5010 - 837I

X12 Loop / Segment	Occurs	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Values	Changes from 4010	MSCHIP Specific	5010 837I IRL Field Name	5010 IRL Field Length	MISSISSIPPI IRL Field Name	MS IRL Field Length
ISA	**1**		**INTERCHANGE CONTROL HEADER**			**R**							
		ISA01	Authorization Information Qualifier	ID	2-2	R	00, 03		00				
		ISA02	Authorization Information	AN	10-10	R							
		ISA03	Security Information Qualifier	ID	2-2	R	00, 01		00				
		ISA04	Security Information	AN	10-10	R							
		ISA05	Interchange ID Qualifier	ID	2-2	R	01, 14, 20, 27, 28, 29, 30, 33, ZZ		ZZ				
		ISA06	Interchange Sender ID	AN	15-15	R	If ISA06=COBA map X837I-TX-COBC-IND **= 'Y', else X837I-TX-COBC-IND defaults to 'N'.**		Value is the trading partner ID provided during the EDI enrollment process. Please make sure this ID is left justified with trailing spaces.	**X837I-FILE-ISA-SENDER X837I-TX-COBC-IND**	X(01)		
		ISA07	Interchange ID Qualifier	ID	2-2	R	01, 14, 20, 27, 28, 29, 30, 33, ZZ		ZZ				
		ISA08	Interchange Receiver ID	AN	15-15	R			Value is '100000'. Please make sure this element is left justified with trailing spaces.	**X837I-FILE-ISA-RECEIVER**			
		ISA09	Interchange Date	DT	6-6	R	YYMMDD						
		ISA10	Interchange Time	TM	4-4	R	HHMM						
		ISA11	Interchange Control Standards ID		1-1	R	^	Element changed from Interchange Control Standards Identifier to Repetition Separator.					
		ISA12	Interchange Control Version Number	ID	5-5	R	837I		Value is '00501'	**X837I-FILE-VER-NAME**			
		ISA13	Interchange Control Number	N0	9-9	R							
		ISA14	Acknowledgement Requested	ID	1-1	R	0, 1						
		ISA15	Usage Indicator	ID	1-1	R	P, T		P- Production data T- Test data				
		ISA16	Component Element Separator	AN	1-1	R							
GS	**1**		**FUNCTIONAL GROUP HEADER**			**R**							
		GS01	Functional Identifier Code	ID	2-2	R			Value is 'HC'				
		GS02	Application Sender Code	AN	2-15	R			Value is the 5 digit CCO specific trading partner ID provided during the EDI enrollment process.	**X837I-FILE-GS-SENDER**			
		GS03	Application Receiver Code	AN	2-15	R			Value is '77032'	**X837I-FILE-GS-RECEIVER**			
		GS04	Date	DT	8-8	R	CCYYMMDD			*			
		GS05	Time	TM	4-8	R	HHMM, HHMMSS, HHMMSSD, HHMMSSDD			*			
		GS06	Group Control Number	N0	1-9	R							
		GS07	Responsible Agency Code	ID	1-2	R	X						
		GS08	Version Identifier Code	AN	1-12	R	005010X223A1	Code Change	Value is 005010X223A1	**X837I-FILE-VER-RELEASE-CD**			
HEADER	**>1**												

ST	**1**		**TRANSACTION SET HEADER**			**R**				**LOOP (NONE), SEGMENT ST (TRANSACTION SET HEADER)**				
		ST01	Transaction Set Identifier Code	ID	3-3	R	837		Value is '837'.	X837I-TX-ID	X(03)	X837I-TX-ID	X(03)	
		ST02	Transaction Set Control Number	AN	4-9	R				X837I-TX-CTL-NUM	X(09)	X837I-TX-CTL-NUM	X(09)	
		ST03	Implementation Convention Reference	AN	1-35	R	005010X223A1	New Element	Value is '005010X223A1'	X837I-TX-COPYBOOK-NM	X(35)	X837I-COPYBOOK-NAME; VALUE 'X837IV01'	X(08)	
BHT	**1**		**BEGINNING OF HIERARCHICAL TRANSACTION**			**R**				**LOOP (NONE), SEGMENT BHT (BEGINNING OF HIERARCHIAL TX)**				
		BHT01	Hierarchical Structure Code	ID	4-4	R	0019			X837I-TX-HIER-STRUCT-CD	X(04)	X837I-TX-HIERACH-STRUCT-CODE	X(04)	
		BHT02	Transaction Set Purpose Code	ID	2-2	R	00, 18		Vlaue is 00	X837I-TX-PURPOSE-CD	X(02)	X837I-TX-PURPOSE-CODE	X(02)	
		BHT03	Originator Application Transaction ID	AN	1-50	R		Increase from 30 - 50		X837I-TX-ID-CD	X(50)	X837I-TX-ID-CODE	X(30)	
		BHT04	Transaction Set Creation Date	DT	8-8	R	CCYYMMDD			X837I-TX-CREATION-DT	X(08)	X837I-TX-CREATION-DATE	X(08)	
		BHT05	Transaction Set Creation Time	TM	4-8	R	HHMM, HHMMSS, HHMMSSD, HHMMSSDD			X837I-TX-CREATION-TIME	X(08)	X837I-TX-CREATION-TIME	X(08)	
		BHT06	Claim or Encounter ID	ID	2-2	R	31, CH, RP	Code Added	Value is 'RP'	X837I-TX-TYP-CD	X(02)	X837I-TX-TYPE-CODE	X(02)	
~~REF~~	**~~1~~**		**~~TRANSMISSION TYPE IDENTIFICATION~~**			**S**		Segment Deleted		**~~LOOP (NONE) SEGMENT REF (TRANMISSION TYPE ID)~~**				
												~~X837I-XMIT-ADDNL-ID-QUAL~~	~~X(03)~~	
												~~X837I-XMIT-ADDNL-ID~~	~~X(30)~~	
1000A	**1**													
NM1	**1**		**SUBMITTER NAME**			**R**				**LOOP 1000A, SEGMENT NM1 (SUBMITTER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	41			X837I-SUBM-ENTY-CD	X(03)	X837I-SUBMITTER-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2		value is '2'	X837I-SUBM-ENTY-TYP	X(01)	X837I-SUBMITTER-ENTITY-TYPE	X(01)	
		NM103	Submitter Last or Organization Name	AN	1-60	R		Increase from 35 - 60	CCO Org Name	X837I-SUBM-NM-LST	X(60)	X837I-SUBMITTER-NAME-LAST	X(35)	
		NM104	Submitter First Name	AN	1-35	S		Increase from 25 - 35		X837I-SUBM-NM-FST	X(35)	X837I-SUBMITTER-NAME-FIRST	X(25)	
		NM105	Submitter Middle Name	AN	1-25	S				X837I-SUBM-NM-MID	X(25)	X837I-SUBMITTER-NAME-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	R	46			X837I-SUBM-QL	X(02)	X837I-SUBMITTER-ID-QUAL	X(02)	
		NM109	Submitter Identifier	AN	2-80	R			Value is CCO specific Trading Partner ID that wasprovided during the EDI enrollment process.	X837I-SUBM-ID	X(80)	X837I-SUBMITTER-ID	X(80)	
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						

PER	**2 (see note)**		**SUBMITTER EDI CONTACT INFORMATION**			**R**	Note: This segment can repeat twice; occurances were seperated for mapping purposes.			**LOOP 1000A, SEGMENT PER (SUBMITTER EDI CONTACT INFORMATION**				
		PER01	Contact Function Code	ID	2-2	R	IC			X837I-SUBM-CONTACT-CD1	X(02)		X837I-SUBMITTER-CONTACT-CODE	X(02)
		PER02	Submitter Contact Name	AN	1-60	S		change to Situational		X837I-SUBM-CONTACT-NM1	X(60)		X837I-SUBMITTER-CONTACT-NAME	X(60)
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX. TE	Code deleted	Use a value of 'TE' or EM	X837I-SUBM-COMM-QL1	X(02)		X837I-SUBMITTER-COMM-QUAL	X(02)
		PER04	Communication Number	AN	1-256	R		Increase from 80 - 256	CCO Phone Number/e-mail	X837I-SUBM-COMM-NUM1	X(256)		X837I-SUBMITTER-COMM-NUM	X(80)
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code deleted	Use "EM" qualifier to indicate Certification Statement.	X837I-SUBM-COMM-QL1	X(02)		X837I-SUBMITTER-COMM-QUAL	X(02)
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256	For CCOs, submit the Certification Statement "TOMYKNOWLEDGE INFORMATIONAND BELIEFTHEDATAINTHIS FILEISACCURATE COMPLETEANDTRUE"	X837I-SUBM-COMM-NUM1	X(256)		X837I-SUBMITTER-COMM-NUM	X(80)
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code deleted		X837I-SUBM-COMM-QL1	X(02)		X837I-SUBMITTER-COMM-QUAL	X(02)
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-SUBM-COMM-NUM1	X(256)		X837I-SUBMITTER-COMM-NUM	X(80)
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
PER	**2 (see note)**		**SUBMITTER EDI CONTACT INFORMATION**			**R**	**Note: 2nd Occurance**			**LOOP 1000A, SEGMENT PER (SUBMITTER EDI CONTACT INFORMATION**				
		PER01	Contact Function Code	ID	2-2	R	IC			X837I-SUBM-CONTACT-CD2	X(02)			
		PER02	Submitter Contact Name	AN	1-60	S		Usage change to Situational		X837I-SUBM-CONTACT-NM2	X(60)			
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX. TE	Code deleted		X837I-SUBM-COMM-QL2	X(02)			
		PER04	Communication Number	AN	1-256	R		Increase from 80 - 256		X837I-SUBM-COMM-NUM2	X(256)			
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code deleted		X837I-SUBM-COMM-QL2	X(02)			
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-SUBM-COMM-NUM2	X(256)			
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code deleted		X837I-SUBM-COMM-QL2	X(02)			
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-SUBM-COMM-NUM2	X(256)			
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
1000B	**1**													
NM1	**1**		**RECEIVER NAME**			**R**				**LOOP 1000B, SEGMENT NM1 (RECEIVER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	40			X837I-RCV-ENTY-CD	X(03)		X837I-RECEIVER-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2			X837I-RCV-ENTY-TYP	X(01)		X837I-RECEIVER-ENTITY-TYPE	X(01)
		NM103	Receiver Name	AN	1-60	R		Increase from 35 - 60	Value is 'Mississippi Division of Medicaid'	X837I-RCV-NM	X(60)		X837I-RECEIVER-NAME	X(35)
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35						
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	R	46			X837I-RCV-QL	X(02)		X837I-RECEIVER-ID-QUAL	X(02)
		NM109	Receiver Primary Identifier	AN	2-80	R			Value is '77032'	X837I-RCV-ID	X(80)		X837I-RECEIVER-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								

		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
2000A	**>1**													
HL	**1**		**BILLING PROVIDER HIERARCHICAL LEVEL**			**R**		Name Change		**LOOP 2000A, SEGMENT HL (BILLING PROVIDER HIERARCHIAL LEVEL)**				
		HL01	Hierarchical ID Number	AN	1-12	R				X837I-PROV-HIER-NUM	X(12)		X837I-PROV-HIER-NUM	X(12)
		HL02	Hierarchical Parent ID Number	AN	1-12	N/U							~~X837I-PROV-HIER-PARENT-NUM~~	~~X(12)~~
		HL03	Hierarchical Level Code	ID	1-2	R	20			X837I-PROV-HIER-LVL-CD	X(02)		X837I-PROV-HIER-LVL-CODE	X(02)
		HL04	Hierarchical Child Code	ID	1-1	R	1			X837I-PROV-HIER-CHILD-CD	X(01)		X837I-PROV-HIER-CHILD-CODE	X(01)
PRV	**1**		**BILLING PROVIDER SPECIALTY INFORMATION**			**S**		Name Change	The PRV segment is required by Mississippi Medicaid when the Billing/Pay-to Provider has multiple entities or sub-parts that are represented by a single National Provider Identifier.	**LOOP 2000A, SEGMENT PRV (BILLING PROVIDER SPECIALTY INFORMATION)**				
		PRV01	Provider Code	ID	1-3	R	BI	Code Deleted	Value is 'BI'	X837I-PROV-TYP	X(03)		X837I-BILL-PROV-TYPE	X(03)
		PRV02	Reference Identification Qualifier	ID	2-3	R	PXC	Code Change	Value is 'PXC'	X837I-PROV-SPEC-QL	X(03)		X837I-BILL-PROV-SPECIALTY-QUAL	X(03)
		PRV03	Provider Taxonomy Code	AN	1-50	R		Increase from 30 - 50	Value is the 10-place taxonomy code Note: (Use the taxonomy code that is on file with us for the Billing Provider. This value will be used as a tie breaker when more than 1 MSCHIP provider is found on state provider file.	X837I-PROV-SPEC	X(50)		X837I-BILL-PROV-SPECIALTY	X(30)
		PRV04	State or Province Code	ID	2-2	N/U								
		PRV05	PROVIDER SPECIALTY INFORMATION			N/U								
		PRV06	Provider Organization Code	ID	3-3	N/U								
CUR	**1**		**FOREIGN CURRENCY INFORMATION**			**S**				**LOOP 2000A, SEGMENT CUR (FOREIGN CURRENCY INFORMATION)**				
		CUR01	Entity Identifier Code	ID	2-3	R	85			X837I-PROV-CURRENCY-ENTY-CD	X(03)		X837I-CURRENCY-ENTITY-CODE	X(03)
		CUR02	Currency Code	ID	3-3	R				X837I-PROV-CURRENCY-CD	X(03)		X837I-CURRENCY-CODE	X(03)
		CUR03	Exchange Rate	R	4-10	N/U								
		CUR04	Entity Identifier Code	ID	2-3	N/U								
		CUR05	Currency Code	ID	3-3	N/U								
		CUR06	Currency Market/Exchange Code	ID	3-3	N/U								
		CUR07	Date/Time Qualifier	ID	3-3	N/U								
		CUR08	Date	DT	8-8	N/U								
		CUR09	Time	TM	4-8	N/U								
		CUR10	Date/Time Qualifier	ID	3-3	N/U								
		CUR11	Date	DT	8-8	N/U								
		CUR12	Time	TM	4-8	N/U								
		CUR13	Date/Time Qualifier	ID	3-3	N/U								
		CUR14	Date	DT	8-8	N/U								
		CUR15	Time	TM	4-8	N/U								
		CUR16	Date/Time Qualifier	ID	3-3	N/U								
		CUR17	Date	DT	8-8	N/U								
		CUR18	Time	TM	4-8	N/U								
		CUR19	Date/Time Qualifier	ID	3-3	N/U								

		CUR20	Date	DT	8-8	N/U								
		CUR21	Time	TM	4-8	N/U								
2010AA	**1**													
NM1	**1**		**Billing Provider Name**			**R**				**LOOP 2010AA, SEGMENT NM1 (BILLING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	85		Value is '85'	X837I-BILL-PROV-ENTY-CD	X(03)		X837I-BILL-PROV-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2			X837I-BILL-PROV-ENTY-TYP	X(01)		X837I-BILL-PROV-ENTITY-TYPE	X(01)
		NM103	Billing Provider Last or Organizational Name	AN	1-60	R		Increase from 35 - 60		X837I-BILL-PROV-NM	X(60)		X837I-BILL-PROV-NAME	X(35)
		NM104	Billing Provider First Name	AN	1-35	N/U		Increase from 25 - 35						
		NM105	Billing Provider Middle Name	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Billing Provider Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage change to Situational	Value is 'XX'	X837I-BILL-PROV-QL	X(02)		X837I-BILL-PROV-ID-QUAL	X(02)
		NM109	Billing Provider Identifier	AN	2-80	S			Value is 10 digit Blling NPI	X837I-BILL-PROV-ID	X(80)		X837I-BILL-PROV-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
N3	**1**		**BILLING PROVIDER ADDRESS**			**R**				**LOOP 2010AA, SEGMENT N3 (BILLING PROV ADDRESS)**				
		N301	Billing Provider Address Line	AN	1-55	R				X837I-BILL-PROV-ADDR1	X(55)		X837I-BILL-PROV-ADDR1	X(55)
		N302	Billing Provider Address Line	AN	1-55	S				X837I-BILL-PROV-ADDR2	X(55)		X837I-BILL-PROV-ADDR2	X(55)
N4	**1**		**BILLING PROVIDER CITY/STATE/ZIP CODE**			**R**				**LOOP 2010AA, SEGMENT N4 (BILLING PROVIDER CITY, STATE)**				
		N401	Billing Provider City Name	AN	2-30	R				X837I-BILL-PROV-CITY	X(30)		X837I-BILL-PROV-CITY	X(30)
		N402	Billing Provider State or Province Code	ID	2-2	S		Usage change to Situational		X837I-BILL-PROV-ST	X(02)		X837I-BILL-PROV-STATE	X(02)
		N403	Billing Provider Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational	9 digit Billing Provider Postal Zone	X837I-BILL-PROV-ZIP	X(15)		X837I-BILL-PROV-ZIP	X(15)
		N404	Country Code	ID	2-3	S				X837I-BILL-PROV-CNTRY	X(03)		X837I-BILL-PROV-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								
		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-BILL-PROV-CNTRY-SUB	X(03)			
REF	**1**		**BILLING PROVIDER TAX IDENTIFICATION**			**R**		# Repeats change from 8 to 1		**LOOP 2010AA, SEGMENT REF (BILLING PROVIDER TAX IDENTIFICATION 'SECONDARY ID')**				
		REF01	Reference Identification Qualifier	ID	2-3	R	EI	Code Deleted	Value is 'EI'	X837I-BILL-PROV-TX-SEC-QL	X(03)		X837I-BILL-PROV-ADDNL-ID-QUAL	X(03)
		REF02	Billing Provider Additional Identifier	AN	1-50	R		Increase from 30 - 50		X837I-BILL-PROV-TX-SEC-ID	X(50)		X837I-BILL-PROV-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								

		REF04	REFERENCE IDENTIFIER			N/U								
~~REF~~	**~~8~~**		**~~CREDIT/DEBIT CARD BILLING INFORMATION~~**			**~~S~~**		Segment Deleted		**~~LOOP 2010AA, SEGMENT REF (BILLING PROV CR/DB CARD INFO)~~**				
													~~X837I-BILL-PROV-CR-CARD-QUAL~~	~~X(03)~~
													~~X837I-BILL-PROV-CR-CARD-ID~~	~~X(30)~~
PER	**2 (see note)**		**BILLING PROVIDER CONTACT INFORMATION**			**S**	Note: This segment can repeat twice; occurances were seperated for mapping purposes.			**LOOP 2010AA, SEGMENT PER (BILLING PROVIDER CONTACT INFORMATION)**				
		PER01	Contact Function Code	ID	2-2	R	IC			X837I-BILL-PROV-CONTACT-CD1	X(02)		X837I-BILL-PROV-CONTACT-CODE	X(02)
		PER02	Billing Provider Contact Name	AN	1-60	S		change to Situational		X837I-BILL-PROV-CONTACT-NM1	X(60)		X837I-BILL-PROV-CONTACT-NAME	X(60)
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE			X837I-BILL-PROV-COMM-QL1	X(02)		X837I-BILL-PROV-COMM-QUAL	X(02)
		PER04	Communication Number	AN	1-256	R		Increase from 80 - 256		X837I-BILL-PROV-COMM-NUM1	X(256)		X837I-BILL-PROV-COMM-NUM	X(80)
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			X837I-BILL-PROV-COMM-QL1	X(02)		X837I-BILL-PROV-COMM-QUAL	X(02)
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-BILL-PROV-COMM-NUM1	X(256)		X837I-BILL-PROV-COMM-NUM	X(80)
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			X837I-BILL-PROV-COMM-QL1	X(02)		X837I-BILL-PROV-COMM-QUAL	X(02)
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-BILL-PROV-COMM-NUM1	X(256)		X837I-BILL-PROV-COMM-NUM	X(80)
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
PER	**2 (see note)**		**BILLING PROVIDER CONTACT INFORMATION**			**S**	Note: 2nd occurrance			**LOOP 2010AA, SEGMENT PER (BILLING PROVIDER CONTACT INFORMATION)**				
		PER01	Contact Function Code	ID	2-2	R	IC			X837I-BILL-PROV-CONTACT-CD2	X(02)			
		PER02	Billing Provider Contact Name	AN	1-60	S		Usage change to Situational		X837I-BILL-PROV-CONTACT-NM2	X(60)			
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE			X837I-BILL-PROV-COMM-QL2	X(02)			
		PER04	Communication Number	AN	1-256	R		Increase from 80 - 256		X837I-BILL-PROV-COMM-NUM2	X(256)			
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			X837I-BILL-PROV-COMM-QL2	X(02)			
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-BILL-PROV-COMM-NUM2	X(256)			
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			X837I-BILL-PROV-COMM-QL2	X(02)			
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		X837I-BILL-PROV-COMM-NUM2	X(256)			
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
2010AB	**1**													
NM1	**1**		**PAY-TO ADDRESS NAME**			**S**		Name Change		**~~LOOP 2010AB, SEGMENT~~ NM1 (PAYTO ADDRESS 'PROV' NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	87			X837I-PAYTO-PROV-ENTY-CD	X(03)		X837I-PAYTO-PROV-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2			X837I-PAYTO-PROV-ENTY-TYP	X(01)		X837I-PAYTO-PROV-ENTITY-TYPE	X(01)

		NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60						X837I-PAYTO-PROV-NAME	X(35)
		NM104	Pay-to Provider First Name	AN	1-35	N/U		Increase from 25 - 35 Name Change							
		NM105	Pay-to Provider Middle Name	AN	1-25	N/U		Name Change							
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Pay-to Provider Name Suffix	AN	1-10	N/U		Name Change							
		NM108	Identification Code Qualifier	ID	1-2	N/U		Code Deleted						~~X837I-PAYTO-PROV-ID-QUAL~~	~~X(02)~~
		NM109	Pay-to Provider Identifier	AN	2-80	N/U								~~X837I-PAYTO-PROV-ID~~	~~X(80)~~
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Entity Identifier Code	ID	2-3	N/U									
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element							
N3	**1**		**PAY-TO PROVIDER ADDRESS**			**R**				**LOOP 2010AB, SEGMENT N3 (PAYTO ADDRESS 'PROV')**					
		N301	Pay-to Provider Address Line	AN	1-55	R				X837I-PAYTO-PROV-ADDR1	X(55)			X837I-PAYTO-PROV-ADDR1	X(55)
		N302	Pay-to Provider Address Line	AN	1-55	S				X837I-PAYTO-PROV-ADDR2	X(55)			X837I-PAYTO-PROV-ADDR2	X(55)
N4	**1**		**PAY-TO PROVIDER CITY/STATE/ZIP CODE**			**R**				**LOOP 2010AB, SEGMENT N4 (PAYTO ADDRESS 'PROV' CITY, STATE)**					
		N401	Pay-to Provider City Name	AN	2-30	R				X837I-PAYTO-PROV-CITY	X(30)			X837I-PAYTO-PROV-CITY	X(30)
		N402	Pay-to Provider State Code	ID	2-2	S		Usage change to Situational		X837I-PAYTO-PROV-ST	X(02)			X837I-PAYTO-PROV-STATE	X(02)
		N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational		X837I-PAYTO-PROV-ZIP	X(15)			X837I-PAYTO-PROV-ZIP	X(15)
		N404	Pay-to Provider Country Code	ID	2-3	S				X837I-PAYTO-PROV-CNTRY	X(03)			X837I-PAYTO-PROV-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U									
		N406	Location Identifier	AN	1-30	N/U									
		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-PAYTO-PROV-CNTRY-SUB	X(03)				
~~**REF**~~	~~**5**~~		~~**PAY-TO PROVIDER SECONDARY IDENTIFICATION**~~			~~**S**~~		Segment Deleted		~~**LOOP 2010AB, SEGMENT REF (PAYTO PROV SECONDARY ID)**~~					
														~~X837I-PAYTO-PROV-ADDNL-ID-QUAL~~	~~X(03)~~
														~~X837I-PAYTO-PROV-ADDNL-ID~~	~~X(30)~~
2010AC	**1**														
NM1	**1**		**PAY TO PLAN NAME**			**S**		New Segment		**LOOP 2010AC, SEGMENT NM1 (PAYTO PLAN NAME)**					
		NM101	Entity Identifier Code	ID	2-3	R	PE			X837I-PAYTO-PLAN-ENTY-CD	X(03)				
		NM102	Entity Type Qualifier	ID	1-1	R	2			X837I-PAYTO-PLAN-ENTY-TYP	X(01)				
		NM103	Pay to Plan Organizational Name	AN	1-60	R				X837I-PAYTO-PLAN-NM	X(60)				
		NM104	Name First	AN	1-35	N/U									
		NM105	Name Middle	AN	1-25	N/U									

		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	R	PI, XV			X837I-PAYTO-PLAN-QL	X(02)			
		NM109	Identification Code	AN	2-80	R				X837I-PAYTO-PLAN-ID	X(80)			
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
N3	**1**		**PAY-TO PLAN ADDRESS**			**R**		New Segment		**LOOP 2010AC, SEGMENT N3 (PAYTO PLAN ADDRESS)**				
		N301	Pay-to Plan Address Line	AN	1-55	R				X837I-PAYTO-PLAN-ADDR1	X(55)			
		N302	Pay-to Plan Address Line	AN	1-55	S				X837I-PAYTO-PLAN-ADDR2	X(55)			
N4	**1**		**PAY-TO PLAN CITY/STATE/ZIP CODE**			**R**		New Segment		**LOOP 2010AC, SEGMENT N4 (PAYTO PLAN CITY,STATE,ZIP)**				
		N401	Pay-to Plan City Name	AN	2-30	R				X837I-PAYTO-PLAN-CITY	X(30)			
		N402	Pay-to Plan State Code	ID	2-2	S				X837I-PAYTO-PLAN-ST	X(02)			
		N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S				X837I-PAYTO-PLAN-ZIP	X(15)			
		N404	Pay-to Plan Country Code	ID	2-3	S				X837I-PAYTO-PLAN-CNTRY	X(03)			
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								
		N407	Country Subdivision Code	ID	1-3	S				X837I-PAYTO-PLAN-CNTRY-SUB	X(03)			
REF	**1**		**PAY-TO PLAN SECONDARY IDENTIFICATION**			**S**		New Segment		**LOOP 2010AC, SEGMENT REF (PAYTO PLAN SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	2U, FY, NF			X837I-PAYTO-PLAN-SEC-QL	X(03)			
		REF02	Reference Identification	AN	1-50	R				X837I-PAYTO-PLAN-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**PAY-TO PLAN TAX IDENTIFICATION**			**R**		New Segment		**LOOP 2010AC, SEGMENT REF (PAYTO PLAN TAX IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	EI			X837I-PAYTO-PLAN-TAX-QL	X(03)			
		REF02	Reference Identification	AN	1-50	R				X837I-PAYTO-PLAN-TAX-ID	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2000B	**>1**													
HL	**1**		**SUBSCRIBER HIERARCHICAL LEVEL**			**R**				**LOOP 2000B, SEGMENT HL (SUBSCRIBER HIERARCHIAL LEVEL)**				
		HL01	Hierarchical ID Number	AN	1-12	R				X837I-SUBS-HIER-NUM	X(12)	X837I-SUBSCR-HIER-NUM	X(12)	
		HL02	Hierarchical Parent ID Number	AN	1-12	R				X837I-SUBS-HIER-PARENT-NUM	X(12)	X837I-SUBSCR-HIER-PARENT-NUM	X(12)	
		HL03	Hierarchical Level Code	ID	1-2	R	22			X837I-SUBS-HIER-LVL-CD	X(02)	X837I-SUBSCR-HIER-LVL-CODE	X(02)	

		HL04	Hierarchical Child Code	ID	1-1	R	0, 1			X837I-SUBS-HIER-CHILD-CD	X(01)		X837I-SUBSCR-HIER-CHILD-CODE	X(01)
SBR	**1**		**SUBSCRIBER INFORMATION**			**R**				**SBR (SUBSCRIBER INFORMATION)**				
		SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Value is 'T'	X837I-SUBS-PYR-RESP-SEQ-CD	X(01)		X837I-SUBSCR-PYR-RESP-SEQ-CODE	X(01)
		SBR02	Individual Relationship Code	ID	2-2	S	18		Value is '18'	X837I-SUBS-RELATIONSHIP-CD	X(02)		X837I-SUBSCR-RELATIONSHIP-CODE	X(02)
		SBR03	Insured Group or Policy Number	AN	1-50	S		Increase from 30 - 50		X837I-SUBS-POLICY-NUM	X(50)		X837I-SUBSCR-POLICY-NUM	X(30)
		SBR04	Insured Group Name	AN	1-60	S				X837I-SUBS-PLAN-NM	X(60)		X837I-SUBSCR-PLAN-NAME	X(60)
		SBR05	Insurance Type Code	ID	1-3	N/U								
		SBR06	Coordination of Benefits Code	ID	1-1	N/U								
		SBR07	Yes/No Condition or Response Code	ID	1-1	N/U								
		SBR08	Employment Status Code	ID	2-2	N/U								
		SBR09	Claim Filing Indicator Code	ID	1-2	S	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA,	Code Change	Value is ZZ	X837I-SUBS-CLM-FILING-CD	X(02)		X837I-SUBSCR-CLM-FILING-CODE	X(02)
2010BA	**1**													
NM1	**1**		**SUBSCRIBER NAME**			**R**				**NM1 (SUBSCRIBER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	IL			X837I-SUBS-ENTY-CD	X(03)		X837I-SUBSCR-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Value is '1'	X837I-SUBS-ENTY-TYP	X(01)		X837I-SUBSCR-ENTITY-TYPE	X(01)
		NM103	Subscriber Last Name	AN	1-60	R		Increase from 35 - 60		X837I-SUBS-NM-LST	X(60)		X837I-SUBSCR-NAME-LAST	X(35)
		NM104	Subscriber First Name	AN	1-35	S		Increase from 25 - 35		X837I-SUBS-NM-FST	X(35)		X837I-SUBSCR-NAME-FIRST	X(25)
		NM105	Subscriber Middle Name	AN	1-25	S				X837I-SUBS-NM-MID	X(25)		X837I-SUBSCR-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Subscriber Name Suffix	AN	1-10	S				X837I-SUBS-NM-SFX	X(10)		X837I-SUBSCR-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	II, MI	Code Change Usage change to Required		X837I-SUBS-QL	X(02)		X837I-SUBSCR-ID-QUAL	X(02)
		NM109	Subscriber Primary Identifier	AN	2-80	S		Usage change to Required	Value is 9 digit MS Medicaid Recipient/Beneficiary ID.	X837I-SUBS-ID	X(80)		X837I-SUBSCR-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
N3	**1**		**SUBSCRIBER ADDRESS**			**S**			Required; Recipient Address details	**LOOP 2010BA, SEGMENT N3 (SUBSCRIBER ADDRESS)**				
		N301	Subscriber Address Line	AN	1-55	R				X837I-SUBS-ADDR1	X(55)		X837I-SUBSCR-ADDR1	X(55)
		N302	Subscriber Address Line	AN	1-55	S				X837I-SUBS-ADDR2	X(55)		X837I-SUBSCR-ADDR2	X(55)
N4	**1**		**SUBSCRIBER CITY/STATE/ZIP CODE**			**S**			Required; Recipient City, State, Zip code	**LOOP 2010BA, SEGMENT N4 (SUBSCRIBER CITY, STATE, ZIP)**				

		N401	Subscriber City Name	AN	2-30	R				X837I-SUBS-CITY	X(30)		X837I-SUBSCR-CITY	X(30)
		N402	Subscriber State Code	ID	2-2	S		Usage change to Situational		X837I-SUBS-ST	X(02)		X837I-SUBSCR-STATE	X(02)
		N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational		X837I-SUBS-ZIP	X(15)		X837I-SUBSCR-ZIP	X(15)
		N404	Subscriber Country Code	ID	2-3	S				X837I-SUBS-CNTRY	X(03)		X837I-SUBSCR-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								
		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-SUBS-CNTRY-SUB	X(03)			
DMG	**1**		**SUBSCRIBER DEMOGRAPHIC INFORMATION**			**S**			Requried; Recipient Demographic details	**LOOP 2010BA, SEGMENT DMG (SUBSCRIBER DEMOGRAPHIC INFORMATION)**				
		DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-SUBS-DOB-QL	X(03)			
		DMG02	Subscriber Birth Date	AN	1-35	R	CCYYMMDD			X837I-SUBS-DOB	X(35)		X837I-SUBSCR-DATE-OF-BIRTH	X(08)
		DMG03	Subscriber Gender Code	ID	1-1	R	F, M, U			X837I-SUBS-GENDER-CD	X(01)		X837I-SUBSCR-GENDER-CODE	X(01)
		DMG04	Marital Status Code	ID	1-1	N/U								
		DMG05	Race or Ethnicity Code	ID	1-1	N/U								
		DMG06	Citizenship Status Code	ID	1-2	N/U								
		DMG07	Country Code	ID	2-3	N/U								
		DMG08	Basis of Verification Code	ID	1-2	N/U								
		DMG09	Quantity	R	1-15	N/U								
		DMG10	Code List Qualifier Code	ID	1-3	N/U		New Element						
		DMG11	Industry Code	AN	1-30	N/U		New Element						
REF	**1**		**SUBSCRIBER SECONDARY IDENTIFICATION**			**S**		Changed from 4 to 1 occurs.		**REF (SUBSCRIBER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	SY	Codes Deleted		X837I-SUBS-SEC-QL	X(03)		X837I-SUBSCR-ADDNL ID-QUAL	X(03)
		REF02	Subscriber Supplemental Identifier	AN	1-50	R		Increase from 30 - 50		X837I-SUBS-SEC-ID	X(50)		X837I-SUBSCR-ADDNL ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**PROPERTY AND CASUALTY CLAIM NUMBER**			**S**				**LOOP 2010BA, SEGMENT REF (SUBSCRIBER PROPERTY & CASUALTY CLAIM NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	Y4			X837I-SUBS-PROP-QL	X(03)		X837I-SUBSCR-PROPERTY-ID-QUAL	X(03)
		REF02	Property Casualty Claim Number	AN	1-50	R		Increase rom 30 - 50		X837I-SUBS-PROP-ID	X(50)		X837I-SUBSCR-PROPERTY-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
~~**NM1**~~	~~**1**~~		~~**CREDIT/DEBIT CARD ACCOUNT HOLDER NAME**~~			~~**S**~~		Segment Deleted		~~**LOOP 2010BB, SEGMENT NM1 (CR/DB CARD HOLDER NAME)**~~				
													~~X837I-SUBS-CR-CARD-ENTITY-CODE~~	~~X(03)~~
													~~X837I-SUBS-CR-CARD-ENTITY-TYPE~~	~~X(01)~~

													X837I-SUBS-CR-CARD-NAME-LAST	X(35)
													X837I-SUBS-CR-CARD-NAME-FIRST	X(25)
													X837I-SUBS-CR-CARD-NAME-MIDDLE	X(25)
													X837I-SUBS-CR-CARD-NAME-SFX	X(10)
													X837I-SUBS-CR-CARD-ID-QUAL	X(02)
													X837I-SUBS-CR-CARD-ID	X(80)
REF			**CREDIT/DEBT CARD INFORMATION**			**S**		Segment Deleted		**LOOP 2010BB, SEGMENT REF (CR/DB CARD INFO)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	AB, BB						X837I-SUBS-CR-ID-QUAL	X(03)
		REF02	Credit or Debt Card Authorization Number	AN	1-30	R							X837I-SUBS-CR-ID	X(30)
2010BB	**1**													
NM1	**1**		**PAYER NAME**			**R**		Loop Change		**LOOP 2010BB, SEGMENT NM1 (PAYER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	PR		Value is 'PR'	X837I-PYR-ENTY-CD	X(03)		X837I-PAYER-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2		Value is '2'	X837I-PYR-ENTY-TYP	X(01)		X837I-PAYER-ENTITY-TYPE	X(01)
		NM103	Payer Name	AN	1-60	R		Increase from 35 - 60	Mississippi Division Of Medicaid	X837I-PYR-NM	X(60)		X837I-PAYER-NAME	X(35)
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35						
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	R	PI, XV		Value is 'PI'	X837I-PYR-QL	X(02)		X837I-PAYER-ID-QUAL	X(02)
		NM109	Payer Identifier	AN	2-80	R			Value is 77032	X837I-PYR-ID	X(80)		X837I-PAYER-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
N3	**1**		**PAYER ADDRESS**			**S**		Loop Change		**LOOP 2010BB, SEGMENT N3 (PAYER ADDRESS)**				
		N301	Payer Address Line	AN	1-55	R				X837I-PYR-ADDR1	X(55)		X837I-PAYER-ADDR1	X(55)
		N302	Payer Address Line	AN	1-55	S				X837I-PYR-ADDR2	X(55)		X837I-PAYER-ADDR2	X(55)
N4	**1**		**PAYER CITY/STATE/ZIP CODE**			**S**		Loop Change		**LOOP 2010BB, SEGMENT N4 (PAYER CITY, STATE, ZIP)**				
		N401	Payer City Name	AN	2-30	R				X837I-PYR-CITY	X(30)		X837I-PAYER-CITY	X(30)
		N402	Payer State Code	ID	2-2	S		Usage change to Situational		X837I-PYR-ST	X(02)		X837I-PAYER-STATE	X(02)
		N403	Payer Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational		X837I-PYR-ZIP	X(15)		X837I-PAYER-ZIP	X(15)
		N404	Payer Country Code	ID	2-3	S				X837I-PYR-CNTRY	X(03)		X837I-PAYER-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								

		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-PYR-CNTRY-SUB	X(03)			
REF	**3**		**PAYER SECONDARY IDENTIFICATION**			**S**		Loop Change		**REF (PAYER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	2U, EI, FY, NF	Code Change		X837I-PYR-SEC-QL	X(03)		X837I-PAYER-ADDNL-ID-QUAL	X(03)
		REF02	Payer Additional Identifier	AN	1-50	R		Increase from 30 - 50		X837I-PYR-SEC-ID	X(50)		X837I-PAYER-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**BILLING PROVIDER SECONDARY IDENTIFICATION**			**S**		Segment Added	Required for atypicals or Non-Par providers	**LOOP 2010BB, SEGMENT REF (BILLING PROVIDER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU		Value is 'G2'	X837I-BILL-PROV-SEC-QL	X(03)			
		REF02	Payer Additional Identifier	AN	1-50	R			for atypicals and Non-Par, MSCHIP Provider is required.	X837I-BILL-PROV-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
~~**NM1**~~	~~**1**~~		~~**RESPONSIBLE PARTY NAME**~~			**S**		Segment Deleted		~~**LOOP 2010BD, SEGMENT NM1 (RESP PARTY NAME)**~~				
							~~QD~~						~~X837I-RESP-ENTITY-CODE~~	~~X(03)~~
													~~X837I-RESP-ENTITY-TYPE~~	~~X(01)~~
													~~X837I-RESP-NAME-LAST~~	~~X(35)~~
													~~X837I-RESP-NAME-FIRST~~	~~X(25)~~
													~~X837I-RESP-NAME-MIDDLE~~	~~X(25)~~
													~~X837I-RESP-NAME-SFX~~	~~X(10)~~
~~**N3**~~			~~**RESPONSIBLE PARTY ADDRESS**~~			**S**		Segment Deleted		~~**LOOP 2010BD, SEGMENT N3 (RESP PARTY ADDRESS)**~~				
													~~X837I-RESP-ADDR1~~	~~X(55)~~
													~~X837I-RESP-ADDR2~~	~~X(55)~~
~~**N4**~~			~~**RESPONSIBLE PARTY CITY/STATE/ZIP CODE**~~			**R**		Segment Deleted		~~**LOOP 2010BD, SEGMENT N4 (RESP PARTY CITY, STATE)**~~				
													~~X837I-RESP-CITY~~	~~X(30)~~
													~~X837I-RESP-STATE~~	~~X(02)~~
													~~X837I-RESP-ZIP~~	~~X(15)~~
													~~X837I-RESP-COUNTRY~~	~~X(03)~~
2000C	**>1**													

HL	**1**		**PATIENT HIERARCHICAL LEVEL**			**S**				**LOOP 2000C, SEGMENT HL (PATIENT HIERARCHIAL LEVEL) - PATIENT INFORMATION FOR DEPENDENT**			
		HL01	Hierarchical ID Number	AN	1-12	R				X837I-PAT-HIER-NUM	X(12)	X837I-DEPEND-HIER-NUM	X(12)
		HL02	Hierarchical Parent ID Number	AN	1-12	R				X837I-PAT-HIER-PARENT-NUM	X(12)	X837I-DEPEND-HIER-PARENT-NUM	X(12)
		HL03	Hierarchical Level Code	ID	1-2	R	23			X837I-PAT-HIER-LVL-CD	X(02)	X837I-DEPEND-HIER-LVL-CODE	X(02)
		HL04	Hierarchical Child Code	ID	1-1	R	0			X837I-PAT-HIER-CHILD-CD	X(01)	X837I-DEPEND-HIER-CHILD-CODE	X(01)
PAT	**1**		**PATIENT INFORMATION**			**R**				**LOOP 2000C, SEGMENT PAT (PATIENT INFORMATION)**			
		PAT01	Individual Relationship Code	ID	2-2	R	01, 19, 20, 21, 39, 40, 53, G8	Code Deleted		X837I-PAT-RELATIONSHIP-CD	X(02)	X837I-RELATIONSHIP-TO-INSURED	X(02)
		PAT02	Patient Location Code	ID	1-1	N/U							
		PAT03	Employment Status Code	ID	2-2	N/U							
		PAT04	Student Status Code	ID	1-1	N/U							
		PAT05	Date Time Period Format Qualifier	ID	2-3	N/U							
		PAT06	Patient Death Date	AN	1-35	N/U							
		PAT07	Unit or Basis for Measurement Code	ID	2-2	N/U							
		PAT08	Patient Weight	R	1-10	N/U							
		PAT09	Pregnancy Indicator	ID	1-1	N/U							
2010CA	**1**												
NM1	**1**		**PATIENT NAME**			**R**				**LOOP 2010CA, SEGMENT NM1 (PATIENT NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	QC			X837I-PAT-ENTY-CD	X(03)	X837I-DEPEND-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1			X837I-PAT-ENTY-TYP	X(01)	X837I-DEPEND-ENTITY-TYPE	X(01)
		NM103	Patient Last Name	AN	1-60	R		Increase from 35 - 60		X837I-PAT-NM-LST	X(60)	X837I-DEPEND-NAME-LAST	X(35)
		NM104	Patient First Name	AN	1-35	S		Increase from 25 - 35 Usage change to Situational		X837I-PAT-NM-FST	X(35)	X837I-DEPEND-NAME-FIRST	X(25)
		NM105	Patient Middle Name	AN	1-25	S				X837I-PAT-NM-MID	X(25)	X837I-DEPEND-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U							
		NM107	Patient Name Suffix	AN	1-10	S				X837I-PAT-NM-SFX	X(10)	X837I-DEPEND-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	N/U		Code Deleted Usage change to Not Used				~~X837I-DEPEND-ID-QUAL~~	~~X(02)~~
		NM109	Patient Primary Identifier	AN	2-80	N/U		Usage change to Not Used				~~X837I-DEPEND-ID~~	~~X(80)~~
		NM110	Entity Relationship Code	ID	2-2	N/U							
		NM111	Entity Identifier Code	ID	2-3	N/U							
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element					
N3	**1**		**PATIENT ADDRESS**			**R**				**LOOP 2010CA, SEGMENT N3 (PATIENT ADDRESS)**			

		N301	Patient Address Line	AN	1-55	R				X837I-PAT-ADDR1	X(55)		X837I-DEPEND-ADDR1	X(55)
		N302	Patient Address Line	AN	1-55	S				X837I-PAT-ADDR2	X(55)		X837I-DEPEND-ADDR2	X(55)
N4	**1**		**PATIENT CITY/STATE/ZIP CODE**			**R**				**LOOP 2010CA, SEGMENT N4 (PATIENT CITY, STATE, ZIP)**				
		N401	Patient City Name	AN	2-30	R				X837I-PAT-CITY	X(30)		X837I-DEPEND-CITY	X(30)
		N402	Patient State Code	ID	2-2	S		Usage change to Situational		X837I-PAT-ST	X(02)		X837I-DEPEND-STATE	X(02)
		N403	Patient Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational		X837I-PAT-ZIP	X(15)		X837I-DEPEND-ZIP	X(15)
		N404	Patient Country Code	ID	2-3	S				X837I-PAT-CNTRY	X(03)		X837I-DEPEND-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								
		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-PAT-CNTRY-SUB	X(03)			
DMG	**1**		**PATIENT DEMOGRAPHIC INFORMATION**			**R**				**LOOP 2010CA, SEGMENT DMG (PATIENT DEMOGRAPHIC DATA)**				
		DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-PAT-DOB-QL	X(03)			
		DMG02	Patient Birth Date	AN	1-35	R	CCYYMMDD			X837I-PAT-DOB	X(35)		X837I-DEPEND-DATE-OF-BIRTH	X(08)
		DMG03	Patient Gender Code	ID	1-1	R	F, M, U			X837I-PAT-GENDER-CD	X(01)		X837I-DEPEND-GENDER-CODE	X(01)
		DMG04	Marital Status Code	ID	1-1	N/U								
		DMG05	Race or Ethnicity Code	ID	1-1	N/U								
		DMG06	Citizenship Status Code	ID	1-2	N/U								
		DMG07	Country Code	ID	2-3	N/U								
		DMG08	Basis of Verification Code	ID	1-2	N/U								
		DMG09	Quantity	R	1-15	N/U								
		DMG10	Code List Qualifier Code	ID	1-3	N/U		New Element						
		DMG11	Industry Code	AN	1-30	N/U		New Element						
~~**REF**~~	~~**5**~~		~~**PATIENT SECONDARY IDENTIFICATION NUMBER**~~			~~**S**~~		Segment Deleted		~~**LOOP 2010CA, SEGMENT REF (PATIENT SECONDARY ID)**~~				
													~~X837I-DEPEND-ADDNL ID-QUAL~~	~~X(03)~~
													~~X837I-DEPEND-ADDNL ID~~	~~X(30)~~
REF	**1**		**PROPERTY AND CASUALTY CLAIM NUMBER**			**S**				**LOOP 2010CA, SEGMENT REF (PATIENT PROPERTY & CASUALTY CLAIM NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	Y4			X837I-PAT-PROP-CLM-QL	X(03)		X837I-DEPEND-PROPERTY-ID-QUAL	X(03)
		REF02	Property Casualty Claim Number	AN	1-50	R		Increase from 30 - 50		X837I-PAT-PROP-CLM-NUM	X(50)		X837I-DEPEND-PROPERTY-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								

REF	**1**		**PROPERTY AND CASUALTY PATIENT IDENTIFIER**			**S**				**LOOP 2010CA, SEGMENT REF (PATIENT PROPERTY/PATIENT IDENTIFIER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	1W, SY	New Element but NU		X837I-PAT-PROP-QL				
		REF02	Property and Casualty Patient Identifier	AN	1-50	R		New Element but NU		X837I-PAT-PROP-ID				
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2300	**100**													
CLM	**1**		**CLAIM INFORMATION**			**R**				**LOOP 2300, SEGMENT CLM (CLAIM INFORMATION)**				
		CLM01	Patient Account Number	AN	1-38	R				X837I-CL-PAT-ACCT-NUM	X(38)		X837I-CLM-PATIENT-ACCOUNT-NUM	X(38)
		CLM02	Total Claim Charge Amount	R	1-18	R				X837I-CL-TOT-CHRG-AMT	S9(16)V99		X837I-CLM-TOT-CHARGE-AMT	S9(16)V99
		CLM03	Claim Filing Indicator Code	ID	1-2	N/U								
		CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U								
		CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R								
		CLM05-1	Facility Type Code	AN	1-2	R				X837I-CL-PLACE-OF-SVC-CD	X(02)		X837I-FACILITY-TYPE-CODE	X(02)
		CLM05-2	Facility Code Qualifier	ID	1-2	R	A			X837I-CL-PLACE-OF-SVC-QL	X(02)		X837I-FACILITY-CODE-QUAL	X(02)
		CLM05-3	Claim Frequency Code	ID	1-1	R			This is a required data element. Please submit a valid code from the National Uniform Billing Data Element Specifications for Type of Bill, position 3. Submit "7" for Replacement of prior Claim OR Submit "8" for Void/Cancel of Prior Claim OR '1' - Original Claim. See also 2300/REF02.	X837I-CL-FREQ-CD	X(01)	X837I-CLM-FREQ-CODE	X(01)
deleted from copybook		CLM06	Provider or Supplier Signature Indicator	ID	1-1	N/U	N, Y			X837I-CLM-PROV-SIG-ON-	X(01)		X837I-CLM-PROV-SIG-ON-FILE	X(01)
		CLM07	Medicare Assignment Code	ID	1-1	R	A, B, C	Code Added		X837I-CL-MCARE-ASSIGN-CD	X(01)		X837I-CLM-MCARE-ASSIGN-CODE	X(01)
		CLM08	Benefits Assignment Certification Indicator	ID	1-1	R	N, W, Y	Code Added		X837I-CL-ASSIGN-BENE-IND	X(01)		X837I-CLM-ASSIGN-BENE-IND	X(01)
		CLM09	Release of Information Code	ID	1-1	R	I, Y	Code Deleted		X837I-CL-RELEASE-OF-INFO-IND	X(01)		X837I-CLM-RELEASE-OF-INFO-IND	X(01)
		CLM10	Patient Signature Source Code	ID	1-1	N/U								
		CLM11	RELATED CAUSES INFORMATION			N/U								
		CLM12	Special Program Indicator	ID	2-3	**N/U**	02, 03, 05, 09	Usage change to Situational Code Added						
		CLM13	Yes/No Condition or Response Code	ID	1-1	N/U								
		CLM14	Level of Service Code	ID	1-3	N/U								

		CLM15	Yes/No Condition or Response Code	ID	1-1	N/U								
		CLM16	Participation Agreement	ID	1-1	N/U								
		CLM17	Claim Status Code	ID	1-2	N/U								
		CLM18	Yes/No Condition or Response Code	ID	1-1	N/U		**Usage change to Not Used**						
		CLM19	Claim Submission Reason Code	ID	2-2	N/U								
		CLM20	Delay Reason Code	ID	1-2	S	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 15	Code Added		X837I-CL-DELAY-REASON-CD	X(02)	X837I-CLM-DELAY-REASON-CODE	X(02)	
DTP	**1**		**DATE - DISCHARGE HOUR**			**S**				**LOOP 2300, SEGMENT DTP (DISCHARGE HOUR)**				
		DTP01	Date Time Qualifier	ID	3-3	R	96			X837I-CL-DISCHARGE-HOUR-CD	X(03)			
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	TM			X837I-CL-DISCHARGE-HOUR-QL	X(03)	X837I-DISCHARGE-HOUR-CODE	X(03)	
		DTP03	Discharge Time	AN	1-35	R	HHMM	Name Change		X837I-CL-DISCHARGE-HOUR	X(35)	X837I-DISCHARGE-HOUR	X(04)	
DTP	**1**		**DATE - STATEMENT DATES**			**R**		Usage change to Situational		**LOOP 2300, SEGMENT DTP (STATEMENT DATES)**				
		DTP01	Date Time Qualifier	ID	3-3	R	434			X837I-CL-SVC-DT-CD	X(03)			
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	RD8	Code Deleted		X837I-CL-SVC-DT-QL	X(03)	X837I-CLM-SVC-DATE-CODE	X(03)	
		DTP03	Statement From and To Date	AN	1-35	R	CCYYMMDDCCYYMMDD	Name Change	Value is the Service range of dates.CCYYMMDD - CCYYMMDD	X837I-CL-SVC-SPAN-DT	X(35)	DATE; X837I-CLM-SVC-LAST-DATE	X(08); X(08)	
DTP	**1**		**DATE - ADMISSION DATE/HOUR**			**S**				**LOOP 2300, SEGMENT DTP (ADMISSION DATE/HOUR)**				
		DTP01	Date Time Qualifier	ID	3-3	R	435		Value is '435'	X837I-CL-ADMIT-DT-	X(03)			
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, DT	Code Added	Value is 'DT'	X837I-CL-ADMIT-DT-HOUR-QL	X(03)	X837I-ADMIT-DATE-HOUR-CODE	X(03)	
		DTP03	Admission Date and Hour	AN	1-35	R	CCYYMMDD, CCYYMMDDHHMM	Code Added	Value is the Admission Date	X837I-CL-ADMIT-DT-HOUR	X(35)	X837I-ADMIT-DATE; X837I-ADMIT-HOUR	X(08); X(04)	
DTP	**1**		**DATE - REPRICER RECEIVED DATE**			**S**		New Segment		**LOOP 2300, SEGMENT DTP (REPRICER RECEIVED DATE)**				
		DTP01	Date Time Qualifier	ID	3-3	R	050			X837I-CL-REPRC-DT-CD	X(03)			
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-REPRC-DT-QL	X(03)			
		DTP03	Order Date	AN	1-35	R	CCYYMMDD			X837I-CL-REPRC-DT	X(35)			
CL1	**1**		**INSTITUTIONAL CLAIM CODE**			**R**				**LOOP 2300, SEGMENT CL1 (INSTITUTIONAL CLAIM CODE)**				
		CL101	Admission Type Code	ID	1-1	R				X837I-CL-ADMT-TYP-CD	X(01)	X837I-ADMISSION-TYPE-CODE	X(01)	
		CL102	Admission Source Code	ID	1-1	S				X837I-CL-ADMT-SOURCE-CD	X(01)	X837I-ADMISSION-SOURCE-CODE	X(01)	
		CL103	Patient Status Code	ID	1-2	R		Usage change to Required		X837I-CL-PAT-STATUS-CD	X(02)	X837I-PATIENT-STATUS-CODE	X(02)	
		CL104	Nursing Home Code	ID	1-1	NU								

PWK	**10**		**CLAIM SUPPLEMENTAL INFORMATION**			**S**				**PWK (CLAIM SUPPLEMENTAL INFORMATION)**				
		PWK01	Attachment Report Type Code	ID	2-2	R	03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	Code Added		X837I-CL-PWK-TYP	X(02)	X837I-CLM-PWK-TYPE	X(02)
		PWK02	Attachment Transmission Code	ID	1-2	R	AA, BM, EL, EM, FT, FX	Code Added		X837I-CL-PWK-XMIT-CD	X(02)	X837I-CLM-PWK-TRANSMIT-CODE	X(02)
		PWK03	Report Copies Needed	N0	1-2	N/U							
		PWK04	Entity Identifier Code	ID	2-3	N/U							
		PWK05	Identification Code Qualifier	ID	1-2	S	AC			X837I-CL-PWK-CTL-NUM-QL	X(02)	X837I-CLM-PWK-CTL-NUM-QUAL	X(02)
		PWK06	Attachment Control Number	AN	2-80	S				X837I-CL-PWK-CTL-NUM	X(80)	X837I-CLM-PWK-CTL-NUM	X(80)
		PWK07	Description	AN	1-80	N/U		Usage change to Not Used				~~X837I-CLM-PWK-DESC~~	~~X(80)~~
		PWK08	ACTIONS INDICATED			N/U							
		PWK09	Request Category Code	ID	1-2	N/U							
CN1	**1**		**CONTRACT INFORMATION**			**S**				**LOOP 2300, SEGMENT CN1 (CONTRACT INFORMATION)**			
		CN101	Contract Type Code	ID	2-2	R	01, 02, 03, 04, 05, 06, 09			X837I-CL-CONTRACT-TYP	X(02)	X837I-CLM-CONTRACT-TYPE	X(02)
		CN102	Contract Amount	R	1-18	S				X837I-CL-CONTRACT-AMT	S9(16)V99	X837I-CLM-CONTRACT-AMT	S9(16)V99
		CN103	Contract Percentage	R	1-6	S				X837I-CL-CONTRACT-PCT	S9(4)V9(2)	X837I-CLM-CONTRACT-PCT	S9(4)V9(2)
		CN104	Contract Code	AN	1-50	S		Increase from 30 - 50		X837I-CL-CONTRACT-CD	X(50)	X837I-CLM-CONTRACT-CODE	X(30)
		CN105	Terms Discount Percent	R	1-6	S				X837I-CL-CONTRACT-DISC-PCT	S9(4)V9(2)	X837I-CLM-CONTRACT-DISC-PCT	S9(4)V9(2)
		CN106	Contract Version Identifier	AN	1-30	S				X837I-CL-CONTRACT-VER	X(30)	X837I-CLM-CONTRACT-VERSION	X(30)
~~**AMT**~~	~~**1**~~		~~**PAYER ESTIMATED AMOUNT DUE**~~			~~**S**~~		Segment Deleted		~~**LOOP 2300, SEGMENT AMT (PAYER EST AMT DUE)**~~			
												~~X837I-PYR-EST-DUE-AMT-CODE~~	~~X(03)~~
												~~X837I-PYR-EST-DUE-AMT~~	~~S9(16)V99~~
AMT	**1**		**PATIENT ESTIMATED AMOUNT DUE**			**S**				**LOOP 2300, SEGMENT AMT (PATIENT ESTIMATED AMOUNT DUE)**			
		AMT01	Amount Qualifier Code	ID	1-3	R	F3			X837I-CL-PAT-EST-DUE-AMT-CD	X(03)	X837I-PAT-EST-DUE-AMT-CODE	X(03)

		AMT02	Patient Responsibility Amount	R	1-18	R				X837I-CL-PAT-EST-DUE-AMT	S9(16)V99		X837I-PAT-EST-DUE-AMT	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
~~**AMT**~~	~~**1**~~		~~**PATIENT PAID AMOUNT**~~			~~**S**~~		Segment Deleted		~~**LOOP 2300, SEGMENT AMT (PATIENT PAID AMT)**~~				
													~~X837I-PAT-PAID-AMT-CODE~~	~~X(03)~~
													~~X837I-PAT-PAID-AMT~~	~~S9(16)V99~~
~~**AMT**~~	~~**1**~~		~~**CREDIT/DEBIT CARD MAXIMUM AMOUNT**~~			~~**S**~~		Segment Deleted		~~**LOOP 2300, SEGMENT AMT (PATIENT CR/DB CARD MAX AMT)**~~				
													~~X837I-PAT-CR-MAX-AMT-CODE~~	~~X(03)~~
													~~X837I-PAT-CR-MAX-AMT~~	~~S9(16)V99~~
REF	**1**		**SERVICE AUTHORIZATION EXCEPTION CODE**			**S**				**LOOP 2300, SEGMENT REF (SERVICE AUTHORIZATION EXCEPTION CODE)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	4N			X837I-CL-SVC-AUTH-EXCEPTION-QL	X(03)		X837I-SVC-AUTH-EXCEPTION-QUAL	X(03)
		REF02	Service Authorization Exception Code	AN	1-50	R	1, 2, 3, 4, 5, 6, 7	Increase from 30 - 50		X837I-CL-SVC-AUTH-EXCPT	X(50)		X837I-SVC-AUTH-EXCEPTION	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**REFERRAL NUMBER**			**S**		New Segment		**REF (REFERRAL NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	9F			X837I-CL-REFR-NUM-QL	X(03)			
		REF02	Referral Number	AN	1-50	R				X837I-CL-REFR-NUM	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**PRIOR AUTHORIZATION**			**S**		# Repeats change to 1		**LOOP 2300, SEGMENT REF (PRIOR AUTHORIZATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	G1	Code Deleted		X837I-CL-PA-QL	X(03)		X837I-CLM-PRIOR-AUTH-QUAL	X(03)
		REF02	Prior Authorization	AN	1-50	R		Increase from 30 - 50 Name Change		X837I-CL-PA	X(50)		X837I-CLM-PRIOR-AUTH	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**PAYER CLAIM CONTROL NUMBER**			**S**		Name Change	Required, when submitting Voids or adjustments or in correcting a previously denied encounter	**LOOP 2300, SEGMENT REF (PAYER CLAIM CONTROL NUMBER 'TCN')**				
		REF01	Reference Identification Qualifier	ID	2-3	R	F8		Value is 'F8'	X837I-CL-ORIG-TCN-QL	X(03)		X837I-ORIG-TCN-QUAL	X(03)

		REF02	Claim Original Reference Number	AN	1-50	R		Increase from 30 - 50	Please submit the 17-digit transaction control number (TCN), assigned by the MS MMIS adjudication system,. Please note, that the previously submitted MSCHIP encounter TCN can be obtained from either the electronic 835 (RA) or 277 CA Claim status response files.	X837I-CL-ORIG-TCN	X(50)	X837I-ORIG-TCN	X(30)
		REF03	Description	AN	1-80	N/U							
		REF04	REFERENCE IDENTIFIER			N/U							
REF	**1**		**REPRICED CLAIM NUMBER**			**S**				**LOOP 2300, SEGMENT REF (REPRICED CLAIM NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9A			X837I-CL-REPRD-CLM-QL	X(03)	X837I-CLM-REPRICED-CLM-QUAL	X(03)
		REF02	Repriced Claim Reference Number	AN	1-50	R		Increase from 30 - 50		X837I-CL-REPRD-CLM-NUM	X(50)	X837I-CLM-REPRICED-CLM-NUM	X(30)
		REF03	Description	AN	1-80	N/U							
		REF04	REFERENCE IDENTIFIER			N/U							
REF	**1**		**ADJUSTED REPRICED CLAIM NUMBER**			**S**				**LOOP 2300, SEGMENT REF (ADJUSTED REPRICED CLAIM NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9C			X837I-CL-ADJ-REPRD-CLM-QL	X(03)	X837I-CLM-ADJUSTED-CLM-QUAL	X(03)
		REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R		Increase from 30 - 50		X837I-CL-ADJ-REPRD-CLM-NUM	X(50)	X837I-CLM-ADJUSTED-CLM-NUM	X(30)
		REF03	Description	AN	1-80	N/U							
		REF04	REFERENCE IDENTIFIER			N/U							
REF	**5**		**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**			**S**				**LOOP 2300, SEGMENT REF (INVESTIGATIONAL DEVICE EXEMPTION NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	LX			X837I-CL-INVST-DEV-EXEMP-QL	X(03)	X837I-INVEST-DEV-EXEMP-ID-QUAL	X(03)
		REF02	Investigational Device Exemption Number	AN	1-50	R		Increase from 30 - 50		X837I-CL-INVEST-DEV-EXEMP-ID	X(50)	X837I-INVEST-DEV-EXEMP-ID	X(30)
		REF03	Description	AN	1-80	N/U							
		REF04	REFERENCE IDENTIFIER			N/U							
REF	**1**		**CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**			**S**				**LOOP 2300, SEGMENT REF (CLAIM IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**			
		REF01	Reference Identification Qualifier	ID	2-3	R	D9			X837I-CL-CLRHSE-TRACE-QL	X(03)	X837I-CLEARHOUSE-TRACE-QUAL	X(03)
		REF02	Clearinghouse Trace Number	AN	1-50	R		30 - 50 Name Change		X837I-CL-CLRHSE-TRACE-NUM	X(50)	X837I-CLEARHOUSE-TRACE-NUM	X(30)
		REF03	Description	AN	1-80	N/U							
		REF04	REFERENCE IDENTIFIER			N/U							
~~REF~~	**~~2~~**		**~~DOCUMENT IDENTIFICATION CODE~~**			**S**		Segment Deleted		**~~LOOP 2300, SEGMENT REF (DOCUMENT ID)~~**			

													~~X837I-DOC-ID-QUAL~~	~~X(03)~~	
													~~X837I-DOC-ID~~	~~X(30)~~	
REF	**1**		**AUTO ACCIDENT STATE**			**S**		New Segment			**LOOP 2300, SEGMENT REF (AUTO ACCIDENT STATE)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	LU				X837I-CL-AUTO-ACCIDENT-ST-QL	X(03)			
		REF02	Auto Accident State or Province	AN	1-50	R					X837I-CL-AUTO-ACCIDENT-ST	X(50)			
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**MEDICAL RECORD NUMBER**			**S**					**REF (MEDICAL RECORD NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	EA				X837I-CL-MEDICAL-REC-NUM-QL	X(03)		X837I-MEDICAL-REC-NUM-QUAL	X(03)
		REF02	Medical Record Number	AN	1-50	R		Increase from 30 - 50			X837I-CL-MEDICAL-REC-NUM	X(50)		X837I-MEDICAL-REC-NUM	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**DEMONSTRATION PROJECT IDENTIFIER**			**S**					**LOOP 2300, SEGMENT REF (DEMONSTRATION PROJECT IDENTIFIER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	P4				X837I-CL-DEMO-PROJECT-QL	X(03)		X837I-DEMO-PROJECT-ID-QUAL	X(03)
		REF02	Demonstration Project Identifier	AN	1-50	R		Increase from 30 - 50			X837I-CL-DEMO-PROJECT-ID	X(50)		X837I-DEMO-PROJECT-ID	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**PEER REVIEW ORGANIZARION (PRO) APPROVAL NUMBER**			**S**					**LOOP 2300, SEGMENT REF (PEER REVIEW ORGANIZATION 'PRO' APPROVAL NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	G4				X837I-CL-PRO-AUTH-NUM-QL	X(03)		X837I-PRO-AUTH-NUM-QUAL	X(03)
		REF02	PRO Number	AN	1-50	R		Increase from 30 - 50			X837I-CL-PRO-AUTH-NUM	X(50)		X837I-PRO-AUTH-NUM	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
K3	**10**		**FILE INFORMATION**			**S**					**LOOP 2300, SEGMENT K3 (FILE INFORMATION)**				
		K301	Fixed Format Information	AN	1-80	R					X837I-CL-K3-FILE-INFO	X(80)		X837I-CLM-FILE-INFO	X(80)
		K302	Record Format Code	ID	1-2	N/U									
		K303	COMPOSITE UNIT OF MEASURE			N/U									
NTE	**10**		**CLAIM NOTE**			**S**			**Required**		**LOOP 2300, SEGMENT NTE (CLAIM NOTE)**				
		NTE01	Note Reference Code	ID	3-3	R	~~AEC, DGP~~ DGN, DME, MED, NTR, ODT, RHB,		Please use the qualifier ADD' to indicate additional information		X837I-CL-NOTE-CD	X(03)		X837I-CLM-NOTE-CODE	X(03)

		NTE02	Claim Note Text	AN	1-80	R			Please submit a VALUE of 'Y/N' to indicate PAR / NON-PAR providers followed by 'CLAIM RECEIVED DATE' in CCYYMMDD format. The sample value would look something similar: 'Y20110101'	X837I-CL-NOTE	X(80)	X837I-CLM-NOTE	X(80)
NTE	**1**		**BILLING NOTE**			**S**				**LOOP 2300, SEGMENT NTE (BILLING NOTE)**				
		NTE01	Note Reference Code	ID	3-3	R	ADD			X837I-CL-BILLING-NOTE-CD	X(03)	X837I-BILLING-NOTE-CODE	X(03)
		NTE02	Billing Note Text	AN	1-80	R				X837I-CL-BILLING-NOTE	X(80)	X837I-BILLING-NOTE	X(80)
~~**CR6**~~	~~**1**~~		~~**HOME HEALTH CARE INFORMATION**~~			~~**S**~~		Segment Deleted		~~**LOOP 2300, SEGMENT CR6 (HOME HEALTH CARE INFO)**~~				
												~~X837I-HH-PROGNOSIS-CODE~~	~~X(01)~~
												~~X837I-HH-START-DATE~~	~~X(08)~~
												~~X837I-HH-CERT-START-DATE; X837I-HH-CERT-END-DATE~~	~~X(08)~~
												~~X837I-HH-DIAG-DATE~~	~~X(08)~~
												~~X837I-SKILL-NURSE-FAC-IND~~	~~X(01)~~
												~~X837I-MEDICARE-COVERAGE-IND~~	~~X(01)~~
												~~X837I-HH-CERT-TYPE-CODE~~	~~X(01)~~
												~~X837I-HH-SURGERY-DATE~~	~~X(08)~~
												~~X837I-HH-SVC-ID-QUAL~~	~~X(02)~~
												~~X837I-HH-SVC-ID~~	~~X(15)~~
												~~X837I-HH-PHYS-ORDER-DATE~~	~~X(08)~~
												~~X837I-HH-LAST-VISIT-DATE~~	~~X(08)~~
												~~X837I-HH-PHYS-CONTACT-DATE~~	~~X(08)~~
												~~X837I-HH-INPAT-START-DATE; X837I-HH-INPAT-END-DATE~~	~~X(08)~~
												~~X837I-HH-DISCHARGE-FACILITY~~	~~X(01)~~
												~~X837I-HH-SEC-DIAG-DATE-1~~	~~X(08)~~
												~~X837I-HH-SEC-DIAG-DATE-2~~	~~X(08)~~
												~~X837I-HH-SEC-DIAG-DATE-3~~	~~X(08)~~
												~~X837I-HH-SEC-DIAG-DATE-4~~	~~X(08)~~
~~**CRC**~~	~~**3**~~		~~**HOME HEALTH FUNCTIONAL LIMITATIONS**~~			~~**S**~~		Segment Deleted		~~**LOOP 2300, SEGMENT CRC (HOME HEALTH FUNCTIONAL LIMITS)**~~			
												~~X837I-CLM-COND-CODE-CAT~~	~~X(02)~~
												~~X837I-CLM-COND-CERT-IND~~	~~X(01)~~
												~~X837I-CLM-COND-CODE~~	~~X(02)~~
												~~X837I-CLM-COND-CODE~~	~~X(02)~~
												~~X837I-CLM-COND-CODE~~	~~X(02)~~
												~~X837I-CLM-COND-CODE~~	~~X(02)~~

													X837I-CLM-COND-CODE	X(02)
CRC	**3**		**HOME HEALTH FUNCTIONAL LIMITATIONS**			**S**		Segment Deleted		**LOOP 2300, SEGMENT CRC (HOME HEALTH ACTIVITIES PERMITTED)**				
													X837I-HH-COND-CODE-CAT	X(02)
													X837I-HH-COND-CERT-IND	X(01)
													X837I-HH-COND-CODE	X(02)
													X837I-HH-COND-CODE	X(02)
													X837I-HH-COND-CODE	X(02)
													X837I-HH-COND-CODE	X(02)
													X837I-HH-COND-CODE	X(02)
CRC	**2**		**HOME HEALTH MENTAL STATUS**			**S**		Segment Deleted		**LOOP 2300, SEGMENT CRC (HOME HEALTH MENTAL STATUS)**				
													X837I-HH-MENTAL-COND-CODE-CAT	X(02)
													X837I-HH-MENTAL-COND-CERT-IND	X(01)
													X837I-HH-MENTAL-COND-CODE	X(02)
													X837I-HH-MENTAL-COND-CODE	X(02)
													X837I-HH-MENTAL-COND-CODE	X(02)
													X837I-HH-MENTAL-COND-CODE	X(02)
													X837I-HH-MENTAL-COND-CODE	X(02)
													X837I-HH-MENTAL-COND-CODE	X(02)
CRC	**1**		**EPSDT REFERRAL**			**S**		New Segment		**LOOP 2300, SEGMENT CRC (EPSDT REFERRAL)**				
		CRC01	Code Category	ID	2-2	R	ZZ			X837I-CL-EPSDT-REFR-CAT-CD	X(02)			
		CRC02	Certification Condition Indicator	ID	1-1	R	N, Y			X837I-CL-EPSDT-CERT-COND-IND	X(01)			
		CRC03	Condition Code	ID	2-3	R	AV, NU, S2, ST			X837I-CL-EPSDT-COND-CD1	X(03)			
		CRC04	Condition Code	ID	2-3	S	AV, NU, S2, ST			X837I-CL-EPSDT-COND-CD2	X(03)			
		CRC05	Condition Code	ID	2-3	S	AV, NU, S2, ST			X837I-CL-EPSDT-COND-CD3	X(03)			
		CRC06	Condition Indicator	ID	2-3	N/U								
		CRC07	Condition Indicator	ID	2-3	N/U								
HI	**1**		**PRINCIPAL DIAGNOSIS**			**R**		Usage change to Required		**LOOP 2300, SEGMENT HI (PRINCIPAL DIAGNOSIS)**				
		HI01	HEALTH CARE CODE INFORMATION			R								
		HI01-1	Diagnosis Type Code	ID	1-3	R	ABK, BK	Name Change	Value is 'ABK'	X837I-CL-PRIN-DIAG-QL	X(03)		X837I-PRIM-DIAG-QUAL	X(03)
		HI01-2	Principal Diagnosis Code	AN	1-30	R		Name Change	Principal Diagnosis code	X837I-CL-PRIN-DIAG-CD	X(30)		X837I-PRIM-DIAG-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								

		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element	Required for Hospital Inpatient Claims	X837I-CL-PRIN-DIAG-PRSNT-ADMT	X(01)			
		HI02	HEALTH CARE CODE INFORMATION			N/U		Usage change to Not Used						
		HI02-1	Diagnosis Type Code	ID	1-3	N/U		Usage change to Not Used Name Change						
		HI02-2	Principal Diagnosis Code	AN	1-30	N/U		Usage change to Not Used Name Change						
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI02-4	Date Time Period	AN	1-35	N/U								
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI03	HEALTH CARE CODE INFORMATION			N/U		Usage change to Not Used						
		HI03-1	Diagnosis Type Code	ID	1-3	N/U		Usage change to Not Used Name Change						
		HI03-2	Principal Diagnosis Code	AN	1-30	N/U		Usage change to Not Used Name Change						
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI03-4	Date Time Period	AN	1-35	N/U								
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			N/U								
		HI04-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI04-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element						
		HI04-4	Date Time Period	AN	1-35	N/U		New Element						
		HI04-5	Monetary Amount	R	1-18	N/U		New Element						
		HI04-6	Quantity	R	1-15	N/U		New Element						
		HI04-7	Version Identifier	AN	1-30	N/U		New Element						
		HI04-8	Industry code	AN	1-30	N/U		New Element						
		HI04-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI05	HEALTH CARE CODE INFORMATION			N/U								
		HI05-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI05-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						

		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI05-4	Date Time Period	AN	1-35	N/U		New Element							
		HI05-5	Monetary Amount	R	1-18	N/U		New Element							
		HI05-6	Quantity	R	1-15	N/U		New Element							
		HI05-7	Version Identifier	AN	1-30	N/U		New Element							
		HI05-8	Industry code	AN	1-30	N/U		New Element							
		HI05-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI06	HEALTH CARE CODE INFORMATION			N/U									
		HI06-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI06-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI06-4	Date Time Period	AN	1-35	N/U		New Element							
		HI06-5	Monetary Amount	R	1-18	N/U		New Element							
		HI06-6	Quantity	R	1-15	N/U		New Element							
		HI06-7	Version Identifier	AN	1-30	N/U		New Element							
		HI06-8	Industry code	AN	1-30	N/U		New Element							
		HI06-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI07	HEALTH CARE CODE INFORMATION			N/U									
		HI07-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI07-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI07-4	Date Time Period	AN	1-35	N/U		New Element							
		HI07-5	Monetary Amount	R	1-18	N/U		New Element							
		HI07-6	Quantity	R	1-15	N/U		New Element							
		HI07-7	Version Identifier	AN	1-30	N/U		New Element							
		HI07-8	Industry code	AN	1-30	N/U		New Element							
		HI07-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI08	HEALTH CARE CODE INFORMATION			N/U									
		HI08-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI08-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI08-4	Date Time Period	AN	1-35	N/U		New Element							
		HI08-5	Monetary Amount	R	1-18	N/U		New Element							
		HI08-6	Quantity	R	1-15	N/U		New Element							
		HI08-7	Version Identifier	AN	1-30	N/U		New Element							
		HI08-8	Industry code	AN	1-30	N/U		New Element							
		HI08-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI09	HEALTH CARE CODE INFORMATION			N/U									
		HI09-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI09-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI09-4	Date Time Period	AN	1-35	N/U		New Element							
		HI09-5	Monetary Amount	R	1-18	N/U		New Element							
		HI09-6	Quantity	R	1-15	N/U		New Element							
		HI09-7	Version Identifier	AN	1-30	N/U		New Element							
		HI09-8	Industry code	AN	1-30	N/U		New Element							
		HI09-9	Present on Admission indicator	ID	1-1	N/U		New Element							

		HI10	HEALTH CARE CODE INFORMATION			N/U									
		HI10-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI10-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI10-4	Date Time Period	AN	1-35	N/U		New Element							
		HI10-5	Monetary Amount	R	1-18	N/U		New Element							
		HI10-6	Quantity	R	1-15	N/U		New Element							
		HI10-7	Version Identifier	AN	1-30	N/U		New Element							
		HI10-8	Industry code	AN	1-30	N/U		New Element							
		HI10-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI11	HEALTH CARE CODE INFORMATION			N/U									
		HI11-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI11-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI11-4	Date Time Period	AN	1-35	N/U		New Element							
		HI11-5	Monetary Amount	R	1-18	N/U		New Element							
		HI11-6	Quantity	R	1-15	N/U		New Element							
		HI11-7	Version Identifier	AN	1-30	N/U		New Element							
		HI11-8	Industry code	AN	1-30	N/U		New Element							
		HI11-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI12	HEALTH CARE CODE INFORMATION			N/U									
		HI12-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI12-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI12-4	Date Time Period	AN	1-35	N/U		New Element							
		HI12-5	Monetary Amount	R	1-18	N/U		New Element							
		HI12-6	Quantity	R	1-15	N/U		New Element							
		HI12-7	Version Identifier	AN	1-30	N/U		New Element							
		HI12-8	Industry code	AN	1-30	N/U		New Element							
		HI12-9	Present on Admission indicator	ID	1-1	N/U		New Element							
HI	**1**		**ADMITTING DISGNOSIS**			**S**		New Segment	Required for Hospital Inpatient Claims		**LOOP 2300, SEGMENT HI (ADMITTING DIAGNOSIS)**				
		HI01	HEALTH CARE CODE INFORMATION			R									
		HI01-1	Diagnosis Type Code	ID	1-3	R	ABJ, BJ		Value is 'ABJ'		X837I-CL-ADMIT-DIAG-QL	X(03)			
		HI01-2	Admitting Diagnosis Code	AN	1-30	R			Admitting Diagnosis code		X837I-CL-ADMIT-DIAG-CD	X(30)			
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI01-4	Date Time Period	AN	1-35	N/U									
		HI01-5	Monetary Amount	R	1-18	N/U									
		HI01-6	Quantity	R	1-15	N/U									
		HI01-7	Version Identifier	AN	1-30	N/U									
		HI01-8	Industry code	AN	1-30	N/U									
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U									
		HI02	HEALTH CARE CODE INFORMATION			N/U									
		HI02-1	Diagnosis Type Code	ID	1-3	N/U									
		HI02-2	Principal Diagnosis Code	AN	1-30	N/U									

		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI02-4	Date Time Period	AN	1-35	N/U									
		HI02-5	Monetary Amount	R	1-18	N/U									
		HI02-6	Quantity	R	1-15	N/U									
		HI02-7	Version Identifier	AN	1-30	N/U									
		HI02-8	Industry code	AN	1-30	N/U									
		HI02-9	Present on Admission indicator	ID	1-1	N/U									
		HI03	HEALTH CARE CODE INFORMATION			N/U									
		HI03-1	Diagnosis Type Code	ID	1-3	N/U									
		HI03-2	Principal Diagnosis Code	AN	1-30	N/U									
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI03-4	Date Time Period	AN	1-35	N/U									
		HI03-5	Monetary Amount	R	1-18	N/U									
		HI03-6	Quantity	R	1-15	N/U									
		HI03-7	Version Identifier	AN	1-30	N/U									
		HI03-8	Industry code	AN	1-30	N/U									
		HI03-9	Present on Admission indicator	ID	1-1	N/U									
		HI04	HEALTH CARE CODE INFORMATION			N/U									
		HI04-1	Diagnosis Type Code	ID	1-3	N/U									
		HI04-2	Principal Diagnosis Code	AN	1-30	N/U									
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI04-4	Date Time Period	AN	1-35	N/U									
		HI04-5	Monetary Amount	R	1-18	N/U									
		HI04-6	Quantity	R	1-15	N/U									
		HI04-7	Version Identifier	AN	1-30	N/U									
		HI04-8	Industry code	AN	1-30	N/U									
		HI04-9	Present on Admission indicator	ID	1-1	N/U									
		HI05	HEALTH CARE CODE INFORMATION			N/U									
		HI05-1	Diagnosis Type Code	ID	1-3	N/U									
		HI05-2	Principal Diagnosis Code	AN	1-30	N/U									
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI05-4	Date Time Period	AN	1-35	N/U									
		HI05-5	Monetary Amount	R	1-18	N/U									
		HI05-6	Quantity	R	1-15	N/U									
		HI05-7	Version Identifier	AN	1-30	N/U									
		HI05-8	Industry code	AN	1-30	N/U									
		HI05-9	Present on Admission indicator	ID	1-1	N/U									
		HI06	HEALTH CARE CODE INFORMATION			N/U									
		HI06-1	Diagnosis Type Code	ID	1-3	N/U									
		HI06-2	Principal Diagnosis Code	AN	1-30	N/U									
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI06-4	Date Time Period	AN	1-35	N/U									
		HI06-5	Monetary Amount	R	1-18	N/U									
		HI06-6	Quantity	R	1-15	N/U									
		HI06-7	Version Identifier	AN	1-30	N/U									
		HI06-8	Industry code	AN	1-30	N/U									
		HI06-9	Present on Admission indicator	ID	1-1	N/U									

		HI07	HEALTH CARE CODE INFORMATION			N/U								
		HI07-1	Diagnosis Type Code	ID	1-3	N/U								
		HI07-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U								
		HI07-9	Present on Admission indicator	ID	1-1	N/U								
		HI08	HEALTH CARE CODE INFORMATION			N/U								
		HI08-1	Diagnosis Type Code	ID	1-3	N/U								
		HI08-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI08-4	Date Time Period	AN	1-35	N/U								
		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U								
		HI08-9	Present on Admission indicator	ID	1-1	N/U								
		HI09	HEALTH CARE CODE INFORMATION			N/U								
		HI09-1	Diagnosis Type Code	ID	1-3	N/U								
		HI09-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI09-4	Date Time Period	AN	1-35	N/U								
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U								
		HI09-9	Present on Admission indicator	ID	1-1	N/U								
		HI10	HEALTH CARE CODE INFORMATION			N/U								
		HI10-1	Diagnosis Type Code	ID	1-3	N/U								
		HI10-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI10-4	Date Time Period	AN	1-35	N/U								
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U								
		HI10-9	Present on Admission indicator	ID	1-1	N/U								
		HI11	HEALTH CARE CODE INFORMATION			N/U								
		HI11-1	Diagnosis Type Code	ID	1-3	N/U								
		HI11-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI11-4	Date Time Period	AN	1-35	N/U								

		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U								
		HI11-9	Present on Admission indicator	ID	1-1	N/U								
		HI12	HEALTH CARE CODE INFORMATION			N/U								
		HI12-1	Diagnosis Type Code	ID	1-3	N/U								
		HI12-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI12-4	Date Time Period	AN	1-35	N/U								
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U								
		HI12-9	Present on Admission indicator	ID	1-1	N/U								
HI	**1**		**PATIENT REASON FOR VISIT**			**S**		New Segment		**LOOP 2300, SEGMENT HI (PATIENT REASON FOR VISIT)**				
		HI01	HEALTH CARE CODE INFORMATION			R								
		HI01-1	Diagnosis Type Code	ID	1-3	R	APR, PR			X837I-CL-PAT-VISIT-RSN-QL	X(03)			
		HI01-2	Patient Reason For Visit	AN	1-30	R				X837I-CL-PAT-VISIT-RSN	X(30)			
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U								
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U								
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Diagnosis Type Code	ID	1-3	R	APR, PR			X837I-CL-PAT-VISIT-RSN-QL	X(03)			
		HI02-2	Patient Reason For Visit	AN	1-30	R				X837I-CL-PAT-VISIT-RSN	X(30)			
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI02-4	Date Time Period	AN	1-35	N/U								
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U								
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U								
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Diagnosis Type Code	ID	1-3	R	APR, PR			X837I-CL-PAT-VISIT-RSN-QL	X(03)			
		HI03-2	Patient Reason For Visit	AN	1-30	R				X837I-CL-PAT-VISIT-RSN	X(30)			
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI03-4	Date Time Period	AN	1-35	N/U								
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U								
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U								

		HI04	HEALTH CARE CODE INFORMATION			N/U								
		HI04-1	Diagnosis Type Code	ID	1-3	N/U								
		HI04-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI04-4	Date Time Period	AN	1-35	N/U								
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U								
		HI04-9	Present on Admission indicator	ID	1-1	N/U								
		HI05	HEALTH CARE CODE INFORMATION			N/U								
		HI05-1	Diagnosis Type Code	ID	1-3	N/U								
		HI05-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI05-4	Date Time Period	AN	1-35	N/U								
		HI05-5	Monetary Amount	R	1-18	N/U								
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U								
		HI05-9	Present on Admission indicator	ID	1-1	N/U								
		HI06	HEALTH CARE CODE INFORMATION			N/U								
		HI06-1	Diagnosis Type Code	ID	1-3	N/U								
		HI06-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI06-4	Date Time Period	AN	1-35	N/U								
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U								
		HI06-9	Present on Admission indicator	ID	1-1	N/U								
		HI07	HEALTH CARE CODE INFORMATION			N/U								
		HI07-1	Diagnosis Type Code	ID	1-3	N/U								
		HI07-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U								
		HI07-9	Present on Admission indicator	ID	1-1	N/U								
		HI08	HEALTH CARE CODE INFORMATION			N/U								
		HI08-1	Diagnosis Type Code	ID	1-3	N/U								
		HI08-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI08-4	Date Time Period	AN	1-35	N/U								

		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U								
		HI08-9	Present on Admission indicator	ID	1-1	N/U								
		HI09	HEALTH CARE CODE INFORMATION			N/U								
		HI09-1	Diagnosis Type Code	ID	1-3	N/U								
		HI09-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI09-4	Date Time Period	AN	1-35	N/U								
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U								
		HI09-9	Present on Admission indicator	ID	1-1	N/U								
		HI10	HEALTH CARE CODE INFORMATION			N/U								
		HI10-1	Diagnosis Type Code	ID	1-3	N/U								
		HI10-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI10-4	Date Time Period	AN	1-35	N/U								
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U								
		HI10-9	Present on Admission indicator	ID	1-1	N/U								
		HI11	HEALTH CARE CODE INFORMATION			N/U								
		HI11-1	Diagnosis Type Code	ID	1-3	N/U								
		HI11-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI11-4	Date Time Period	AN	1-35	N/U								
		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U								
		HI11-9	Present on Admission indicator	ID	1-1	N/U								
		HI12	HEALTH CARE CODE INFORMATION			N/U								
		HI12-1	Diagnosis Type Code	ID	1-3	N/U								
		HI12-2	Principal Diagnosis Code	AN	1-30	N/U								
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI12-4	Date Time Period	AN	1-35	N/U								
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U								
		HI12-9	Present on Admission indicator	ID	1-1	N/U								
HI	**1**		**EXTERNAL CAUSE OF INJURY**			**S**		New Segment		**LOOP 2300, SEGMENT HI (EXTERNAL CAUSE OF INJURY)**				

		HI01	HEALTH CARE CODE INFORMATION			R								
		HI01-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI01-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U								
		HI01-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI02-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI02-4	Date Time Period	AN	1-35	N/U								
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U								
		HI02-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI03-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI03-4	Date Time Period	AN	1-35	N/U								
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U								
		HI03-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI04-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI04-4	Date Time Period	AN	1-35	N/U								
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U								
		HI04-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI05-2	Diagnosis Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI05-4	Date Time Period	AN	1-35	N/U								
		HI05-5	Monetary Amount	R	1-18	N/U								

		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U								
		HI05-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI06-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI06-4	Date Time Period	AN	1-35	N/U								
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U								
		HI06-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI07-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U								
		HI07-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI08-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI08-4	Date Time Period	AN	1-35	N/U								
		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U								
		HI08-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI09	HEALTH CARE CODE INFORMATION			S								
		HI09-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI09-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI09-4	Date Time Period	AN	1-35	N/U								
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U								
		HI09-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI10	HEALTH CARE CODE INFORMATION			S								
		HI10-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			

		HI10-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI10-4	Date Time Period	AN	1-35	N/U								
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U								
		HI10-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI11	HEALTH CARE CODE INFORMATION			S								
		HI11-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI11-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI11-4	Date Time Period	AN	1-35	N/U								
		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U								
		HI11-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
		HI12	HEALTH CARE CODE INFORMATION			S								
		HI12-1	Diagnosis Type Code	ID	1-3	R	ABN, BN			X837I-CL-ECI-QL	X(03)			
		HI12-2	External Cause of Injury Code	AN	1-30	R				X837I-CL-ECI-CD	X(30)			
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI12-4	Date Time Period	AN	1-35	N/U								
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U								
		HI12-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y			X837I-CL-ECI-PRSNT-ADMT	X(01)			
HI	**1**		**DIAGNOSIS RELATED GROUP (DRG) INFORMATION**			**S**			Required for Hospital Inpatient Claims	**LOOP 2300, SEGMENT HI (DIAGNOSIS RELATED GROUP 'DRG' INFORMATION)**				
		HI01	HEALTH CARE CODE INFORMATION			R								
		HI01-1	Qualifier	ID	1-3	R	DR	Name Change	Value is DR	X837I-CL-DRG-QL	X(03)	X837I-DRG-QUAL	X(03)	
		HI01-2	DRG Code	AN	1-30	R			Value is CCO assigned DRG Code	X837I-CL-DRG-CD	X(30)	X837I-DRG-CODE	X(30)	
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI02-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element						
		HI02-4	Date Time Period	AN	1-35	N/U		New Element						
		HI02-5	Monetary Amount	R	1-18	N/U		New Element						

		HI02-6	Quantity	R	1-15	N/U		New Element							
		HI02-7	Version Identifier	AN	1-30	N/U		New Element							
		HI02-8	Industry code	AN	1-30	N/U		New Element							
		HI02-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI03	HEALTH CARE CODE INFORMATION			N/U									
		HI03-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI03-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI03-4	Date Time Period	AN	1-35	N/U		New Element							
		HI03-5	Monetary Amount	R	1-18	N/U		New Element							
		HI03-6	Quantity	R	1-15	N/U		New Element							
		HI03-7	Version Identifier	AN	1-30	N/U		New Element							
		HI03-8	Industry code	AN	1-30	N/U		New Element							
		HI03-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI04	HEALTH CARE CODE INFORMATION			N/U									
		HI04-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI04-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI04-4	Date Time Period	AN	1-35	N/U		New Element							
		HI04-5	Monetary Amount	R	1-18	N/U		New Element							
		HI04-6	Quantity	R	1-15	N/U		New Element							
		HI04-7	Version Identifier	AN	1-30	N/U		New Element							
		HI04-8	Industry code	AN	1-30	N/U		New Element							
		HI04-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI05	HEALTH CARE CODE INFORMATION			N/U									
		HI05-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI05-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI05-4	Date Time Period	AN	1-35	N/U		New Element							
		HI05-5	Monetary Amount	R	1-18	N/U		New Element							
		HI05-6	Quantity	R	1-15	N/U		New Element							
		HI05-7	Version Identifier	AN	1-30	N/U		New Element							
		HI05-8	Industry code	AN	1-30	N/U		New Element							
		HI05-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI06	HEALTH CARE CODE INFORMATION			N/U									
		HI06-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI06-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI06-4	Date Time Period	AN	1-35	N/U		New Element							
		HI06-5	Monetary Amount	R	1-18	N/U		New Element							
		HI06-6	Quantity	R	1-15	N/U		New Element							
		HI06-7	Version Identifier	AN	1-30	N/U		New Element							
		HI06-8	Industry code	AN	1-30	N/U		New Element							
		HI06-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI07	HEALTH CARE CODE INFORMATION			N/U									
		HI07-1	Diagnosis Type Code	ID	1-3	N/U		New Element							

		HI07-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI07-4	Date Time Period	AN	1-35	N/U		New Element							
		HI07-5	Monetary Amount	R	1-18	N/U		New Element							
		HI07-6	Quantity	R	1-15	N/U		New Element							
		HI07-7	Version Identifier	AN	1-30	N/U		New Element							
		HI07-8	Industry code	AN	1-30	N/U		New Element							
		HI07-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI08	HEALTH CARE CODE INFORMATION			N/U									
		HI08-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI08-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI08-4	Date Time Period	AN	1-35	N/U		New Element							
		HI08-5	Monetary Amount	R	1-18	N/U		New Element							
		HI08-6	Quantity	R	1-15	N/U		New Element							
		HI08-7	Version Identifier	AN	1-30	N/U		New Element							
		HI08-8	Industry code	AN	1-30	N/U		New Element							
		HI08-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI09	HEALTH CARE CODE INFORMATION			N/U									
		HI09-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI09-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI09-4	Date Time Period	AN	1-35	N/U		New Element							
		HI09-5	Monetary Amount	R	1-18	N/U		New Element							
		HI09-6	Quantity	R	1-15	N/U		New Element							
		HI09-7	Version Identifier	AN	1-30	N/U		New Element							
		HI09-8	Industry code	AN	1-30	N/U		New Element							
		HI09-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI10	HEALTH CARE CODE INFORMATION			N/U									
		HI10-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI10-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI10-4	Date Time Period	AN	1-35	N/U		New Element							
		HI10-5	Monetary Amount	R	1-18	N/U		New Element							
		HI10-6	Quantity	R	1-15	N/U		New Element							
		HI10-7	Version Identifier	AN	1-30	N/U		New Element							
		HI10-8	Industry code	AN	1-30	N/U		New Element							
		HI10-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI11	HEALTH CARE CODE INFORMATION			N/U									
		HI11-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI11-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI11-4	Date Time Period	AN	1-35	N/U		New Element							
		HI11-5	Monetary Amount	R	1-18	N/U		New Element							
		HI11-6	Quantity	R	1-15	N/U		New Element							
		HI11-7	Version Identifier	AN	1-30	N/U		New Element							
		HI11-8	Industry code	AN	1-30	N/U		New Element							

		HI11-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI12	HEALTH CARE CODE INFORMATION			N/U								
		HI12-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI12-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element						
		HI12-4	Date Time Period	AN	1-35	N/U		New Element						
		HI12-5	Monetary Amount	R	1-18	N/U		New Element						
		HI12-6	Quantity	R	1-15	N/U		New Element						
		HI12-7	Version Identifier	AN	1-30	N/U		New Element						
		HI12-8	Industry code	AN	1-30	N/U		New Element						
		HI12-9	Present on Admission indicator	ID	1-1	N/U		New Element						
HI	**2**		**OTHER DIAGNOSIS INFORMATION**			**S**			**Required** on all Hospital Inpatient Claims; please report all Other Diagnosis Code Info. MS MMIS process/uses all twenty four diagnosis codes		**LOOP 2300, SEGMENT HI (OTHER DIAGNOSIS INFORMATION)**			
		HI01	HEALTH CARE CODE INFORMATION			R							OCCURS 24 TIMES	
		HI01-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added	Value is 'ABF'		X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)
		HI01-2	Other Diagnosis	AN	1-30	R					X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element	Required for Hospital Inpatient		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)		
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added			X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)
		HI02-2	Other Diagnosis	AN	1-30	R					X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI02-4	Date Time Period	AN	1-35	N/U								
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element			X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)		
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added			X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)
		HI03-2	Other Diagnosis	AN	1-30	R					X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI03-4	Date Time Period	AN	1-35	N/U								
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								

		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)		X837I-OTHR-DIAG-QUAL	X(03)
		HI04-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)		X837I-OTHR-DIAG-CODE	X(30)
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI04-4	Date Time Period	AN	1-35	N/U								
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U		New Element						
		HI04-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)		X837I-OTHR-DIAG-QUAL	X(03)
		HI05-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)		X837I-OTHR-DIAG-CODE	X(30)
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI05-4	Date Time Period	AN	1-35	N/U								
		HI05-5	Monetary Amount	R	1-18	N/U								
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U		New Element						
		HI05-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)		X837I-OTHR-DIAG-QUAL	X(03)
		HI06-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)		X837I-OTHR-DIAG-CODE	X(30)
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI06-4	Date Time Period	AN	1-35	N/U								
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U		New Element						
		HI06-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)		X837I-OTHR-DIAG-QUAL	X(03)
		HI07-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)		X837I-OTHR-DIAG-CODE	X(30)
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U		New Element						
		HI07-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			

		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)	
		HI08-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)	
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI08-4	Date Time Period	AN	1-35	N/U								
		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U		New Element						
		HI08-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI09	HEALTH CARE CODE INFORMATION			S								
		HI09-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)	
		HI09-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)	
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI09-4	Date Time Period	AN	1-35	N/U								
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U		New Element						
		HI09-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI10	HEALTH CARE CODE INFORMATION			S								
		HI10-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)	
		HI10-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)	
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI10-4	Date Time Period	AN	1-35	N/U								
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U		New Element						
		HI10-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI11	HEALTH CARE CODE INFORMATION			S								
		HI11-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)	
		HI11-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)	X837I-OTHR-DIAG-CODE	X(30)	
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI11-4	Date Time Period	AN	1-35	N/U								
		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U		New Element						
		HI11-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
		HI12	HEALTH CARE CODE INFORMATION			S								
		HI12-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Name Change Code Added		X837I-CL-OTH-DIAG-QL	X(03)	X837I-OTHR-DIAG-QUAL	X(03)	

		HI12-2	Other Diagnosis	AN	1-30	R				X837I-CL-OTH-DIAG-CD	X(30)		X837I-OTHR-DIAG-CODE	X(30)
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI12-4	Date Time Period	AN	1-35	N/U								
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U		New Element						
		HI12-9	Present on Admission indicator	ID	1-1	S	N, U, W, Y	New Element		X837I-CL-OTH-DIAG-PRSNT-ADMT	X(01)			
HI	**1**		**PRINCIPAL PROCEDURE INFORMATION**			**S**			Required on Hospital Inaptient Claims	**LOOP 2300, SEGMENT HI (PRINCIPAL PROCEDURE INFO)**				
		HI01	HEALTH CARE CODE INFORMATION			R								
		HI01-1	Qualifier	ID	1-3	R	BBR, BR	Name Change Code Change		X837I-CL-PRIN-PROC-QL	X(03)		X837I-PRINC-PROC-QUAL	X(03)
		HI01-2	Principal Procedure Code	AN	1-30	R				X837I-CL-PRIN-PROC-CD	X(30)		X837I-PRINC-PROC-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-PRIN-PROC-DT-TIME-QL	X(03)			
		HI01-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-PRIN-PROC-DT	X(35)		~~X837I-PRINC-PROC-DATE~~	~~X(08)~~
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			N/U								
		HI02-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI02-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element						
		HI02-4	Date Time Period	AN	1-35	N/U		New Element						
		HI02-5	Monetary Amount	R	1-18	N/U		New Element						
		HI02-6	Quantity	R	1-15	N/U		New Element						
		HI02-7	Version Identifier	AN	1-30	N/U		New Element						
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI03	HEALTH CARE CODE INFORMATION			N/U								
		HI03-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI03-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element						
		HI03-4	Date Time Period	AN	1-35	N/U		New Element						
		HI03-5	Monetary Amount	R	1-18	N/U		New Element						
		HI03-6	Quantity	R	1-15	N/U		New Element						
		HI03-7	Version Identifier	AN	1-30	N/U		New Element						
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Present on Admission indicator	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			N/U								
		HI04-1	Diagnosis Type Code	ID	1-3	N/U		New Element						
		HI04-2	Principal Diagnosis Code	AN	1-30	N/U		New Element						
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element						

		HI04-4	Date Time Period	AN	1-35	N/U		New Element							
		HI04-5	Monetary Amount	R	1-18	N/U		New Element							
		HI04-6	Quantity	R	1-15	N/U		New Element							
		HI04-7	Version Identifier	AN	1-30	N/U		New Element							
		HI04-8	Industry code	AN	1-30	N/U		New Element							
		HI04-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI05	HEALTH CARE CODE INFORMATION			N/U									
		HI05-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI05-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI05-4	Date Time Period	AN	1-35	N/U		New Element							
		HI05-5	Monetary Amount	R	1-18	N/U		New Element							
		HI05-6	Quantity	R	1-15	N/U		New Element							
		HI05-7	Version Identifier	AN	1-30	N/U		New Element							
		HI05-8	Industry code	AN	1-30	N/U		New Element							
		HI05-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI06	HEALTH CARE CODE INFORMATION			N/U									
		HI06-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI06-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI06-4	Date Time Period	AN	1-35	N/U		New Element							
		HI06-5	Monetary Amount	R	1-18	N/U		New Element							
		HI06-6	Quantity	R	1-15	N/U		New Element							
		HI06-7	Version Identifier	AN	1-30	N/U		New Element							
		HI06-8	Industry code	AN	1-30	N/U		New Element							
		HI06-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI07	HEALTH CARE CODE INFORMATION			N/U									
		HI07-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI07-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI07-4	Date Time Period	AN	1-35	N/U		New Element							
		HI07-5	Monetary Amount	R	1-18	N/U		New Element							
		HI07-6	Quantity	R	1-15	N/U		New Element							
		HI07-7	Version Identifier	AN	1-30	N/U		New Element							
		HI07-8	Industry code	AN	1-30	N/U		New Element							
		HI07-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI08	HEALTH CARE CODE INFORMATION			N/U									
		HI08-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI08-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI08-4	Date Time Period	AN	1-35	N/U		New Element							
		HI08-5	Monetary Amount	R	1-18	N/U		New Element							
		HI08-6	Quantity	R	1-15	N/U		New Element							
		HI08-7	Version Identifier	AN	1-30	N/U		New Element							
		HI08-8	Industry code	AN	1-30	N/U		New Element							
		HI08-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI09	HEALTH CARE CODE INFORMATION			N/U									

		HI09-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI09-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI09-4	Date Time Period	AN	1-35	N/U		New Element							
		HI09-5	Monetary Amount	R	1-18	N/U		New Element							
		HI09-6	Quantity	R	1-15	N/U		New Element							
		HI09-7	Version Identifier	AN	1-30	N/U		New Element							
		HI09-8	Industry code	AN	1-30	N/U		New Element							
		HI09-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI10	HEALTH CARE CODE INFORMATION			N/U									
		HI10-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI10-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI10-4	Date Time Period	AN	1-35	N/U		New Element							
		HI10-5	Monetary Amount	R	1-18	N/U		New Element							
		HI10-6	Quantity	R	1-15	N/U		New Element							
		HI10-7	Version Identifier	AN	1-30	N/U		New Element							
		HI10-8	Industry code	AN	1-30	N/U		New Element							
		HI10-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI11	HEALTH CARE CODE INFORMATION			N/U									
		HI11-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI11-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI11-4	Date Time Period	AN	1-35	N/U		New Element							
		HI11-5	Monetary Amount	R	1-18	N/U		New Element							
		HI11-6	Quantity	R	1-15	N/U		New Element							
		HI11-7	Version Identifier	AN	1-30	N/U		New Element							
		HI11-8	Industry code	AN	1-30	N/U		New Element							
		HI11-9	Present on Admission indicator	ID	1-1	N/U		New Element							
		HI12	HEALTH CARE CODE INFORMATION			N/U									
		HI12-1	Diagnosis Type Code	ID	1-3	N/U		New Element							
		HI12-2	Principal Diagnosis Code	AN	1-30	N/U		New Element							
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element							
		HI12-4	Date Time Period	AN	1-35	N/U		New Element							
		HI12-5	Monetary Amount	R	1-18	N/U		New Element							
		HI12-6	Quantity	R	1-15	N/U		New Element							
		HI12-7	Version Identifier	AN	1-30	N/U		New Element							
		HI12-8	Industry code	AN	1-30	N/U		New Element							
		HI12-9	Present on Admission indicator	ID	1-1	N/U		New Element							
HI	**2**		**OTHER PROCEDURE INFORMATION**			**S**			Report any 'Other Procedure Codes' if exist.	**LOOP 2300, SEGMENT HI (OTHER PROCEDURE INFO)**					
		HI01	HEALTH CARE CODE INFORMATION			R							OCCURS 24 TIMES		
		HI01-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change		X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL	X(03)	
		HI01-2	Procedure Code	AN	1-30	R				X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE	X(30)	

		HI01-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI01-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE X(30)
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change			X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL X(03)
		HI02-2	Procedure Code	AN	1-30	R					X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE X(30)
		HI02-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI02-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE X(30)
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change			X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL X(03)
		HI03-2	Procedure Code	AN	1-30	R					X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE X(30)
		HI03-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI03-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE X(30)
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change			X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL X(03)
		HI04-2	Procedure Code	AN	1-30	R					X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE X(30)
		HI04-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI04-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE X(30)
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U		New Element						

		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change		X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL	X(03)
		HI05-2	Procedure Code	AN	1-30	R				X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE	X(30)
		HI05-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required		X837I-CL-OTH-DT-TIME-QL	X(03)			
		HI05-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required		X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE	X(30)
		HI05-5	Monetary Amount	R	1-18	N/U								
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U		New Element						
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change		X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL	X(03)
		HI06-2	Procedure Code	AN	1-30	R				X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE	X(30)
		HI06-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required		X837I-CL-OTH-DT-TIME-QL	X(03)			
		HI06-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required		X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE	X(30)
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U		New Element						
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change		X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL	X(03)
		HI07-2	Procedure Code	AN	1-30	R				X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE	X(30)
		HI07-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required		X837I-CL-OTH-DT-TIME-QL	X(03)			
		HI07-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required		X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE	X(30)
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U		New Element						
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change		X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL	X(03)
		HI08-2	Procedure Code	AN	1-30	R				X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE	X(30)

		HI08-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI08-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)	X837I-OTHR-PROC-DATE	X(30)
		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U		New Element						
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI09	HEALTH CARE CODE INFORMATION			S								
		HI09-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change			X837I-CL-OTH-PROC-QL	X(03)	X837I-OTHR-PROC-QUAL	X(03)
		HI09-2	Procedure Code	AN	1-30	R					X837I-CL-OTH-PROC-CD	X(30)	X837I-OTHR-PROC-CODE	X(30)
		HI09-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI09-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)	X837I-OTHR-PROC-DATE	X(30)
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U		New Element						
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI10	HEALTH CARE CODE INFORMATION			S								
		HI10-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change			X837I-CL-OTH-PROC-QL	X(03)	X837I-OTHR-PROC-QUAL	X(03)
		HI10-2	Procedure Code	AN	1-30	R					X837I-CL-OTH-PROC-CD	X(30)	X837I-OTHR-PROC-CODE	X(30)
		HI10-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI10-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)	X837I-OTHR-PROC-DATE	X(30)
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U		New Element						
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI11	HEALTH CARE CODE INFORMATION			S								
		HI11-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change			X837I-CL-OTH-PROC-QL	X(03)	X837I-OTHR-PROC-QUAL	X(03)
		HI11-2	Procedure Code	AN	1-30	R					X837I-CL-OTH-PROC-CD	X(30)	X837I-OTHR-PROC-CODE	X(30)
		HI11-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required			X837I-CL-OTH-DT-TIME-QL	X(03)		
		HI11-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required			X837I-CL-OTH-PROC-DT	X(30)	X837I-OTHR-PROC-DATE	X(30)
		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U		New Element						

		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI12	HEALTH CARE CODE INFORMATION			S								
		HI12-1	Qualifier Code	ID	1-3	R	BBQ, BQ	Name Change Code Change		X837I-CL-OTH-PROC-QL	X(03)		X837I-OTHR-PROC-QUAL	X(03)
		HI12-2	Procedure Code	AN	1-30	R				X837I-CL-OTH-PROC-CD	X(30)		X837I-OTHR-PROC-CODE	X(30)
		HI12-3	Date Time Period Format Qualifier	ID	2-3	R	D8	Usage change to Required		X837I-CL-OTH-DT-TIME-QL	X(03)			
		HI12-4	Date Time Period	AN	1-35	R	CCYYMMDD	Usage change to Required		X837I-CL-OTH-PROC-DT	X(30)		X837I-OTHR-PROC-DATE	X(30)
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U		New Element						
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
HI	**2**		**OCCURRENCE SPAN INFORMATION**			**S**		Usage change to Required		**LOOP 2300, SEGMENT HI (OCCURRENCE SPAN INFORMATION)**				
		HI01	HEALTH CARE CODE INFORMATION			R							OCCURS 24 TIMES	
		HI01-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)		X837I-OCCUR-SPAN-QUAL	X(03)
		HI01-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)		X837I-OCCUR-SPAN-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)			
		HI01-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)		X837I-OCCUR-SPAN-FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)		X837I-OCCUR-SPAN-QUAL	X(03)
		HI02-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)		X837I-OCCUR-SPAN-CODE	X(30)
		HI02-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)			
		HI02-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)		X837I-OCCUR-SPAN-FIRST-DATE; X837I-OCCUR-SPAN-	X(08); X(08)
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)		X837I-OCCUR-SPAN-QUAL	X(03)
		HI03-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)		X837I-OCCUR-SPAN-CODE	X(30)
		HI03-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)			

		HI03-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD				X837I-CL-OCCUR-SPAN-DT	X(35)	X837I-OCCUR-SPAN-FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Qualifier	ID	1-3	R	BI	Name Change			X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI04-2	Occurrence Span Code	AN	1-30	R					X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI04-3	Date Time Period Format Qualifier	ID	2-3	R	RD8				X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI04-4	Date Time Period	AN	1-35	R	CCYYMMDDCCYYMMDD				X837I-CL-OCCUR-SPAN-DT	X(35)	X837I-OCCUR-SPAN-FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U		New Element						
		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Qualifier	ID	1-3	R	BI	Name Change			X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI05-2	Occurrence Span Code	AN	1-30	R					X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI05-3	Date Time Period Format Qualifier	ID	2-3	R	RD8				X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI05-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD				X837I-CL-OCCUR-SPAN-DT	X(35)	FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI05-5	Monetary Amount	R	1-18	N/U								
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U		New Element						
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Qualifier	ID	1-3	R	BI	Name Change			X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI06-2	Occurrence Span Code	AN	1-30	R					X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI06-3	Date Time Period Format Qualifier	ID	2-3	R	RD8				X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI06-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD				X837I-CL-OCCUR-SPAN-DT	X(35)	FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U		New Element						
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Qualifier	ID	1-3	R	BI	Name Change			X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI07-2	Occurrence Span Code	AN	1-30	R					X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI07-3	Date Time Period Format Qualifier	ID	2-3	R	RD8				X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		

		HI07-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)	FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI07-5	Monetary Amount	R	1-18	N/U							
		HI07-6	Quantity	R	1-15	N/U							
		HI07-7	Version Identifier	AN	1-30	N/U							
		HI07-8	Industry code	AN	1-30	N/U		New Element					
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI08	HEALTH CARE CODE INFORMATION			S							
		HI08-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI08-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI08-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI08-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)	X837I-OCCUR-SPAN-FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI08-5	Monetary Amount	R	1-18	N/U							
		HI08-6	Quantity	R	1-15	N/U							
		HI08-7	Version Identifier	AN	1-30	N/U							
		HI08-8	Industry code	AN	1-30	N/U		New Element					
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI09	HEALTH CARE CODE INFORMATION			S							
		HI09-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI09-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI09-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI09-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)	FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI09-5	Monetary Amount	R	1-18	N/U							
		HI09-6	Quantity	R	1-15	N/U							
		HI09-7	Version Identifier	AN	1-30	N/U							
		HI09-8	Industry code	AN	1-30	N/U		New Element					
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI10	HEALTH CARE CODE INFORMATION			S							
		HI10-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI10-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI10-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI10-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)	FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI10-5	Monetary Amount	R	1-18	N/U							
		HI10-6	Quantity	R	1-15	N/U							
		HI10-7	Version Identifier	AN	1-30	N/U							
		HI10-8	Industry code	AN	1-30	N/U		New Element					
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI11	HEALTH CARE CODE INFORMATION			S							
		HI11-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI11-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI11-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		

		HI11-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)	FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI11-5	Monetary Amount	R	1-18	N/U							
		HI11-6	Quantity	R	1-15	N/U							
		HI11-7	Version Identifier	AN	1-30	N/U							
		HI11-8	Industry code	AN	1-30	N/U		New Element					
		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI12	HEALTH CARE CODE INFORMATION			S							
		HI12-1	Qualifier	ID	1-3	R	BI	Name Change		X837I-CL-OCCUR-SPAN-QL	X(03)	X837I-OCCUR-SPAN-QUAL	X(03)
		HI12-2	Occurrence Span Code	AN	1-30	R				X837I-CL-OCCUR-SPAN-CD	X(30)	X837I-OCCUR-SPAN-CODE	X(30)
		HI12-3	Date Time Period Format Qualifier	ID	2-3	R	RD8			X837I-CL-OCCUR-SPAN-DT-TIME-QL	X(03)		
		HI12-4	Date Time Period	AN	1-35	R	CCYYMMDD-CCYYMMDD			X837I-CL-OCCUR-SPAN-DT	X(35)	X837I-OCCUR-SPAN-FIRST-DATE; X837I-OCCUR-SPAN-LAST-DATE	X(08); X(08)
		HI12-5	Monetary Amount	R	1-18	N/U							
		HI12-6	Quantity	R	1-15	N/U							
		HI12-7	Version Identifier	AN	1-30	N/U							
		HI12-8	Industry code	AN	1-30	N/U		New Element					
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
HI	**2**		**OCCURRENCE INFORMATION**			**S**			Report If any 'Occurance Code' info Exists	**LOOP 2300, SEGMENT HI (OCCURRENCE INFORMATION)**			
		HI01	HEALTH CARE CODE INFORMATION			R						OCCURS 24 TIMES	
		HI01-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI01-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL	X(03)		
		HI01-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI01-5	Monetary Amount	R	1-18	N/U							
		HI01-6	Quantity	R	1-15	N/U							
		HI01-7	Version Identifier	AN	1-30	N/U							
		HI01-8	Industry code	AN	1-30	N/U		New Element					
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI02	HEALTH CARE CODE INFORMATION			S							
		HI02-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI02-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI02-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL			
		HI02-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI02-5	Monetary Amount	R	1-18	N/U							
		HI02-6	Quantity	R	1-15	N/U							
		HI02-7	Version Identifier	AN	1-30	N/U							
		HI02-8	Industry code	AN	1-30	N/U		New Element					
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element					
		HI03	HEALTH CARE CODE INFORMATION			S							
		HI03-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI03-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI03-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL			

		HI03-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)	
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)	
		HI04-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)	
		HI04-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL				
		HI04-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)	
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U		New Element						
		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)	
		HI05-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)	
		HI05-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL				
		HI05-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)	
		HI05-5	Monetary Amount	R	1-18	N/U								
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U		New Element						
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)	
		HI06-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)	
		HI06-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL				
		HI06-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)	
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U		New Element						
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)	
		HI07-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)	
		HI07-3	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OCCUR-DT-QL				
		HI07-4	Date Time Period	AN	1-35	R	CCYYMMDD			X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)	
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U		New Element						
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Qualifier	ID	1-3	R	BH	Name Change		X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)	
		HI08-2	Occurrence Code	AN	1-30	R				X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)	

		HI08-3	Date Time Period Format Qualifier	ID	2-3	R	D8				X837I-CL-OCCUR-DT-QL			
		HI08-4	Date Time Period	AN	1-35	R	CCYYMMDD				X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U		New Element						
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI09	HEALTH CARE CODE INFORMATION			S								
		HI09-1	Qualifier	ID	1-3	R	BH	Name Change			X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI09-2	Occurrence Code	AN	1-30	R					X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI09-3	Date Time Period Format Qualifier	ID	2-3	R	D8				X837I-CL-OCCUR-DT-QL			
		HI09-4	Date Time Period	AN	1-35	R	CCYYMMDD				X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U		New Element						
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI10	HEALTH CARE CODE INFORMATION			S								
		HI10-1	Qualifier	ID	1-3	R	BH	Name Change			X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI10-2	Occurrence Code	AN	1-30	R					X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI10-3	Date Time Period Format Qualifier	ID	2-3	R	D8				X837I-CL-OCCUR-DT-QL			
		HI10-4	Date Time Period	AN	1-35	R	CCYYMMDD				X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U		New Element						
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI11	HEALTH CARE CODE INFORMATION			S								
		HI11-1	Qualifier	ID	1-3	R	BH	Name Change			X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI11-2	Occurrence Code	AN	1-30	R					X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI11-3	Date Time Period Format Qualifier	ID	2-3	R	D8				X837I-CL-OCCUR-DT-QL			
		HI11-4	Date Time Period	AN	1-35	R	CCYYMMDD				X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U		New Element						
		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI12	HEALTH CARE CODE INFORMATION			S								
		HI12-1	Qualifier	ID	1-3	R	BH	Name Change			X837I-CL-OCCUR-QL	X(03)	X837I-OCCUR-QUAL	X(03)
		HI12-2	Occurrence Code	AN	1-30	R					X837I-CL-OCCUR-CD	X(30)	X837I-OCCUR-CODE	X(30)
		HI12-3	Date Time Period Format Qualifier	ID	2-3	R	D8				X837I-CL-OCCUR-DT-QL			
		HI12-4	Date Time Period	AN	1-35	R	CCYYMMDD				X837I-CL-OCCUR-DT	X(35)	X837I-OCCUR-DATE	X(08)
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U		New Element						
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
HI	**2**		**VALUE INFORMATION**			**S**			Report If any 'Value Code' info Exists		**LOOP 2300, SEGMENT HI (VALUE INFORMATION)**			

		HI01	HEALTH CARE CODE INFORMATION			R							OCCURS 24 TIMES	
		HI01-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI01-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI02-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI02-4	Date Time Period	AN	1-35	N/U								
		HI02-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI03-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI03-4	Date Time Period	AN	1-35	N/U								
		HI03-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI04-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI04-4	Date Time Period	AN	1-35	N/U								
		HI04-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U		New Element						
		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI05-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI05-4	Date Time Period	AN	1-35	N/U								

		HI05-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U		New Element						
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI06-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI06-4	Date Time Period	AN	1-35	N/U								
		HI06-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U		New Element						
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI07-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U		New Element						
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI08-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI08-4	Date Time Period	AN	1-35	N/U								
		HI08-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U		New Element						
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI09	HEALTH CARE CODE INFORMATION			S								
		HI09-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI09-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI09-4	Date Time Period	AN	1-35	N/U								
		HI09-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U		New Element						
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI10	HEALTH CARE CODE INFORMATION			S								

		HI10-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI10-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI10-4	Date Time Period	AN	1-35	N/U								
		HI10-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U		New Element						
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI11	HEALTH CARE CODE INFORMATION			S								
		HI11-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI11-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI11-4	Date Time Period	AN	1-35	N/U								
		HI11-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U		New Element						
		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI12	HEALTH CARE CODE INFORMATION			S								
		HI12-1	Qualifier	ID	1-3	R	BE	Name Change		X837I-CL-VALUE-QL	X(03)		X837I-VALUE-QUAL	X(03)
		HI12-2	Value Code	AN	1-30	R				X837I-CL-VALUE-CD	X(30)		X837I-VALUE-CODE	X(30)
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI12-4	Date Time Period	AN	1-35	N/U								
		HI12-5	Value Code Amount	R	1-18	R		Name Change		X837I-CL-VALUE-CD-AMT	S9(16)V99		X837I-VALUE-CODE-AMT	S9(16)V99
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U		New Element						
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
HI	**2**		**CONDITION INFORMATION**			**S**			Report If any 'Condition Code' info Exists	**LOOP 2300, SEGMENT HI (CONDITION INFORMATION)**				
		HI01	HEALTH CARE CODE INFORMATION			R							OCCURS 24 TIMES	
		HI01-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI01-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI02-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)

		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI02-4	Date Time Period	AN	1-35	N/U									
		HI02-5	Monetary Amount	R	1-18	N/U									
		HI02-6	Quantity	R	1-15	N/U									
		HI02-7	Version Identifier	AN	1-30	N/U									
		HI02-8	Industry code	AN	1-30	N/U		New Element							
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI03	HEALTH CARE CODE INFORMATION			S									
		HI03-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)	X837I-CONDITION-CODE-QUAL	X(03)		
		HI03-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)	X837I-CONDITION-CODE	X(30)		
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI03-4	Date Time Period	AN	1-35	N/U									
		HI03-5	Monetary Amount	R	1-18	N/U									
		HI03-6	Quantity	R	1-15	N/U									
		HI03-7	Version Identifier	AN	1-30	N/U									
		HI03-8	Industry code	AN	1-30	N/U		New Element							
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI04	HEALTH CARE CODE INFORMATION			S									
		HI04-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)	X837I-CONDITION-CODE-QUAL	X(03)		
		HI04-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)	X837I-CONDITION-CODE	X(30)		
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI04-4	Date Time Period	AN	1-35	N/U									
		HI04-5	Monetary Amount	R	1-18	N/U									
		HI04-6	Quantity	R	1-15	N/U									
		HI04-7	Version Identifier	AN	1-30	N/U									
		HI04-8	Industry code	AN	1-30	N/U		New Element							
		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI05	HEALTH CARE CODE INFORMATION			S									
		HI05-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)	X837I-CONDITION-CODE-QUAL	X(03)		
		HI05-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)	X837I-CONDITION-CODE	X(30)		
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI05-4	Date Time Period	AN	1-35	N/U									
		HI05-5	Monetary Amount	R	1-18	N/U									
		HI05-6	Quantity	R	1-15	N/U									
		HI05-7	Version Identifier	AN	1-30	N/U									
		HI05-8	Industry code	AN	1-30	N/U		New Element							
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI06	HEALTH CARE CODE INFORMATION			S									
		HI06-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)	X837I-CONDITION-CODE-QUAL	X(03)		
		HI06-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)	X837I-CONDITION-CODE	X(30)		
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI06-4	Date Time Period	AN	1-35	N/U									
		HI06-5	Monetary Amount	R	1-18	N/U									
		HI06-6	Quantity	R	1-15	N/U									
		HI06-7	Version Identifier	AN	1-30	N/U									
		HI06-8	Industry code	AN	1-30	N/U		New Element							
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							

		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI07-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U		New Element						
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI08-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)
		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI08-4	Date Time Period	AN	1-35	N/U								
		HI08-5	Monetary Amount	R	1-18	N/U								
		HI08-6	Quantity	R	1-15	N/U								
		HI08-7	Version Identifier	AN	1-30	N/U								
		HI08-8	Industry code	AN	1-30	N/U		New Element						
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI09	HEALTH CARE CODE INFORMATION			S								
		HI09-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI09-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI09-4	Date Time Period	AN	1-35	N/U								
		HI09-5	Monetary Amount	R	1-18	N/U								
		HI09-6	Quantity	R	1-15	N/U								
		HI09-7	Version Identifier	AN	1-30	N/U								
		HI09-8	Industry code	AN	1-30	N/U		New Element						
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI10	HEALTH CARE CODE INFORMATION			S								
		HI10-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI10-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI10-4	Date Time Period	AN	1-35	N/U								
		HI10-5	Monetary Amount	R	1-18	N/U								
		HI10-6	Quantity	R	1-15	N/U								
		HI10-7	Version Identifier	AN	1-30	N/U								
		HI10-8	Industry code	AN	1-30	N/U		New Element						
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI11	HEALTH CARE CODE INFORMATION			S								
		HI11-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)		X837I-CONDITION-CODE-QUAL	X(03)
		HI11-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)		X837I-CONDITION-CODE	X(30)
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI11-4	Date Time Period	AN	1-35	N/U								

		HI11-5	Monetary Amount	R	1-18	N/U								
		HI11-6	Quantity	R	1-15	N/U								
		HI11-7	Version Identifier	AN	1-30	N/U								
		HI11-8	Industry code	AN	1-30	N/U		New Element						
		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI12	HEALTH CARE CODE INFORMATION			S								
		HI12-1	Qualifier	ID	1-3	R	BG	Name Change		X837I-CL-COND-CD-QL	X(03)	X837I-CONDITION-CODE-QUAL	X(03)	
		HI12-2	Condition Code	AN	1-30	R				X837I-CL-COND-CD	X(30)	X837I-CONDITION-CODE	X(30)	
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI12-4	Date Time Period	AN	1-35	N/U								
		HI12-5	Monetary Amount	R	1-18	N/U								
		HI12-6	Quantity	R	1-15	N/U								
		HI12-7	Version Identifier	AN	1-30	N/U								
		HI12-8	Industry code	AN	1-30	N/U		New Element						
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
HI	**2**		**TREATMENT CODE INFORMATION**			**S**				**LOOP 2300, SEGMENT HI (TREATMENT CODE INFORMATION)**				
		HI01	HEALTH CARE CODE INFORMATION			R						OCCURS 24 TIMES		
		HI01-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)	
		HI01-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)	
		HI01-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI01-4	Date Time Period	AN	1-35	N/U								
		HI01-5	Monetary Amount	R	1-18	N/U								
		HI01-6	Quantity	R	1-15	N/U								
		HI01-7	Version Identifier	AN	1-30	N/U								
		HI01-8	Industry code	AN	1-30	N/U		New Element						
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI02	HEALTH CARE CODE INFORMATION			S								
		HI02-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)	
		HI02-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)	
		HI02-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI02-4	Date Time Period	AN	1-35	N/U								
		HI02-5	Monetary Amount	R	1-18	N/U								
		HI02-6	Quantity	R	1-15	N/U								
		HI02-7	Version Identifier	AN	1-30	N/U								
		HI02-8	Industry code	AN	1-30	N/U		New Element						
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI03	HEALTH CARE CODE INFORMATION			S								
		HI03-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)	
		HI03-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)	
		HI03-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI03-4	Date Time Period	AN	1-35	N/U								
		HI03-5	Monetary Amount	R	1-18	N/U								
		HI03-6	Quantity	R	1-15	N/U								
		HI03-7	Version Identifier	AN	1-30	N/U								
		HI03-8	Industry code	AN	1-30	N/U		New Element						

		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI04	HEALTH CARE CODE INFORMATION			S								
		HI04-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)		X837I-TREATMENT-CODE-QUAL	X(03)
		HI04-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)		X837I-TREATMENT-CODE	X(30)
		HI04-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI04-4	Date Time Period	AN	1-35	N/U								
		HI04-5	Monetary Amount	R	1-18	N/U								
		HI04-6	Quantity	R	1-15	N/U								
		HI04-7	Version Identifier	AN	1-30	N/U								
		HI04-8	Industry code	AN	1-30	N/U		New Element						
		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI05	HEALTH CARE CODE INFORMATION			S								
		HI05-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)		X837I-TREATMENT-CODE-QUAL	X(03)
		HI05-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)		X837I-TREATMENT-CODE	X(30)
		HI05-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI05-4	Date Time Period	AN	1-35	N/U								
		HI05-5	Monetary Amount	R	1-18	N/U								
		HI05-6	Quantity	R	1-15	N/U								
		HI05-7	Version Identifier	AN	1-30	N/U								
		HI05-8	Industry code	AN	1-30	N/U		New Element						
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI06	HEALTH CARE CODE INFORMATION			S								
		HI06-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)		X837I-TREATMENT-CODE-QUAL	X(03)
		HI06-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)		X837I-TREATMENT-CODE	X(30)
		HI06-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI06-4	Date Time Period	AN	1-35	N/U								
		HI06-5	Monetary Amount	R	1-18	N/U								
		HI06-6	Quantity	R	1-15	N/U								
		HI06-7	Version Identifier	AN	1-30	N/U								
		HI06-8	Industry code	AN	1-30	N/U		New Element						
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI07	HEALTH CARE CODE INFORMATION			S								
		HI07-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)		X837I-TREATMENT-CODE-QUAL	X(03)
		HI07-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)		X837I-TREATMENT-CODE	X(30)
		HI07-3	Date Time Period Format Qualifier	ID	2-3	N/U								
		HI07-4	Date Time Period	AN	1-35	N/U								
		HI07-5	Monetary Amount	R	1-18	N/U								
		HI07-6	Quantity	R	1-15	N/U								
		HI07-7	Version Identifier	AN	1-30	N/U								
		HI07-8	Industry code	AN	1-30	N/U		New Element						
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element						
		HI08	HEALTH CARE CODE INFORMATION			S								
		HI08-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)		X837I-TREATMENT-CODE-QUAL	X(03)
		HI08-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)		X837I-TREATMENT-CODE	X(30)

		HI08-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI08-4	Date Time Period	AN	1-35	N/U									
		HI08-5	Monetary Amount	R	1-18	N/U									
		HI08-6	Quantity	R	1-15	N/U									
		HI08-7	Version Identifier	AN	1-30	N/U									
		HI08-8	Industry code	AN	1-30	N/U		New Element							
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI09	HEALTH CARE CODE INFORMATION			S									
		HI09-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)		
		HI09-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)		
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI09-4	Date Time Period	AN	1-35	N/U									
		HI09-5	Monetary Amount	R	1-18	N/U									
		HI09-6	Quantity	R	1-15	N/U									
		HI09-7	Version Identifier	AN	1-30	N/U									
		HI09-8	Industry code	AN	1-30	N/U		New Element							
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI10	HEALTH CARE CODE INFORMATION			S									
		HI10-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)		
		HI10-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)		
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI10-4	Date Time Period	AN	1-35	N/U									
		HI10-5	Monetary Amount	R	1-18	N/U									
		HI10-6	Quantity	R	1-15	N/U									
		HI10-7	Version Identifier	AN	1-30	N/U									
		HI10-8	Industry code	AN	1-30	N/U		New Element							
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI11	HEALTH CARE CODE INFORMATION			S									
		HI11-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)		
		HI11-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)		
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI11-4	Date Time Period	AN	1-35	N/U									
		HI11-5	Monetary Amount	R	1-18	N/U									
		HI11-6	Quantity	R	1-15	N/U									
		HI11-7	Version Identifier	AN	1-30	N/U									
		HI11-8	Industry code	AN	1-30	N/U		New Element							
		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							
		HI12	HEALTH CARE CODE INFORMATION			S									
		HI12-1	Qualifier	ID	1-3	R	TC	Name Change		X837I-CL-TRT-CD-QL	X(03)	X837I-TREATMENT-CODE-QUAL	X(03)		
		HI12-2	Treatment Code	AN	1-30	R				X837I-CL-TRT-CD	X(30)	X837I-TREATMENT-CODE	X(30)		
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U									
		HI12-4	Date Time Period	AN	1-35	N/U									
		HI12-5	Monetary Amount	R	1-18	N/U									
		HI12-6	Quantity	R	1-15	N/U									
		HI12-7	Version Identifier	AN	1-30	N/U									
		HI12-8	Industry code	AN	1-30	N/U		New Element							
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element							

~~QTY~~	~~4~~		~~CLAIM QUANTITY~~			~~S~~		Segment Deleted		~~LOOP 2300, SEGMENT QTY (CLAIM QUANTITY)~~				
													~~X837I-CLM-COV-DAYS-QUAL~~	~~X(02)~~
													~~X837I-CLM-COV-DAYS~~	~~S9(10)V9(05)~~
													~~X837I-CLM-COV-DAYS-CODE~~	~~X(02)~~
HCP	**1**		**CLAIM PRICING/ REPRICING INFORMATION**			**S**				**LOOP 2300, SEGMENT HCP (CLAIM PRICING/REPRICING INFORMATION)**				
		HCP01	Pricing Methodology	ID	2-2	R	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10 ,11, 12, 13, 14			X837I-CL-PRICE-METHOD	X(02)		X837I-CLM-PRICE-METHOD	X(02)
		HCP02	Repriced Allowed Amount	R	1-18	R				X837I-CL-PRICE-ALLOWED	S9(16)V99		X837I-CLM-PRICE-ALLOWED	S9(16)V99
		HCP03	Repriced Saving Amount	R	1-18	S				X837I-CL-PRICE-SAVINGS	S9(16)V99		X837I-CLM-PRICE-SAVINGS	S9(16)V99
		HCP04	Repricing Organization Identifier	AN	1-50	S		Increase from 30 - 50		X837I-CL-PRICE-ORG-ID	X(30)		X837I-CLM-PRICE-ORG-ID	X(30)
		HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S				X837I-CL-PRICE-RATE	S9(05)V9(04)		X837I-CLM-PRICE-RATE	S9(05)V9(04)
		HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S		Increase from 30 - 50 Name Change		X837I-CL-PRICE-APRVD-DRG-CD	X(30)		X837I-CLM-PRICE-APRVD-DRG-CODE	X(30)
		HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S		Name Change		X837I-CL-PRICE-APRVD-DRG-AMT	S9(16)V99		X837I-CLM-PRICE-APRVD-DRG-AMT	S9(16)V99
		HCP08	Product/Service ID	AN	1-48	S				X837I-CL-PRICE-APRVD-REV-CD	X(48)		X837I-CLM-PRICE-APRVD-REV-CODE	X(48)
		HCP09	Product/Service ID Qualifier	ID	2-2	N/U		change to Not Used					~~X837I-CLM-PRICE-SVC-ID-QUAL~~	~~X(02)~~
		HCP10	Product/Service ID	AN	1-48	N/U		Usage change to Not Used					~~X837I-CLM-PRICE-SVC-ID~~	~~X(48)~~
		HCP11	Unit or Basis for Measurement Code	ID	2-2	S	DA, UN			X837I-CL-PRICE-APRVD-UNITS-CD	X(02)		X837I-CLM-PRICE-APRVD-UNITS-CD	X(02)
		HCP12	Quantity	R	1-15	S				X837I-CL-PRICE-APRVD-UNITS	S9(10)V9(05)		X837I-CLM-PRICE-APRVD-UNITS	S9(10)V9(05)
		HCP13	Reject Reason Code	ID	2-2	S	T1, T2, T3, T4, T5, T6			X837I-CLM-PRICE-REJECT-REASON	X(02)		X837I-CLM-PRICE-REJECT-REASON	X(02)
		HCP14	Policy Compliance Code	ID	1-2	S	1, 2, 3, 4, 5			X837I-CL-PRICE-COMPLIANCE-CD	X(02)		X837I-CLM-PRICE-COMPLIANCE-CD	X(02)
		HCP15	Exception Code	ID	1-2	S	1, 2, 3, 4, 5, 6			X837I-CL-PRICE-EXCPT-CD	X(02)		X837I-CLM-PRICE-EXCEPTION-CD	X(02)

~~CR7~~	~~6~~		~~HOME HEALTH CARE PLAN INFORMATION~~			~~S~~		Segment Deleted		~~LOOP 2305, SEGMENT CR7 (HOME HEALTH CARE PLAN INFO)~~				
													~~X837I-HH-DISCIPLINE-TYPE-CODE~~	~~X(02)~~
													~~X837I-HH-VISITS-BEFORE-RECERT~~	~~S9(09)~~
													~~X837I-HH-VISITS-PROJECTED~~	~~S9(09)~~
~~HSD~~	~~12~~		~~HOME CARE SERVICES DELIVERY~~			~~S~~		Segment Deleted		~~LOOP 2305, SEGMENT HSD (HOME HEALTH CARE SVCS DELIVERY)~~				
													~~X837I-HH-NUM-OF-VISITS-QUAL~~	~~X(02)~~
													~~X837I-HH-NUM-OF-VISITS~~	~~S9(15)~~
													~~X837I-HH-FREQ-PERIOD~~	~~X(02)~~
													~~X837I-HH-FREQ-COUNT~~	~~S9(4)V9(2)~~
													~~X837I-HH-TIME-PERIOD-QUAL~~	~~X(02)~~
													~~X837I-HH-NUM-OF-PERIODS~~	~~S9(3)~~
													~~X837I-HH-PATTERN-CODE~~	~~X(02)~~
													~~X837I-HH-PATTERN-TIME~~	~~X(01)~~
No Loop/No Segment						R	**EDI Populated**			X837I-ACS-EDI-TRACE-NUM	X(31)			
2310A	**1**													
NM1	**1**		**ATTENDING PROVIDER NAME**			**S**		Name Change	Report Attending Provider Info on Hospital Inpatient claims, if exists.	**LOOP 2310A, SEGMENT NM1 (ATTENDING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	71			X837I-CL-ATT-ENTY-CD	X(03)		X837I-ATTEND-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted		X837I-CL-ATT-ENTY-TYP	X(01)		X837I-ATTEND-ENTITY-TYPE	X(01)
		NM103	Last Name	AN	1-60	R		Name Change Increase from 35 - 60		X837I-CL-ATT-NM-LST	X(60)		X837I-ATTEND-NAME-LAST	X(35)
		NM104	First Name	AN	1-35	S		Name Change Increase 25 - 35		X837I-CL-ATT-NM-FST	X(35)		X837I-ATTEND-NAME-FIRST	X(25)
		NM105	Middle Name	AN	1-25	S		Name Change		X837I-CL-ATT-NM-MID	X(25)		X837I-ATTEND-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	S				X837I-CL-ATT-NM-SFX	X(10)		X837I-ATTEND-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage change to Situational	Value is XX	X837I-CL-ATT-QL	X(02)		X837I-ATTEND-ID-QUAL	X(02)
		NM109	Provider Identifier	AN	2-80	S		Usage change to Situational	10 digit NPI Number	X837I-CL-ATT-ID	X(80)		X837I-ATTEND-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						

PRV	**1**		**ATTENDING PROVIDER SPECIALTY INFORMATION**			**S**		Name Change	PRV segment is required by Mississippi Medicaid when the Attending NPI represents multiple entities or sub-parts.		**LOOP 2310A, SEGMENT PRV (ATTENDING PROVIDER SPECIALTY INFORMATION)**			
		PRV01	Provider Code	ID	1-3	R	AT	Code Deleted			X837I-CL-ATT-TYP	X(03)	X837I-ATTEND-PROV-TYPE	X(03)
		PRV02	Reference Identification Qualifier	ID	2-3	R	PXC	Code Change	Value is PXC		X837I-CL-ATT-SPEC-QL	X(03)	X837I-ATTEND-PROV-SPEC-QUAL	X(03)
		PRV03	Provider Taxonomy Code	AN	1-50	R		Increase from 30 - 50	10 digit Taxo Value		X837I-CL-ATT-SPEC	X(50)	X837I-ATTEND-PROV-SPECIALTY	X(30)
		PRV04	State or Province Code	ID	2-2	N/U								
		PRV05	PROVIDER SPECIALTY INFORMATION			N/U								
		PRV06	Provider Organization Code	ID	3-3	N/U								
REF	**4**		**ATTENDING PROVIDER SECONDARY IDENTIFICATION**			**S**		Name Change # Repeats change to 4			**LOOP 2310A, SEGMENT REF (ATTENDING PROVIDER SECONDARY IDENTIFICATION)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Deleted			X837I-CL-ATT-SEC-QL	X(03)	X837I-ATTEND-ADDNL-ID-QUAL	X(03)
		REF02	Secondary Identifier	AN	1-50	R		Increase from 30 - 50 Name Change			X837I-CL-ATT-SEC-ID	X(50)	X837I-ATTEND-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2310B	**1**													
NM1	**1**		**OPERATING PHYSICIAN NAME**			**S**					**LOOP 2310B, SEGMENT NM1 (OPERATING PHYSICIAN NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	72				X837I-CL-OPER-ENTY-CD	X(03)	X837I-OPERATING-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1				X837I-CL-OPER-ENTY-TYP	X(01)	X837I-OPERATING-ENTITY-TYPE	X(01)
		NM103	Last or Organization Name	AN	1-60	R		Increase from 35 - 60			X837I-CL-OPER-NM-LST	X(60)	X837I-OPERATING-NAME-LAST	X(35)
		NM104	First Name	AN	1-35	S		Increase from 25 - 35 Usage change to Situational			X837I-CL-OPER-NM-FST	X(35)	X837I-OPERATING-NAME-FIRST	X(25)
		NM105	Middle Name	AN	1-25	S					X837I-CL-OPER-NM-MID	X(25)	X837I-OPERATING-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	S					X837I-CL-OPER-NM-SFX	X(10)	X837I-OPERATING-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage change to Situational			X837I-CL-OPER-QL	X(02)	X837I-OPERATING-ID-QUAL	X(02)
		NM109	Identifier	AN	2-80	S		Usage change to Situational			X837I-CL-OPER-ID	X(80)	X837I-OPERATING-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						

														LOOP 2310B, SEGMENT PRV (OPERATING PHYS SPECIALTY INFO)	Not on 5010?
REF	**4**		**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**			**S**		# Repeats change to 4			**LOOP 2310B, SEGMENT REF (OPERATING PHYSICIAN SECONDARY IDENTIFICATION)**				
		REF01	Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Deleted			X837I-CL-OPER-SEC-QL	X(03)		X837I-OPERATING-ADDNL-ID-QUAL	X(03)
		REF02	Secondary Identifier	AN	1-50	R		Increase from 30 - 50			X837I-CL-OPER-SEC-ID	X(50)		X837I-OPERATING-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
2310C	**1**														
NM1	**1**		**OTHER OPERATING PHYSICIAN NAME**			**S**		Name Change			**LOOP 2310C, SEGMENT NM1 (OTHER OPERATING NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	ZZ	Code Change			X837I-CL-OTH-OPER-ENTY-CD	X(03)		X837I-OTHR-PROV-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted			X837I-CL-OTH-OPER-ENTY-TYP	X(01)		X837I-OTHR-PROV-ENTITY-TYPE	X(01)
		NM103	Last or Organization Name	AN	1-60	R		Increase from 35 - 60			X837I-CL-OTH-OPER-NM-LST	X(60)		X837I-OTHR-PROV-NAME-LAST	X(35)
		NM104	First Name	AN	1-35	S		Increase from 25 - 35 Usage change to Situational			X837I-CL-OTH-OPER-NM-FST	X(35)		X837I-OTHR-PROV-NAME-FIRST	X(25)
		NM105	Middle Name	AN	1-25	S					X837I-CL-OTH-OPER-NM-MID	X(25)		X837I-OTHR-PROV-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Name Suffix	AN	1-10	S					X837I-CL-OTH-OPER-NM-SFX	X(10)		X837I-OTHR-PROV-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage change to Situational			X837I-CL-OTH-OPER-QL	X(02)		X837I-OTHR-PROV-ID-QUAL	X(02)
		NM109	Identifier	AN	2-80	S					X837I-CL-OTH-OPER-ID	X(80)		X837I-OTHR-PROV-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Entity Identifier Code	ID	2-3	N/U									
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element							
														LOOP 2310C, SEGMENT PRV (OTHER PROV SPECIALTY INFO)	Not on 5010?
REF	**4**		**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**			**S**		Name Change # of Repeats change to 4			**LOOP 2310C, SEGMENT REF (OTHER OPERATING OR PHYSICIAN SECONDARY ID)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Deleted			X837I-CL-OTH-OPER-SEC-QL	X(03)		X837I-OTHR-PROV-ADDNL-ID-QUAL	X(03)
		REF02	Rendering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50			X837I-CL-OTH-OPER-SEC-ID	X(50)		X837I-OTHR-PROV-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									

2310D	1													
NM1	**1**		**RENDERING PHYSICIAN NAME**			**S**		New Segment		**LOOP 2310D, SEGMENT NM1 (RENDERING PHYSICIAN NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	82			X837I-CL-REND-ENTY-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	1			X837I-CL-REND-ENTY-TYP	X(01)			
		NM103	Rendering Provider Last or Organization Name	AN	1-60	R				X837I-CL-REND-NM-LST	X(60)			
		NM104	Rendering Provider First Name	AN	1-35	S				X837I-CL-REND-NM-FST	X(35)			
		NM105	Rendering Provider Middle Name	AN	1-25	S				X837I-CL-REND-NM-MID	X(25)			
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Rendering Provider Name Suffix	AN	1-10	S				X837I-CL-REND-NM-SFX	X(10)			
		NM108	Identification Code Qualifier	ID	1-2	S	XX		Value is 'XX'	X837I-CL-REND-QL	X(02)			
		NM109	Rendering Provider Identifier	AN	2-80	S			Value is 10 digit Rendering NPI	X837I-CL-REND-ID	X(80)			
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**4**		**RENDERING PHYSICIAN SECONDARY IDENTIFICATION**			**S**		New Segment	Required for atypicals or non-par providers	**LOOP 2310D, SEGMENT REF (RENDERING SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU		Value is G2	X837I-CL-REND-SEC-QL	X(03)			
		REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Indicate the MSCHIP Provider Number	X837I-CL-REND-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2310E	**1**													
NM1	**1**		**SERVICE FACILITY LOCATION**			**S**		Name Change		**LOOP 2310E, SEGMENT NM1 (SERVICE FACILITY LOCATION NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	77	Code Change		X837I-CL-SVC-FAC-ENTY-CD	X(03)	X837I-SVC-FAC-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	2			X837I-CL-SVC-FAC-ENTY-TYP	X(01)	X837I-SVC-FAC-ENTITY-TYPE	X(01)	
		NM103	Laboratory or Facility Name	AN	1-60	R		Increase from 35 - 60		X837I-CL-SVC-FAC-NM	X(60)	X837I-SVC-FAC-NAME	X(35)	
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35						
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		X837I-CL-SVC-FAC-QL	X(02)	X837I-SVC-FAC-ID-QUAL	X(02)	
		NM109	Laboratory or Facility Primary Identifier	AN	2-80	S				X837I-CL-SVC-FAC-ID	X(80)	X837I-SVC-FAC-ID	X(80)	
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						

N3	**1**		**SERVICE FACILITY LOCATION ADDRESS**			**R**		Name Change		**LOOP 2310E, SEGMENT N3 (SERVICE FACILITY ADDRESS)**				
		N301	Laboratory or Facility Address Line	AN	1-55	R				X837I-CL-SVC-FAC-ADDR1	X(55)		X837I-SVC-FAC-ADDR1	X(55)
		N302	Laboratory or Facility Address Line	AN	1-55	S				X837I-CL-SVC-FAC-ADDR2	X(55)		X837I-SVC-FAC-ADDR2	X(55)
N4	**1**		**SERVICE FACILITY LOCATION CITY/STATE/ZIP**			**R**		Name Change		**LOOP 2310E, SEGMENT N4 (SERVICE FACILITY CITY, STATE, ZIP)**				
		N401	Laboratory or Facility City Name	AN	2-30	R				X837I-CL-SVC-FAC-CITY	X(30)		X837I-SVC-FAC-CITY	X(30)
		N402	Laboratory or Facility State or Province Code	ID	2-2	S		Usage change to Situational		X837I-CL-SVC-FAC-ST	X(02)		X837I-SVC-FAC-STATE	X(02)
		N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S		Usage change to Situational	Servicing postal codes are required and is utilized in the NPI crosswalk Logic. This is used as a tie breaker in our system, when more than 1mschip provider is found on state provider file, and to ensure that the claim processes correctly, .	X837I-CL-SVC-FAC-ZIP	X(15)		X837I-SVC-FAC-ZIP	X(15)
		N404	Laboratory/Facility Country Code	ID	2-3	S				X837I-CL-SVC-FAC-CNTRY	X(03)		X837I-SVC-FAC-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								
		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-CL-SVC-FAC-CNTRY-SUB	X(03)			
REF	**3**		**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**			**S**		Name Change # of Repeats change to 3		**LOOP 2310E, SEGMENT REF (SERVICE FACILITY SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, G2, LU	Code Deleted		X837I-CL-SVC-ID-SEC-QL	X(03)		X837I-SVC-ID-ADDNL-ID-QUAL	X(03)
		REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R		Increase from 30 - 50		X837I-CL-SVC-ID-SEC-ID	X(50)		X837I-SVC-ID-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U							LOOP N/A, SEGMENT N/A (ACS EDI GATEWAY TRACE NUMBER)	
													X837I-ACS-EDI-TRACE-NUM	X(23)
2310F	**1**													
NM1	**1**		**REFERRING PROVIDER NAME**			**S**		New Segment		**LOOP 2310F, SEGMENT NM1 (REFERRING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	DN			X837I-CL-REFR-ENTY-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	1			X837I-CL-REFR-ENTY-TYP	X(01)			
		NM103	Referring Provider Last Name	AN	1-60	R				X837I-CL-REFR-NM-LST	X(60)			
		NM104	Referring Provider First Name	AN	1-35	S				X837I-CL-REFR-NM-FST	X(35)			
		NM105	Referring Provider Middle Name	AN	1-25	S				X837I-CL-REFR-NM-MID	X(25)			
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Referring Provider Name Suffix	AN	1-10	S				X837I-CL-REFR-NM-SFX	X(10)			
		NM108	Identification Code Qualifier	ID	1-2	S	XX			X837I-CL-REFR-QL	X(02)			
		NM109	Referring Provider Identifier	AN	2-80	S				X837I-CL-REFR-ID	X(80)			

		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**3**		**REFERRING PROVIDER SECONDARY IDENTIFICATION**			**S**		New Segment		**LOOP 2310F, SEGMENT REF (REFERRING SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2			X837I-CL-REFR-SEC-QL	X(03)			
		REF02	Referring Provider Secondary Identifier	AN	1-50	R				X837I-CL-REFR-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2320	**10**													
SBR	**1**		**OTHER SUBSCRIBER INFORMATION**			**S**			**Required**	**LOOP 2320, SEGMENT SBR (OTHER SUBSCRIBER INFORMATION)**				
		SBR01	Payer Responsibility Sequence Number Code	ID	1-1	R	A, B, C, D, E, F, G, H, P, S, T, U	Code Added	Use a value of 'T' (Tertiary)	X837I-CL-OTH-SUBS-RESP-SEQ-CD	X(01)	X837I-OTHR-SUBS-RESP-SEQ-CODE	X(01)	
		SBR02	Individual Relationship Code	ID	2-2	R	01, 18, 19, 20, 21, 39, 40, 53, G8	Code Deleted	Use a value is '18'	X837I-CL-OTH-SUBS-RELATION-CD	X(02)	X837I-OTHR-SUBS-RELATION-CODE	X(02)	
		SBR03	Insured Group or Policy Number	AN	1-50	S		Increase from 30 - 50		X837I-CL-OTH-SUBS-POLICY-NUM	X(50)	X837I-OTHR-SUBS-POLICY-NUM	X(30)	
		SBR04	Other Insured Group Name	AN	1-60	S				X837I-CL-OTH-SUBS-GROUP-NM	X(60)	X837I-OTHR-SUBS-GROUP-NAME	X(60)	
		SBR05	Insurance Type Code	ID	1-3	N/U								
		SBR06	Coordination of Benefits Code	ID	1-1	N/U								
		SBR07	Yes/No Condition or Response Code	ID	1-1	N/U								
		SBR08	Employment Status Code	ID	2-2	N/U								
		SBR09	Claim Filing Indicator Code	ID	1-2	S	11, 12, 13, 14, 15, 16, 17, AM, BL, CH, CI, DS, FI, HM, LM, MA, MB, MC, OF, TV, VA,	Code Change	1st occurance - Use a value of 'ZZ' to identify CCO payer, 2nd occurance -if any TPL payer exists then use a value of 'CI' to identify TPL Payer.	X837I-CL-OTH-SUBS-CLM-FIL-CD	X(02)	X837I-OTHR-SUBS-CLM-FILING-CD	X(02)	
CAS	**5**		**CLAIM LEVEL ADJUSTMENTS**			**S**			**Report any CAS info at the Line Level.**	**LOOP 2320, SEGMENT CAS (CLAIM LEVEL ADJUSTMENT)**		**MS doesn't have 2320 CAS here**		
		CAS01	Claim Adjustment Group Code	ID	1-2	R	CO, CR, OA, PI, PR			X837I-CL-ADJ-GROUP-CD	X(02)			
		CAS02	Adjustment Reason Code	ID	1-5	R				X837I-CL-ADJ-REASON-CD	X(05)			
		CAS03	Adjustment Amount	R	1-18	R				X837I-CL-ADJ-AMT	S9(16)V9(02)			
		CAS04	Adjustment Quantity	R	1-15	S				X837I-CL-ADJ-QTY	S9(10)V9(05)			
		CAS05	Adjustment Reason Code	ID	1-5	S				X837I-CL-ADJ-REASON-CD	X(05)			
		CAS06	Adjustment Amount	R	1-18	S				X837I-CL-ADJ-AMT	S9(16)V9(02)			
		CAS07	Adjustment Quantity	R	1-15	S				X837I-CL-ADJ-QTY	S9(10)V9(05)			
		CAS08	Adjustment Reason Code	ID	1-5	S				X837I-CL-ADJ-REASON-CD	X(05)			
		CAS09	Adjustment Amount	R	1-18	S				X837I-CLM-ADJ-AMT	S9(16)V9(02)			

		CAS10	Adjustment Quantity	R	1-15	S				X837I-CL-ADJ-QTY	S9(10)V9(05)			
		CAS11	Adjustment Reason Code	ID	1-5	S				X837I-CL-ADJ-REASON-CD	X(05)			
		CAS12	Adjustment Amount	R	1-18	S				X837I-CL-ADJ-AMT	S9(16)V9(02)			
		CAS13	Adjustment Quantity	R	1-15	S				X837I-CL-ADJ-QTY	S9(10)V9(05)			
		CAS14	Adjustment Reason Code	ID	1-5	S				X837I-CL-ADJ-REASON-CD	X(05)			
		CAS15	Adjustment Amount	R	1-18	S				X837I-CL-ADJ-AMT	S9(16)V9(02)			
		CAS16	Adjustment Quantity	R	1-15	S				X837I-CL-ADJ-QTY	S9(10)V9(05)			
		CAS17	Adjustment Reason Code	ID	1-5	S				X837I-CL-ADJ-REASON-CD	X(05)			
		CAS18	Adjustment Amount	R	1-18	S				X837I-CL-ADJ-AMT	S9(16)V9(02)			
		CAS19	Adjustment Quantity	R	1-15	S				X837I-CL-ADJ-QTY	S9(10)V9(05)			
AMT	**1**		**COB PAYER PAID AMOUNT**			**S**		Name Change	Required	**LOOP 2320, SEGMENT AMT (COORDINATION OF BENEFITS 'COB' PAYER PAID AMOUNT)**				
		AMT01	Amount Qualifier Code	ID	1-3	R	D	Code Change	Value is 'D'	X837I-CL-PYR-PMT-AMT-CD	X(03)		X837I-PAYER-PRIOR-PMT-AMT-CODE	X(03)
		AMT02	Payer Paid Amount	R	1-18	R		Name Change	COB PAYER PAID AMT "This is a required element and is used to report the CCO Paid amount for the Claim. Individual Line item Payments may also be reported in Loop 2430 SVD02. (Payer Paid Amount)."	X837I-CL-PYR-PMT-AMT	S9(16)V99		X837I-PAYER-PRIOR-PMT-AMT	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
~~**AMT**~~	~~**1**~~		~~**COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT**~~			~~**S**~~		Segment Deleted		~~**LOOP 2320, SEGMENT AMT (COB - TOT ALLOWED AMT)**~~				
													~~X837I-COB-TOT-ALLOW-AMT-CODE~~	~~X(03)~~
													~~X837I-COB-TOT-ALLOW-AMT~~	~~S9(16)V99~~
~~**AMT**~~	~~**1**~~		~~**COORDINATION OF BENEFITS (COB) TOTAL SUBMITED CHARGES**~~			~~**S**~~		Segment Deleted		~~**LOOP 2320, SEGMENT AMT (COB - TOT SUBMITTED AMT)**~~				
													~~X837I-COB-TOT-CHRG-AMT-CODE~~	~~X(03)~~
													~~X837I-COB-TOT-CHRG-AMT~~	~~S9(16)V99~~
~~**AMT**~~	~~**1**~~		~~**DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT**~~			~~**S**~~		Segment Deleted		~~**LOOP 2320, SEGMENT AMT (COB - DRG OUTLILER AMT)**~~				
													~~X837I-COB-DRG-OUTLIER-AMT-CODE~~	~~X(03)~~
													~~X837I-COB-DRG-OUTLIER-AMT~~	~~S9(16)V99~~
~~**AMT**~~	~~**1**~~		~~**COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT**~~			~~**S**~~		Segment Deleted		~~**LOOP 2320, SEGMENT AMT (COB - MEDICARE PAID AMT)**~~				

													X837I-COB-MCARE-PAID-AMT-CODE	X(03)
													X837I-COB-MCARE-PAID-AMT	S9(16)V99
AMT	1		MEDICARE PAID AMOUNT - 100%			S		Segment Deleted		LOOP 2320, SEGMENT AMT (MEDICARE PAID AMT - 100%)				
													X837I-MCARE-PAID-100-AMT-CODE	X(03)
													X837I-MCARE-PAID-100-AMT	S9(16)V99
AMT	1		MEDICARE PAID AMOUNT - 80%			S		Segment Deleted		LOOP 2320, SEGMENT AMT (MEDICARE PAID AMT - 80%)				
													X837I-MCARE-PAID-80-AMT-CODE	X(03)
													X837I-MCARE-PAID-80-AMT	S9(16)V99
AMT	1		COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT			S		Segment Deleted		LOOP 2320, SEGMENT AMT (MCARE A TRUST FUND PAID AMT)				
													X837I-MCARE-TRUST-A-PD-AMT-CD	X(03)
													X837I-MCARE-TRUST-A-PAID-AMT	S9(16)V99
AMT	1		COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT			S		Segment Deleted		LOOP 2320, SEGMENT AMT (MCARE B TRUST FUND PAID AMT)				
													X837I-MCARE-TRUST-B-PD-AMT-CD	X(03)
													X837I-MCARE-TRUST-B-PAID-AMT	S9(16)V99
AMT	1		COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT			S		Segment Deleted		LOOP 2320, SEGMENT AMT (COB - TOT NONCOV AMT)				
													X837I-COB-TOT-NONCOV-AMT-CODE	X(03)
													X837I-COB-TOT-NONCOV-AMT	S9(16)V99
AMT	1		COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT			S		Segment Deleted		LOOP 2320, SEGMENT AMT (COB - TOT DENIED AMT)				
													X837I-COB-TOT-DENIED-AMT-CODE	X(03)
													X837I-COB-TOT-DENIED-AMT	S9(16)V99
AMT	1		REMAINING PATIENT LIABILITY			S		New Segment		LOOP 2320, SEGMENT AMT (REMAINING PATIENT LIABILITY)				

		AMT01	Amount Qualifier Code	ID	1-3	R	EAF				X837I-CL-REMAIN-PAT-AMT-CD	X(03)			
		AMT02	Remaining Patient Liability Amount	R	1-18	R						S9(16)V99			
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U					X837I-CL-REMAIN-PAT-AMT				
AMT	**1**		**COB TOTAL NON-COVERED AMOUNT**			**S**					**AMT (COORDINATION OF BENEFITS 'COB' TOTAL NON-COVERED AMOUNT)**				
		AMT01	Amount Qualifier Code	ID	1-3	R	A8				X837I-CL-COB-NON-CVRD-AMT-CD	X(03)			
		AMT02	Non-Covered Amount	R	1-18	R					X837I-CL-COB-NON-CVRD-AMT	S9(16)V99			
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U									
~~**DMG**~~	~~**1**~~		~~**OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION**~~			~~**S**~~		Segment Deleted			~~**LOOP 2320, SEGMENT DMG (OTHER SUBSCR DEMOGRAPHIC INFO)**~~				
													~~X837I-OTHR-SUBS-DATE-OF-BIRTH~~	~~X(08)~~	
													~~X837I-OTHR-SUBS-GENDER-CODE~~	~~X(01)~~	
OI	**1**		**OTHER INSURANCE COVERAGE INFORMATION**			**R**					**LOOP 2320, SEGMENT OI (OTHER INSURANCE COVERAGE INFORMATION)**				
		OI01	Claim Filing Indicator Code	ID	1-2	N/U									
		OI02	Claim Submission Reason Code	ID	2-2	N/U									
		OI03	Benefits Assignment Certification Indicator	ID	1-1	R	N, W, Y	Code Added			X837I-CL-ASSIGN-OF-BENE-IND	X(01)	X837I-ASSIGNMENT-OF-BENE-IND	X(01)	
		OI04	Patient Signature Source Code	ID	1-1	N/U									
		OI05	Provider Agreement Code	ID	1-1	N/U									
		OI06	Release of Information Code	ID	1-1	R	I, Y	Code Deleted			X837I-CL-RELEASE-OF-INFO-CD	X(01)	X837I-RELEASE-OF-INFO-CODE	X(01)	
MIA	**1**		**INPATIENT ADJUDICATION INFORMATION**			**S**					**LOOP 2320, SEGMENT MIA (MCARE INPATIENT ADJUDICATION INFORMATION)**				
		MIA01	Covered Days or Visits Count	R	1-15	S		Usage change to Situational			X837I-CL-MCR-COV-DAYS	S9(15)	X837I-MCARE-COV-DAYS	S9(15)	
		MIA02	Amount	R	1-18	N/U		Usage change to Not Used Increase from 15 - 18 Name Change					~~X837I-MCARE-LIFE-RESERVE-DAYS~~	~~S9(15)~~	
		MIA03	Lifetime Psychiatric Days	R	1-15	S					X837I-CL-MCR-LIFE-PSYCH-DAYS	S9(15)	X837I-MCARE-LIFE-PSYCH-DAYS	S9(15)	
		MIA04	Remaining Patient Liability Amount	R	1-18	S		Name Change			X837I-CL-MCR-CLM-DRG-AMT	S9(16)V9(02)	X837I-MCARE-CLM-DRG-AMT	S9(16)V9(02)	
		MIA05	Claim Payment Remark Code	AN	1-50	S		Increase from 30 - 50 Name Change			X837I-CL-MCR-REMARK-CD	X(50)	X837I-MCARE-REMARK-CODE	X(30)	

		MIA06	Claim Disproportionate Share Amount	R	1-18	S				X837I-CL-MCR-DISPROPORT-SHR	S9(16)V9(02)	X837I-MCARE-DISPROPORT-SHARE	S9(16)V9(02)
		MIA07	Claim MSP Pass-through Amount	R	1-18	S				X837I-CL-MCR-MSP-PASSTHRU-AMT	S9(16)V9(02)	X837I-MCARE-MSP-PASS-THRU-AMT	S9(16)V9(02)
		MIA08	Claim PPS Capital Amount	R	1-18	S				X837I-CL-MCR-PPS-AMT	S9(16)V9(02)	X837I-MCARE-PPS-AMT	S9(16)V9(02)
		MIA09	PPS-Capital FSP DRG Amount	R	1-18	S				X837I-CL-MCR-PPS-FSP-DRG-AMT	S9(16)V9(02)	X837I-MCARE-PPS-FSP-DRG-AMT	S9(16)V9(02)
		MIA10	PPS-Capital HSP DRG Amount	R	1-18	S				X837I-CL-MCR-PPS-HSP-DRG-AMT	S9(16)V9(02)	X837I-MCARE-PPS-HSP-DRG-AMT	S9(16)V9(02)
		MIA11	PPS-Capital DSH DRG Amount	R	1-18	S				X837I-CL-MCR-PPS-DSH-DRG-AMT	S9(16)V9(02)	X837I-MCARE-PPS-DSH-DRG-AMT	S9(16)V9(02)
		MIA12	Old Capital Amount	R	1-18	S				X837I-CL-MCR-OLD-CAPITAL-AMT	S9(16)V9(02)	X837I-MCARE-OLD-CAPITAL-AMT	S9(16)V9(02)
		MIA13	PPS-Capital IME Amount	R	1-18	S				X837I-CL-MCR-PPS-IME-AMT	S9(16)V9(02)	X837I-MCARE-PPS-IME-AMT	S9(16)V9(02)
		MIA14	PPS-Operating Hospital Specific DRG Amount	R	1-18	S				X837I-CL-MCR-PPS-HOSP-DRG-AMT	S9(16)V9(02)	X837I-MCARE-PPS-HOSP-DRG-AMT	S9(16)V9(02)
		MIA15	Cost Report Day Count	R	1-15	S				X837I-CL-MCR-COST-RPT-DAY-CNT	S9(15)	X837I-MCARE-COST-RPT-DAY-COUNT	S9(15)
		MIA16	PPS-Operating Federal Specific DRG Amount	R	1-18	S				X837I-CL-MCR-PPS-FED-DRG-AMT	S9(16)V9(02)	X837I-MCARE-PPS-FED-DRG-AMT	S9(16)V9(02)
		MIA17	Claim PPS Capital Outlier Amount	R	1-18	S				X837I-CL-MCR-PPS-OL-AMT	S9(16)V9(02)	X837I-MCARE-PPS-OUTLIER-AMT	S9(16)V9(02)
		MIA18	Claim Indirect Teaching Amount	R	1-18	S				X837I-CL-MCR-INDRT-TEACH-AMT	S9(16)V9(02)	X837I-MCARE-INDIRECT-TEACH-AMT	S9(16)V9(02)
		MIA19	Non-Payable Professional Component Billed Amount	R	1-18	S		Name Change		X837I-CL-MCR-INPAT-NONPAY-PRO	S9(16)V9(02)	X837I-MCARE-INPAT-NONPAY-PROF	S9(16)V9(02)
		MIA20	Claim Payment Remark Code	AN	1-50	S		Increase from 30 - 50 Name Change		X837I-CL-MCR-INPAT-REMARK	X(50)	X837I-MCARE-INPAT-REMARK	X(30)
		MIA21	Claim Payment Remark Code	AN	1-50	S		Increase from 30 - 50 Name Change		X837I-CL-MCR-INPAT-REMARK	X(50)	X837I-MCARE-INPAT-REMARK	X(30)
		MIA22	Claim Payment Remark Code	AN	1-50	S		Increase from 30 - 50 Name Change		X837I-CL-MCR-INPAT-REMARK	X(50)	X837I-MCARE-INPAT-REMARK	X(30)
		MIA23	Claim Payment Remark Code	AN	1-50	S		Increase from 30 - 50 Name Change		X837I-CL-MCR-INPAT-REMARK	X(50)	X837I-MCARE-INPAT-REMARK	X(30)

		MIA24	PPS-Capital Exception Amount	R	1-18	S				X837I-CL-MCR-PPS-EXCPT-AMT	S9(16)V9(02)		X837I-MCARE-PPS-EXCEPT-AMT	S9(16)V9(02)
MOA	**1**		**MEDICARE OUTPATIENT ADJUDICATION INFORMATION**			**S**				**LOOP 2320, SEGMENT MOA (MCARE OUTPATIENT ADJUDICATION INFORMATION)**				
		MOA01	Reimbursement Rate	R	1-10	S				X837I-CL-MCR-REIMB-RATE	S9(05)V9(05)		X837I-MCARE-REIMBURSEMENT-RATE	S9(05)V9(05)
		MOA02	HCPCS Payable Amount	R	1-18	S		Name Change		X837I-CL-MCR-HCPCS-PAY-AMT	S9(16)V9(02)		X837I-MCARE-HCPCS-PAYABLE-AMT	S9(16)V9(02)
		MOA03	Remark Code	AN	1-50	S		Increase from 30 - 50		X837I-CL-MCR-OPAT-REMARK	X(50)		X837I-MCARE-OUTPAT-REMARK	X(30)
		MOA04	Remark Code	AN	1-50	S		Increase from 30 - 50		X837I-CL-MCR-OPAT-REMARK	X(50)		X837I-MCARE-OUTPAT-REMARK	X(30)
		MOA05	Remark Code	AN	1-50	S		Increase from 30 - 50		X837I-CL-MCR-OPAT-REMARK	X(50)		X837I-MCARE-OUTPAT-REMARK	X(30)
		MOA06	Remark Code	AN	1-50	S		Increase from 30 - 50		X837I-CL-MCR-OPAT-REMARK	X(50)		X837I-MCARE-OUTPAT-REMARK	X(30)
		MOA07	Remark Code	AN	1-50	S		Increase from 30 - 50		X837I-CL-MCR-OPAT-REMARK	X(50)		X837I-MCARE-OUTPAT-REMARK	X(30)
		MOA08	End Stage Renal Disease Payment Amount	R	1-18	S		Name Change		X837I-CL-MCR-ESRD-PMT-AMT	S9(16)V9(02)		X837I-MCARE-ESRD-PMT-AMT	S9(16)V9(02)
		MOA09	Non-Payable Professional Component Billed Amount	R	1-18	S		Name Change		X837I-CL-MCR-OPAT-NONPAY-PRO	S9(16)V9(02)		X837I-MCARE-OUTPAT-NONPAY-PROF	S9(16)V9(02)
2330A	**1**													
NM1	**1**		**OTHER SUBSCRIBER NAME**			**R**				**LOOP 2330A, SEGMENT NM1 (OTHER SUBSCRIBER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	IL			X837I-CL-OTH-SUBS-ENTY-CD	X(03)		X837I-OTHR-SUBSCR-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			X837I-CL-OTH-SUBS-ENTY-TYP	X(01)		X837I-OTHR-SUBSCR-ENTITY-TYPE	X(01)
		NM103	Other Insured Last Name	AN	1-60	R		Increase from 35 - 60		X837I-CL-OTH-SUBS-NM-LST	X(60)		X837I-OTHR-SUBSCR-NAME-LAST	X(35)
		NM104	Other Insured First Name	AN	1-35	S		Increase from 25 - 35		X837I-CL-OTH-SUBS-NM-FST	X(35)		X837I-OTHR-SUBSCR-NAME-FIRST	X(25)
		NM105	Other Insured Middle Name	AN	1-25	S				X837I-CL-OTH-SUBS-NM-MID	X(25)		X837I-OTHR-SUBSCR-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Other Insured Name Suffix	AN	1-10	S				X837I-CL-OTH-SUBS-NM-SFX	X(10)		X837I-OTHR-SUBSCR-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	R	II, MI	Code Change		X837I-CL-OTH-SUBS-QL	X(02)		X837I-OTHR-SUBSCR-ID-QUAL	X(02)
		NM109	Other Insured Identifier	AN	2-80	R			Value is 9 digits MSCHIP Recipient ID	X837I-CL-OTH-SUBS-ID	X(80)		X837I-OTHR-SUBSCR-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
N3	**1**		**OTHER SUBSCRIBER ADDRESS**			**S**				**LOOP 2330A, SEGMENT N3 (OTHER SUBSCRIBER ADDRESS)**				
		N301	Other Insured Address Line	AN	1-55	R				X837I-CL-OTH-SUBS-ADDR1	X(55)		X837I-OTHR-SUBSCR-ADDR1	X(55)

		N302	Other Insured Address Line	AN	1-55	S					X837I-CL-OTH-SUBS-ADDR2	X(55)		X837I-OTHR-SUBSCR-ADDR2	X(55)
N4	**1**		**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**			**S**					**LOOP 2330A, SEGMENT N4 (OTHER SUBSCRIBER CITY, STATE, ZIP)**				
		N401	Other Insured City Name	AN	2-30	R					X837I-CL-OTH-SUBS-CITY	X(30)		X837I-OTHR-SUBSCR-CITY	X(30)
		N402	Other Insured State Code	ID	2-2	S		Usage change to Situational			X837I-CL-OTH-SUBS-ST	X(02)		X837I-OTHR-SUBSCR-STATE	X(02)
		N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational			X837I-CL-OTH-SUBS-ZIP	X(15)		X837I-OTHR-SUBSCR-ZIP	X(15)
		N404	Subscriber Country Code	ID	2-3	S					X837I-CL-OTH-SUBS-CNTRY	X(03)		X837I-OTHR-SUBSCR-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U									
		N406	Location Identifier	AN	1-30	N/U									
		N407	Country Subdivision Code	ID	1-3	S		New Element			X837I-CL-OTH-SUBS-CNTRY-SUB	X(03)			
REF	**2**		**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**			**S**		# of Repeat change to 2			**LOOP 2330A, SEGMENT REF (OTHER SUBSCRIBER SECONDARY ID)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	SY	Code Deleted			X837I-CL-OTH-SUBS-SEC-QL	X(03)		X837I-OTHR-SUBS-ADDNL-ID-QUAL	X(03)
		REF02	Other Insured Additional Identifier	AN	1-50	R		Increase from 30 - 50			X837I-CL-OTH-SUBS-SEC-ID	X(50)		X837I-OTHR-SUBS-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
2330B	**1**														
NM1	**1**		**OTHER PAYER NAME**			**R**					**LOOP 2330B, SEGMENT NM1 (OTHER PAYER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	PR				X837I-CL-OTH-PYR-ENTY-CD	X(03)		X837I-OTHR-PAYER-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2				X837I-CL-OTH-PYR-ENTY-TYP	X(01)		X837I-OTHR-PAYER-ENTITY-TYPE	X(01)
		NM103	Other Payer Last or Organization Name	AN	1-60	R		Increase from 35 - 60			X837I-CL-OTH-PYR-NM	X(60)		X837I-OTHR-PAYER-NAME	X(35)
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35							
		NM105	Name Middle	AN	1-25	N/U									
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Name Suffix	AN	1-10	N/U									
		NM108	Identification Code Qualifier	ID	1-2	R	PI, XV		Value is PI		X837I-CL-OTH-PYR-QL	X(02)		X837I-OTHR-PAYER-ID-QUAL	X(02)
		NM109	Other Payer Primary Identifier	AN	2-80	R			Value is 'CCO Provider number OR Other Payer (if any)'. This number must be identical to SVD01 (Loop ID-2430) for COB.		X837I-CL-OTH-PYR-ID	X(80)		X837I-OTHR-PAYER-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Entity Identifier Code	ID	2-3	N/U									
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element							
N3	**1**		**OTHER PAYER ADDRESS**			**S**					**LOOP 2330B, SEGMENT N3 (OTHER PAYER ADDRESS)**				
		N301	Other Payer Address Line	AN	1-55	R					X837I-CL-OTH-PYR-ADDR1	X(55)		X837I-OTHR-PAYER-ADDR1	X(55)
		N302	Other Payer Address Line	AN	1-55	S					X837I-CL-OTH-PYR-ADDR2	X(55)		X837I-OTHR-PAYER-ADDR2	X(55)

N4	**1**		**OTHER PAYER CITY/STATE/ZIP CODE**			**S**		Usage change to Required		**LOOP 2330B, SEGMENT N4 (OTHER PAYER CITY, STATE, ZIP)**				
		N401	Other Payer City Name	AN	2-30	R				X837I-CL-OTH-PYR-CITY	X(30)		X837I-OTHR-PAYER-CITY	X(30)
		N402	Other Payer State Code	ID	2-2	S		Usage change to Situational		X837I-CL-OTH-PYR-ST	X(02)		X837I-OTHR-PAYER-STATE	X(02)
		N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S		Usage change to Situational		X837I-CL-OTH-PYR-ZIP	X(15)		X837I-OTHR-PAYER-ZIP	X(15)
		N404	Other Payer Country Code	ID	2-3	S		Name Change		X837I-CL-OTH-PYR-CNTRY	X(03)		X837I-OTHR-PAYER-COUNTRY	X(03)
		N405	Location Qualifier	ID	1-2	N/U								
		N406	Location Identifier	AN	1-30	N/U								
		N407	Country Subdivision Code	ID	1-3	S		New Element		X837I-CL-OTH-PYR-CNTRY-SUB	X(03)			
DTP	**1**		**DATE - CLAIM CHECK OR REMITTANCE DATE**			**S**		Name Change	Required	**LOOP 2330B, SEGMENT DTP (OTHER PAYER ADJUDICATION DATE)**				
		DTP01	Date Time Qualifier	ID	3-3	R	573			X837I-CL-OTH-PYR-PD-DT-CD	X(03)		X837I-OTHR-PAYER-PAID-DATE-CD	X(03)
Added		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-CL-OTH-PYR-PD-DT-QL	X(03)			
		DTP03	Adjudication or Payment Date	AN	1-35	R	CCYYMMDD		Value is CCO Claim payment date	X837I-CL-OTH-PYR-PD-DT	X(35)		X837I-OTHR-PAYER-PAID-DATE	X(08)
REF	**2**		**OTHER PAYER SECONDARY IDENTIFICATION**			**S**		Name Change		**LOOP 2330B, SEGMENT REF (OTHER PAYER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	2U, EI, FY, NF	Code Change		X837I-CL-OTH-PYR-SEC-QL	X(03)		X837I-OTHR-PAYER-ADDNL-ID-QUAL	X(03)
		REF02	Other Payer Secondary Identifier	AN	1-50	R		Increase from 30 - 50		X837I-CL-OTH-PYR-SEC-ID	X(50)		X837I-OTHR-PAYER-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**OTHER PAYER PRIOR AUTHORIZATION NUMBER**			**S**			**Report if any on Hospital Inpatient Encounters.**	**LOOP 2330B, SEGMENT REF (OTHER PAYER PRIOR AUTHORIZATION NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	G1	Code Change		X837I-CL-OTH-PYR-PA-QL	X(03)		X837I-OTHER-PAYER-PA-NUM-QUAL	X(03)
		REF02	Other Payer Prior Authorization Number	AN	1-50	R		Increase from 30 - 50		X837I-CL-OTH-PYR-PA-NUM	X(50)		X837I-OTHER-PAYER-PA-NUM	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**OTHER PAYER REFERRAL NUMBER**			**S**		New Segment		**LOOP 2330B, SEGMENT REF (OTHER PAYER REFERRAL NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	9F			X837I-CL-OTH-PYR-REFR-QL	X(03)			
		REF02	Other Payer Referral Number	AN	1-50	R				X837I-CL-OTH-PYR-REFR-NUM	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								

REF	**1**		**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**			**S**		New Segment		**LOOP 2330B, SEGMENT REF (OTHER PAYER CLAIM ADJUSTMENT INDICATOR)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	T4			X837I-CL-OTH-PYR-ADJ-QL	X(03)			
		REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R				X837I-CL-OTH-PYR-ADJ-IND	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**OTHER PAYER CLAIM CONTROL NUMBER**			**S**		New Segment	**Required**	**LOOP 2330B, SEGMENT REF (OTHER PAYER CLM CONTROL NUM)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	F8		Value is 'F8'	X837I-CL-OTH-PYR-CLM-CTL-QL	X(03)			
		REF02	Other Payer Claim Control Number	AN	1-50	R			Value is CCO Claim Number	X837I-CL-OTH-PYR-CLM-CTL-NUM	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
~~**NM1**~~	~~**1**~~		~~**OTHER PAYER PATIENT INFORMATION**~~			**S**		Segment Deleted		~~**LOOP 2330C, SEGMENT NM1 (OTHER PAYER PATIENT NAME)**~~			~~X837I-OTHR-PYR-PAT-ENTITY-CODE~~	~~X(03)~~
													~~X837I-OTHR-PYR-PAT-ENTITY-TYPE~~	~~X(01)~~
													~~X837I-OTHR-PYR-PAT-ID-QUAL~~	~~X(02)~~
													~~X837I-OTHR-PYR-PAT-ID~~	~~X(80)~~
~~**REF**~~	~~**3**~~		~~**OTHER PAYER PATIENT IDENTIFICATION NUMBER**~~			**S**		Segment Deleted		~~**LOOP 2330C, SEGMENT REF (OTHER PAYER PATIENT ID)**~~			~~X837I-OTHR-PYR-PAT-ADDNL-QUAL~~	~~X(03)~~
													~~X837I-OTHR-PYR-PAT-ADDNL-ID~~	~~X(30)~~
2330C	**1**													
NM1	**1**		**OTHER PAYER ATTENDING PROVIDER**			**S**		**Loop Change**		**LOOP 2330C, SEGMENT NM1 (OTHER PAYER ATTENDING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	71			X837I-CL-OTH-PYR-ATT-ENTY-CD	X(03)		X837I-OTHR-PYR-ATT-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted		~~ENTY-TYP~~ X837I-CL-OTH-PYR-ATT-	X(01)		X837I-OTHR-PYR-ATT-ENTITY-TYPE	X(01)
		NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60						
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35						
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								

		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	N/U								
		NM109	Other Payer Primary Identifier	AN	2-80	N/U		Name Change						
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
REF	**4**		**OTHER PAYER ATTENDING PROVIDER SECONDARY IDENTIFICATION**			**R**		**Loop Change** # Repeats change to 4		**LOOP 2330C, SEGMENT REF (OTHER PAYER ATTENDING PROVIDER IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Change		X837I-CL-OTH-PYR-ATT-SEC-QL	X(03)		X837I-OTHR-PYR-ATT-ADDNL-QUAL	X(03)
		REF02	Secondary Identifier	AN	1-50	R		Increase from 30 - 50		X837I-CL-OTH-PYR-ATT-SEC-ID	X(50)		X837I-OTHR-PYR-ATT-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2330D	**1**													
NM1	**1**		**OTHER PAYER OPERATING PROVIDER**			**S**		**Loop Change**		**LOOP 2330D, SEGMENT NM1 (OTHER PAYER OPERATING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	72			~~ENTY-CD~~ X837I-CL-OTH-PYR-OPER-	X(03)		X837I-OTHR-PYR-OPR-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1			X837I-CL-OTH-PYR-OPER-ENTY-TYP	X(01)		X837I-OTHR-PYR-OPR-ENTITY-TYPE	X(01)
		NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60						
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35						
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	N/U								
		NM109	Other Payer Primary Identifier	AN	2-80	N/U								
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**4**		**OTHER PAYER OPERATING PROVIDER SECONDARY IDENTIFICATION**			**R**		**Loop Change** Name Change # Repeats change to 4		**LOOP 2330D, SEGMENT REF (OTHER PAYER OPERATING SECONDARY 'PROV' IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Change		X837I-CL-OTH-PYR-OPER-SEC-QL	X(03)		X837I-OTHR-PYR-OPR-ADDNL-QUAL	X(03)
		REF02	Secondary Identifier	AN	1-50	R		Increase from 30 - 50		X837I-CL-OTH-PYR-OPER-SEC-ID	X(50)		X837I-OTHR-PYR-OPR-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2330E	**1**													

NM1	**1**		**OTHER PAYER OTHER OPERATING PROVIDER**			**S**		**Loop Change** Name Change			**LOOP 2330E, SEGMENT NM1 (OTHER PAYER OTHER OPERATING PHYSICIAN 'PROV' NAME)**					
		NM101	Entity Identifier Code	ID	2-3	R	ZZ	Code Change			X837I-CL-OTH-PYR-OTH-ENTY-CD	X(03)		X837I-OTHR-PYR-OTH-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted			~~ENTY-TYP~~ X837I-CL-OTH-PYR-OTH-	X(01)		X837I-OTHR-PYR-OTH-ENTITY-TYPE	X(01)
		NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60							
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35							
		NM105	Name Middle	AN	1-25	N/U									
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Name Suffix	AN	1-10	N/U									
		NM108	Identification Code Qualifier	ID	1-2	N/U									
		NM109	Other Payer Primary Identifier	AN	2-80	N/U									
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Entity Identifier Code	ID	2-3	N/U									
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element							
REF	**4**		**OTHER PAYER OTHER OPERATING PROVIDER SECONDARY IDENTIFICATION**			**R**		**Loop Change** Name Change # Repeats change to 4			**LOOP 2330E, SEGMENT REF (OTHER PAYER OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Change			X837I-CL-OTH-PYR-OTH-SEC-QL	X(03)		X837I-OTHR-PYR-OTH-ADDNL-QUAL	X(03)
		REF02	Secondary Identifier	AN	1-50	R		Increase from 30 - 50			X837I-CL-OTH-PYR-OTH-SEC-ID	X(50)		X837I-OTHR-PYR-OTH-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
2330F	**1**														
NM1	**1**		**OTHER PAYER SERVICE FACILITY LOCATION**			**S**		**Loop Change** Name Change			**LOOP 2330F, SEGMENT NM1 (OTHER PAYER SERVICE FACILITY LOCATION)**				
		NM101	Entity Identifier Code	ID	2-3	R	77	Code Change			X837I-CL-OTH-PYR-FAC-ENTY-CD	X(03)		X837I-OTHR-PYR-FAC-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1		2				X837I-CL-OTH-PYR-FAC-ENTY-TYP	X(01)		X837I-OTHR-PYR-FAC-ENTITY-TYPE	X(01)
		NM103	Name Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60							
		NM104	Name First	AN	1-35	N/U		Increase from 25 - 35							
		NM105	Name Middle	AN	1-25	N/U									
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Name Suffix	AN	1-10	N/U									
		NM108	Identification Code Qualifier	ID	1-2	N/U									
		NM109	Other Payer Primary Identifier	AN	2-80	N/U									
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Entity Identifier Code	ID	2-3	N/U									
		NM112	Name Last or Organization Name	AN	1-60	N/U									

REF	**3**		**OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFIER**			**R**		**Loop Change** Name Change			**LOOP 2330F, SEGMENT REF (OTHER PAYER SERVICE FACILITY PROVIDER SECONDARY IDENTIFICATION)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, G2, LU	Code Change			X837I-CL-OTH-PYR-FAC-SEC-QL	X(03)	X837I-OTHR-PYR-FAC-ADDNL-QUAL	X(03)
		REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R		Increase from 30 - 50			X837I-CL-OTH-PYR-FAC-SEC-ID	X(50)	X837I-OTHR-PYR-FAC-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2330G	**1**													
NM1	**1**		**OTHER PAYER RENDERING PROVIDER**			**S**		New Segment			**LOOP 2330G, SEGMENT NM1 (OTHER PAYER RENDERING PROVIDER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	82				X837I-CL-OTH-PYR-REND-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	1				X837I-CL-OTH-PYR-REND-TYP	X(01)		
		NM103	Name Last or Organization Name	AN	1-60	N/U								
		NM104	Name First	AN	1-35	N/U								
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	N/U								
		NM109	Other Payer Primary Identifier	AN	2-80	N/U								
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**4**		**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER**			**R**		New Segment			**LOOP 2330G, SEGMENT REF (OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU				X837I-CL-OTH-PYR-REND-SEC-QL	X(03)		
		REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R					X837I-CL-OTH-PYR-REND-SEC-ID	X(50)		
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2330H	**1**													
NM1	**1**		**OTHER PAYER REFERRING PROVIDER**			**S**		New Segment			**LOOP 2330H, SEGMENT NM1 (OTHER PAYER REFERRING PROVIDER)**			
		NM101	Entity Identifier Code	ID	2-3	R	DN				X837I-CL-OTH-PYR-REFR-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	1				X837I-CL-OTH-PYR-REFR-TYP	X(01)		
		NM103	Name Last or Organization Name	AN	1-60	N/U								
		NM104	Name First	AN	1-35	N/U								
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								

		NM108	Identification Code Qualifier	ID	1-2	N/U								
		NM109	Other Payer Primary Identifier	AN	2-80	N/U								
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**3**		**OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER**			**R**		New Segment			**LOOP 2330H, SEGMENT REF (OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFICATION)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2				X837I-CL-OTH-PYR-REFR-QL	X(03)		
		REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R					X837I-CL-OTH-PYR-REFR-ID	X(50)		
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
2330I	**1**													
NM1	**1**		**OTHER PAYER BILLING PROVIDER**			**S**		New Segment			**LOOP 2330I, SEGMENT NM1 (OTHER PAYER BILLING PROVIDER)**			
		NM101	Entity Identifier Code	ID	2-3	R	85				X837I-CL-OTH-PYR-BILL-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	2				X837I-CL-OTH-PYR-BILL-QL	X(01)		
		NM103	Name Last or Organization Name	AN	1-60	N/U								
		NM104	Name First	AN	1-35	N/U								
		NM105	Name Middle	AN	1-25	N/U								
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	N/U								
		NM108	Identification Code Qualifier	ID	1-2	N/U								
		NM109	Other Payer Primary Identifier	AN	2-80	N/U								
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**2**		**OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION**			**R**		New Segment			**LOOP 2330I, SEGMENT REF (OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU				X837I-CL-OTH-PYR-BILL-SEC-QL	X(03)		
		REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R					X837I-CL-OTH-PYR-BILL-SEC-ID	X(50)		
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
S	**999**													
LX	**1**		**SERVICE LINE**			**R**		Name Change			**LOOP 2400, SEGMENT LX (SERVICE LINE NUMBER)**			
		LX01	Assigned Number	N0	1-6	R					X837I-LI-SVC-LINE-NUM	9(06)	X837I-SVC-LINE-NUM	9(06)

SV2	**1**		**INSTITUTIONAL SERVICE LINE**			**R**				**LOOP 2400, SEGMENT SV2 (INSTITUTIONAL SERVICE LINE)**				
		SV201	Revenue Code	AN	1-48	R				X837I-LI-REVENUE-CD	X(48)		X837I-LI-REVENUE-CODE	X(48)
		SV202	COMPOSITE			S		Usage change to ~~Required~~						
		SV202-1	Product or Service ID Qualifier	ID	2-2	R	ER, HC, HP, IV, WK	Code Change	Value is 'HC'	X837I-LI-SVC-QL	X(02)		X837I-LI-SVC-ID-QUAL	X(02)
		SV202-2	Procedure Code	AN	1-48	R				X837I-LI-SVC-CD	X(48)		X837I-LI-SVC-CODE	X(48)
		SV202-3	Procedure Modifier	AN	2-2	S				X837I-LI-SVC-MOD-1	X(02)		X837I-LI-SVC-MOD-1	X(02)
		SV202-4	Procedure Modifier	AN	2-2	S				X837I-LI-SVC-MOD-2	X(02)		X837I-LI-SVC-MOD-2	X(02)
		SV202-5	Procedure Modifier	AN	2-2	S				X837I-LI-SVC-MOD-3	X(02)		X837I-LI-SVC-MOD-3	X(02)
		SV202-6	Procedure Modifier	AN	2-2	S				X837I-LI-SVC-MOD-4	X(02)		X837I-LI-SVC-MOD-4	X(02)
		SV202-7	Description	AN	1-80	S		Usage change to Situational		X837I-LI-SVC-DESC	X(80)			
		SV202-8	Product/Service ID	AN	1-48	N/U		New Element						
		SV203	Line Item Charge Amount	R	1-18	R				X837I-LI-CHRG-AMT	S9(16)V9(02)		X837I-LI-CHARGE-AMT	S9(16)V9(02)
		SV204	Unit or Basis for Measurement Code	ID	2-2	R	DA, UN	Code Deleted	Value is 'UN'	X837I-LI-UNITS-OF-SVC-CD	X(02)		X837I-LI-UNITS-OF-SVC-CODE	X(02)
		SV205	Service Units/Days	R	1-15	R		Name Change		X837I-LI-UNITS-OF-SVC	S9(10)V9(05)		X837I-LI-UNITS-OF-SVC	S9(10)V9(05)
		SV206	Unit Rate	ID	1-10	N/U		Usage change to Not Used					~~X837I-LI-SVC-RATE~~	~~S9(05)V9(05)~~
		SV207	Monetary Amount	R	1-18	S				X837I-LI-NONCOV-CHRG-AMT	S9(16)V9(02)		X837I-LI-NONCOV-CHRG-AMT	S9(16)V9(02)
		SV208	Y/N	ID	1-1	N/U								
		SV209	NHRSC	ID	1-1	N/U								
		SV210	Level of Care Code	ID	1-1	N/U								
PWK	**10**		**LINE SUPPLEMENTAL INFORMATION**			**S**		# Repeats change to 10		**LOOP 2400, SEGMENT PWK (LI - LINE SUPPLEMENTAL INFORMATION)**				
		PWK01	Attachment Report Type Code	ID	2-2	R	03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21, A3, A4, AM, AS, B2, B3, B4, BR, BS, BT, CB, CK, CT, D2, DA, DB, DG, DJ, DS, EB, HC, HR, I5, IR, LA, M1, MT, NN, OB, OC, OD, OE, OX, OZ, P4, P5, PE, PN, PO, PQ, PY, PZ, RB, RR, RT, RX, SG, V5, XP	Code Added		X837I-LI-PWK-TYP	X(02)		X837I-LI-PWK-TYPE	X(02)
		PWK02	Attachment Transmission Code	ID	1-2	R	AA, BM, EL, EM, FT, FX	Code Change		X837I-LI-PWK-XMIT-CD	X(02)		X837I-LI-PWK-TRANSMIT-CODE	X(02)
		PWK03	Report Copies Needed	N0	1-2	N/U								
		PWK04	Entity Identifier Code	ID	2-3	N/U								
		PWK05	Identification Code Qualifier	ID	1-2	S	AC			X837I-LI-PWK-CTL-NUM-QL	X(02)		X837I-LI-PWK-CTL-NUM-QUAL	X(02)
		PWK06	Identification Code	AN	2-80	S				X837I-LI-PWK-CTL-NUM	X(80)		X837I-LI-PWK-CTL-NUM	X(80)
		PWK07	Description	AN	1-80	N/U								
		PWK08	ACTIONS INDICATED			N/U								
		PWK09	Request Category Code	ID	1-2	N/U								

DTP	**1**		**DATE - SERVICE DATE**			**S**		Name Change Usage change to Situational	Required	**LOOP 2400, SEGMENT DTP (LI - SERVICE DATE)**				
		DTP01	Date Time Qualifier	ID	3-3	R	472		Value is '472'	X837I-LI-SVC-DT-CD	X(03)		X837I-LI-SVC-DATE-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, RD8		Value is 'D8'	X837I-LI-SVC-DT-QL	X(03)			
		DTP03	Service Date	AN	1-35	R	CYYMMDD, CCYYMMDD-CCYYMMDD		Value is 'CCYYMMDD'	X837I-LI-SVC-FST-LST-DT	X(35)		X837I-LI-SVC-FIRST-DATE; X837I-LI-SVC-LAST-DATE	X(08); X(08)
~~**DTP**~~	~~**1**~~		~~**ASSESSMENT DATE**~~			**S**		Segment Deleted		~~**LOOP 2400, SEGMENT DTP (LI ASSESSMENT DATE)**~~				
													~~X837I-LI-ASSESS-DATE-CODE~~	~~X(03)~~
													~~X837I-LI-ASSESS-DATE~~	~~X(08)~~
REF	**1**		**LINE ITEM CONTROL NUMBER**			**S**		New Segment		**LOOP 2400, SEGMENT REF (LI - CONTROL NUM)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	6R			X837I-LI-CTL-NUM-QL	X(03)			
		REF02	Line Item Control Number	AN	1-50	R				X837I-LI-CTL-NUM	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**	**REF**	**REPRICED LINE ITEM REFERENCE NUMBER**			**S**		New Segment		**LOOP 2400, SEGMENT REF (LI - REPRICED LINE ITEM REFERENCE NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	9B			X837I-LI-REPRD-REFR-QL	X(03)			
		REF02	Repriced Line Item Reference Number	AN	1-50	R				X837I-LI-REPRD-REFR-NUM	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**1**		**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**			**S**		New Segment		**LOOP 2400, SEGMENT REF (LI - ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	9D			X837I-LI-ADJ-REPRD-QL	X(03)			
		REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R				X837I-LI-ADJ-REPRD-NUM	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
AMT	**1**		**SERVICE TAX AMOUNT**			**S**				**LOOP 2400, SEGMENT AMT (LI - SERVICE TAX AMOUNT)**				
		AMT01	Amount Qualifier Code	ID	1-3	R	GT			X837I-LI-SVC-TAX-AMT-CD	X(03)		X837I-LI-SVC-TAX-AMT-CODE	X(03)
		AMT02	Tax Amount	R	1-18	R		Name Change		X837I-LI-SVC-TAX-AMT	S9(16)V99		X837I-LI-SVC-TAX-AMT	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								

AMT	**1**		**FACILITY TAX AMOUNT**			**S**				**LOOP 2400, SEGMENT AMT (LI - FACILITY TAX AMOUNT)**				
		AMT01	Amount Qualifier Code	ID	1-3	R	N8			X837I-LI-FAC-TAX-AMT-CD	X(03)		X837I-LI-FAC-TAX-AMT-CODE	X(03)
		AMT02	Facility Tax Amount	R	1-18	R				X837I-LI-FAC-TAX-AMT	S9(16)V99		X837I-LI-FAC-TAX-	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
NTE	**1**		**THIRD PARTY ORGANIZATION NOTES**			**S**		Segment Added		**LOOP 2400, SEGMENT NTE (LI - THIRD PARTY ORGANIZATION NOTE)**				
		NTE01	Note Reference Code	ID	3-3	R	TPO			X837I-LI-THIRD-PARTY-ORG-NOTE	X(03)			
		NTE02	Claim Note Text	AN	1-80	R				X837I-LI-LI-NOTE-TEXT	X(80)			
HCP	**1**		**LINE PRICING/ REPRICING INFORMATION**			**S**				**LOOP 2400, SEGMENT HCP (LI - LINE PRICING/REPRICING INFORMATION)**				
		HCP01	Pricing Methodology	ID	2-2	R	00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14			X837I-LI-PRICE-METHOD	X(02)		X837I-LI-PRICE-METHOD	X(02)
		HCP02	Repriced Allowed Amount	R	1-18	R				X837I-LI-PRICE-ALLOWED	S9(16)V99		X837I-LI-PRICE-ALLOWED	S9(16)V99
		HCP03	Repriced Saving Amount	R	1-18	S				X837I-LI-PRICE-SAVINGS	S9(16)V99		X837I-LI-PRICE-SAVINGS	S9(16)V99
		HCP04	Repricing Organization Identifier	AN	1-50	S		Increase from 30 - 50		X837I-LI-PRICE-ORG-ID	X(50)		X837I-LI-PRICE-ORG-ID	X(30)
		HCP05	Repricing Per Diem or Flat Rate Amount	R	1-9	S				X837I-LI-PRICE-RATE	S9(05)V9(04)		X837I-LI-PRICE-RATE	S9(05)V9(04)
		HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S		Increase from 30 - 50		X837I-LI-PRICE-APRVD-DRG-CD	X(50)		X837I-LI-PRICE-APRVD-DRG-CODE	X(30)
		HCP07	Repriced Approved Ambulatory Patient Group Amount	R	1-18	S				X837I-LI-PRICE-APRVD-DRG-AMT	S9(16)V99		X837I-LI-PRICE-APRVD-DRG-AMT	S9(16)V99
		HCP08	Product/Service ID	AN	1-48	N/U		Usage change to Not Used		X837I-LI-PRICE-APRVD-REV-CD	X(48)		X837I-LI-PRICE-APRVD-REV-CODE	X(48)
		HCP09	Product or Service ID Qualifier	ID	2-2	S	ER, HC, HP, IV, WK	Code Added		X837I-LI-PRICE-SVC-QL	X(02)		X837I-LI-PRICE-SVC-ID-QUAL	X(02)
		HCP10	Procedure Code	AN	1-48	S				X837I-LI-PRICE-SVC-ID	X(48)		X837I-LI-PRICE-SVC-ID	X(48)
		HCP11	Unit or Basis for Measurement Code	ID	2-2	S	DA, UN			X837I-LI-PRICE-APRVD-UNITS-CD	X(02)		X837I-LI-PRICE-APRVD-UNITS-CD	X(02)
		HCP12	Repriced Approved Service Unit Count "DA" "UN"	R	1-15	S				X837I-LI-PRICE-APRVD-UNITS	S9(10)V9(05)		X837I-LI-PRICE-APRVD-UNITS	S9(10)V9(05)
		HCP13	Reject Reason Code	ID	2-2	S	T1, T2, T3, T4, T5, T6			X837I-LI-PRICE-REJECT-REASON	X(02)		X837I-LI-PRICE-REJECT-REASON	X(02)
		HCP14	Policy Compliance Code	ID	1-2	S	1, 2, 3, 4, 5			X837I-LI-PRICE-COMPLIANCE-CD	X(02)		X837I-LI-PRICE-COMPLIANCE-CD	X(02)
		HCP15	Exception Code	ID	1-2	S	1, 2, 3, 4, 5, 6			X837I-LI-PRICE-EXCPT-CD	X(02)		X837I-LI-PRICE-EXCEPTION-CD	X(02)
2410	**1**													
LIN	**1**		**DRUG IDENTIFICATION**			**S**		# Loop Repeats change to 1		**LOOP 2410, SEGMENT LIN (LI - DRUG IDENTIFICATION)**			**MS doesn't have this here; see below**	
		LIN01	Assigned Identification	AN	1-20	N/U							**LOOP 2410, SEGMENT LIN (LI DRUG ID)**	
		LIN02	Product or Service ID Qualifier	ID	2-2	R	N4		Value N4	X837I-LI-DRUG-CD-QL	X(02)		X837I-LI-DRUG-CODE-QUAL	X(02)
		LIN03	National Drug Code	AN	1-48	R			NDC code. Please use to specify billing/reporting of drugs provided that may be a part of the service described in SV1.	X837I-LI-DRUG-CD	X(48)		X837I-LI-DRUG-CODE	X(48)

		LIN04	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN05	Product/Service ID	AN	1-48	N/U									
		LIN06	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN07	Product/Service ID	AN	1-48	N/U									
		LIN08	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN09	Product/Service ID	AN	1-48	N/U									
		LIN10	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN11	Product/Service ID	AN	1-48	N/U									
		LIN12	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN13	Product/Service ID	AN	1-48	N/U									
		LIN14	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN15	Product/Service ID	AN	1-48	N/U									
		LIN16	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN17	Product/Service ID	AN	1-48	N/U									
		LIN18	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN19	Product/Service ID	AN	1-48	N/U									
		LIN20	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN21	Product/Service ID	AN	1-48	N/U									
		LIN22	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN23	Product/Service ID	AN	1-48	N/U									
		LIN24	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN25	Product/Service ID	AN	1-48	N/U									
		LIN26	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN27	Product/Service ID	AN	1-48	N/U									
		LIN28	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN29	Product/Service ID	AN	1-48	N/U									
		LIN30	Product/Service ID Qualifier	ID	2-2	N/U									
		LIN31	Product/Service ID	AN	1-48	N/U									
CTP	**1**		**DRUG QUANTITY**			**R**		Usage Change to Required		**LOOP 2410, SEGMENT CTP (LI - DRUG QUANTITY)**			**LOOP 2410, SEGMENT CTP (LI DRUG PRICING)**		
		CTP01	Class of Trade Code	ID	2-2	N/U							X837I-LI-DRUG-UNIT-PRICE	S9(11)V9(6)	
		CTP02	Price Identifier Code	ID	3-3	N/U							X837I-LI-DRUG-QTY	S9(10)V9(05)	
		CTP03	Unit Price	R	1-17	N/U		Usage change to Not Used					X837I-LI-DRUG-QTY-CODE	X(02)	
		CTP04	National Drug Unit Count	R	1-15	N/U									
		CTP05	COMPOSITE UNIT OF MEASURE			R				X837I-LI-DRUG-QTY	S9(10)V9(05)				
		CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R	F2, GR, ME, ML, UN	Code Added	Value is 'UN'	X837I-LI-DRUG-QTY-CD	X(02)				
		CTP05-2	Exponent	R	1-15	N/U									
		CTP05-3	Multiplier	R	1-10	N/U									
		CTP05-4	Unit or Basis For Measurement Code	ID	2-2	N/U									
		CTP05-5	Exponent	R	1-15	N/U									
		CTP05-6	Multiplier	R	1-10	N/U									
		CTP05-7	Unit or Basis For Measurement Code	ID	2-2	N/U									
		CTP05-8	Exponent	R	1-15	N/U									
		CTP05-9	Multiplier	R	1-10	N/U									
		CTP05-10	Unit or Basis For Measurement Code	ID	2-2	N/U									
		CTP05-11	Exponent	R	1-15	N/U									
		CTP05-12	Multiplier	R	1-10	N/U									
		CTP05-13	Unit or Basis For Measurement Code	ID	2-2	N/U									

		CTP05-14	Exponent	R	1-15	N/U								
		CTP05-15	Multiplier	R	1-10	N/U								
		CTP06	Price Multiplier Qualifier	ID	3-3	N/U								
		CTP07	Multiplier	R	1-10	N/U								
		CTP08	Monetary Amount	R	1-18	N/U								
		CTP09	Basis of Unit Price Code	ID	2-2	N/U								
		CTP10	Condition Value	AN	1-10	N/U								
		CTP11	Multiple Price Quantity	N0	1-2	N/U								
REF	**1**		**PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER**			**S**		Name Change		**LOOP 2410, SEGMENT REF (LI - PRESCRIPTION OR COMPOUND DRUG ASSOCIATION NUMBER)**		**LOOP 2410, SEGMENT REF (LI PRESCRIPTION-NUM)**		
		REF01	Reference Identification Qualifier	ID	2-3	R	VY, XZ	Code Added		X837I-LI-DRUG-PRESC-QL	X(03)	X837I-LI-DRUG-PRESCRIPTION-CD	X(03)	
		REF02	Prescription Number	AN	1-50	R		Increase from 30 - 50		X837I-LI-DRUG-PRESC-NUM	X(50)	X837I-LI-DRUG-PRESCRIPTION-NUM	X(30)	
		REF03	Desciption	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
~~**NM1**~~	~~**1**~~		~~**ATTENDING PHYSICIAN NAME**~~			**S**		Segment Deleted		~~**LOOP 2420A, SEGMENT NM1 (LI ATTENDING PHYS NAME)**~~				
												~~X837I-LI-ATTEND-ENTITY-CODE~~	~~X(03)~~	
												~~X837I-LI-ATTEND-ENTITY-TYPE~~	~~X(01)~~	
												~~X837I-LI-ATTEND-NAME-LAST~~	~~X(35)~~	
												~~X837I-LI-ATTEND-NAME-FIRST~~	~~X(25)~~	
												~~X837I-LI-ATTEND-NAME-MIDDLE~~	~~X(25)~~	
												~~X837I-LI-ATTEND-NAME-SFX~~	~~X(10)~~	
												~~X837I-LI-ATTEND-ID-QUAL~~	~~X(02)~~	
												~~X837I-LI-ATTEND-ID~~	~~X(80)~~	
~~**REF**~~	~~**1**~~		~~**ATTENDING PHYSICIAN SECONDARY IDENTIFICATION**~~			**S**		Segment Deleted		~~**LOOP 2420A, SEGMENT REF (LI ATTENDING PHYS SECONDARY ID)**~~				
												~~X837I-LI-ATTEND-ADDNL-ID-QUAL~~	~~X(03)~~	
												~~X837I-LI-ATTEND-ADDNL-ID~~	~~X(30)~~	
2420A	**1**													
NM1	**1**		**OPERATING PHYSICIAN NAME**			**S**		**Loop change**		**LOOP 2420A, SEGMENT NM1 (LI - OPERATING PHYSICIAN NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	72			X837I-LI-OPER-ENTY-CD	X(03)	X837I-LI-OPER-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1			X837I-LI-OPER-ENTY-TYP	X(01)	X837I-LI-OPER-ENTITY-TYPE	X(01)	
		NM103	Last Name	AN	1-60	R		Increase from 35 - 60		X837I-LI-OPER-NM-LST	X(60)	X837I-LI-OPER-NAME-LAST	X(35)	
		NM104	First Name	AN	1-35	S		Increase from 25 - 35		X837I-LI-OPER-NM-FST	X(35)	X837I-LI-OPER-NAME-FIRST	X(25)	

		NM105	Middle Name	AN	1-25	S				X837I-LI-OPER-NM-MID	X(25)		X837I-LI-OPER-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	S				X837I-LI-OPER-NM-SFX	X(10)		X837I-LI-OPER-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		X837I-LI-OPER-QL	X(02)		X837I-LI-OPER-ID-QUAL	X(02)
		NM109	Identifier	AN	2-80	S				X837I-LI-OPER-ID	X(80)		X837I-LI-OPER-ID	X(80)
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element						
REF	**20**		**OPERATING PHYSICIAN SECONDARY IDENTIFICATION**			**S**		**# Repeats change to 20; loop change**		**LOOP 2420A, SEGMENT REF (LI - OPERATING PHYSICIAN SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU	Code Change		X837I-LI-OPER-SEC-QL	X(03)		X837I-LI-OPER-ADDNL-ID-QUAL	X(03)
		REF02	Secondary Identifier	AN	1-50	R		Increase from 30 - 50		X837I-LI-OPER-SEC-ID	X(50)		X837I-LI-OPER-ADDNL-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			S		Usage change to Situational						
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		X837I-LI-OPER-SEC-QL2	X(03)			
		REF04-2	Idenitifer	AN	1-50	R		New Element		X837I-LI-OPER-SEC-ID2	X(50)			
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element						
2420B	**1**													
NM1	**1**		**OTHER OPERATING PHYSICIAN NAME**			**S**		**New Segment**		**LOOP 2420B, SEGMENT NM1 (LI - OTHER OPERATING PHYSICIAN 'PROV' NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	ZZ			X837I-LI-OTH-OPER-PROV-ENTY-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	1			X837I-LI-OTH-OPER-PROV-ENT-TYP	X(01)			
		NM103	Last Name	AN	1-60	R				X837I-LI-OTH-OPER-PROV-NM-LST	X(60)			
		NM104	First Name	AN	1-35	S				X837I-LI-OTH-OPER-PROV-NM-FST	X(35)			
		NM105	Middle Name	AN	1-25	S				X837I-LI-OTH-OPER-PROV-NM-MID	X(25)			
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	S				X837I-LI-OTH-OPER-PROV-NM-SFX	X(10)			
		NM108	Identification Code Qualifier	ID	1-2	S	XX			X837I-LI-OTH-OPER-PROV-QL	X(02)			
		NM109	Identifier	AN	2-80	S				X837I-LI-OTH-OPER-PROV-ID	X(80)			
		NM110	Entity Relationship Code	ID	2-2	N/U								

		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**20**		**OTHER OPERATING PHYSICIAN SECONDARY IDENTIFICATION**			**S**		New Segment			**LOOP 2420B, SEGMENT REF (LI - OTHER OPERATING PHYSICIAN 'PROV' SECONDARY ID)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU				X837I-LI-OTH-OPER-PROV-SEC-QL	X(03)		
		REF02	Secondary Identifier	AN	1-50	R					X837I-LI-OTH-OPER-PROV-SEC-ID	X(50)		
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			S								
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U				X837I-LI-OTH-OPER-PROV-SEC-QL2	X(03)		
		REF04-2	Idenitifer	AN	1-50	R					X837I-LI-OTH-OPER-PROV-SEC-ID2	X(50)		
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U								
		REF04-4	Reference Identification	AN	1-50	N/U								
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U								
		REF04-6	Reference Identification	AN	1-50	N/U								
~~**NM1**~~	~~**1**~~		~~**OTHER PROVIDER NAME**~~			**S**		Segment Deleted			~~**LOOP 2420C, SEGMENT NM1 (LI OTHER PROV NAME)**~~			
													~~X837I-LI-OTH-PROV-ENTITY-CODE~~	~~X(03)~~
													~~X837I-LI-OTH-PROV-ENTITY-TYPE~~	~~X(01)~~
													~~X837I-LI-OTH-PROV-NAME-LAST~~	~~X(35)~~
													~~X837I-LI-OTH-PROV-NAME-FIRST~~	~~X(25)~~
													~~X837I-LI-OTH-PROV-NAME-MIDDLE~~	~~X(25)~~
													~~X837I-LI-OTH-PROV-NAME-SFX~~	~~X(10)~~
													~~X837I-LI-OTH-PROV-ID-QUAL~~	~~X(02)~~
													~~X837I-LI-OTH-PROV-ID~~	~~X(80)~~
~~**REF**~~	~~**1**~~		~~**OTHER PROVIDER SECONDARY IDENTIFICATION**~~			**S**		Segment Deleted			~~**LOOP 2420C, SEGMENT REF (LI OTHER PROV SECONDARY ID)**~~			
													~~X837I-LI-OTH-ADDNL-ID-QUAL~~	~~X(03)~~
													~~X837I-LI-OTH-ADDNL-ID~~	~~X(30)~~
2420C	**1**													
NM1	**1**		**RENDERING PROVIDER NAME**			**S**		New Segment			**LOOP 2420C, SEGMENT NM1 (LI - RENDERING PROVIDER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	82				X837I-LI-REND-PROV-ENTY-CD	X(03)		

		NM102	Entity Type Qualifier	ID	1-1	R	1				X837I-LI-REND-PROV-ENTY-TYP	X(01)		
		NM103	Rendering Provider Last or Organization Name	AN	1-60	R					X837I-LI-REND-PROV-NM-LST	X(60)		
		NM104	Rendering Provider First Name	AN	1-35	S					X837I-LI-REND-PROV-NM-FST	X(35)		
		NM105	Rendering Provider Middle Name	AN	1-25	S					X837I-LI-REND-PROV-NM-MID	X(25)		
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Rendering Provider Name Suffix	AN	1-10	S					X837I-LI-REND-PROV-NM-SFX	X(10)		
		NM108	Identification Code Qualifier	ID	1-2	S	XX		Value is 'XX'		X837I-LI-REND-PROV-QL	X(02)		
		NM109	Rendering Provider Identifier	AN	2-80	S			Value is 10 digit NPI of Rendering Provider id		X837I-LI-REND-PROV-ID	X(80)		
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**20**		**RENDERING PROVIDER SECONDARY IDENTIFICATION**			**S**		New Segment	Only Required for atypicals or non-par Providers		**LOOP 2420C, SEGMENT REF (LI - RENDERING PROVIDER SECONDARY IDENTIFICATION)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU		Value is 'G2'		X837I-LI-REND-PROV-SEC-QL	X(03)		
		REF02	Rendering Provider Secondary Identifier	AN	1-50	R			Indicate the MSCHIP Provider number, if reported		X837I-LI-REND-PROV-SEC-ID	X(50)		
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			S								
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U				X837I-LI-REND-PROV-SEC-QL2	X(03)		
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	R					X837I-LI-REND-PROV-SEC-ID2	X(50)		
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U								
		REF04-4	Reference Identification	AN	1-50	N/U								
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U								
		REF04-6	Reference Identification	AN	1-50	N/U								
2420D	**1**													
NM1	**1**		**REFERRING PROVIDER NAME**			**S**		New Segment			**LOOP 2420D, SEGMENT NM1 (LI - REFERRING PROVIDER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	DN				X837I-LI-REFR-PROV-ENTY-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	1				X837I-LI-REFR-PROV-ENTY-TYP	X(01)		
		NM103	Referring Provider Last Name	AN	1-60	R					X837I-LI-REFR-PROV-NM-LST	X(60)		
		NM104	Referring Provider First Name	AN	1-35	S					X837I-LI-REFR-PROV-NM-FST	X(35)		
		NM105	Referring Provider Middle Name or Initial	AN	1-25	S					X837I-LI-REFR-PROV-NM-MID	X(25)		
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Referring Provider Name Suffix	AN	1-10	S					X837I-LI-REFR-PROV-NM-SFX	X(10)		
		NM108	Identification Code Qualifier	ID	1-2	S	XX				X837I-LI-REFR-PROV-QL	X(02)		

		NM109	Other Payer Primary Identifier	AN	2-80	S				X837I-LI-REFR-PROV-ID	X(80)			
		NM110	Entity Relationship Code	ID	2-2	N/U								
		NM111	Entity Identifier Code	ID	2-3	N/U								
		NM112	Name Last or Organization Name	AN	1-60	N/U								
REF	**20**		**REFERRING PROVIDER SECONDARY IDENTIFICATION**			**S**		New Segment		**LOOP 2420D, SEGMENT REF (LI - REFERRING PROVIDER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2			X837I-LI-REFR-PROV-SEC-QL	X(03)			
		REF02	Referring Provider Secondary Identifier	AN	1-50	R				X837I-LI-REFR-PROV-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			S								
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U			X837I-LI-REFR-PROV-SEC-QL2	X(03)			
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	R				X837I-LI-REFR-PROV-SEC-ID2	X(50)			
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U								
		REF04-4	Reference Identification	AN	1-50	N/U								
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U								
		REF04-6	Reference Identification	AN	1-50	N/U								
2430	**15**													
SVD	**1**		**LINE ADJUDICATION INFORMATION**			**S**			Requried	**LOOP 2430, SEGMENT SVD (LI - ADJUDICATION INFORMATION)**				
		SVD01	Other Payer Primary Identifier	AN	2-80	R		Name Change	Value is MSCHIP CCO assigned Provider Number OR this number should match NM109 in Loop ID-2330B identifying Other Payer.	X837I-LI-PYR-ID	X(80)		X837I-LI-PAYER-ID	X(80)
		SVD02	Service Line Paid Amount	R	1-18	R			CCO Paid Amounts at the Line OR TPL payments at the Line	X837I-LI-PD-AMT	S9(16)V99		X837I-LI-PAID-AMT	S9(16)V99
		SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			S								
		SVD03-1	Product or Service ID Qualifier	ID	2-2	R	ER, HC, HP, IV, WK	Code Change	Value is 'HC'	X837I-LI-PD-SVC-QL	X(02)		X837I-LI-PAID-SVC-ID-QUAL	X(02)
		SVD03-2	Procedure Code	AN	1-48	R				X837I-LI-PD-SVC-ID	X(48)		X837I-LI-PAID-SVC-ID	X(48)
		SVD03-3	Procedure Modifier	AN	2-2	S				X837I-LI-PD-SVC-MOD-1	X(02)		X837I-LI-PAID-SVC-MOD-1	X(02)
		SVD03-4	Procedure Modifier	AN	2-2	S				X837I-LI-PD-SVC-MOD-2	X(02)		X837I-LI-PAID-SVC-MOD-2	X(02)
		SVD03-5	Procedure Modifier	AN	2-2	S				X837I-LI-PD-SVC-MOD-3	X(02)		X837I-LI-PAID-SVC-MOD-3	X(02)
		SVD03-6	Procedure Modifier	AN	2-2	S				X837I-LI-PD-SVC-MOD-4	X(02)		X837I-LI-PAID-SVC-MOD-4	X(02)
		SVD03-7	Procedure Code Description	AN	1-80	S				X837I-LI-PD-SVC-DESC	X(80)		X837I-LI-PAID-SVC-DESC	X(80)
		SVD03-8	Product/Service ID	AN	1-48	N/U		New Element						
		SVD04	Product or Service ID	AN	1-48	R		Usage change to Not Used					~~X837I-LI-PAID-REVENUE-CODE~~	~~X(48)~~
		SVD05	Paid Service Unit Count	R	1-15	R				X837I-LI-PD-UNITS-OF-SVC	S9(10)V9(5)		X837I-LI-PAID-UNITS-OF-SVC	S9(10)V9(5)

		SVD06	Bundled or Unbundled Line Number	N0	1-6	S				X837I-LI-BUNDLE-UNBUNDLE-NUM	S9(6)		X837I-LI-BUNDLE-UNBUNDLE-NUM	S9(6)
CAS	**5**		**LINE ADJUSTMENT**			**S**			**Only required while repoting CCO Denied Encounters or any TPL payer or adjustments. For MSCHIP, please ensure to report any 'Copay dollars' using Group Code 'PR' and Reason Code '3' (Co-payment).**	**LOOP 2430, SEGMENT CAS (LI - LINE ADJUSTMENT)**				
		CAS01	Claim Adjustment Group Code	ID	1-2	R	CO, CR, OA, PI, PR			X837I-LI-ADJ-GROUP-CD	X(02)		X837I-LI-ADJUST-GROUP-CODE	X(02)
		CAS02	Adjustment Reason Code	ID	1-5	R				X837I-LI-ADJ-REASON-CD	X(05)		X837I-LI-ADJUST-REASON-CODE	X(05)
		CAS03	Adjustment Amount	R	1-18	R				X837I-LI-ADJ-AMT	S9(16)V9(02)		X837I-LI-ADJUST-AMT	S9(16)V9(02)
		CAS04	Adjustment Quantity	R	1-15	S				X837I-LI-ADJ-QTY	S9(10)V9(05)		X837I-LI-ADJUST-QTY	S9(10)V9(05)
		CAS05	Adjustment Reason Code	ID	1-5	S				X837I-LI-ADJ-REASON-CD	X(05)		X837I-LI-ADJUST-REASON-CODE	X(05)
		CAS06	Adjustment Amount	R	1-18	S				X837I-LI-ADJ-AMT	S9(16)V9(02)		X837I-LI-ADJUST-AMT	S9(16)V9(02)
		CAS07	Adjustment Quantity	R	1-15	S				X837I-LI-ADJ-QTY	S9(10)V9(05)		X837I-LI-ADJUST-QTY	S9(10)V9(05)
		CAS08	Adjustment Reason Code	ID	1-5	S				X837I-LI-ADJ-REASON-CD	X(05)		X837I-LI-ADJUST-REASON-CODE	X(05)
		CAS09	Adjustment Amount	R	1-18	S				X837I-LI-ADJ-AMT	S9(16)V9(02)		X837I-LI-ADJUST-AMT	S9(16)V9(02)
		CAS10	Adjustment Quantity	R	1-15	S				X837I-LI-ADJ-QTY	S9(10)V9(05)		X837I-LI-ADJUST-QTY	S9(10)V9(05)
		CAS11	Adjustment Reason Code	ID	1-5	S				X837I-LI-ADJ-REASON-CD	X(05)		X837I-LI-ADJUST-REASON-CODE	X(05)
		CAS12	Adjustment Amount	R	1-18	S				X837I-LI-ADJ-AMT	S9(16)V9(02)		X837I-LI-ADJUST-AMT	S9(16)V9(02)
		CAS13	Adjustment Quantity	R	1-15	S				X837I-LI-ADJ-QTY	S9(10)V9(05)		X837I-LI-ADJUST-QTY	S9(10)V9(05)
		CAS14	Adjustment Reason Code	ID	1-5	S				X837I-LI-ADJ-REASON-CD	X(05)		X837I-LI-ADJUST-REASON-CODE	X(05)
		CAS15	Adjustment Amount	R	1-18	S				X837I-LI-ADJ-AMT	S9(16)V9(02)		X837I-LI-ADJUST-AMT	S9(16)V9(02)
		CAS16	Adjustment Quantity	R	1-15	S				X837I-LI-ADJ-QTY	S9(10)V9(05)		X837I-LI-ADJUST-QTY	S9(10)V9(05)
		CAS17	Adjustment Reason Code	ID	1-5	S				X837I-LI-ADJ-REASON-CD	X(05)		X837I-LI-ADJUST-REASON-CODE	X(05)
		CAS18	Adjustment Amount	R	1-18	S				X837I-LI-ADJ-AMT	S9(16)V9(02)		X837I-LI-ADJUST-AMT	S9(16)V9(02)
		CAS19	Adjustment Quantity	R	1-15	S				X837I-LI-ADJ-QTY	S9(10)V9(05)		X837I-LI-ADJUST-QTY	S9(10)V9(05)
DTP	**1**		**LINE CHECK OR REMITTANCE DATE**			**R**		Name Change Usage change to		**LOOP 2430, SEGMENT DTP (LI - LINE CHECK OR REMITTANCE DATE 'ADJUDICATION')**				
		DTP01	Date Time Qualifier	ID	3-3	R	573			X837I-LI-REMIT-DT-CD	X(03)		X837I-LI-ADJUD-DATE-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			X837I-LI-REMIT-DT-QL	X(03)			
		DTP03	Adjudication or Payment Date	AN	1-35	R	CCYYMMDD			X837I-LI-REMIT-DT	X(35)		X837I-LI-ADJUD-DATE	X(08)
AMT	**1**		**REMAINING PATIENT LIABILITY**			**S**		New Segment		**LOOP 2430, SEGMENT AMT (LI - REMAINING PATIENT LIABILITY)**				
		AMT01	Amount Qualifier Code	ID	1-3	R	EAF			X837I-LI-REMAIN-PAT-AMT-QL	X(03)			
		AMT02	Remaining Patient Liability Amount	R	1-18	R				X837I-LI-REMAIN-PAT-AMT	S9(16)V99			
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
SE	**>1**		**TRANSACTION SET TRAILER**			**R**				**LOOP (NONE), SEGMENT SE (TRANSACTION SET TRAILER)**				
		SE01	Transaction Segment Count	N0	1-10	R				X837I-TRAILER-NUM-OF-SEG	9(10)		X837I-TRAILER-NUM-OF-SEG	9(10)
		SE02	Transaction Set Control Number	AN	4-9	R				X837I-TRAILER-CTL-NUM	X(09)		X837I-TRAILER-CTL-NUM	X(09)
GE	**1**		**FUNCTION GROUP TRAILER**			**R**								

		GE01	Number of Transaction Sets Included	N0	1-6	R								
		GE02	Group Control Number	N0	1-9	R								
IEA	**1**		**INTERCHANGE CONTROL TRAILER**			**R**								
		IEA01	Number of Included Functional Groups	N0	1-5	R								
		IEA02	Interchange Control Number	N0	9-9	R								