 02 | 1/18 | M | Total Claim Charge Amount | | | |
| | | CLM | 0501 | 1/2 | M | Facility Type Code | | | |
| | | CLM | 0502 | 1/2 | M | Facility Code Qualifier | | A | |
| | | CLM | 0503 | 1/1 | M | Claim Frequency Code | | | |
| | | CLM | 06 | 1/1 | M | Provider Signature on file | "Y" or "N" | | |
| | | CLM | 08 | 1/1 | M | Assignment of Benefits Indicator | "Y" or "N" | | |
| | | CLM | 09 | 1/1 | M | Release of Information Code | "A," "I," "M," "N," "O" or "Y" | | |
| | | CLM | 18 | 1/1 | M | Paper EOB Requested | | | |
| DTP - Statement Date | | | | | M | | | | |
| | 2300 | DTP | 01 | 3/3 | M | DTP Qualifier | | 434 | |
| | | DTP | 02 | 2/3 | M | DTP Format Qualifier | | RD8 | |
| | | DTP | 03 | 1/35 | M | Statement From and To Date | CCYYMMDD-CCYYMMDD | | |
| DTP - Admission Date/Hour/Minute | | | | | O | | | | |
| | 2300 | DTP | 01 | 3/3 | M | DTP Qualifier | | 435 | |
| | | DTP | 02 | 2/3 | M | DTP Format Qualifier | | DT | |
| | | DTP | 03 | 1/35 | M | Admission Date/Hour/Minute | CCYYMMDDHHMM | | |
| DTP - Discharge Time | | | | | O | | | | |
| | 2300 | DTP | 01 | 3/3 | M | DTP Qualifier | | 096 | |
| | | DTP | 02 | 2/3 | M | DTP Format Qualifier | | TM | |
| | | DTP | 03 | 1/35 | M | Discharge Hour | HHMM | | |
| CL1 - Institutional Claim Codes | | | | | O | | | | |
| | 2300 | CL1 | 01 | 1/1 | O | Admission Type Code | | | |
| | | CL1 | 02 | 1/1 | O | Admission Source Code | | | |
| | | CL1 | 03 | 1/2 | O | Patient Status Code | Discharge Status | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|------------------------------------|---------------------------------|-------|---|
| PWK - Service Line Supplemental Info | | | | | | | | | |
| | 2400 | PWK | 06 | 2/80 | O | Attachment Control Number | | | |
| AMT - Claim Amount Due - Estimated | | | | | | O | | | |
| | 2300 | AMT | 01 | 1/3 | M | Amount Qualifier | | C5 | |
| | | AMT | 02 | 1/18 | M | Claim Amount Due - Estimated | | | |
| AMT - Patient Responsibility - Estimated | | | | | | O | | | |
| | 2300 | AMT | 01 | 1/3 | M | Amount Qualifier | | F3 | |
| | | AMT | 02 | 1/18 | M | Patient Responsibility - Estimated | | | |
| AMT - Patient Paid Amount | | | | | | O | | | |
| | 2300 | AMT | 01 | 1/3 | M | Amount Qualifier | | F5 | |
| | | AMT | 02 | 1/18 | M | Patient Amount Paid | | | |
| REF - Reference Identifier | | | | | | O | | | |
| | 2300 | REF | 01 | 2/3 | M | Reference Number Qualifier | | F8 | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Original Claim Number | | |
| REF - Reference Identifier | | | | | | O | | | |
| | 2300 | REF | 01 | 2/3 | M | Reference Number Qualifier | | D9 | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Claim Control Number | | |
| REF - Reference Identifier | | | | | | O | | | |
| | 2300 | REF | 01 | 2/3 | M | Reference Number Qualifier | | G1 | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Prior Authorization | | |
| REF - Reference Identifier | | | | | | O | | | |
| | 2300 | REF | 01 | 2/3 | M | Reference Number Qualifier | | EA | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Medical Record Number | | |
| K3 - File Information | | | | | | O | | | |
| | 2300 | K3 | 01 | 1/80 | M | Fixed Format Information | Present on Admission Indicators | | Required on Inpatient claims Starting 10/1/08 |
| NTE - Note/Special Instruction | | | | | | O | | | |
| | 2300 | NTE | 01 | 3/3 | M | Note Reference Code | | ADD | |
| | | NTE | 02 | 1/80 | M | Claim Note Text | | | |
| HI - Health Care Diagnosis Code | | | | | | O | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | DR | |
| | | HI | 0102 | 1/30 | M | Dx Related Group Code | DRG Code | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|--|------|-----|---------|---------|---|----------------------------------|--------------------------|-------|------------------------------|
| HI - Health Care Diagnosis Code | | | | | O | | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | BK | |
| | | HI | 0102 | 1/30 | M | Diagnosis Code | Principal Diagnosis Code | | |
| | | HI | 0201 | 1/3 | M | Code List Qualifier | | BJ | |
| | | HI | 0202 | 1/30 | M | Diagnosis Code | Admitting Diagnosis Code | | |
| HI - Health Care Diagnosis Code | | | | | O | | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | DR | |
| | | HI | 0102 | 1/30 | M | Diagnosis Code | Diagnosis Related Group | | |
| HI - Health Care Diagnosis Code | | | | | O | ** Repeats for Diagnosis 13-24** | | | |
| | 2300 | HI | 0101 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0102 | 1/30 | O | Diagnosis Code | Diagnosis 1 | | |
| | | HI | 0201 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0202 | 1/30 | O | Diagnosis Code | Diagnosis 2 | | |
| | | HI | 0301 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0302 | 1/30 | O | Diagnosis Code | Diagnosis 3 | | |
| | | HI | 0401 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0402 | 1/30 | O | Diagnosis Code | Diagnosis 4 | | |
| | | HI | 0501 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0502 | 1/30 | O | Diagnosis Code | Diagnosis 5 | | |
| | | HI | 0601 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0602 | 1/30 | O | Diagnosis Code | Diagnosis 6 | | |
| | | HI | 0701 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0702 | 1/30 | O | Diagnosis Code | Diagnosis 7 | | |
| | | HI | 0801 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0802 | 1/30 | O | Diagnosis Code | Diagnosis 8 | | |
| | | HI | 0901 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 0902 | 1/30 | O | Diagnosis Code | Diagnosis 9 | | |
| | | HI | 1001 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 1002 | 1/30 | O | Diagnosis Code | Diagnosis 10 | | |
| | | HI | 1101 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 1102 | 1/30 | O | Diagnosis Code | Diagnosis 11 | | |
| | | HI | 1201 | 1/3 | O | Code List Qualifier | | BF | |
| | | HI | 1202 | 1/30 | O | Diagnosis Code | Diagnosis 12 | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|--|------|-----|---------|---------|---|----------------------|-------------------|-------|------------------------------|
| HI - Health Care Procedure Codes - con't | | | | | | | | | |
| | | HI | 0802 | 1/30 | O | Procedure Code | Procedure Code 8 | | |
| | | HI | 0803 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 0804 | 1/35 | O | Procedure Date | Procedure Date 8 | | |
| | | HI | 0901 | 1/3 | O | Code List Qualifier | | BQ | |
| | | HI | 0902 | 1/30 | O | Procedure Code | Procedure Code 9 | | |
| | | HI | 0903 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 0904 | 1/35 | O | Procedure Date | Procedure Date 9 | | |
| | | HI | 1001 | 1/3 | O | Code List Qualifier | | BQ | |
| | | HI | 1002 | 1/30 | O | Procedure Code | Procedure Code 10 | | |
| | | HI | 1003 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 1004 | 1/35 | O | Procedure Date | Procedure Date 10 | | |
| | | HI | 1101 | 1/3 | O | Code List Qualifier | | BQ | |
| | | HI | 1102 | 1/30 | O | Procedure Code | Procedure Code 11 | | |
| | | HI | 1103 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 1104 | 1/35 | O | Procedure Date | Procedure Date 11 | | |
| | | HI | 1201 | 1/3 | O | Code List Qualifier | | BQ | |
| | | HI | 1202 | 1/30 | O | Procedure Code | Procedure Code 12 | | |
| | | HI | 1203 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 1204 | 1/35 | O | Procedure Date | Procedure Date 12 | | |
| HI - Occurrence Codes and Dates | | | | | | O | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | BH | |
| | | HI | 0102 | 1/30 | M | Occurrence Code | Occurrence Code 1 | | |
| | | HI | 0103 | 2/3 | M | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 0104 | 1/35 | M | Occurrence Date | Occurrence Date 1 | | |
| | | HI | 0201 | 1/3 | O | Code List Qualifier | | BH | |
| | | HI | 0202 | 1/30 | O | Occurrence Code | Occurrence Code 2 | | |
| | | HI | 0203 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 0204 | 1/35 | O | Occurrence Date | Occurrence Date 2 | | |
| | | HI | 0301 | 1/3 | O | Code List Qualifier | | BH | |
| | | HI | 0302 | 1/30 | O | Occurrence Code | Occurrence Code 3 | | |
| | | HI | 0303 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 0304 | 1/35 | O | Occurrence Date | Occurrence Date 3 | | |
| | | HI | 0401 | 1/3 | O | Code List Qualifier | | BH | |
| | | HI | 0402 | 1/30 | O | Occurrence Code | Occurrence Code 4 | | |
| | | HI | 0403 | 2/3 | O | DTP Format Qualifier | CCYYMMDD | D8 | |
| | | HI | 0404 | 1/35 | O | Occurrence Date | Occurrence Date 4 | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|---------------------------|-------------------|-------|------------------------------|
| HI - Health Care Condition Info and Codes | | | | | | O | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | BG | |
| | | HI | 0102 | 1/30 | O | Condition Code | Condition Code 1 | | |
| | | HI | 0201 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0202 | 1/30 | O | Condition Code | Condition Code 2 | | |
| | | HI | 0301 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0302 | 1/30 | O | Condition Code | Condition Code 3 | | |
| | | HI | 0401 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0402 | 1/30 | O | Condition Code | Condition Code 4 | | |
| | | HI | 0501 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0502 | 1/30 | O | Condition Code | Condition Code 5 | | |
| | | HI | 0601 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0602 | 1/30 | O | Condition Code | Condition Code 6 | | |
| | | HI | 0701 | 1/3 | O | Code List Qualifier | | BG | |
| | 2300 | HI | 0702 | 1/30 | O | Condition Code | Condition Code 7 | | |
| | | HI | 0801 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0802 | 1/30 | O | Condition Code | Condition Code 8 | | |
| | | HI | 0901 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 0902 | 1/30 | O | Condition Code | Condition Code 9 | | |
| | | HI | 1001 | 1/3 | O | Code List Qualifier | | BG | |
| | | HI | 1002 | 1/30 | O | Condition Code | Condition Code 10 | | |
| HI - Value Information Codes | | | | | | O | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | BE | |
| | | HI | 0102 | 1/30 | M | Value Code | Value Code 1 | | |
| | | HI | 0105 | 1/15 | M | Value Code Associated Amt | Value Amount 1A | | |
| | | HI | 0201 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0202 | 1/30 | O | Value Code | Value Code 2 | | |
| | | HI | 0205 | 1/15 | O | Value Code Associated Amt | Value Amount 2A | | |
| | | HI | 0301 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0302 | 1/30 | O | Value Code | Value Code 3 | | |
| | | HI | 0305 | 1/15 | O | Value Code Associated Amt | Value Amount 3A | | |
| | | HI | 0401 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0402 | 1/30 | O | Value Code | Value Code 4 | | |
| | | HI | 0405 | 1/15 | O | Value Code Associated Amt | Value Amount 4A | | |
| | | HI | 0501 | 1/3 | O | Code List Qualifier | | BE | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|---------------------------|------------------|-------|------------------------------|
| HI - Value Information Codes Con't | | | | | | | | | |
| | 2300 | HI | 0502 | 1/30 | O | Value Code | Value Code 5 | | |
| | | HI | 0505 | 1/15 | O | Value Code Associated Amt | Value Amount 5A | | |
| | | HI | 0601 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0602 | 1/30 | O | Value Code | Value Code 6 | | |
| | | HI | 0605 | 1/15 | O | Value Code Associated Amt | Value Amount 6A | | |
| | | HI | 0701 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0702 | 1/30 | O | Value Code | Value Code 7 | | |
| | | HI | 0705 | 1/15 | O | Value Code Associated Amt | Value Amount 7A | | |
| | | HI | 0801 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0802 | 1/30 | O | Value Code | Value Code 8 | | |
| | | HI | 0805 | 1/15 | O | Value Code Associated Amt | Value Amount 8A | | |
| | | HI | 0901 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 0902 | 1/30 | O | Value Code | Value Code 9 | | |
| | | HI | 0905 | 1/15 | O | Value Code Associated Amt | Value Amount 9A | | |
| | | HI | 1001 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 1002 | 1/30 | O | Value Code | Value Code 10 | | |
| | | HI | 1005 | 1/15 | O | Value Code Associated Amt | Value Amount 10A | | |
| | | HI | 1101 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 1102 | 1/30 | O | Value Code | Value Code 11 | | |
| | | HI | 1105 | 1/15 | O | Value Code Associated Amt | Value Amount 11A | | |
| | | HI | 1201 | 1/3 | O | Code List Qualifier | | BE | |
| | | HI | 1202 | 1/30 | O | Value Code | Value Code 12 | | |
| | | HI | 1205 | 1/15 | O | Value Code Associated Amt | Value Amount 12A | | |
| HI - Value Information Codes | | | | | | O | | | |
| | 2300 | HI | 0101 | 1/3 | M | Code List Qualifier | | TC | |
| | | HI | 0102 | 1/30 | M | Treatment Code | Treat Auth 1 | | |
| | | HI | 0201 | 1/3 | O | Code List Qualifier | | TC | |
| | | HI | 0202 | 1/30 | O | Treatment Code | Treat Auth 2 | | |
| | | HI | 0301 | 1/3 | O | Code List Qualifier | | TC | |
| | | HI | 0302 | 1/30 | O | Treatment Code | Treat Auth 3 | | |
| QTY - Claim Quantity | | | | | | O | | | |
| | 2300 | QTY | 01 | 2/2 | M | Quantity Qualifier | | CA | |
| | | QTY | 02 | 1/15 | M | Claim Days Count | Covered Days | | |
| | | QTY | 0301 | 2/2 | M | UBM Code | | DA | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---------------------------------------|------|-----|---------|---------|---|---------------------------------|--------------------------|-------|------------------------------|
| QTY - Claim Quantity | | | | | | O | | | |
| | 2300 | QTY | 01 | 2/2 | M | Quantity Qualifier | | NA | |
| | | QTY | 02 | 1/15 | M | Claim Days Count | Non-Covered Days | | |
| | | QTY | 0301 | 2/2 | M | UBM Code | | DA | |
| QTY - Claim Quantity | | | | | | O | | | |
| | 2300 | QTY | 01 | 2/2 | M | Quantity Qualifier | | CD | |
| | | QTY | 02 | 1/15 | M | Claim Days Count | Co-Insurance Days | | |
| | | QTY | 0301 | 2/2 | M | UBM Code | | DA | |
| QTY - Claim Quantity | | | | | | O | | | |
| | 2300 | QTY | 01 | 2/2 | M | Quantity Qualifier | | LA | |
| | | QTY | 02 | 1/15 | M | Claim Days Count | Life Days | | |
| | | QTY | 0301 | 2/2 | M | UBM Code | | DA | |
| NM1 - Attending Physician Name | | | | | | O | | | |
| | 2310 | NM1 | 01 | 2/3 | M | Attending Phys Entity Id Code | | 71 | |
| | | NM1 | 02 | 1/1 | M | Attending Phys Entity Type Qual | "1" or "2" | | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | | | |
| | | NM1 | 04 | 1/25 | O | Attending Phys First Name | | | |
| | | NM1 | 05 | 1/25 | O | Attending Phys Middle Initial | | | |
| | | NM1 | 07 | 1/10 | O | Attending Phys Credentials | | | |
| | | | | | | ** NPI or Tax ID in 08 /09 ** | | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | 24 | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | Tax ID number | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | XX | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | National Provider ID | | NPI # |
| REF - Reference Identifier | | | | | | O | | | |
| | 2310 | REF | 01 | 2/3 | M | Reference Number Qualifier | | EI | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Employer's Tax ID number | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|---------------------------------|--|-------|------------------------------|
| NM1 - Other Physician Name | | | | | | O | | | |
| | 2310 | NM1 | 01 | 2/3 | M | Other Phys Entity Id Code | | 73 | |
| | | NM1 | 02 | 1/1 | M | Other Phys Entity Type Qual | "1" or "2" | | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | | | |
| | | NM1 | 04 | 1/25 | O | Other Phys First Name | | | |
| | | NM1 | 05 | 1/25 | O | Other Phys Middle Initial | | | |
| NM1 - Other Physician Name Con't | | | | | | | ** NPI or Tax ID in 08 /09 ** | | |
| | 2310 | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | 24 | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | Tax ID number | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | XX | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | National Provider ID | | NPI # |
| REF - Reference Identifier | | | | | | O | | | |
| | 2310 | REF | 01 | 2/3 | M | Reference Number Qualifier | | EI | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Employer's Tax ID number | | |
| NM1 - Operating Physician Name | | | | | | O | | | |
| | 2310 | NM1 | 01 | 2/3 | M | Operating Phys Entity Id Code | | 72 | |
| | | NM1 | 02 | 1/1 | M | Operating Phys Entity Type Qual | "1" or "2" | | |
| | | NM1 | 03 | 1/35 | M | Last or Organization Name | | | |
| | | NM1 | 04 | 1/25 | O | Operating Phys First Name | | | |
| | | NM1 | 05 | 1/25 | O | Operating Phys Middle Initial | | | |
| | | | | | | | ** NPI or Tax ID in 08 /09 ** | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | 24 | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | Tax ID number | | |
| | | NM1 | 08 | 1/2 | M | Id Code Qualifier | Employee ID number | XX | |
| | | NM1 | 09 | 2/80 | M | Id Code (EIN) | National Provider ID | | NPI # |
| REF - Reference Identifier | | | | | | O | | | |
| | 2310 | REF | 01 | 2/3 | M | Reference Number Qualifier | | EI | |
| | | REF | 02 | 1/30 | M | Reference Identifier | Employer's Tax ID number | | |
| SBR - Other Subscriber Info | | | | | | O | ** When Loop 2320 exists, this segment is mandatory ** | | |
| | 2320 | SBR | 01 | 1/1 | M | Payer Response Seq Number | Secondary | S | |
| | | SBR | 02 | 2/2 | M | Relationship Code | | | See X12N I.G. for codes |
| | | SBR | 03 | 1/30 | O | Secondary Group Number | | | |
| | | SBR | 04 | 1/60 | O | Secondary Group or Plan Name | Name or SHN Route Code | | |
| | | SBR | 09 | 1/2 | O | Claim Filing Indicator Code | Commercial Insurance | CI | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-----|---------|---------|---|-----------------------------------|------------------------------|-------|------------------------------|
| CAS - Claim Level Adjustment | | | | | | | | | |
| | 2320 | CAS | 01 | 1/2 | M | Claim Adjustment Group Code | "CO", "CR", "OA", "PI", "PR" | | |
| | | CAS | 02 | 1/5 | M | Claim Adjustment Reason Code | | | |
| | | CAS | 03 | 1/18 | M | Adjustment Amount | | | |
| | | CAS | 04 | 1/15 | O | Quantity | | | |
| | | CAS | 05 | 1/5 | O | Claim Adjustment Reason Code | | | |
| | | CAS | 06 | 1/18 | O | Adjustment Amount | | | |
| | | CAS | 07 | 1/15 | O | Quantity | | | |
| | | CAS | 08 | 1/5 | O | Claim Adjustment Reason Code | | | |
| | | CAS | 09 | 1/18 | O | Adjustment Amount | | | |
| | | CAS | 10 | 1/15 | O | Quantity | | | |
| | | CAS | 11 | 1/5 | O | Claim Adjustment Reason Code | | | |
| | | CAS | 12 | 1/18 | O | Adjustment Amount | | | |
| | | CAS | 13 | 1/15 | O | Quantity | | | |
| | | CAS | 14 | 1/5 | O | Claim Adjustment Reason Code | | | |
| | | CAS | 15 | 1/18 | O | Adjustment Amount | | | |
| | | CAS | 16 | 1/15 | O | Quantity | | | |
| AMT - Other Payer Prior Payment | | | | | | | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "C4" | | |
| | | AMT | 02 | 1/18 | O | Other Payer Patient Paid Amount | | | |
| AMT - Allowed Amount | | | | | | | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "B6" | | |
| | | AMT | 02 | 1/18 | O | Allowed Amount | | | |
| AMT - COB Total Submitted Charge Amt | | | | | | | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "T3" | | |
| | | AMT | 02 | 1/18 | O | COB Total Submitted Charge Amount | | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|-------|------|-----|---------|---------|---|---|--------------------------|-------|------------------------------|
| | | | | | | | | | |
| | | | | | | AMT - Claim DRG Outlier Amount | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "ZZ" | | |
| | | AMT | 02 | 1/18 | O | Claim DRG Outlier Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Total Medicare Paid Amount | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "N1" | | |
| | | AMT | 02 | 1/18 | O | Total Medicare Paid Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Medicare Paid at 100% Amount | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "KF" | | |
| | | AMT | 02 | 1/18 | O | Medicare Paid at 100% Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Medicare Paid at 80% Amount | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "PG" | | |
| | | AMT | 02 | 1/18 | O | Medicare Paid at 80% Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Paid Part A Medicare Trust Amt | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "AA" | | |
| | | AMT | 02 | 1/18 | O | Paid From Part A Medicare Trust Fund Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Paid Part B Medicare Trust Amt | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "B1" | | |
| | | AMT | 02 | 1/18 | O | Paid From Part B Medicare Trust Fund Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Non-Covered Charge Amount | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "A8" | | |
| | | AMT | 02 | 1/18 | O | Other Payer Pre-Tax Claim Total Amount | | | |
| | | | | | | | | | |
| | | | | | | AMT - Claim Total Denied Charge Amt | | | |
| | 2320 | AMT | 01 | 1/3 | O | Amount Qualifier Code | "YT" | | |
| | | AMT | 02 | 1/18 | O | Claim Total Denied Charge Amount | | | |
| | | | | | | | | | |
| | | | | | | NM1 - Other Subscriber Name | | | |
| | | | | | M | <i>** When Loop 2320 exists, this segment is mandatory **</i> | | | |
| | 2320 | NM1 | 01 | 2/3 | M | Other Subscriber Entity Id Code | Other Subscriber Insured | IL | |
| | | NM1 | 02 | 1/1 | M | Other Subscriber Entity Type Qualifier | Person | 1 | |
| | | NM1 | 03 | 1/35 | M | Other Subscriber Last Name | | | |
| | | NM1 | 04 | 1/25 | O | Other Subscriber First Name | | | |
| | | NM1 | 05 | 1/25 | O | Other Subscriber Middle Initial | | | |
| | | NM1 | 08 | 1/2 | M | Member ID Qualifier | | MI | |

| | | | | | | | | | |
|--|--|-----|----|------|---|------------------|---------------------|--|--|
| | | NM1 | 09 | 2/80 | M | Member ID Number | Insured ID # or SSN | | |
|--|--|-----|----|------|---|------------------|---------------------|--|--|

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions | |
|-------|------|-----|--|---------|---|-------------------------------|---|-------|------------------------------|--|
| | | | | | | | | | | |
| | | | DMG - Other Demographic Information | | | O | | | | |
| | 2320 | DMG | 01 | 2/3 | M | DTP Qualifier | | D8 | | |
| | | DMG | 02 | 1/35 | M | Othery Insured Birth Date | CCYYMMDD | | | |
| | | DMG | 03 | 1/1 | M | Gender Code | "F," "M," or "U" | | | |
| | | | | | | | | | | |
| | | | OI - Other Insurance Coverage Info | | | M | <i>** When Loop 2330 exists, this segment is mandatory **</i> | | | |
| | 2320 | OI | 03 | 1/1 | M | Benefits Assignment Indicator | "Y" or "N" | | | |
| | | OI | 06 | 1/1 | M | Release of Information | "A," "I," "M," "N," "O" or "Y" | | | |
| | | | | | | | | | | |
| | | | MIA - Medicare Inpatient Adjudication Info | | | | | | | |
| | 2320 | MIA | 01 | 1/15 | M | Quantity | Coverd Days or Visits Counted | | | |
| | | MIA | 02 | 1/15 | O | Quantity | Lifetime Reserve Days Count | | | |
| | | MIA | 03 | 1/15 | O | Quantity | Lifetime Psychiatric Days Count | | | |
| | | MIA | 04 | 1/18 | O | Monetary Amount | Claim DRG Amount | | | |
| | | MIA | 05 | 1/30 | O | | Remark Code | | | |
| | | MIA | 06 | 1/18 | O | Monetary Amount | Claim disproportionate Share Amount | | | |
| | | MIA | 07 | 1/18 | O | Monetary Amount | Claim MSP Pass-through Amount | | | |
| | | MIA | 08 | 1/18 | O | Monetary Amount | Claim PPS Capital Amount | | | |
| | | MIA | 09 | 1/18 | O | Monetary Amount | PPS-Capital FSP DRG Amount | | | |
| | | MIA | 10 | 1/18 | O | Monetary Amount | PPS-Capital HSP DRG Amount | | | |
| | | MIA | 11 | 1/18 | O | Monetary Amount | PPS-Capital DSH DRG Amount | | | |
| | | MIA | 12 | 1/18 | O | Monetary Amount | Old Capital Amount | | | |
| | | MIA | 13 | 1/18 | O | Monetary Amount | PPS-Capital IME Amount | | | |
| | | MIA | 14 | 1/18 | O | Monetary Amount | PPS-Operating Hospital Specific DRG Amount | | | |
| | | MIA | 15 | 1/15 | O | Quantity | Cost Report Day Count | | | |
| | | MIA | 16 | 1/18 | O | Monetary Amount | PPS-Operating Federal Specific DRG Amount | | | |
| | | MIA | 17 | 1/18 | O | Monetary Amount | Claim PPS Capital Outlier Amount | | | |
| | | MIA | 18 | 1/18 | O | Monetary Amount | Claim Indirect Teaching Amount | | | |
| | | MIA | 19 | 1/18 | O | Monetary Amount | Nonpayable Professional Component Amount | | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|-------|-----|---------|---------|---|-------------------------------|---|-------|------------------------------|
| MIA - Medicare Inpatient Adjudication Info Con't | | | | | | | | | |
| | 2320 | MIA | 20 | 1/30 | O | Reference Identity | Remark Code | | |
| | | MIA | 21 | 1/30 | O | Reference Identity | Remark Code | | |
| | | MIA | 22 | 1/30 | O | Reference Identity | Remark Code | | |
| | | MIA | 23 | 1/30 | O | Reference Identity | Remark Code | | |
| | | MIA | 24 | 1/18 | O | Monetary Amount | PPS-Capital Exception Amount | | |
| MOA - Medicare Outpatient Adjudication Info | | | | | | | | | |
| | 2320 | MOA | 01 | 1/10 | O | Percent | Reimbursement Rate | | |
| | | | 02 | 1/18 | O | Monetary Amount | Claim HCPCS Payable Amount | | |
| | | | 03 | 1/30 | O | Reference Identification | Remark Code | | |
| | | | 04 | 1/30 | O | Reference Identification | Remark Code | | |
| | | | 05 | 1/30 | O | Reference Identification | Remark Code | | |
| | | | 06 | 1/30 | O | Reference Identification | Remark Code | | |
| | | | 07 | 1/30 | O | Reference Identification | Remark Code | | |
| | | | 08 | 1/18 | O | Monetary Amount | Claim ESRD Payment Amount | | |
| | | | 09 | 1/18 | O | Monetary Amount | Nonpayable Professional Component Amount | | |
| NM1 - Other Subscriber Info | | | | | | M | ** When Loop 2330 exists, this segment is mandatory ** | | |
| | 2330A | NM1 | 01 | 2/3 | M | Other Entity Id Code | Other Insured | IL | |
| | | NM1 | 02 | 1/1 | M | Other Entity Type Qualifier | Person | 1 | |
| | | NM1 | 03 | 1/35 | M | Other Last Name | | | |
| | | NM1 | 04 | 1/25 | O | Other First Name | | | |
| | | NM1 | 05 | 1/25 | O | Other Middle Initial | | | |
| | | NM1 | 08 | 1/2 | M | Member ID Qualifier | | MI | |
| | | NM1 | 09 | 2/80 | M | Member ID Number | Insured ID # or SSN | | |
| N3 - Other Subscriber Address | | | | | | O | | | |
| | 2330A | | | | | See X12N implementation guide | | | |
| N4 - Other Subscriber City, State and Zip | | | | | | O | | | |
| | 2330A | | | | | See X12N implementation guide | | | |
| NM1 - Other Payer Name Information | | | | | | M | ** When Loop 2330 exists, this segment is mandatory ** | | |
| | 2330B | NM1 | 01 | 2/3 | M | Payer Entity Id Code | | PR | |
| | | NM1 | 02 | 1/1 | M | Entity Type Qual | Non-person | 2 | |
| | | NM1 | 03 | 1/35 | M | Payer Name | | | |
| | | NM1 | 08 | 1/2 | M | Payer ID Qualifier | | PI | |
| | | NM1 | 09 | 2/80 | M | Payer ID Number | | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|---|------|-------|---------|---------|------|---------------------------------|---------------------------------|-------|------------------------------|
| REF - Reference Identifier | | | | | O | | | | |
| | 2330 | REF | 01 | 2/3 | M | Reference Number Qualifier | | G1 | |
| | | REF | 02 | 1/30 | M | Reference Identification | Other Prior Auth Number | | |
| LX - Service Line Assigned Number | | | | | M | | | | |
| | 2400 | LX | 01 | 1/6 | M | Charge Line Counter | Begin with "1" and increment +1 | | |
| SV2 - Institutional Service Line | | | | | M | | | | |
| | 2400 | SV2 | 01 | 1/48 | M | Service Line Revenue Code | Revenue Code | | |
| | | SV2 | 0201 | 2/2 | M | Product or Service ID Qualifier | | HC | |
| | | SV2 | 0202 | 1/48 | M | Procedure Code | HCPCS code | | |
| | | SV2 | 0203 | 2/2 | O | Procedure Modifier 1 | | | |
| | | SV2 | 0204 | 2/2 | O | Procedure Modifier 2 | | | |
| | | SV2 | 03 | 1/18 | M | Line Item Charge Amount | | | |
| | | SV2 | 04 | 2/2 | M | UBM Service Units | Days (DA) or Units (UN) | | "DA" or "UN" |
| | | SV2 | 05 | 1/15 | M | Service Unit Count | Units | | |
| | | SV2 | 06 | 1/10 | O | Service Line Rate | Rate | | See X12N I.G. for codes |
| | | SV2 | 07 | 1/18 | O | Line Item Non-Covered Charges | Non-Covered Charges | | |
| DTP - Service Line Date | | | | | M | | | | |
| | 2400 | DTP | 01 | 3/3 | M | Service | | 472 | |
| | | DTP | 02 | 2/3 | M | DTP Format Qualifier | | D8 | |
| | | DTP | 03 | 1/35 | M | Charge Line Service Date | CCYYMMDD | | |
| HCP - Claim Pricing/Repricing Info | | | | | O | | | | |
| | 2400 | HCP | 0101 | 2/2 | M | Pricing Methodology | | | |
| | | HCP | 0102 | 1/18 | M | Repriced Allowed Amount | Reprice Amount | | |
| LIN - Drug Identification | | | | | | O | | | |
| | 2410 | 71(A) | LIN | 02 | 2/2 | M | Product/Service ID Qualifier | N4 | |
| | | | | 03 | 1/48 | M | Product/Service ID | | NDC code |
| SVD - Service Line Adjudication | | | | | O | | | | |
| | 2430 | SVD | 01 | 2/80 | M | Payer ID | | | |
| | | SVD | 02 | 1/18 | M | Service Line Paid Amount | | | |
| | | SVD | 0301 | 2/2 | M | Product/Service ID Qualifier | | | |
| | | SVD | 0302 | 1/48 | M | Product/Service ID | Procedure Code Paid | | |
| | | SVD | 0303 | 2/2 | O | Procedure Modifier | | | |
| | | SVD | 0304 | 2/2 | O | Procedure Modifier | | | |
| | | SVD | 0305 | 2/2 | O | Procedure Modifier | | | |
| | | SVD | 0306 | 2/2 | O | Procedure Modifier | | | |
| | | SVD | 05 | 1/15 | O | Units Paid | | | |
| | | SVD | 06 | 1/6 | O | Bundled/Unbundled line number | | | |

| Level | Loop | Seg | Element | Min/Max | | Name | Description | Codes | Constant values/instructions |
|-----------------------------------|---------|-----|---------|---------|---|---------------------------------|------------------------------|-------|------------------------------|
| CAS - Line Level CAS | | | | | O | | | | |
| | 2430 | CAS | 01 | 1/2 | M | Claim Adjustment Group Code | "CO", "CR", "OA", "PI", "PR" | | |
| | | CAS | 02 | 1/5 | M | Claim Adjustment Reason Code | | | |
| | | CAS | 03 | 1/18 | M | Adjustment Amount | | | |
| | | CAS | 04 | 1/15 | O | Quantity | | | |
| | | CAS | 05 | 1/5 | C | Claim Adjustment Reason Code | | | |
| | | CAS | 06 | 1/18 | C | Adjustment Amount | | | |
| | | CAS | 07 | 1/15 | C | Quantity | | | |
| | | CAS | 08 | 1/5 | C | Claim Adjustment Reason Code | | | |
| | | CAS | 09 | 1/18 | C | Adjustment Amount | | | |
| | | CAS | 10 | 1/15 | C | Quantity | | | |
| | | CAS | 11 | 1/5 | C | Claim Adjustment Reason Code | | | |
| | | CAS | 12 | 1/18 | C | Adjustment Amount | | | |
| | | CAS | 13 | 1/15 | C | Quantity | | | |
| | | CAS | 14 | 1/5 | C | Claim Adjustment Reason Code | | | |
| | | CAS | 15 | 1/18 | C | Adjustment Amount | | | |
| | | CAS | 16 | 1/15 | C | Quantity | | | |
| DTP - Charge Line COB DTP | | | | | M | | | | |
| | 2430 | DTP | 01 | 3/3 | M | Service | | 573 | |
| | | DTP | 02 | 2/3 | M | DTP Format Qualifier | | D8 | |
| | | DTP | 03 | 1/35 | M | Charge Line Service Date | CCYYMMDD | | |
| SE - Transaction Set Trailer | | | | | M | | | | |
| | Trailer | SE | 01 | 1/10 | M | Transaction Segment Count | | | |
| | | SE | 02 | 4/9 | M | Transaction Set Control Number | | | |
| GE - Functional Group Trailer | | | | | M | | | | |
| | Trailer | GE | 01 | 1/6 | M | # of Transaction Sets Included | | | |
| | | GE | 02 | 1/9 | M | Group Control Number | | | |
| IEA - Interchange Control Trailer | | | | | M | | | | |
| | Trailer | IEA | 01 | 1/5 | M | # of Included Functional Groups | | | |
| | | IEA | 02 | 9/9 | M | Interchange Control Number | | | |