



North Dakota Medicaid

Trading Partner Agreement Companion Guide

837 Institutional Health Care Claim -- ANSI X12 4010A1

Rev. 09-06

The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers abide by the Electronic Data Interchange (EDI) standards for health care as instituted by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. This document is intended to serve only as a companion document to the HIPAA ANSI X12N 837 4010A1 implementation guides. The use of this document is solely for the purpose of clarification. This companion document supplements, but does not contradict any requirements in the X12N 837 Institutional 4010 Addenda implementation guide. Additional companion documents/trading partner agreements will be developed for use with other HIPAA standards, and will be posted as they become available. Items within this document apply to North Dakota Medicaid. The information in this document is subject to change.

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
		ISA	Interchange Control Header	ISA05	Interchange ID Qualifier	2	Enter the value "ZZ", mutually defined.
		ISA	Interchange Control Header	ISA06	Interchange Sender ID	15	Enter the nine-digit numeric vendor number assigned by North Dakota Department of Human Services.
		ISA	Interchange Control Header	ISA07	Interchange ID Qualifier	2	Enter the value "ZZ", mutually defined.
		ISA	Interchange Control Header	ISA08	Interchange Receiver ID	15	Enter "NDDHSMED"
		ISA	Interchange Control Header	ISA16	Component Element Separator	1	North Dakota Medicaid prefers '>' as the Composite Element Separator; '*' as the Element Separator; and '~' as the Segment Terminator
		GS	Functional Group Header	GS02	Application sender's code	15	Enter the same value as ISA06, the nine-digit numeric vendor number assigned by the North Dakota Department of Human Services.
		GS	Functional Group Header	GS03	Application receiver's code	15	Enter "NDDHSMED"
		GS	Functional Group Header	GS08	Version / release / industry identifier code	12	Enter the value "004010X096A1", the HIPAA mandated implementation guide release for this transaction.
	Header	REF	Transmission Type Identification	REF02	Reference Identification	30	004010X096A1
	Header	ST	Transaction Set Header	ST01	Transaction Set Identifier Code	3	837
2000A	Billing/Pay to Provider Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"BI" Billing "PT" Pay To

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2000A	Billing/Pay to Provider Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" Health Care Provider Taxonomy Code List
2000A	Billing/Pay to Provider Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Provider Taxonomy Code
2010AA	Billing Provider Name	NM1	Individual or Organization Name	NM101	Entity Identifier Code	3	"85" Billing Provider
2010AA	Billing Provider Name	NM1	Individual or Organization Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person
2010AA	Billing Provider Name	NM1	Individual or Organization Name	NM103	Name Last or Organization Name	35	North Dakota Medicaid Provider Name
2010AA	Billing Provider Name	NM1	Individual or Organization Name	NM108	Identification Code Qualifier	2	"XX" National Provider ID
2010AA	Billing Provider Name	NM1	Individual or Organization Name	NM109	Identification Code	80	NPI Number
2010AA	Billing Provider Address	N3	Address Information	N301	Address Information	55	Billing Provider Address Line 1
2010AA	Billing Provider Address	N3	Address Information	N302	Address Information	55	Billing Provider Address Line 2
2010AA	Billing Provider City/State/Zip Code	N4	Geographical Location	N401	City Name	30	Billing Provider City Name
2010AA	Billing Provider City/State/Zip Code	N4	Geographical Location	N402	State Code	2	Billing Provider State Code
2010AA	Billing Provider City/State/Zip Code	N4	Geographical Location	N403	Postal Code	15	Billing Provider Postal Code
2010AA	Billing Provider City/State/Zip Code	N4	Geographical Location	N404	Country Code	3	Billing Provider Country Code
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"1D" Medicaid Number
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	North Dakota Medicaid Provider Number

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"1G" UPIN Number
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	UPIN Number
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"LU" Location Number
2010AA	Billing Provider Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Provider/Business Phone Number
2010AB	Pay to Provider Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"87" Pay to Provider
2010AB	Pay to Provider Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person
2010AB	Pay to Provider Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Pay to Provider Last Name or Organizational Name
2010AB	Pay to Provider Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" Mutually Defined National Provider ID
2010AB	Pay to Provider Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2010AB	Pay to Provider Address	N3	Address Information	N301	Address Information	55	Address 1
2010AB	Pay to Provider Address	N3	Address Information	N302	Address Information	55	Address 2
2010AB	Pay to Provider City/State/Zip Code	N4	Geographical Location	N401	City Name	30	Pay to Provider City Name
2010AB	Pay to Provider City/State/Zip Code	N4	Geographical Location	N402	State Code	2	Pay to Provider State Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2010AB	Pay to Provider City/State/Zip Code	N4	Geographical Location	N403	Postal Code	15	Pay to Provider Zip Code
2010AB	Pay to Provider City/State/Zip Code	N4	Geographical Location	N404	County Code	3	Pay to Provider Country Code
2010AB	Pay to Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"1D" ND Medicaid Provider Number
2010AB	Pay to Provider Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	North Dakota Medicaid Provider Number
2010AB	Pay to Provider Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2010AB	Pay to Provider Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2010AB	Pay to Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"1G" UPIN Number
2010AB	Pay to Provider Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Provider UPIN Number
2010AB	Pay to Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Business Telephone Number
2010AB	Pay to Provider Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	7015554433 Telephone Number
2010BA	Subscriber Name	NM1	Individual or Organization Name	NM101	Entity Identifier Code	3	"IL" Insured or Subscriber
2010BA	Subscriber Name	NM1	Individual or Organization Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person Entity
2010BA	Subscriber Name	NM1	Individual or Organization Name	NM103	Name Last or Organization Name	35	North Dakota Medicaid Recipient Last Name
2010BA	Subscriber Name	NM1	Individual or Organization Name	NM104	Name First	25	North Dakota Medicaid Recipient First Name
2010BA	Subscriber Name	NM1	Individual or Organization Name	NM105	Name Middle	25	North Dakota Medicaid Recipient Middle Initial

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2010BA	Subscriber Name	NM1	Individual or Organization Name	NM109	Identification Code	80	North Dakota Medicaid Recipient Number
2300	Claim Information	CLM	Health Claim	CLM01	Claim Submitter's Identifier	38	Patient Account Number
2300	Claim Information	CLM	Health Claim	CLM02	Monetary Amount	18	Total Claim Charge Amount
2300	Claim Information	CLM	Health Claim	CLM05-1	Facility Code Value	2	Bill Type
2300	Claim Information	CLM	Health Claim	CLM05-2	Facility Code Value	2	"A" Uniform Billing Claim Form Bill Type
2300	Claim Information	CLM	Health Claim	CLM06	Code	1	"Y" "N" Provider Signature on File
2300	Claim Information	CLM	Health Claim	CLM09	Release of Information Code	1	Release of Information Certification Indicator
2300	Discharge Hour	DTP	Date or Time or Period	DTP01	Date/Time Qualifier	3	"096" Discharge
2300	Discharge Hour	DTP	Date or Time Period	DTP02	Date Time Period Format Qualifier	3	"TM" Time Expressed in Format HHMM
2300	Discharge Hour	DTP	Date or Time Period	DTP03	Date Time Period	36	Expression of Time "Discharge Hour"
2300	Statement Dates	DTP	Date or Time or Period	DTP01	Date/Time Qualifier	3	"434" Statement
2300	Statement Dates	DTP	Date or Time or Period	DTP02	Date Time Period Format Qualifier	3	"D8" CCYYMMDD "RD8" Range of Dates Expressed in CCYYMMDD
2300	Statement Dates	DTP	Date or Time or Period	DTP03	Date Time Period	36	Discharge or Statement To Date -(If the Patient Status Code not = "9", DISCHARGE DATE = "To Service Date")
2300	Admission Date/Hour	DTP	Date or Time or Period	DTP01	Date/Time Qualifier	3	"435" Admission
2300	Admission Date/Hour	DTP	Date or Time or Period	DTP02	Date Time Period Format Qualifier	3	"DT" Date and Time Expressed in Format CCYYMMDDHHMM
2300	Admission Date/Hour	DTP	Date or Time or Period	DTP03	Date Time Period	36	Admission Date and Hour
2300	Institutional Claim Code	CL1	Claim Code	CL101	Admission Type Code	1	Code Indicating the Priority of This Admission
2300	Institutional Claim Code	CL1	Claim Code	CL102	Admission Source Code	1	Code indicating the Source of This Admission
2300	Institutional Claim Code	CL1	Claim Code	CL103	Patient Status Code	2	Patient Status / Discharge Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2300	Payer Estimated Amount Due	AMT	Monetary Amount	AMT01	Amount Qualifier	3	"C5" Claim Amount Due
2300	Payer Estimated Amount Due	AMT	Monetary Amount	AMT02	Monetary Amount	18	Estimated Amount Due
2300	Original Reference Number (ICN)	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"F8" Original Reference Number (ICN)
2300	Original Reference Number (ICN)	REF	Reference Identification	REF02	Reference Identification	30	Claim Original ICN Number -- Use this number to adjust a previously processed claim by NDMA (F8 in REF01 = Original Medicaid Internal Control Number)
2300	Prior Authorization or Referral Number	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"G1" Prior Authorization Number
2300	Prior Authorization or Referral Number	REF	Reference Identification	REF02	Reference Identification	30	Prior Authorization Number
2300	Home Health Care Information	CR6	Home Health Care Certification	CR601	Prognosis Code	1	Code Indicating Physician's Prognosis for the Patient
2300	Home Health Care Information	CR6	Home Health Care Certification	CR606	Date	8	CCYYMMDD Service From Date
2300	Claim Information	HI	Condition Information	HI01-2	Industry Code	30	Condition Code (BG in HI01-1 = Condition)
2300	Claim Information	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	HI01-2	Industry Code	30	Principal Diagnosis (1) - (BK in HI01-1 = Principal Diagnosis)
2300	Claim Information	HI	Other Diagnosis Information	HI01-2	Industry Code	30	Other Diagnosis (2-9) - (BF in HI01-1 = other Diagnosis)
2300	Claim Information	HI	Occurrence Information	HI01-2	Industry Code	30	Occurrence Code - (BH in HI01-1 = Occurrence)
2300	Claim Information	HI	Principal Procedure Information	HI01-2	Industry Code	30	Principal Procedure Code - (BP or BR in HI01-1)
2300	Claim Information	HI	Other Procedure Information	HI01-2	Industry Code	30	Other Procedure Code
2300	Claim Information	HI	Occurrence Information	HI01-4	Date Time Period	35	Occurrence Date - (D8 - CCYYMMDD)
2300	Claim Information	HI	Principal Procedure Information	HI01-4	Date Time Period	35	Principal Procedure Date - (D8 - CCYYMMDD)

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2300	Claim Information	HI	Other Procedure Information	HI01-4	Date Time Period	35	Other Procedure Date - (D8 - CCYYMMDD)
2300	Claim Information	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	HI02-2	Industry Code	30	Admitting Diagnosis - (BJ in HI02-1 = Admitting Diagnosis)
2300	Claim Information	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	HI03-2	Industry Code	30	E-code - (BN in HI03-1 = E-code)
2300	Claim Quantity	QTY	Quantity	QTY01	Quantity Qualifier	2	Code Specifying the Type of Qualifier
2300	Claim Quantity	QTY	Quantity	QTY02	Quantity	15	Non-Covered Claim Days Count - (where QTY01 = NA Number of Non-covered Days)
2310A	Attending Physician Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"71" Attending Physician
2310A	Attending Physician Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person
2310A	Attending Physician Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Attending Physician Last Name
2310A	Attending Physician Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2310A	Attending Physician Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2310A	Attending Physician Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"AT" Attending "SU" Supervising
2310A	Attending Physician Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" = Provider Taxonomy Code
2310A	Attending Physician Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Provider Taxonomy Code
2310A	Attending Physician Secondary Identification	PRV	Reference Identification	REF01	Reference Identification Qualifier	3	Attending Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are required

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2310A	Attending Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Attending Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are required
2310A	Attending Physician Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2310A	Attending Physician Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2310A	Attending Physician Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Location Number
2310A	Attending Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Attending/Rendering Physician Telephone Number
2310B	Operating Physician Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"72" Operating Physician
2310B	Operating Physician Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person
2310B	Operating Physician Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Operating Physician Last Name
2310B	Operating Physician Name	NM1	Individual or Organizational Name	NM104	Name First	25	Operating Physician First Name
2310B	Operating Physician Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2310B	Operating Physician Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2310B	Operating Physician Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	Operating Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2310B	Operating Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Operating Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2310B	Operating Physician Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2310B	Operating Physician Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2310B	Operating Physician Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Location Number
2310B	Operating Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Operating Provider Business Phone Number
Loop 2310 C is only required by specific entities such as ICFMR/Nursing Homes to identify them, by using their Legacy Numbers							
2310C	Other Provider Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"73" Other Physician/Facility Info
2310C	Other Provider Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person
2310C	Other Provider Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Other Physician Last Name/Facility Name
2310C	Other Provider Name	NM1	Individual or Organizational Name	NM104	Name First	25	Other Physician Last Name/Facility Name
2310C	Other Provider Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	{24 = Facility EIN Number}
2310C	Other Provider Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	EIN Number
2310C	Other Physician Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	Other Physician/Facility Number - (1D in REF01 = ND Medicaid Provider Number)
2310C	Other Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	1D in REF01 = ND Medicaid Provider Number
2310D	Referring Provider Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"DN" Referring Provider
2310D	Referring Provider Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2310D	Referring Provider Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Referring Provider Last Name
2310D	Referring Provider Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2310D	Referring Provider Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2310D	Referring Provider Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"RF" Referring
2310D	Referring Provider Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" = Provider Taxonomy Code
2310D	Referring Provider Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Referring Provider Taxonomy Code
2310D	Referring Physician Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) <u>Both are REQUIRED</u>
2310D	Referring Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) <u>Both are REQUIRED</u>
2310D	Referring Physician Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" <u>are required</u> with an NPI
2310D	Referring Physician Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2310D	Referring Physician Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Location Number
2310D	Referring Physician Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Referring Physician Business Telephone Number
2310E	Service Facility Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"FA" Facility
2310E	Service Facility Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person
2310E	Service Facility Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Facility Name

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2310E	Service Facility Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2310E	Service Facility Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2310E	Service Facility Address	N3	Address Information	N301	Address Information	55	Address 1
2310E	Service Facility Address	N3	Address Information	N302	Address Information	55	Address 2
2310E	Service Facility City/State/ Zip Code	N4	Geographical Location	N401	City Name	30	Facility Location City Name
2310E	Service Facility City/State/ Zip Code	N4	Geographical Location	N402	State Code	2	Facility Location State Code
2310E	Service Facility City/State/ Zip Code	N4	Geographical Location	N403	Postal Code	5	Facility Location Postal Code
2310E	Service Facility Secondary Identification	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2310E	Service Facility Secondary Identification	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2320	Other Subscriber Information	SBR	Subscriber Information	SBR01	Payer Responsibility Sequence Number Code	1	"P" = Primary "S" = Secondary "T" = Tertiary {Payer of last resort}
2320	Other Subscriber Information	SBR	Subscriber Information	SBR02	Individual Relationship Code	2	Patient's relationship to the person insured
2320	Other Subscriber Information	SBR	Subscriber Information	SBR09	Claim Filing Indicator Code	2	"MA" = Medicare Part A "MB" = Medicare Part B
2320	Payer Prior Payment	AMT	Monetary Amount	AMT01	Amount Qualifier Code	3	"C4" Prior Payment Actual
2320	Payer Prior Payment	AMT	Monetary Amount	AMT02	Monetary Amount	18	Payer Paid Amount (Other Insurance Amount) - (C4 in AMT01 = Prior Payment - Actual)
2400	Institutional Service Line	DTP	Service Line Date	DTP03	Date	35	Service Date - (DTP01 = 472 - SERVICE - RD8 CCYYMMDD-CCYYMMDD)
2400	Institutional Service Line	SV2	Institutional Service	SV201	Product/Service ID	48	Service Line Revenue Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2400	Institutional Service Line	SV2	Institutional Service	SB202-1	Product/Service ID Qualifier		"HC" = HCPCS Codes
2400	Institutional Service Line	SV2	Institutional Service	SV202-2	Product/Service ID	48	HCPCS Procedure Code
2400	Institutional Service Line	SV2	Institutional Service	SV202-3	Procedure Modifier	2	HCPCS Modifier 1
2400	Institutional Service Line	SV2	Institutional Service	SV202-4	Procedure Modifier	2	HCPCS Modifier 2
2400	Institutional Service Line	SV2	Institutional Service	SV202-5	Procedure Modifier	2	HCPCS Modifier 3
2400	Institutional Service Line	SV2	Institutional Service	SV202-6	Procedure Modifier	2	HCPCS Modifier 4
2400	Institutional Service Line	SV2	Institutional Service	SV203	Monetary Amount	18	Detail Line Item Charge Amount
2400	Institutional Service Line	SV2	Institutional Service	SV204	Unit or Basis for Measurement Code	2	"DA" Days "UN" Units
2400	Institutional Service Line	SV2	Institutional Service	SV205	Quantity	15	Service Unit Count
2400	Institutional Service Line	SV2	Institutional Service	SV206	Unit Rate	10	Service Line Unit Rate
2400	Institutional Service Line	SV2	Institutional Service	SV207	Monetary Amount	18	Non-Covered Charge Amount
2420A	Attending Physician Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"71" Attending Physician Code
2420A	Attending Physician Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person
2420A	Attending Physician Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Attending Physician Last Name
2420A	Attending Physician Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2420A	Attending Physician Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2420A	Attending Physician Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"AT" = Attending
2420A	Attending Physician Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" = Provider Taxonomy Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2420A	Attending Physician Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Provider Taxonomy Code
2420A	Attending Physician Specialty Information	PRV	Provider Information	REF01	Reference Identification Qualifier	3	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) <u>Both are REQUIRED</u>
2420A	Attending Physician Specialty Information	PRV	Provider Information	REF02	Reference Identification	30	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) <u>Both are REQUIRED</u>
2420A	Attending Physician Specialty Information	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" <u>are required</u> with an NPI
2420A	Attending Physician Specialty Information	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2420A	Attending Physician Specialty Information	PRV	Provider Information	REF01	Reference Identification Qualifier	3	"LU" Location Number
2420A	Attending Physician Specialty Information	PRV	Provider Information	REF02	Reference Identification	30	Business Telephone Number
2420B	Operating Physician Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"72" Operating Physician
2420B	Operating Physician Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person
2420B	Operating Physician Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Operating Physician Last Name
2420B	Operating Physician Name	NM1	Individual or Organizational Name	NM104	Name First	25	Operating Physician First Name
2420B	Operating Physician Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2420B	Operating Physician Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2420B	Operating Physician Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"OP" Operating
2420B	Operating Physician Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" = Taxonomy Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2420B	Operating Physician Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Provider Taxonomy Code
2420B	Operating Physician Specialty Information	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2420B	Operating Physician Specialty Information	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2420B	Operating Physician Specialty Information	REF	Reference Identification	REF01	Reference Identification Qualifier	3	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2420B	Operating Physician Specialty Information	REF	Reference Identification	REF02	Reference Identification	30	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2420B	Operating Physician Specialty Information	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Location Number
2420B	Service Line Adjudication Info	REF	Reference Identification	REF02	Reference Identification	30	Business Telephone Number
2420C	Other Provider Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"73" Other Physician
2420C	Other Provider Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	1	"1" Person "2" Non Person Entity
2420C	Other Provider Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Other Physician Last Name
2420C	Other Provider Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2420C	Other Provider Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2420C	Other Provider Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"OT" Other "PE" Performing
2420C	Other Provider Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" = Taxonomy Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2420C	Other Provider Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Taxonomy Code
2420C	Other Provider Specialty Information	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2420C	Other Provider Specialty Information	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2420C	Other Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2420C	Other Provider Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2420C	Other Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Location Number
2420C	Other Provider Secondary Identification	REF	Reference Identification		Reference Identification	30	Business Phone Number
2420D	Referring Provider Name	NM1	Individual or Organizational Name	NM101	Entity Identifier Code	3	"DN" Referring Provider
2420D	Referring Provider Name	NM1	Individual or Organizational Name	NM102	Entity Type Qualifier	2	"1" Person "2" Non Person
2420D	Referring Provider Name	NM1	Individual or Organizational Name	NM103	Name Last or Organization Name	35	Referring Provider Last Name
2420D	Referring Provider Name	NM1	Individual or Organizational Name	NM108	Identification Code Qualifier	2	"XX" = NPI Number
2420D	Referring Provider Name	NM1	Individual or Organizational Name	NM109	Identification Code	80	NPI Number
2420D	Referring Provider Specialty Information	PRV	Provider Information	PRV01	Provider Code	3	"RF" Referring
2420D	Referring Provider Specialty Information	PRV	Provider Information	PRV02	Reference Identification Qualifier	3	"ZZ" = Taxonomy Code
2420D	Referring Provider Specialty Information	PRV	Provider Information	PRV03	Reference Identification	30	Provider Taxonomy Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2420D	Referring Provider Specialty Information	REF	Reference ID	REF01	Reference Identification Qualifier	3	"EI" or "SY" are required with an NPI
2420D	Referring Provider Specialty Information	REF	Reference ID	REF02	Reference Identification	30	Employer's ID Number/Social Security Number
2420D	Referring Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2420D	Referring Provider Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Other Physician Number - (1D in REF01 = ND Medicaid Provider Number & 1G in REF01 = UPIN Number) Both are REQUIRED
2420D	Referring Provider Secondary Identification	REF	Reference Identification	REF01	Reference Identification Qualifier	3	"LU" Location Number
2420D	Referring Provider Secondary Identification	REF	Reference Identification	REF02	Reference Identification	30	Business Phone Number
2430	Service Line Adjudication Info	CAS	Line Adjustment	CAS03	Monetary Amount	18	Adjustment Amount
2430	Service Line Adjudication Info	CAS	Line Adjustment	CAS06	Monetary Amount	18	Adjustment Amount
2430	Service Line Adjudication Info	CAS	Line Adjustment	CAS09	Monetary Amount	18	Adjustment Amount
2430	Service Line Adjudication Info	CAS	Line Adjustment	CAS12	Monetary Amount	18	Adjustment Amount
2430	Service Line Adjudication Info	CAS	Line Adjustment	CAS15	Monetary Amount	18	Adjustment Amount
2430	Service Line Adjudication Info	CAS	Line Adjustment	CAS18	Monetary Amount	18	Adjustment Amount
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD02	Monetary Amount	18	Service Line Paid Amount; Other Payor Insurance Payment Amount
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD03-2	Product/Service ID	48	Procedure Code

Loop ID	Loop ID Description	Segment ID	Segment Description	Data Element ID	Data Element Description	Size	Plan Preferences - Required Values / Comments
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD03-3	Procedure Modifier	2	Procedure Modifier 1
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD03-4	Procedure Modifier	2	Procedure Modifier 2
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD03-5	Procedure Modifier	2	Procedure Modifier 3
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD03-6	Procedure Modifier	2	Procedure Modifier 4
2430	Service Line Adjudication Info	SVD	Line Adjustment	SVD05	Quantity	15	Paid Service Unit Count
		SVD/CAS	Line Adjustment	SVD02,CAS AMOUNTS	Monetary Amount	18	Adjustment Amounts