5010 - 837P

X12 Loop / Segment Information	Occurs	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Values	Changes from 4010	MSCHIP Specific	Rec. Type		5010 IRL Field Length	MISSISSIPPI IRL Field Name	MS IRL Field Length
			837 - Professional 5010											
ISA	**1**		**INTERCHANGE CONTROL HEADER**			**R**								
		ISA01	Information Qualifier	ID	2-2	R	00, 03		00					
		ISA02	Authorization Information	AN	10-10	R								
		ISA03	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 populate the X837P-TX-COBC-IND = 'Y', else X837P-TX-COBC-IND defaults to 'N'		Value is the trading partner ID provided during the enrollment process. Please make sure this ID is left justified with trailing spaces.	000	**X837P-FILE-ISA-SENDER** **X837P-TX-COBC-IND**	x(015) 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		**X837P-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	837P		Value is '00501'		**X837P-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								
		GS02	Application Sender Code	AN	2-15	R			Value is the CCO specific trading partner ID provided during the enrollment process.		**X837P-FILE-GS-SENDER**			
		GS03	Application Receiver Code	AN	2-15	R			Value is '77032'		**X837P-FILE-GS-RECEIVER**			
		GS04	Date	DT	8-8	R	CCYYMMDD				*			
		GS05	Time	TM	4-8	R	HHMM				*			
		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	005010X222A1	Code Change			**X837P-FILE-VER-RELEASE-CD**			
ST	**1**		**TRANSACTION SET HEADER**			**R**				000	**LOOP (NONE), SEGMENT ST (TRANSACTION SET HEADER)**			
		ST01	Transaction Set Identifier Code	ID	3-3	R	837			000	X837P-TX-ID	X(03)	X837P-TX-ID	X(03)
		ST02	Transaction Set Control Number	AN	4-9	R				000	X837P-TX-CTL-NUM	X(09)	X837P-TX-CTL-NUM	X(09)
		ST03	Implementation Convention Reference	AN	1-35	R	005010X222A1	New Element		000	X837P-TX-COPYBOOK-NM	X(35)	X837P-COPYBOOK-NAME	X(08)
BHT	**1**		**BEGINNING OF HIERARCHICAL TRANSACTION**			**R**				000	**LOOP (NONE), SEGMENT BHT (BEGINNING OF HIERARCHICAL TRANSACTION)**			
		BHT01	Hierarchical Structure Code	ID	4-4	R	0019			000	X837P-TX-HIER-STRUCT-CD	X(04)	X837P-TX-HIERACH-STRUCT-CODE	X(04)
		BHT02	Transaction Set Purpose Code	ID	2-2	R	00, 18		Vlaue is 00	000	X837P-TX-PURPOSE-CD	X(02)	X837P-TX-PURPOSE-CODE	X(02)

		BHT03	Originator Application Transaction ID	AN	1-50	R				000	X837P-TX-ID-CD	X(50)	X837P-TX-ID-CODE	X(30)
		BHT04	Transaction Set Creation Date	DT	8-8	R	CCYYMMDD			000	X837P-TX-CREATION-DT	X(08)	X837P-TX-CREATION-DATE	X(08)
		BHT05	Transaction Set Creation Time	TM	4-8	R	HHMM, HHMMSS, HHMMSSD, HHMMSSDD			000	X837P-TX-CREATION-TIME	X(08)	X837P-TX-CREATION-TIME	X(08)
		BHT06	Claim or Encounter ID	ID	2-2	R	31, CH, RP		Value is 'RP'	000	X837P-TX-TYP-CD	X(02)	X837P-TX-TYPE-CODE	X(02)
REF	**1**		**TRANSMISSION TYPE IDENTIFICATION**			**R**		**Segment Deleted**			**Header, REF (TRANSMISSION TYPE IDENTIFICATION)**		LOOP (NONE), SEGMENT REF (TRANSMISSION TYPE ID)	
1000A	**1**													
NM1	**1**		**SUBMITTER NAME**			**R**				000	**LOOP 1000A, SEGMENT NM1 (SUBMITTER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	41			000	X837P-SUBM-ENTY-CD	X(03)	X837P-SUBMITTER-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			000	X837P-SUBM-ENTY-TYP	X(01)	X837P-SUBMITTER-ENTITY-TYPE	X(01)
		NM103	Submitter Last or Organization Name	AN	1-60	R		Increase from 35 - 60		000	X837P-SUBM-NM-LST	X(60)	X837P-SUBMITTER-NAME-LAST	X(35)
		NM104	Submitter First Name	AN	1-35	S		Increase from 25 - 35		000	X837P-SUBM-NM-FST	X(35)	X837P-SUBMITTER-NAME-FIRST	X(25)
		NM105	Submitter Middle Name	AN	1-25	S				000	X837P-SUBM-NM-MID	X(25)	X837P-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			000	X837P-SUBM-QL	X(02)	X837P-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.	000	X837P-SUBM-ID	X(80)	X837P-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		NewElement but NU						
This Segment can repeat twice, Occurances were seperated for mapping purposes.														
PER	**1st occurance**		**SUBMITTER EDI CONTACT INFORMATION**			**R**				000	**LOOP 1000A, SEGMENT PER (SUBMITTER EDI CONTACT INFORMATION)**			
		PER01	Contact Function Code	ID	2-2	R	IC			000	X837P-SUBM-CONTACT-CD1	X(02)	X837P-SUBMTR-CONTACT-CODE	X(02)
		PER02	Submitter Contact Name	AN	1-60	S				000	X837P-SUBM-CONTACT-NM1	X(60)	X837P-SUBMTR-CONTACT-NAME	X(60)
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX. TE	Code Deleted	Use a value of 'EM' ' for certification. Every Claim has to be submitted with certification info otherwise the claim will be rejected.	000	X837P-SUBM-COMM-QL1	X(02)	X837P-SUBMTR-COMM-QUAL	X(02)
		PER04	Communication Number	AN	1-256	R		Increase size from 80 - 256	CCO Phone Number/e-mail AND a Certification entry	000	X837P-SUBM-COMM-NUM1	x(256)	X837P-SUBMT-COMM-NUM	X(80)
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code Deleted	For CCOs, use the "EM" qualifier to indicate Certification Statement.	000	X837P-SUBM-COMM-QL1	X(02)	X837P-SUBMTR-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"	000	X837P-SUBM-COMM-NUM1	x(256)	X837P-SUBMT-COMM-NUM	X(80)
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code Deleted		000	X837P-SUBM-COMM-QL1	X(02)	X837P-SUBMTR-COMM-QUAL	X(02)
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		000	X837P-SUBM-COMM-NUM1	X(256)	X837P-SUBMT-COMM-NUM	X(80)
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
PER	**2nd Occurance**		**SUBMITTER EDI CONTACT INFORMATION**			**R**				000	**LOOP 1000A, SEGMENT PER (SUBMITTER EDI CONTACT INFORMATION)**			
		PER01	Contact Function Code	ID	2-2	R	IC			000	X837P-SUBM-CONTACT-CD2	X(02)		
		PER02	Submitter Contact Name	AN	1-60	S				000	X837P-SUBM-CONTACT-NM2	X(60)		
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX. TE	Code Deleted		000	X837P-SUBM-COMM-QL2	X(02)		
		PER04	Communication Number	AN	1-256	R		Increase size from 80 - 256		000	X837P-SUBM-COMM-NUM2	x(256)		
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code Deleted		000	X837P-SUBM-COMM-QL2	X(02)		
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256		000	X837P-SUBM-COMM-NUM2	x(256)		
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE	Code Deleted		000	X837P-SUBM-COMM-QL2	X(02)		
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		000	X837P-SUBM-COMM-NUM2	X(256)		
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
1000B	**1**													
NM1	**1**		**RECEIVER NAME**			**R**				000	**LOOP 1000B, SEGMENT NM1 (RECEIVER NAME)**			

		NM101	Entity Identifier Code	ID	2-3	R	40				000	X837P-RCV-ENTY-CD	X(03)		X837P-RECEIVER-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2				000	X837P-RCV-ENTY-TYP	X(01)		X837P-RECEIVER-TYPE-QUAL	X(01)
		NM103	Receiver Name	AN	1-60	R		Increase from 35 - 60	Value is 'Mississippi Division of Medicaid'		000	X837P-RCV-NM	X(60)		X837P-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		Value is '46'		000	X837P-RCV-QL	X(02)		X837P-RECEIVER-ID-QUAL	X(02)
		NM109	Receiver Primary Identifier	AN	2-80	R			Value is '77032'		000	X837P-RCV-ID	X(80)		X837P-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 but NU								
2000A	**>1**															
HL	**1**		**BILLING PROVIDER HIERARCHICAL LEVEL**			**R**		Name Change			010	**LOOP 2000A, SEGMENT HL (BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL)**				
		HL01	Hierarchical ID Number	AN	1-12	R					010	X837P-PROV-HIER-NUM	X(12)		X837P-PROV-HIER-NUM	X(12)
		HL02	Hierarchical Parent ID Number	AN	1-12	N/U										
		HL03	Hierarchical Level Code	ID	1-2	R	20				010	X837P-PROV-HIER-LVL-CD	X(02)		X837P-PROV-HIER-LVL-CODE	X(02)
		HL04	Hierarchical Child Code	ID	1-1	R	1				010	X837P-PROV-HIER-CHILD-CD	X(01)		X837P-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.		010	**LOOP 2000A, SEGMENT PRV (BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION)**				
		PRV01	Provider Code	ID	1-3	R	BI		Value is 'BI'		010	837P-PROV-TYP-CD	X(03)		X837P-PROV-TYPE-CODE	X(03)
		PRV02	Reference Identification Qualifier	ID	2-3	R	PXC		Value is 'PXC'		010	X837P-PROV-SPEC-QL	X(03)		X837P-PROV-SPECIALTY-QUAL	X(03)
		PRV03	Provider Taxonomy Code	AN	1-50	R		Increase 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.		010	X837P-PROV-SPEC-CD	X(50)		X837P-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**					010	**LOOP 2000A, SEGMENT CUR (FOREIGN CURRENCY INFORMATION)**				
		CUR01	Entity Identifier Code	ID	2-3	R	85				010	X837P-PROV-CURRENCY-ENTY-CD	X(03)		X837P-CURRENCY-ENTITY-CODE	X(03)
		CUR02	Currency Code	ID	3-3	R					010	X837P-PROV-CURRENCY-CD	X(03)		X837P-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**		Name Change			010	**LOOP 2010AA, SEGMENT NM1 (BILLING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	85		Value is '85'		010	X837P-BILL-PROV-ENTY-CD	X(03)		X837P-BILL-PROV-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Value is '2'		010	X837P-BILL-PROV-ENTY-TYP	X(01)		X837P-BILL-PROV-ENTITY-TYPE	X(01)

		NM103	Last or Organizational Name	AN	1-60	R		Increase from 35 - 60		010	X837P-BILL-PROV-NM-LST	X(60)	X837P-BILL-PROV-NAME-LAST	X(35)
		NM104	Billing Provider First Name	AN	1-35	S		Increase from 25 - 35		010	X837P-BILL-PROV-NM-FST	X(35)	X837P-BILL-PROV-NAME-FIRST	X(25)
		NM105	Billing Provider Middle Name	AN	1-25	S				010	X837P-BILL-PROV-NM-MID	X(25)	X837P-BILL-PROV-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Billing Provider Name Suffix	AN	1-10	S		Usage changed to Situational		010	X837P-BILL-PROV-NM-SFX	X(10)	X837P-BILL-PROV-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage changed to Situational	Value is 'XX'	010	X837P-BILL-PROV-QL	X(02)	X837P-BILL-PROV-ID-QUAL	X(02)
		NM109	Billing Provider Identifier	AN	2-80	S		Usage changed to Situational	Value is 10 digit Billing NPI	010	X837P-BILL-PROV-ID	X(80)	X837P-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 but NU						
N3	**1**		**BILLING PROVIDER ADDRESS**			**R**				010	**LOOP 2010AA, SEGMENT N3 (BILLING PROVIDER ADDRESS)**			
		N301	Billing Provider Address Line	AN	1-55	R				010	X837P-BILL-PROV-ADDR1	X(55)	X837P-BILL-PROV-ADDR1	X(55)
		N302	Billing Provider Address Line	AN	1-55	S				010	X837P-BILL-PROV-ADDR2	X(55)	X837P-BILL-PROV-ADDR2	X(55)
N4	**1**		**PROVIDER CITY/STATE/ZIP CODE**			**R**				010	**LOOP 2010AA, SEGMENT N4 (BILLING PROVIDER CITY, STATE, ZIP)**			
		N401	Billing Provider City Name	AN	2-30	R				010	X837P-BILL-PROV-CITY	X(30)	X837P-BILL-PROV-CITY	X(30)
		N402	Billing Provider State or Province Code	ID	2-2	S		Usage changed to Situational		010	X837P-BILL-PROV-ST	X(02)	X837P-BILL-PROV-STATE	X(02)
		N403	Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational	9 digit Billing Provider Postal Zone or ZIP Code	010	X837P-BILL-PROV-ZIP	X(15)	X837P-BILL-PROV-ZIP	X(15)
		N404	Country Code	ID	2-3	S				010	X837P-BILL-PROV-CNTRY	X(03)	X837P-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		010	X837P-BILL-PROV-CNTRY-SUB	X(03)		
REF	**1**		**BILLING PROVIDER TAX IDENTIFICATION**			**R**		Name Change Usage changed to Required		010	**LOOP 2010AA, SEGMENT REF (BILLING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 8 TIMES	
		REF01	Identification Qualifier	ID	2-3	R	EI, SY	Code Deleted	Value is 'EI', 'SY'	010	X837P-BILL-PROV-TAX-SEC-QL	X(03)	X837P-BILL-PROV-ID-2-QUAL	X(03)
		REF02	Additional Identifier	AN	1-50	R		Increase from 30 - 50		010	X837P-BILL-PROV-TAX-SEC-ID	X(50)	X837P-BILL-PROV-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**2**		**BILLING PROVIDER UPIN/LICENSE INFORMATION**			**S**		Name Change		010	**LOOP 2010AA, SEGMENT REF (BILLING PROVIDER UPIN/LICENSE INFORMATION)**		OCCURS 8 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G	Code Deleted		010	X837P-BILL-PROV-UPIN-QL	X(03)		X(03)
		REF02	Billing Provider Additional Identifier	AN	1-50	R		Increase from 30 - 50		010	X837P-BILL-PROV-UPIN-ID	X(50)		X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
This Segment can repeat twice, Occurances were seperated for mapping purposes.														
PER	**1st Occurance**		**BILLING PROVIDER CONTACT INFORMATION**			**S**				010	**LOOP 2010AA, SEGMENT PER (BILLING PROVIDER CONTACT INFORMATION)**		OCCURS 2 TIMES	
		PER01	Contact Function Code	ID	2-2	R	IC			010	X837P-BILL-PROV-CONTACT-CD1	X(02)	X837P-BILL-PROV-CONTACT-CODE	X(02)
		PER02	Billing Provider Contact Name	AN	1-60	S		Usage changed to Situational		010	X837P-BILL-PROV-CONTACT-NM1	X(60)	X837P-BILL-PROV-CONTACT-NAME	X(60)
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE			010	X837P-BILL-PROV-COMM-QL1	X(02)	OCCURS 3 TIMES; X837P-BILL-PROV-COMM-QUAL	X(02)
		PER04	Communication Number	AN	1-256	R		Increase from 80 - 256		010	X837P-BILL-PROV-COMM-NUM1	X(256)	X837P-BILL-PROV-COMM-NUM	X(80)
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			010	X837P-BILL-PROV-COMM-QL1	X(02)	X837P-BILL-PROV-COMM-QUAL	X(02)
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256		010	X837P-BILL-PROV-COMM-NUM1	X(256)	X837P-BILL-PROV-COMM-NUM	X(80)
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			010	X837P-BILL-PROV-COMM-QL1	X(02)	X837P-BILL-PROV-COMM-QUAL	X(02)
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		010	X837P-BILL-PROV-COMM-NUM1	X(256)	X837P-BILL-PROV-COMM-NUM	X(80)
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
PER	**2nd Occurance**		**BILLING PROVIDER CONTACT INFORMATION**			**S**				010	**LOOP 2010AA, SEGMENT PER (BILLING PROVIDER CONTACT INFORMATION)**			
		PER01	Contact Function Code	ID	2-2	R	IC			010	X837P-BILL-PROV-CONTACT-CD2	X(02)		
		PER02	Billing Provider Contact Name	AN	1-60	S		Usage changed to Situational		010	X837P-BILL-PROV-CONTACT-NM2	X(60)		

		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE			010	X837P-BILL-PROV-COMM-QL2	X(02)		
		PER04	Communication Number	AN	1-256	R		Increase from 80 - 256		010	X837P-BILL-PROV-COMM-NUM2	X(256)		
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			010	X837P-BILL-PROV-COMM-QL2	X(02)		
		PER06	Communication Number	AN	1-256	S		Increase from 80 - 256		010	X837P-BILL-PROV-COMM-NUM2	X(256)		
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			010	X837P-BILL-PROV-COMM-QL2	X(02)		
		PER08	Communication Number	AN	1-256	S		Increase from 80 - 256		010	X837P-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		010	**LOOP 2010AB, SEGMENT NM1 (PAY-TO ADDRESS NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	87		Value is '87'	010	X837P-PAYTO-ADDR-ENTY-CD	X(03)	X837P-PAYTO-PROV-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Value is '2'	010	X837P-PAYTO-ADDR-ENTY-TYP	X(01)	X837P-PAYTO-PROV-ENTITY-TYPE	X(01)
		NM103	Pay-to Provider Last or Organization Name	AN	1-60	N/U		Increase from 35 - 60 Usage changed to Not Used					~~X837P-PAYTO-PROV-NAME-LAST~~	~~X(35)~~
		NM104	Pay-to Provider First Name	AN	1-35	N/U		Increase from 25 - 35 Usage changed to Not Used					~~X837P-PAYTO-PROV-NAME-FIRST~~	~~X(25)~~
		NM105	Pay-to Provider Middle Name	AN	1-25	N/U		Usage changed to Not Used					~~X837P-PAYTO-PROV-NAME-MIDDLE~~	~~X(25)~~
		NM106	Name Prefix	AN	1-10	N/U		Usage changed to Not Used						
		NM107	Pay-to Provider Name Suffix	AN	1-10	N/U		Usage changed to Not Used					~~X837P-PAYTO-PROV-NAME-SFX~~	~~X(10)~~
		NM108	Identification Code Qualifier	ID	1-2	N/U		Loop Deleted Usage changed to Not Used					~~X837P-PAYTO-PROV-ID-QUAL~~	~~X(02)~~
		NM109	Pay-to Provider Identifier	AN	2-80	N/U		Usage changed to Not Used					~~X837P-PAYTO-PROV-ID~~	~~X(80)~~
		NM110	Entity Relationship Code	ID	2-2	N/U		Usage changed to Not Used						
		NM111	Entity Identifier Code	ID	2-3	N/U		Usage changed to Not Used						
		NM112	Name Last or Organization Name	AN	1-60	N/U		New Element but NU						
N3	**1**		**PAY-TO PROVIDER ADDRESS**			**R**				010	**LOOP 2010AB, SEGMENT N3 (PAY-TO ADDRESS)**			
		N301	Pay-to Provider Address Line	AN	1-55	R				010	X837P-PAYTO-ADDR1	X(55)	X837P-PAYTO-PROV-ADDR1	X(55)
		N302	Pay-to Provider Address Line	AN	1-55	S				010	X837P-PAYTO-ADDR2	X(55)	X837P-PAYTO-PROV-ADDR2	X(55)
N4	**1**		**PAY-TO PROVIDER CITY/STATE/ZIP CODE**			**R**				010	**LOOP 2010AB, SEGMENT N4 (PAY-TO ADDRESS CITY, STATE, ZIP)**			
		N401	Pay-to Provider City Name	AN	2-30	R				010	X837P-PAYTO-ADDR-CITY	X(30)	X837P-PAYTO-PROV-CITY	X(30)
		N402	Pay-to Provider State Code	ID	2-2	S		Usage changed to Situational		010	X837P-PAYTO-ADDR-ST	X(02)	X837P-PAYTO-PROV-STATE	X(02)
		N403	Pay-to Provider Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational		010	X837P-PAYTO-ADDR-ZIP	X(15)	X837P-PAYTO-PROV-ZIP	X(15)
		N404	Pay-to Provider Country Code	ID	2-3	S				010	X837P-PAYTO-ADDR-CNTRY	X(03)	X837P-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		010	X837P-PAYTO-ADDR-CNTRY-SUB	X(03)		
REF	**5**		**~~PAY-TO PROVIDER SECONDARY IDENTIFICATION~~**			**S**		**Segment Deleted**			**2010AB, ~~REF (PAY-TO PROVIDER SECONDARY IDENTIFICATION)~~**		~~LOOP 2010AB, SEGMENT REF (PAY-TO PROV SECONDARY INFO)~~	
													~~X837P-PAYTO-PROV-ID-2-QUAL~~	~~X(03)~~
2010AC	**1**													
NM1	**1**		**PAY TO PLAN NAME**			**S**		**New Segment**		010	**LOOP 2010AC, SEGMENT NM1 (PAYTO PLAN NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	PE			010	X837P-PAYTO-PLAN-ENTY-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	2			010	X837P-PAYTO-PLAN-ENTY-TYP	X(01)		
		NM103	Pay to Plan Organizational Name	AN	1-60	R				010	X837P-PAYTO-PLAN-NM-LST	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			010	X837P-PAYTO-PLAN-QL	X(02)		
		NM109	Identification Code	AN	2-80	R				010	X837P-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		010	**LOOP 2010AC, SEGMENT N3 (PAYTO PLAN ADDRESS)**				
		N301	Pay-to Plan Address Line	AN	1-55	R				010	X837P-PAYTO-PLAN-ADDR1	X(55)			
		N302	Pay-to Plan Address Line	AN	1-55	S				010	X837P-PAYTO-PLAN-ADDR2	X(55)			
N4	**1**		**PAY-TO PLAN CITY/STATE/ZIP CODE**			**R**		New Segment		010	**LOOP 2010AC, SEGMENT N4 (PAYTO PLAN CITY/STATE/ZIP)**				
		N401	Pay-to Plan City Name	AN	2-30	R				010	X837P-PAYTO-PLAN-CITY	X(30)			
		N402	Pay-to Plan State Code	ID	2-2	S				010	X837P-PAYTO-PLAN-ST	X(02)			
		N403	Pay-to Plan Postal Zone or ZIP Code	ID	3-15	S				010	X837P-PAYTO-PLAN-ZIP	X(15)			
		N404	Pay-to Plan Country Code	ID	2-3	S				010	X837P-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				010	X837P-PAYTO-PLAN-CNTRY-SUB	X(03)			
REF	**1**		**PAY-TO PLAN SECONDARY IDENTIFICATION**			**S**		New Segment		010	**LOOP 2010AC, SEGMENT REF (PAYTO PLAN SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	2U, FY, NF			010	X837P-PAYTO-PLAN-SEC-QL	X(03)			
		REF02	Reference Identification	AN	1-50	R				010	X837P-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		010	**LOOP 2010AC, SEGMENT REF (PAYTO PLAN TAX IDENTIFICATION)**				
		REF01	Identification Qualifier	ID	2-3	R	EI			010	X837P-PAYTO-PLAN-TAX-QL	X(03)			
		REF02	Reference Identification	AN	1-50	R				010	X837P-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**				020	**LOOP 2000B, SEGMENT HL (SUBSCRIBER HIERARCHICAL LEVEL)**				
		HL01	Hierarchical ID Number	AN	1-12	R				020	X837P-SUBS-HIER-NUM	X(12)	X837P-SUBS-HIER-NUM	X(12)	
		HL02	Hierarchical Parent ID Number	AN	1-12	R				020	X837P-SUBS-HIER-PARENT-NUM	X(12)	X837P-SUBS-HIER-PARENT-NUM	X(12)	
		HL03	Hierarchical Level Code	ID	1-2	R	22			020	X837P-SUBS-HIER-LVL-CD	X(02)	X837P-SUBS-HIER-LVL-CODE	X(02)	
		HL04	Hierarchical Child Code	ID	1-1	R	0, 1			020	X837P-SUBS-HIER-CHILD-CD	X(01)	X837P-SUBS-HIER-CHILD-CODE	X(01)	
SBR	**1**		**SUBSCRIBER INFORMATION**			**R**				020	**LOOP 2000B, SEGMENT 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 Deleted	Value is 'T'	020	X837P-SUBS-PYR-RESP-SEQ-CD	X(01)	X837P-SUBS-PYR-RESP-SEQ-CODE	X(01)	
		SBR02	Individual Relationship Code	ID	2-2	S	18			020	X837P-SUBS-RELATIONSHIP-CD	X(02)	X837P-SUBS-RELATIONSHIP-CODE	X(02)	
		SBR03	Insured Group or Policy Number	AN	1-50	S		Increase from 30 - 50		020	X837P-SUBS-POLICY-NUM	X(50)	X837P-SUBS-POLICY-NUM	X(30)	
		SBR04	Insured Group Name	AN	1-60	S				020	X837P-SUBS-PLAN-NM	X(60)	X837P-SUBS-PLAN-NAME	X(60)	
		SBR05	Insurance Type Code	ID	1-3	S	12, 13, 14, 15, 16, 41, 42, 43, 47			020	X837P-SUBS-INS-TYP-CD	X(03)	X837P-SUBS-INSURANCE-TYPE-CODE	X(03)	
		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, WC, ZZ	Code Change	Value is ZZ	020	X837P-SUBS-CLM-FIL-IND-CD	X(02)	X837P-SUBS-CLM-FILING-IND-CODE	X(02)	
PAT	**1**		**PATIENT INFORMATION**			**S**				020	**LOOP 2000B, SEGMENT PAT (PATIENT INFORMATION FOR SUBSCRIBER)**				
		PAT01	Individual Relationship Code	ID	2-2	N/U									
		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	S	D8			020	X837P-SUBS-DOD-QL	X(03)			
		PAT06	Insured Individual Death Date	AN	1-35	S	CCYYMMDD			020	X837P-SUBS-DOD	X(35)	X837P-SUBS-DATE-OF-DEATH	X(08)	
		PAT07	Unit or Basis for Measurement Code	ID	2-2	S	01			020	X837P-SUBS-WEIGHT-CD	X(02)	X837P-SUBS-WEIGHT-CODE	X(02)	
		PAT08	Patient Weight 9(6)V99	R	1-10	S				020	X837P-SUBS-WEIGHT	9(6)V9(4)	X837P-SUBS-WEIGHT	9(6)V9(4)	
		PAT09	Pregnancy Indicator	ID	1-1	S	Y			020	X837P-SUBS-PREG-IND	X(01)	X837P-SUBS-PREGNANCY-INDICATOR	X(01)	
2010BA	**1**														
NM1	**1**		**SUBSCRIBER NAME**			**R**				020	**LOOP 2010BA, SEGMENT NM1 (SUBSCRIBER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	IL			020	X837P-SUBS-ENTY-CD	X(03)	X837P-SUBS-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			020	X837P-SUBS-ENTY-TYP	X(01)	X837P-SUBS-ENTITY-TYPE	X(01)	
		NM103	Subscriber Last Name	AN	1-60	R		Increase from 35 - 60		020	X837P-SUBS-NM-LST	X(60)	X837P-SUBS-NAME-LAST	X(35)	
		NM104	Subscriber First Name	AN	1-35	S		Increase from 25 - 35		020	X837P-SUBS-NM-FST	X(35)	X837P-SUBS-NAME-FIRST	X(25)	
		NM105	Subscriber Middle Name	AN	1-25	S				020	X837P-SUBS-NM-MID	X(25)	X837P-SUBS-NAME-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Subscriber Name Suffix	AN	1-10	S				020	X837P-SUBS-NM-SFX	X(10)	X837P-SUBS-NAME-SFX	X(10)	
		NM108	Identification Code Qualifier	ID	1-2	S	II, MI	Code Change Usage changed to Required		020	X837P-SUBS-QL	X(02)	X837P-SUBS-ID-QUAL	X(02)	
		NM109	Subscriber Primary Identifier	AN	2-80	S		Usage changed to Required	Value is 9 digit MS Medicaid Recipient/Beneficiary ID.	020	X837P-SUBS-ID	X(80)	X837P-SUBS-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 but NU							
N3	**1**		**SUBSCRIBER ADDRESS**			**S**				020	**LOOP 2010BA, SEGMENT N3 (SUBSCRIBER ADDRESS)**				
		N301	Subscriber Address Line	AN	1-55	R				020	X837P-SUBS-ADDR1	X(55)	X837P-SUBS-ADDR1	X(55)	
		N302	Subscriber Address Line	AN	1-55	S				020	X837P-SUBS-ADDR2	X(55)	X837P-SUBS-ADDR2	X(55)	
N4	**1**		**SUBSCRIBER CITY/STATE/ZIP CODE**			**S**				020	**LOOP 2010BA, SEGMENT N4 (SUBSCRIBER CITY, STATE, ZIP)**				
		N401	Subscriber City Name	AN	2-30	R				020	X837P-SUBS-CITY	X(30)	X837P-SUBS-CITY	X(30)	
		N402	Subscriber State Code	ID	2-2	S		Usage changed to Situational		020	X837P-SUBS-ST	X(02)	X837P-SUBS-STATE-CODE	X(02)	
		N403	Subscriber Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational		020	X837P-SUBS-ZIP	X(15)	X837P-SUBS-ZIP-CODE	X(15)	
		N404	Subscriber Country Code	ID	2-3	S				020	X837P-SUBS-CNTRY	X(03)	X837P-SUBS-COUNTRY-CODE	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		020	X837P-SUBS-CNTRY-SUB	X(03)			
DMG	**1**		**SUBSCRIBER DEMOGRAPHIC INFORMATION**			**S**				020	**LOOP 2010BA, SEGMENT DMG (SUBSCRIBER DEMOGRAPHIC INFORMATION)**				
		DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8			020	X837P-SUBS-DOB-QL	X(03)			
		DMG02	Subscriber Birth Date	AN	1-35	R	CCYYMMDD			020	X837P-SUBS-DOB	X(35)	X837P-SUBS-DATE-OF-BIRTH	X(08)	
		DMG03	Subscriber Gender Code	ID	1-1	R	F, M, U			020	X837P-SUBS-GENDER-CD	X(01)	X837P-SUBS-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 but NU							
		DMG11	Industry Code	AN	1-30	N/U		New Element but NU							
REF	**1**		**SUBSCRIBER SECONDARY IDENTIFICATION**			**S**				020	**LOOP 2010BA, SEGMENT REF (SUBSCRIBER SECONDARY IDENTIFICATION)**		OCCURS 4 TIMES		
		REF01	Reference Identification Qualifier	ID	2-3	R	SY	Code Removed		020	X837P-SUBS-SEC-QL	X(03)	X837P-SUBS-ID-2-QUAL	X(03)	
		REF02	Subscriber Supplemental Identifier	AN	1-50	R		Increase from 30 - 50		020	X837P-SUBS-SEC-ID	X(50)	X837P-SUBS-ID-2	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**PROPERTY AND CASUALTY CLAIM NUMBER**			**S**				020	**LOOP 2010BA, SEGMENT REF (SUBSCRIBER PROPERTY/CASUALTY CLAIM NUMBER)**				

		REF01	Reference Identification Qualifier	ID	2-3	R	Y4			020	X837P-SUBS-PROP-ID-QL	X(03)	X837P-SUBS-PROP-CLM-QUAL	X(03)
		REF02	Property Casualty Claim Number	AN	1-50	R		Increase from 30 - 50		020	X837P-SUBS-PROP-ID-NUM	X(50)	X837P-SUBS-PROP-CLM-NUM	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
PER	**1**		**PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION**			**S**		New Segment		020	**LOOP 2010BA SEGMENT PER (PROPERTY AND CASUALTY SUBSCRIBER CONTACT INFORMATION)**			
		PER01	Contact Function Code	ID	2-2	R	IC			020	X837P-SUBS-PROP-CONTACT-CD	X(02)		
		PER02	Billing Provider Contact Name	AN	1-60	S				020	X837P-SUBS-PROP-CONTACT-NM	X(60)		
		PER03	Communication Number Qualifier	ID	2-2	R	TE			020	X837P-SUBS-PROP-QL	X(02)		
		PER04	Communication Number	AN	1-256	R				020	X837P-SUBS-PROP-COMM-NUM	X(256)		
		PER05	Communication Number Qualifier	ID	2-2	S	EX			020	X837P-SUBS-PROP-QL	X(02)		
		PER06	Communication Number	AN	1-256	S				020	X837P-SUBS-PROP-COMM-NUM	X(256)		
		PER07	Communication Number Qualifier	ID	2-2	N/U								
		PER08	Communication Number	AN	1-256	N/U								
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
2010BB	**1**					**R**								
NM1	**1**		**PAYER NAME**			**R**				020	**LOOP 2010BB, SEGMENT NM1 (PAYER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	PR		Value is 'PR'	020	X837P-PYR-ENTY-CD	X(03)	X837P-PAYER-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2		Value is '2'	020	X837P-PYR-ENTY-TYP	X(01)	X837P-PAYER-ENTITY-TYPE	X(01)
		NM103	Payer Name	AN	1-60	R		Increase from 35 - 60	For Managed Care, Value is CCO Name	020	X837P-PYR-NM	X(60)	X837P-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'	020	X837P-PYR-QL	X(02)	X837P-PAYER-ID-QUAL	X(02)
		NM109	Payer Identifier	AN	2-80	R			For Managed Care, Value is CCO Payer Id	020	X837P-PYR-ID	X(80)	X837P-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 but NU						
N3	**1**		**PAYER ADDRESS**			**S**				020	**LOOP 2010BB, SEGMENT N3 (PAYER ADDRESS)**			
		N301	Payer Address Line	AN	1-55	R				020	X837P-PYR-ADDR1	X(55)	X837P-PAYER-ADDR1	X(55)
		N302	Payer Address Line	AN	1-55	S				020	X837P-PYR-ADDR2	X(55)	X837P-PAYER-ADDR2	X(55)
N4	**1**		**PAYER CITY/STATE/ZIP CODE**			**S**		Usage changed to Required		020	**LOOP 2010BB, SEGMENT N4 (PAYER CITY, STATE, ZIP)**			
		N401	Payer City Name	AN	2-30	R				020	X837P-PYR-CITY	X(30)	X837P-PAYER-CITY	X(30)
		N402	Payer State Code	ID	2-2	S		Usage changed to Situational		020	X837P-PYR-ST	X(02)	X837P-PAYER-STATE-CODE	X(02)
		N403	Payer Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational		020	X837P-PYR-ZIP	X(15)	X837P-PAYER-ZIP-CODE	X(15)
		N404	Payer Country Code	ID	2-3	S				020	X837P-PYR-CNTRY	X(03)	X837P-PAYER-COUNTRY-CODE	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		020	X837P-PYR-CNTRY-SUB	X(03)		
REF	**3**		**PAYER SECONDARY IDENTIFICATION**			**S**				020	**LOOP 2010BB, SEGMENT REF (PAYER SECONDARY IDENTIFICATION)**		OCCURS 3 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	2U, EI, FY, NF	Code Change		020	X837P-PYR-SEC-QL	X(03)	X837P-PAYER-ID-2-QUAL	X(03)
		REF02	Payer Additional Identifier	AN	1-50	R		Increase from 30 - 50		020	X837P-PYR-SEC-ID	X(50)	X837P-PAYER-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
REF	**2**		**BILLING PROVIDER SECONDARY IDENTIFICATION**			**S**		New Segment	Required for atypicals or Non-Par providers	020	**LOOP 2010BB SEGMENT REF (BILLING PROVIDER SECONDARY IDENTIFICATION (PAYER))**			
		REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU		Value is 'G2'	020	X837P-BILL-PROV-SEC-QL	X(03)		
		REF02	Billing Provider Secondary	AN	1-50	R			for atypicals and Non-Par, MS CHIP Provider is required.	020	X837P-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 2010BC, SEGMENT NM1 (RESP PARTY NAME)**			LOOP 2010BC, SEGMENT NM1 (RESP PARTY NAME)	
														X837P-RESP-PARTY-ENTITY-CODE	X(03)
N3	**1**		**RESPONSIBLE PARTY ADDRESS**			**R**		**Segment Deleted**			**LOOP 2010BC, SEGMENT N3 (RESP PARTY ADDRESS)**			LOOP 2010BC, SEGMENT N3 (RESP PARTY ADDRESS)	
														X837P-RESP-PARTY-ADDR1	X(55)
N4	**1**		**RESPONSIBLE PARTY CITY/STATE/ZIP CODE**			**R**		**Segment Deleted**			**LOOP 2010BC, SEGMENT N4 (RESP PARTY CITY, STATE, ZIP)**			LOOP 2010BC, SEGMENT N4 (RESP PARTY CITY, STATE, ZIP)	
														X837P-RESP-PARTY-CITY	X(30)
NM1	**1**		**CREDIT/DEBIT CARD HOLDER NAME**			**S**		**Segment Deleted**			**LOOP 2010BD, SEGMENT NM1 (CR/DB CARD HOLDER NAME)**			LOOP 2010BD, SEGMENT NM1 (CR/DB CARD HOLDER NAME)	
														X837P-CARD-HLDR-ENTITY-CODE	X(03)
REF	**2**		**CREDIT/DEBIT CARD INFORMATION**			**S**		**Segment Deleted**			**LOOP 2010BD, SEGMENT REF (CR/DB CARD HOLDER INFO)**			LOOP 2010BD, SEGMENT REF (CR/DB CARD HOLDER INFO)	OCCURS 2 TIMES
														X837P-CR-CARD-AUTH-NUM	X(03)
														X837P-CR-CARD-AUTH-NUM	X(30)
2000C	**>1**														
HL	**1**		**PATIENT HIERARCHICAL LEVEL**			**S**				030	**LOOP 2000C, SEGMENT HL (PATIENT HIERARCHICAL LEVEL)**				
		HL01	Hierarchical ID Number	AN	1-12	R				030	X837P-PAT-HIER-NUM	X(12)		X837P-PAT-HIER-NUM	X(12)
		HL02	Hierarchical Parent ID Number	AN	1-12	R				030	X837P-PAT-HIER-PARENT-NUM	X(12)		X837P-PAT-HIER-PARENT-NUM	X(12)
		HL03	Hierarchical Level Code	ID	1-2	R	23			030	X837P-PAT-HIER-LVL-CD	X(02)		X837P-PAT-HIER-LVL-CODE	X(02)
		HL04	Hierarchical Child Code	ID	1-1	R	0			030	X837P-PAT-HIER-CHILD-CD	X(01)		X837P-PAT-HIER-CHILD-CODE	X(01)
										030					
PAT	**1**		**PATIENT INFORMATION**			**R**				030	**LOOP 2000C, SEGMENT PAT (PATIENT INFORMATION)**				
		PAT01	Individual Relationship Code	ID	2-2	R	01, 19, 20, 21, 39, 40, 53, G8	Code Deleted		030	X837P-PAT-RELATIONSHIP-CD	X(02)		X837P-PAT-RELATIONSHIP-CODE	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	S	D8			030	X837P-PAT-DOD-QL	X(03)			
		PAT06	Patient Death Date	AN	1-35	S	CCYYMMDD			030	X837P-PAT-DOD	X(35)		X837P-PAT-DATE-OF-DEATH	X(08)
		PAT07	Unit or Basis for Measurement Code	ID	2-2	S	01			030	X837P-PAT-WEIGHT-CD	X(02)		X837P-PAT-WEIGHT-CODE	X(02)
		PAT08	Patient Weight 9(6)V99	R	1-10	S				030	X837P-PAT-WEIGHT	9(6)V9(4)		X837P-PAT-WEIGHT	9(6)V9(4)
		PAT09	Pregnancy Indicator	ID	1-1	S	Y			030	X837P-PAT-PREG-IND	X(01)		X837P-PAT-PREGNANCY-INDICATOR	X(01)
NM1	**1**		**PATIENT NAME**			**R**				030	**LOOP 2010CA, SEGMENT NM1 (PATIENT NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	QC			030	X837P-PAT-ENTY-CD	X(03)		X837P-PAT-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1			030	X837P-PAT-ENTY-TYP	X(01)		X837P-PAT-ENTITY-TYPE	X(01)
		NM103	Patient Last Name	AN	1-60	R		Increase from 35 - 60		030	X837P-PAT-NM-LST	X(60)		X837P-PAT-NAME-LAST	X(35)
		NM104	Patient First Name	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational		030	X837P-PAT-NM-FST	X(35)		X837P-PAT-NAME-FIRST	X(25)
		NM105	Patient Middle Name	AN	1-25	S				030	X837P-PAT-NM-MID	X(25)		X837P-PAT-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Patient Name Suffix	AN	1-10	S				030	X837P-PAT-NM-SFX	X(10)		X837P-PAT-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	N/U		Usage changed to Not Used						X837P-PAT-ID-QUAL	X(02)
		NM109	Patient Primary Identifier	AN	2-80	N/U		Usage changed to Not Used						X837P-PAT-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 but NU							
N3	**1**		**PATIENT ADDRESS**			**R**				030	**LOOP 2010CA, SEGMENT N3 (PATIENT ADDRESS)**				
		N301	Patient Address Line	AN	1-55	R				030	X837P-PAT-ADDR1	X(55)		X837P-PAT-ADDR1	X(55)
		N302	Patient Address Line	AN	1-55	S				030	X837P-PAT-ADDR2	X(55)		X837P-PAT-ADDR2	X(55)
N4	**1**		**PATIENT CITY/STATE/ZIP CODE**			**R**				030	**LOOP 2010CA, SEGMENT N4 (PATIENT CITY, STATE, ZIP)**				
		N401	Patient City Name	AN	2-30	R				030	X837P-PAT-CITY	X(30)		X837P-PAT-CITY	X(30)

		N402	Patient State Code	ID	2-2	S		Usage changed to Situational		030	X837P-PAT-ST	X(02)	X837P-PAT-STATE-CODE	X(02)	
		N403	Patient Postal Zone or ZIP Code	ID	3-15	S		Usage changed to Situational		030	X837P-PAT-ZIP	X(15)	X837P-PAT-ZIP-CODE	X(15)	
		N404	Patient Country Code	ID	2-3	S				030	X837P-PAT-CNTRY	X(03)	X837P-PAT-COUNTRY-CODE	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		030	X837P-PAT-CNTRY-SUB	X(03)			
DMG	**1**		**PATIENT DEMOGRAPHIC INFORMATION**			**R**				030	**LOOP 2010CA, SEGMENT DMG (PATIENT DEMOGRAPHIC INFORMATION)**				
		DMG01	Date Time Period Format Qualifier	ID	2-3	R	D8			030	X837P-PAT-DOB-QL	X(03)			
		DMG02	Patient Birth Date	AN	1-35	R	CCYYMMDD			030	X837P-PAT-DOB	X(35)	X837P-PAT-DATE-OF-BIRTH	X(08)	
		DMG03	Patient Gender Code	ID	1-1	R	F, M, U			030	X837P-PAT-GENDER-CD	X(01)	X837P-PAT-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 but NU							
		DMG11	Industry Code	AN	1-30	N/U		New Element but NU							
~~**REF**~~	**5**		~~**PATIENT SECONDARY IDENTIFICATION**~~			**S**		**Segment Deleted**			~~**LOOP 2010CA, SEGMENT REF (PATIENT SECONDARY ID)**~~				
REF	**1**		**PROPERTY AND CASUALTY CLAIM NUMBER**			**S**				030	**LOOP 2010CA, SEGMENT REF (PATIENT PROPERTY/CASUALTY CLAIM NUMBER)**				
		REF01	Identification Qualifier	ID	2-3	R	Y4			030	X837P-PAT-PROP-CLM-QL	X(03)	X837P-PAT-PROP-CLM-QUAL	X(03)	
		REF02	Property Casualty Claim Number	AN	1-50	R		Increase from 30 - 50		030	X837P-PAT-PROP-CLM-NUM	X(50)	X837P-PAT-PROP-CLM-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**PROPERTY AND CASUALTY PATIENT IDENTIFIER**			**S**				030	**LOOP 2010CA, SEGMENT REF (PATIENT PROPERTY/PATIENT IDENTIFIER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	1W, SY	New Element but NU		030	X837P-PAT-PROP-ID-QL				
		REF02	Property and Casualty Patient Identifier	AN	1-50	R		New Element but NU		030	X837P-PAT-PROP-ID-NUM				
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
PER	**1**		**PROPERTY AND CASUALTY PATIENT CONTACT INFORMATION**			**S**		New Segment		030	**LOOP 2010CA SEGMENT PER (PATIENT PROPERTY/ CASUALTY CONTACT INFORMATION)**				
		PER01	Contact Function Code	ID	2-2	R	IC			030	X837P-PAT-PROP-CONTACT-CD	X(02)			
		PER02	Billing Provider Contact Name	AN	1-60	S				030	X837P-PAT-PROP-CONTACT-NM	X(60)			
		PER03	Communication Number Qualifier	ID	2-2	R	TE			030	X837P-PAT-PROP-QL	X(02)			
		PER04	Communication Number	AN	1-256	R				030	X837P-PAT-PROP-COMM-NUM	X(256)			
		PER05	Communication Number Qualifier	ID	2-2	S	EX			030	X837P-PAT-PROP-COMM-QL	X(02)			
		PER06	Communication Number	AN	1-256	S				030	X837P-PAT-PROP-COMM-NUM	X(256)			
		PER07	Communication Number Qualifier	ID	2-2	N/U									
		PER08	Communication Number	AN	1-256	N/U									
		PER09	Contact Inquiry Reference	AN	1-20	N/U									
2300	**100**														

CLM	1		CLAIM INFORMATION			R				040	LOOP 2300, SEGMENT CLM (CLAIM INFORMATION)			
		CLM01	Patient Account Number	AN	1-38	R				040	X837P-CL-PAT-ACCT-NUM	X(38)	X837P-CLM-PATIENT-ACCOUNT-NUM	X(38)
		CLM02	Total Claim Charge Amount S9(7)V99	R	1-18	R				040	X837P-CL-TOT-CHRG-AMT	S9(16)V99	X837P-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				040				
		CLM05-1	Facility Type Code	AN	1-2	R		Code Deleted		040	X837P-CL-PLACE-OF-SVC-CD	X(02)	X837P-CLM-PLACE-OF-SVC	X(02)
		CLM05-2	Facility Code Qualifier	ID	1-2	R	B	Usage changed to Required		040	X837P-CL-PLACE-OF-SVC-QL	X(02)		
		CLM05-3	Claim Frequency Code	ID	1-1	R		Code Deleted	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. To cancel or adjust a previously submitted claim, submit "7" for Replacement of Prior Claim OR "8" for Void/Cancel of Prior Claim. See also 2300/REF02.	040	X837P-CL-FREQ-CD	X(01)	X837P-CLM-FREQ-CODE	X(01)
		CLM06	Supplier Signature Indicator	ID	1-1	R	N, Y			040	X837P-CL-PROV-SIG-ON-FILE	X(01)	X837P-CLM-PROV-SIG-ON-FILE	X(01)
		CLM07	Medicare Assignment Code	ID	1-1	R	A, B, C	Code Deleted		040	X837P-CL-MCR-ASSIGN-CD	X(01)	X837P-CLM-MCARE-ASSIGN-CODE	X(01)
		CLM08	Assignment Certification	ID	1-1	R	N, W, Y	Code Added		040	X837P-CL-ASSIGN-BENE-IND	X(01)	X837P-CLM-ASSIGN-BENE-IND	X(01)
		CLM09	Release of Information Code	ID	1-1	R	I, Y	Code Deleted		040	X837P-CL-RELEASE-OF-INFO-IND	X(01)	X837P-CLM-RELEASE-OF-INFO-IND	X(01)
		CLM10	Patient Signature Source Code	ID	1-1	S	P	Code Deleted		040	X837P-CL-PAT-SIG-SOURCE-CD	X(01)	X837P-CLM-PAT-SIG-SOURCE-CODE	X(01)
		CLM11	RELATED CAUSES INFORMATION			S								
		CLM11-1	Related Causes Code	ID	2-3	R	AA, EM, OA	Code Deleted		040	X837P-CL-RELATED-CAUSE-CD	X(03)	X837P-CLM-RELATED-CAUSE-CODE	X(03)
		CLM11--2	Related Causes Code	ID	2-3	S	AA, EM, OA	Code Deleted		040	X837P-CL-RELATED-CAUSE-CD	X(03)	X837P-CLM-RELATED-CAUSE-CODE	X(03)
		CLM11-3	Related Causes Code	ID	2-3	N/U		Code Deleted Usage changed to Not Used					~~X837P-CLM-RELATED-CAUSE-CODE~~	~~X(03)~~
		CLM11-4	Auto Accident State or Province Code	ID	2-2	S				040	X837P-CL-ACCIDENT-ST-CD	X(02)	X837P-CLM-ACCIDENT-STATE-CODE	X(02)
		CLM11-5	Country Code	ID	2-3	S				040	X837P-CL-ACCIDENT-CNTRY-CD	X(03)	X837P-CLM-ACCIDENT-COUNTRY-CD	X(03)
		CLM12	Special Program Indicator	ID	2-3	S	02, 03, 05, 09	Code Deleted		040	X837P-CL-SPECIAL-PGM-CD	X(03)	X837P-CLM-SPECIAL-PGM-CODE	X(03)
		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		Coe Deleted					~~X837P-CLM-PROV-AGREEMENT-CODE~~	~~X(01)~~
		CLM17	Claim Status Code	ID	1-2	N/U								
		CLM18	Yes/No Condition or Response Code	ID	1-1	N/U								
		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		040	X837P-CL-DELAY-REASON-CD	X(02)	X837P-CLM-DELAY-REASON-CODE	X(02)
DTP	1		OF CURRENT ILLNESS/SYMPTOM			S		New Segment		040	LOOP 2300, SEGMENT DTP (DATE - ONSET OF CURRENT ILLNESS)			
		DTP01	Date Time Qualifier	ID	3-3	R	431			040	X837P-CL-ONSET-ILL-DT-CD	X(03)	X837P-CLM-ONSET-SIM-DATE-CODE	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-ONSET-ILL-QL	X(03)		
		DTP03	Illness or Injury Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-ONSET-ILL-DT	X(35)	X837P-CLM-ONSET-SIM-DATE	
DTP	1		DATE - INITIAL TREATMENT			S				040	LOOP 2300, SEGMENT DTP (DATE - INITIAL TREATMENT)			
		DTP01	Date Time Qualifier	ID	3-3	R	454			040	X837P-CL-INIT-TRT-DT-CD	X(03)	X837P-CLM-INIT-TREAT-DATE-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-INIT-TRT-QL	X(03)		
		DTP03	Initial Treatment Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-INIT-TRT-DT	X(35)	X837P-CLM-INIT-TREAT-DATE	X(08)
DTP	1		DATE - DATE LAST SEEN			S				040	LOOP 2300, SEGMENT DTP (DATE - LAST SEEN)			
		DTP01	Date Time Qualifier	ID	3-3	R	304			040	X837P-CL-LST-SEEN-DT-CD	X(03)	X837P-CLM-LAST-SEEN-DATE-CODE	X(03)

		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-LST-SEEN-QL	X(03)				
		DTP03	Last Seen Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-LST-SEEN-DT	X(35)		X837P-CLM-LAST-SEEN-DATE	X(08)	
DTP	**1**		**~~DATE – ONSET OF CURRENT ILLNESS/SYMPTOM~~**			**S**		**Segment Deleted**			**~~LOOP 2300, SEGMENT DTP (DATE – ONSET OF CURRENT ILLNESS)~~**			~~LOOP 2300, SEGMENT DTP (DATE – ONSET OF CURRENT ILLNESS)~~		
DTP	**1**		**DATE - ACUTE MANIFESTATION**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - ACUTE MANIFESTATION)**			OCCURS 5 TIMES		
		DTP01	Date Time Qualifier	ID	3-3	R	453			040	X837P-CL-ACUTE-DT-CD	X(03)		X837P-CLM-ACUTE-DATE-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-ACUTE-QL	X(03)				
		DTP03	Acute Manifestation Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-ACUTE-DT	X(35)		X837P-CLM-ACUTE-DATE	X(08)	
DTP	**10**		**~~DATE – SIMILAR ILLNESS/SYMPTOM ONSET~~**			**S**		**Segment Deleted**			**~~LOOP 2300, SEGMENT DTP (DATE – SIMILAR/SYMPTION ONSET)~~**			OCCURS 10 TIMES		
DTP	**1**		**DATE - ACCIDENT**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - ACCIDENT)**			OCCURS 10 TIMES		
		DTP01	Date Time Qualifier	ID	3-3	R	439			040	X837P-CL-ACCIDENT-DT-CD	X(03)		X837P-CLM-ACCID-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8,			040	X837P-CL-ACCIDENT-QL	X(03)				
		DTP03	Accident Date	AN	1-35	R	CCYYMMDD	Code Deleted		040	X837P-CL-ACCIDENT-DT	X(35)		X837P-CLM-ACCID-DATE-OR-TIME	X(12)	
DTP	**1**		**DATE - LAST MENSTRUAL PERIOD**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - LAST MENSTRUAL PERIOD)**					
		DTP01	Date Time Qualifier	ID	3-3	R	484			040	X837P-CL-LST-MENSTR-DT-CD	X(03)		X837P-CLM-LST-MESTR-DATE-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	N837P-CL-LST-MENSTR-QL	X(03)				
		DTP03	Last Menstrual Period Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-LST-MENSTR-DT	X(35)		X837P-CLM-LST-XRAY-DATE	X(08)	
DTP	**1**		**DATE - LAST X-RAY**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - LAST X-RAY)**					
		DTP01	Date Time Qualifier	ID	3-3	R	455			040	X837P-CL-LST-XRAY-DT-CD	X(03)		X837P-CLM-LST-XRAY-DATE-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-LST-XRAY-QL	X(03)				
		DTP03	Last X-Ray Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-LST-XRAY-DT	X(35)		X837P-CLM-LST-XRAY-DATE	X(08)	
DTP	**1**		**DATE - HEARING AND VISION PRESCRIPTION DATE**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - HEARING/VISION PRESCRIPTION)**					
		DTP01	Date Time Qualifier	ID	3-3	R	471			040	X837P-CL-VIS-HEAR-DT-CD	X(03)		X837P-CLM-VIS-HEAR-DATE-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-VIS-HEAR-QL	X(03)				
		DTP03	Prescription Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-VIS-HEAR-PRESC-DT	X(35)		X837P-CLM-VIS-HEAR-PRESC-DATE	X(08)	
DTP	**5**		**~~DATE – DISABILITY BEGIN~~**			**S**		**Segment Deleted**			**~~LOOP 2300, SEGMENT DTP (DATE – DISABILITY BEGIN)~~**			~~LOOP 2300, SEGMENT DTP (DATE – DISABILITY BEGIN)~~	~~Occurs 5X~~	
		DTP	**DISABILITY DATES**		**1**	**S**		New Segment		040	**LOOP 2300 SEGMENT DTP (DATE - DISABILITY)**					
		DTP01	Date Time Qualifier	ID	3-3	R	314, 360, 361			040	X837P-CL-DISABILITY-DT-CD	X(03)				
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, RD8			040	X837P-CL-DISABILITY-QL	X(03)				
		DTP03	Disability From Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-DISABILITY-DT	X(35)				
DTP	**5**		**~~DATE – DISABILITY END~~**			**S**		**Segment Deleted**			**~~LOOP 2300, SEGMENT DTP (DATE – DISABILITY END)~~**					
DTP	**1**		**DATE - LAST WORKED**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - LAST WORKED)**					
		DTP01	Date Time Qualifier	ID	3-3	R	297			040	X837P-CL-LST-WRK-DT-CD	X(03)		X837P-CLM-LAST-WORK-DATE-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-LST-WRK-QL	X(03)				
		DTP03	Last Worked Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-LST-WRK-DT	X(35)		X837P-CLM-LAST-WORKED-DATE	X(08)	
DTP	**1**		**AUTHORIZED RETURN TO WORK**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - AUTHORIZED RETURN TO WORK)**					
		DTP01	Date Time Qualifier	ID	3-3	R	296			040	X837P-CL-AUTH-WRK-RTN-DT-CD	X(03)		X837P-CLM-AUTH-WRK-RTN-DT-CODE	X(03)	
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-AUTH-WRK-RTN-QL	X(03)				
		DTP03	Work Return Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-AUTH-WRK-RTN-DT	X(35)		X837P-CLM-AUTH-WORK-RTN-DT	X(08)	
DTP	**1**		**DATE - ADMISSION**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - ADMISSION)**					
		DTP01	Date Time Qualifier	ID	3-3	R	435			040	X837P-CL-ADMT-DT-CD	X(03)		X837P-CLM-ADMISSION-DATE-CODE	X(03)	

		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-ADMT-QL	X(03)				
		DTP03	Hospitalization Admission Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-ADMT-DT	X(35)	X837P-CLM-ADMISSION-DATE	X(08)		
DTP	**1**		**DATE - DISCHARGE**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - DISCHARGE)**					
		DTP01	Date Time Qualifier	ID	3-3	R	096			040	X837P-CL-DISCHARGE-DT-CD	X(03)	X837P-CLM-DISCHARGE-DATE-CODE	X(03)		
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-DISCHARGE-QL	X(03)				
		DTP03	Related Hospitalization Discharge Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-DISCHARGE-DT	X(35)	X837P-CLM-DISCHARGE-DATE	X(08)		
DTP	**2**		**DATE - ASSUMED AND RELINQUISHED CARE DATES**			**S**				040	**LOOP 2300, SEGMENT DTP (DATE - ASSUMED/RELINQUISHED CARE)**		Occurs 2X			
		DTP01	Date Time Qualifier	ID	3-3	R	090, 091			040	X837P-CL-CARE-DT-CD	X(03)	X837P-CLM-CARE-DATE-CODE	X(03)		
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-CARE-QL	X(03)				
		DTP03	Assumed or Relinquished Care Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-CARE-DT	X(35)	X837P-CLM-CARE-DATE	X(08)		
DTP	**1**		**DATE - PROPERTY AND CASUALTY DATE OF FIRST CONTACT**			**S**		New Segment		040	**LOOP 2300 SEGMENT DTP (DATE - PROPERTY AND CASUALTY FIRST CONTACT)**					
		DTP01	Date Time Qualifier	ID	3-3	R	444			040	X837P-CL-FST-CONTACT-DT-CD	X(03)				
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-FST-CONTACT-QL	X(03)				
		DTP03	Order Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-FST-CONTACT-DT	X(35)				
DTP	**1**		**DATE - REPRICER RECEIVED DATE**			**S**		New Segment		040	**LOOP 2300 SEGMENT DTP (DATE - REPRICER RECEIVED)**					
		DTP01	Date Time Qualifier	ID	3-3	R	050			040	X837P-CL-REPRC-RCVD-DT-CD	X(03)				
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			040	X837P-CL-REPRC-RCVD-QL	X(03)				
		DTP03	Order Date	AN	1-35	R	CCYYMMDD			040	X837P-CL-REPRC-RCVD-DT	X(35)				
PWK	**10**		**CLAIM SUPPLEMENTAL INFORMATION**			**S**				041	**LOOP 2300, SEGMENT PWK (CLAIM SUPPLEMENTAL INFORMATION)**		OCCURS 10 TIMES			
		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		041	X837P-CL-ATTACH-TYP	X(02)	X837P-CLM-ATTACH-TYPE	X(02)		
		PWK02	Attachment Transmission Code	ID	1-2	R	AA, BM, EL, EM, FT, FX	Code Deleted		041	X837P-CL-ATTACH-XMIT-CD	X(02)	X837P-CLM-ATTACH-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			041	X837P-CL-ATTACH-CTL-NUM-QL	X(02)	X837P-CLM-ATTACH-CTL-NUM-QUAL	X(02)		
		PWK06	Attachment Control Number	AN	2-80	S				041	X837P-CL-ATTACH-CTL-NUM	X(80)	X837P-CLM-ATTACH-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										
CN1	**1**		**CONTRACT INFORMATION**			**S**				040	**LOOP 2300, SEGMENT CN1 (CONTRACT INFORMATION)**					
		CN101	Contract Type Code	ID	2-2	R	01, 02, 03, 04, 05, 06, 09	Code Deleted		040	X837P-CL-CNTRC-TYP	X(02)	X837P-CLM-CONTRACT-TYPE	X(02)		
		CN102	Contract Amount S9(7)V99	R	1-18	S				040	X837P-CL-CNTRC-AMT	S9(16)V99	X837P-CLM-CONTRACT-AMT	S9(16)V99		
		CN103	Contract Percentage 9(2)V99	R	1-6	S				040	X837P-CL-CNTRC-PCT	S9(4)V9(2)	X837P-CLM-CONTRACT-PCT	S9(4)V9(2)		
		CN104	Contract Code	AN	1-50	S		Increase from 30 - 50		040	X837P-CL-CNTRC-CD	X(50)	X837P-CLM-CONTRACT-CODE	X(30)		
		CN105	Terms Discount Percent 9(2)V99	R	1-6	S				040	X837P-CL-CNTRC-DISC-PCT	S9(4)V9(2)	X837P-CLM-CONTRACT-DISC-PCT	S9(4)V9(2)		
		CN106	Contract Version Identifier	AN	1-30	S				040	X837P-CL-CNTRC-VER	X(30)	X837P-CLM-CONTRACT-VERSION	X(30)		

AMT	**1**		**CREDIT/DEBIT CARD MAXIMUM AMOUNT**			**S**		**Segment Deleted**				**LOOP 2300, SEGMENT AMT (CR/DB CARD MAX AMT)**		LOOP 2300, SEGMENT AMT (CR/DB CARD MAX AMT)	
AMT	**1**		**PATIENT AMOUNT PAID**			**S**				040		**LOOP 2300, SEGMENT AMT (PATIENT AMOUNT PAID)**			
		AMT01	Amount Qualifier Code	ID	1-3	R	F5			040	X837P-CL-PAT-PD-AMT-QL	X(03)	X837P-CLM-PAT-PAID-AMT-QUAL	X(03)	
		AMT02	Patient Amount Paid S9(7)V99	R	1-18	R				040	X837P-CL-PAT-PD-AMT	S9(16)V99	X837P-CLM-PAT-PAID-AMT	S9(16)V99	
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U									
AMT	**1**		**TOTAL PURCHASED SERVICE**			**S**		**Segment Deleted**				**LOOP 2300, SEGMENT AMT (TOTAL PURCHASED SVC AMT)**		LOOP 2300, SEGMENT AMT (TOTAL PURCHASED SVC AMT)	
REF	**1**		**SERVICE AUTHORIZATION EXCEPTION CODE**			**S**				040		**LOOP 2300, SEGMENT REF (SERVICE AUTHORIZATION EXCEPTION CODE)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	4N			040	X837P-CL-SVC-AUTH-EXCEP-QL	X(03)	X837P-CLM-SVC-AUTH-EXCEP-QUAL	X(03)	
		REF02	Service Authorization Exception Code	AN	1-50	R	1, 2, 3, 4, 5, 6, 7	Increase from 30 - 50		040	X837P-CL-SVC-AUTH-EXCEP-CD	X(50)	X837P-CLM-SVC-AUTH-EXCEP-CD	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR**			**S**				040		**LOOP 2300, SEGMENT REF (MANDTORY MEDICARE CROSSOVER INDICATOR)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	F5			040	X837P-CL-MCR-4081-QL	X(03)	X837P-CLM-MCARE-4081-QUAL	X(03)	
		REF02	Medicare Section 4081 Indicator	AN	1-50	R	Y,N	Increase from 30 - 50		040	X837P-CL-MCR-4081-IND	X(50)	X837P-CLM-MCARE-4081-IND	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**MAMMOGRAPHY CERTIFICATION NUMBER**			**S**				040		**LOOP 2300, SEGMENT REF (MAMMOGRAPHY CERTIFICATION NUMBER)**			
		REF01	Mammography Certification Number	ID	2-3	R	EW			040	X837P-CL-MAMMO-CERT-QL	X(03)	X837P-CLM-MAMMOGRAM-CERT-QUAL	X(03)	
		REF02	Mammography Certification Number	AN	1-50	R		Increase from 30 - 50		040	X837P-CL-MAMMO-CERT-NUM	X(50)	X837P-CLM-MAMMOGRAM-CERT-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
													OCCURS 2 TIMES		
REF	**2**		**PRIOR AUTHORIZATION OR REFERRAL NUMBER**			**S**		**Segment Deleted**				**LOOP 2300, SEGMENT REF (CLM PRIOR AUTH NUM)**		LOOP 2300, SEGMENT REF (CLM PRIOR AUTH NUM)	

REF	**1**		**~~ORIGINAL~~ REFERENCE NUMBER (ICN/DCN)**			**S**		**Segment Deleted**				**LOOP 2300, SEGMENT ~~REF~~ (ORIGINAL ~~TCN~~)**		~~LOOP 2300, SEGMENT REF (ORIGINAL TCN)~~	
REF	**1**		**REFERRAL NUMBER**			**S**		New Segment				**LOOP 2300 SEGMENT REF (CLAIM REFERRAL NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9F				040	X837P-CL-REFR-NUM-QL	X(03)		
		REF02	Referral Number	AN	1-50	R					040	X837P-CL-REFR-NUM	X(50)		
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**PRIOR AUTHORIZATION**			**S**		New Segment			040	**LOOP 2300 SEGMENT REF (CLAIM PRIOR AUTHORIZATION NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	G1				040	X837P-CL-PA-QL	X(03)		
		REF02	Prior Authorization	AN	1-50	R					040	X837P-CL-PA-NUM	X(50)		
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**PAYER CLAIM CONTROL NUMBER**			**S**		New Segment	Required, when submitting Voids or adjustments or in correcting a previously denied encounter		040	**LOOP 2300 SEGMENT REF (CLAIM PAYER CLAIM CONTROL NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	F8		Value is 'F8'		040	X837P-CL-PYR-CLM-QL	X(03)		
		REF02	Claim Original Reference Number	AN	1-50	R			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.		040	X837P-CL-PYR-CLM-NUM	X(50)		
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER**			**S**					040	**LOOP 2300, SEGMENT REF (CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER)**		OCCURS 3 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	X4				040	X837P-CL-CLIA-QL	X(03)	X837P-CLM-CLIA-QUAL	X(03)
		REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R		Increase from 30 - 50			040	X837P-CL-CLIA-NUM	X(50)	X837P-CLM-CLIA-NUM	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**REPRICED CLAIM NUMBER**			**S**					040	**LOOP 2300, SEGMENT REF (REPRICED CLAIM NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9A				040	X837P-CL-REPRD-QL	X(03)	X837P-CLM-REPRICED-CLM-QUAL	X(03)
		REF02	Repriced Claim Reference Number	AN	1-50	R		Increase from 30 - 50			040	X837P-CL-REPRD-NUM	X(50)	X837P-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**					040	**LOOP 2300, SEGMENT REF (ADJUSTED REPRICED CLM NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9C				040	X837P-CL-ADJ-REPRD-QL	X(03)	X837P-CLM-ADJ-REPRICE-CLM-QUAL	X(03)
		REF02	Adjusted Repriced Claim Reference Number	AN	1-50	R		Increase from 30 - 50			040	X837P-CL-ADJ-REPRD-NUM	X(50)	X837P-CLM-ADJ-REPRICE-CLM-NUM	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**INVESTIGATIONAL DEVICE EXEMPTION NUMBER**			**S**					040	**LOOP 2300, SEGMENT REF (INVESTIGATIONAL DEVICE EXEMPTION NUMBER)**			
		REF01	Identification Qualifier	ID	2-3	R	LX				040	X837P-CL-INVST-EXEMP-QL	X(03)	X837P-CLM-INVEST-EXEMP-ID-QUAL	X(03)
		REF02	Device Exemption Number	AN	1-50	R		Increase from 30 - 50			040	X837P-CL-INVST-EXEMP-ID	X(50)	X837P-CLM-INVEST-EXEMP-ID	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									

REF	**1**		**IDENTIFIER FOR TRANSMISSION INTERMEDIARIES**			**S**		Name Change		040	**LOOP 2300, SEGMENT REF (CLEARINGHOUS TRACE NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	D9			040	X837P-CL-CLRHSE-TRACE-QL	X(03)	X837P-CLM-CLRHSE-TRACE-QUAL	X(03)	
		REF02	Clearinghouse Trace Number	AN	1-50	R		Increase from 30 - 50		040	X837P-CL-CLRHSE-TRACE-NUM	X(50)	X837P-CLM-CLRHSE-TRACE-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
													OCCURS 4 TIMES		
REF	**4**		**~~AMBULATORY PATIENT GROUP (APG)~~**			**S**		**Segment Deleted**			**~~LOOP 2300, SEGMENT REF (CLM APG)~~**		~~LOOP 2300, SEGMENT REF (CLM APG)~~		
REF	**1**		**~~MEDICAL RECORD NUMBER~~**			**S**				040	**LOOP 2300, SEGMENT REF (MEDICAL RECORD NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	EA			040	X837P-CL-MED-REC-QL	X(03)	X837P-CLM-MED-REC-QUAL	X(03)	
		REF02	Medical Record Number	AN	1-50	R		Increase from 30 - 50		040	X837P-CL-MED-REC-NUM	X(50)	X837P-CLM-MED-REC-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**DEMONSTRATION PROJECT IDENTIFIER**			**S**				040	**LOOP 2300, SEGMENT REF (DEMONSTRATION PROJECT IDENTIFIER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	P4			040	X837P-CL-DEMO-PROJ-QL	X(03)	X837P-CLM-DEMO-PROJ-QUAL	X(03)	
		REF02	Demonstration Project Identifier	AN	1-50	R		Increase from 30 - 50		040	X837P-CLM-DEMO-PROJ-ID	X(50)	X837P-CLM-DEMO-PROJ-ID	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
REF	**1**		**CARE PLAN OVERSIGHT**			**S**		New Segment		040	**LOOP 2300, SEGMENT REF (CARE PLAN OVERSIGHT NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	1J			040	X837P-CL-CAREPLN-OVRSGHT-QL	X(03)			
		REF02	Care Plan Oversight Number	AN	1-50	R				040	X837P-CL-CAREPLN-OVRSGHT-NUM	X(50)			
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
K3	**10**		**FILE INFORMATION**			**S**				042	**LOOP 2300, SEGMENT K3 (CLM FILE INFORMATION)**		OCCURS 10 TIMES		
		K301	Fixed Format Information	AN	1-80	R				042	X837P-CL-K3-FILE-INFO	X(80)	X837P-CLM-FILE-INFO	X(80)	
		K302	Record Format Code	ID	1-2	N/U									
		K303	COMPOSITE UNIT OF MEASURE			N/U									
NTE	**1**		**CLAIM NOTE**			**S**			**Required**	040	**LOOP 2300, SEGMENT NTE (CLAIM NOTE)**				
		NTE01	Note Reference Code	ID	3-3	R	ADD, CER, DCP, DGN, TPO	Code Deleted	Please use the qualifier ADD' to indicate additional information	040	X837P-CL-NOTE-CD	X(03)	X837P-CLM-NOTE-CODE	X(03)	
		NTE02	Claim Note Text	AN	1-80	R			Please submit a VALUE of 'Y/N' for PAR / NON-PAR value followed by a value for 'CLAIM RECEIVED DATE' IN CCYYMMDD format. The sample value would look something similar: 'Y20110101'	040	X837P-CL-NOTE	X(80)	X837P-CLM-NOTE	X(80)	
CR1	**1**		**AMBULANCE TRANSPORT INFORMATION**			**S**				040	**LOOP 2300, SEGMENT CR1 (AMBULANCE TRANSPORT INFORMATION)**				
		CR101	Unit or Basis for Measurement Code	ID	2-2	S	LB			040	X837P-CL-AMB-PAT-WEIGHT-CD	X(02)	X837P-CLM-AMB-PAT-WEIGHT-CODE	X(02)	
		CR102	Patient Weight 9(3)	R	1-10	S				040	X837P-CL-AMB-PAT-WEIGHT	S9(6)V9(4)	X837P-CLM-AMB-PAT-WEIGHT	S9(6)V9(4)	
		CR103	Ambulance Transport Code	ID	1-1	N/U		Code Deleted Usage changed to Not Used					~~X837P-CLM-AMB-TRANS-CODE~~	~~X(01)~~	
		CR104	Ambulance Transport Reason Code	ID	1-1	R	A, B, C, D, E			040	X837P-CL-AMB-TRSPRT-REASON-CD	X(01)	X837P-CLM-AMB-TRANS-REAS-CODE	X(01)	
		CR105	Unit or Basis for Measurement Code	ID	2-2	R	DH			040	X837P-CL-AMB-DISTANCE-CD	X(02)	X837P-CLM-AMB-DISTANCE-CODE	X(02)	
		CR106	Transport Distance 9(4)	R	1-15	R				040	X837P-CL-AMB-DISTANCE	S9(10)V9(5)	X837P-CLM-AMB-DISTANCE	S9(10)V9(5)	
		CR107	Address Information	AN	1-55	N/U									
		CR108	Address Information	AN	1-55	N/U									
		CR109	Round Trip Purpose Description	AN	1-80	S				040	X837P-CL-AMB-ROUND-TRIP-DESC	X(80)	X837P-CLM-AMB-ROUND-TRIP-DESC	X(80)	
		CR110	Stretcher Purpose Description	AN	1-80	S				040	X837P-CL-AMB-STRETCHER-DESC	X(80)	X837P-CLM-AMB-STRETCHER-DESC	X(80)	

CR2	**1**		**SPINAL MANIPULATION SERVICE INFORMATION**			**S**				040	**LOOP 2300, SEGMENT CR2 (SPINAL MANIPULATION SERVICE INFORMATION)**			
		CR201	Treatment Series Number 9(3)	N0	1-9	N/U								
		CR202	Treatment Count 9(3)	R	1-15	N/U								
		CR203	Subluxation Level Code	ID	2-3	N/U		Code Deleted						
		CR204	Subluxation Level Code	ID	2-3	N/U		Code Deleted						
		CR205	Unit or Basis for Measurement Code	ID	2-2	N/U		Code Deleted						
		CR206	Treatment Period Count 9(3)	R	1-15	N/U								
		CR207	Monthly Treatment Count 9(2)	R	1-15	N/U								
		CR208	Patient Condition Code	ID	1-1	R	A, C, D, E, F, G, M			040	X837P-CL-NATURE-OF-COND	X(01)	X837P-CLM-NATURE-OF-CONDITION	X(01)
		CR209	Complication Indicator	ID	1-1	N/U		Code Deleted						
		CR210	Patient Condition Description	AN	1-80	S				040	X837P-CL-SPINAL-COND-DESC	X(80)	X837P-CLM-SPINAL-COND-DESC	X(80)
		CR211	Patient Condition Description	AN	1-80	S				040	X837P-CL-SPINAL-COND-DESC	X(80)	X837P-CLM-SPINAL-COND-DESC	X(80)
		CR212	Yes/No Condition or Response Code	ID	1-1	N/U		Code Deleted Usage changed to Not Used					X837P-CLM-SPINAL-XRAY-AVAIL	X(01)
CRC	**3**		**AMBULANCE CERTIFICATION**			**S**				040	**LOOP 2300, SEGMENT CRC (AMBULANCE CERTIFICATION)**		OCCURS 3 TIMES	
		CRC01	Code Category	ID	2-2	R	07			040	X837P-CL-AMB-CERT-CD-CAT	X(02)	X837P-CLM-AMB-CERT-CD-CAT	X(02)
		CRC02	Certification Condition Indicator	ID	1-1	R	N, Y			040	X837P-CL-AMB-CERT-CD-IND	X(01)	X837P-CLM-AMB-CERT-CD-IND	X(01)
		CRC03	Condition Code	ID	2-3	R	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3		040	X837P-CL-AMB-COND-IND	X(03)	X837P-CLM-AMB-COND-IND	X(02)
		CRC04	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3		040	X837P-CLM-AMB-COND-IND	X(03)	X837P-CLM-AMB-COND-IND	X(02)
		CRC05	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3		040	X837P-CL-AMB-COND-IND	X(03)	X837P-CLM-AMB-COND-IND	X(02)
		CRC06	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3		040	X837P-CL-AMB-COND-IND	X(03)	X837P-CLM-AMB-COND-IND	X(02)
		CRC07	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted Increase from 2 - 3		040	X837P-CL-AMB-COND-IND	X(03)	X837P-CLM-AMB-COND-IND	X(02)
CRC	**3**		**PATIENT CONDITION INFORMATION: VISION**			**S**				040	**LOOP 2300, SEGMENT CRC (PATIENT CONDITION INFORMATION: VISION)**		OCCURS 3 TIMES	
		CRC01	Code Category	ID	2-2	R	E1, E2, E3			040	X837P-CL-VIS-CD-CAT	X(02)	X837P-CLM-VISION-CODE-CAT	X(02)
		CRC02	Certification Condition Indicator	ID	1-1	R	N, Y			040	X837P-CL-VIS-CERT-APPLY	X(01)	X837P-CLM-VISION-CERT-APPLY	X(01)
		CRC03	Condition Code	ID	2-3	R	L1, L2, L3, L4, L5	Increase from 2 - 3		040	X837P-CL-VIS-COND-IND	X(03)	X837P-CLM-VISION-COND-IND	X(02)
		CRC04	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5	Increase from 2 - 3		040	X837P-CL-VIS-COND-IND	X(03)	X837P-CLM-VISION-COND-IND	X(02)
		CRC05	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5	Increase from 2 - 3		040	X837P-CL-VIS-COND-IND	X(03)	X837P-CLM-VISION-COND-IND	X(02)
		CRC06	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5	Increase from 2 - 3		040	X837P-CL-VIS-COND-IND	X(03)	X837P-CLM-VISION-COND-IND	X(02)
		CRC07	Condition Code	ID	2-3	S	L1, L2, L3, L4, L5	Increase from 2 - 3		040	X837P-CL-VIS-COND-IND	X(03)	X837P-CLM-VISION-COND-IND	X(02)
CRC	**1**		**HOMEBOUND INDICATOR**			**S**				040	**LOOP 2300, SEGMENT CRC (HOMEBOUND INDICATOR)**			
		CRC01	Code Category	ID	2-2	R	75			040	X837P-CL-HOMEBOUND-CD-CAT	X(02)	X837P-CLM-HOMEBOUND-CODE-CAT	X(02)
		CRC02	Certification Condition Indicator	ID	1-1	R	Y			040	X837P-CL-HOMEBOUND-CERT-IND	X(01)	X837P-CLM-HOMEBOUND-CERT-IND	X(01)
		CRC03	Homebound Indicator	ID	2-3	R	IH	Increase from 2 - 3		040	X837P-CL-HOMEBOUND-IND	X(03)	X837P-CLM-HOMEBOUND-IND	X(02)
		CRC04	Condition Indicator	ID	2-3	N/U								
		CRC05	Condition Indicator	ID	2-3	N/U								
		CRC06	Condition Indicator	ID	2-3	N/U								
		CRC07	Condition Indicator	ID	2-3	N/U								
CRC	**1**		**EPSDT REFERRAL**			**S**				040	**LOOP 2300, SEGMENT CRC (EPSDT REFERRAL)**			
		CRC01	Code Category	ID	2-2	R	ZZ			040	X837P-CL-EPSDT-CAT	X(02)	X837P-CLM-EPSDT-CATEGORY	X(02)
		CRC02	Certification Condition Indicator	ID	1-1	R	N, Y			040	X837P-CL-EPSDT-REFR-IND	X(01)	X837P-CLM-EPSDT-REFERRAL-IND	X(01)
		CRC03	Condition Code	ID	2-3	R	AV, NU, S2, ST	Increase from 2 - 3		040	X837P-CL-EPSDT-RESULT	X(03)	X837P-CLM-EPSDT-RESULT	X(02)
		CRC04	Condition Code	ID	2-3	S	AV, NU, S2, ST	Increase from 2 - 3		040	X837P-CL-EPSDT-RESULT	X(03)	X837P-CLM-EPSDT-RESULT	X(02)
		CRC05	Condition Code	ID	2-3	S	AV, NU, S2, ST	Increase from 2 - 3		040	X837P-CL-EPSDT-RESULT	X(03)	X837P-CLM-EPSDT-RESULT	X(02)
		CRC06	Condition Indicator	ID	2-3	N/U								
		CRC07	Condition Indicator	ID	2-3	N/U								

HI	**1**		**HEALTH CARE DIAGNOSIS CODE**			**R**		Usage changed to Required	Mississippi process/uses twelve diagnosis codes.	040	**LOOP 2300, SEGMENT HI (HEALTH CARE DIAGNOSIS CODE)**				
		HI01	HEALTH CARE CODE INFORMATION			R				040					
		HI01-1	Diagnosis Type Code	ID	1-3	R	ABK, BK	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI01-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU							
		HI01-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU							
		HI02	HEALTH CARE CODE INFORMATION			S				040					
		HI02-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI02-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU							
		HI02-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU							
		HI03	HEALTH CARE CODE INFORMATION			S				040					
		HI03-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI03-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU							
		HI03-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU							
		HI04	HEALTH CARE CODE INFORMATION			S				040					
		HI04-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI04-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU							
		HI04-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU							
		HI05	HEALTH CARE CODE INFORMATION			S				040					
		HI05-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI05-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU							
		HI05-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU							
		HI06	HEALTH CARE CODE INFORMATION			S				040					
		HI06-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI06-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU							
		HI06-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU							
		HI07	HEALTH CARE CODE INFORMATION			S				040					
		HI07-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)	
		HI07-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU								
		HI07-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU								
		HI08	HEALTH CARE CODE INFORMATION			S				040						
		HI08-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	Code Added		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)		
		HI08-2	Diagnosis Code	AN	1-30	R				040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-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 but NU								
		HI08-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU								
		HI09	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational		040						
		HI09-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)		
		HI09-2	Diagnosis Code	AN	1-30	R		New Element		040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-DIAG-CODE	X(30)		
		HI09-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element but NU								
		HI09-4	Date Time Period	AN	1-35	N/U		New Element but NU								
		HI09-5	Monetary Amount	R	1-18	N/U		New Element but NU								
		HI09-6	Quantity	R	1-15	N/U		New Element but NU								
		HI09-7	Version Identifier	AN	1-30	N/U		New Element but NU								
		HI09-8	Industry code	AN	1-30	N/U		New Element but NU								
		HI09-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU								
		HI10	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational		040						
		HI10-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)		
		HI10-2	Diagnosis Code	AN	1-30	R		New Element		040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-DIAG-CODE	X(30)		
		HI10-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element but NU								
		HI10-4	Date Time Period	AN	1-35	N/U		New Element but NU								
		HI10-5	Monetary Amount	R	1-18	N/U		New Element but NU								
		HI10-6	Quantity	R	1-15	N/U		New Element but NU								
		HI10-7	Version Identifier	AN	1-30	N/U		New Element but NU								
		HI10-8	Industry code	AN	1-30	N/U		New Element but NU								
		HI10-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU								
		HI11	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational		040						
		HI11-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)		
		HI11-2	Diagnosis Code	AN	1-30	R		New Element		040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-DIAG-CODE	X(30)		
		HI11-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element but NU								
		HI11-4	Date Time Period	AN	1-35	N/U		New Element but NU								
		HI11-5	Monetary Amount	R	1-18	N/U		New Element but NU								
		HI11-6	Quantity	R	1-15	N/U		New Element but NU								
		HI11-7	Version Identifier	AN	1-30	N/U		New Element but NU								
		HI11-8	Industry code	AN	1-30	N/U		New Element but NU								
		HI11-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU								
		HI12	HEALTH CARE CODE INFORMATION			S		Usage changed to Situational		040						
		HI12-1	Diagnosis Type Code	ID	1-3	R	ABF, BF	New Element		040	X837P-CL-DIAG-TYP	X(03)	X837P-CLM-DIAG-TYPE	X(03)		
		HI12-2	Diagnosis Code	AN	1-30	R		New Element		040	X837P-CL-DIAG-CD	X(30)	X837P-CLM-DIAG-CODE	X(30)		
		HI12-3	Date Time Period Format Qualifier	ID	2-3	N/U		New Element but NU								
		HI12-4	Date Time Period	AN	1-35	N/U		New Element but NU								
		HI12-5	Monetary Amount	R	1-18	N/U		New Element but NU								
		HI12-6	Quantity	R	1-15	N/U		New Element but NU								
		HI12-7	Version Identifier	AN	1-30	N/U		New Element but NU								
		HI12-8	Industry code	AN	1-30	N/U		New Element but NU								
		HI12-9	Yes/No Condition or response Code	ID	1-1	N/U		New Element but NU								
HI	**1**		**ANESTHESIA RELATED PROCEDURE**			**S**		New Segment		040	**LOOP 2300 SEGMENT HI (ANESTHESIA RELATED PROCEDURE)**					
		HI01	HEALTH CARE CODE INFORMATION			R				040						
		HI01-1	Code List Qualifier	ID	1-3	R	BP			040	X837P-CL-ANES-PROC-QL	X(03)				
		HI01-2	Anesthesia Related Surgical Procedure	AN	1-30	R				040	X837P-CL-ANES-PROC-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			S				040					
		HI02-1	Code List Qualifier	ID	1-3	R	BO			040	X837P-CL-ANES-PROC-QL	X(03)			
		HI02-2	Anesthesia Related Surgical Procedure	AN	1-30	R				040	X837P-CL-ANES-PROC-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	Yes/No Condition or response Code	ID	1-1	N/U									
		HI03	HEALTH CARE CODE INFORMATION			N/U									
		HI03-1	Code List Qualifier	ID	1-3	N/U									
		HI03-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U									
		HI04	HEALTH CARE CODE INFORMATION			N/U									
		HI04-1	Code List Qualifier	ID	1-3	N/U									
		HI04-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U									
		HI05	HEALTH CARE CODE INFORMATION			N/U									
		HI05-1	Code List Qualifier	ID	1-3	N/U									
		HI05-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U									
		HI06	HEALTH CARE CODE INFORMATION			N/U									
		HI06-1	Code List Qualifier	ID	1-3	N/U									
		HI06-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U									
		HI07	HEALTH CARE CODE INFORMATION			N/U									
		HI07-1	Code List Qualifier	ID	1-3	N/U									
		HI07-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI08	HEALTH CARE CODE INFORMATION			N/U										
		HI08-1	Code List Qualifier	ID	1-3	N/U										
		HI08-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI09	HEALTH CARE CODE INFORMATION			N/U										
		HI09-1	Code List Qualifier	ID	1-3	N/U										
		HI09-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI10	HEALTH CARE CODE INFORMATION			N/U										
		HI10-1	Code List Qualifier	ID	1-3	N/U										
		HI10-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI11	HEALTH CARE CODE INFORMATION			N/U										
		HI11-1	Code List Qualifier	ID	1-3	N/U										
		HI11-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI12	HEALTH CARE CODE INFORMATION			N/U										
		HI12-1	Code List Qualifier	ID	1-3	N/U										
		HI12-2	Anesthesia Related Surgical Procedure	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	Yes/No Condition or response Code	ID	1-1	N/U										
HI	**2**		**CONDITION INFORMATION**			**S**		New Segment			040	**LOOP 2300 SEGMENT HI (CLAIM CONDITION INFORMATION)**				
		HI01	HEALTH CARE CODE INFORMATION			R					040					
		HI01-1	Code List Qualifier	ID	1-3	R	BG				040	X837P-CL-COND-QL		X(03)		
		HI01-2	Condition Code	AN	1-30	R					040	X837P-CL-COND-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			S				040						
		HI02-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI02-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI03	HEALTH CARE CODE INFORMATION			S				040						
		HI03-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI03-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI04	HEALTH CARE CODE INFORMATION			S				040						
		HI04-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI04-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI05	HEALTH CARE CODE INFORMATION			S				040						
		HI05-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI05-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI06	HEALTH CARE CODE INFORMATION			S				040						
		HI06-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI06-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI07	HEALTH CARE CODE INFORMATION			S				040						
		HI07-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI07-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI08	HEALTH CARE CODE INFORMATION			S				040						
		HI08-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI08-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI09	HEALTH CARE CODE INFORMATION			S				040						

		HI09-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI09-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI10	HEALTH CARE CODE INFORMATION			S				040						
		HI10-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI10-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI11	HEALTH CARE CODE INFORMATION			S				040						
		HI11-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI11-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
		HI12	HEALTH CARE CODE INFORMATION			S				040						
		HI12-1	Code List Qualifier	ID	1-3	R	BG			040	X837P-CL-COND-QL	X(03)				
		HI12-2	Condition Code	AN	1-30	R				040	X837P-CL-COND-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	Yes/No Condition or response Code	ID	1-1	N/U										
HCP	**1**		**CLAIM PRICING/ REPRICING INFORMATION**			**S**				040	**LOOP 2300, SEGMENT HCP (CLAIM PRICING/REPRICING INFORMATION)**					
		HCP01	Pricing Methodology	ID	2-2	R	00, 01, 02, 03, 04, 05, 07, 08, 09, 10 ,11, 12, 13, 14			040	X837P-CL-PRICE-METHOD	X(02)	X837P-CLM-PRICE-METHOD	X(02)		
		HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R				040	X837P-CL-PRICE-ALLOWED	S9(16)V99	X837P-CLM-PRICE-ALLOWED	S9(16)V99		
		HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S				040	X837P-CL-PRICE-SAVINGS	S9(16)V99	X837P-CLM-PRICE-SAVINGS	S9(16)V99		
		HCP04	Repricing Organization Identifier	AN	1-50	S		Increase from 30 - 50		040	X837P-CL-REPRC-ORG-ID	X(50)	X837P-CLM-REPRICE-ORG-ID	X(30)		
		HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S				040	X837P-CL-PRICE-RATE	S9(05)V9999	X837P-CLM-PRICE-RATE	S9(05)V9999		
		HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S		Increase from 30 - 50		040	X837P-CL-PRICE-APRVD-APG-CD	X(50)	X837P-CLM-PRICE-APRVD-APG-CODE	X(30)		
		HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S				040	X837P-CL-PRICE-APRVD-APG-AMT	S9(16)V99	X837P-CLM-PRICE-APRVD-APG-AMT	S9(16)V99		
		HCP08	Product/Service ID	AN	1-48	N/U										
		HCP09	Product/Service ID Qualifier	ID	2-2	N/U										
		HCP10	Product/Service ID	AN	1-48	N/U										
		HCP11	Unit or Basis for Measurement Code	ID	2-2	N/U										
		HCP12	Quantity 9(3)V9	R	1-15	N/U										
		HCP13	Reject Reason Code	ID	2-2	S	T1, T2, T3, T4, T5, T6			040	X837P-CL-PRICE-REJECT-REASON	X(02)	X837P-CLM-PRICE-REJECT-REASON	X(02)		
		HCP14	Policy Compliance Code	ID	1-2	S	1, 2, 3, 4, 5			040	X837P-CL-PRICE-COMPLIANCE-CD	X(02)	X837P-CLM-PRICE-COMPLIANCE-CD	X(02)		
		HCP15	Exception Code	ID	1-2	S	1, 2, 3, 4, 5, 6			040	X837P-CL-PRICE-EXCEPTION-CD	X(02)	X837P-CLM-PRICE-EXCEPTION-CD	X(02)		

													OCCURS 6 TIMES		
CR7	**1**		**HOME HEALTH CARE PLAN INFORMATION**			**S**		**Segment Deleted**			**LOOP 2305, SEGMENT CRZ (HOME HEALTH CARE PLAN INFO)**		LOOP 2305 (HOME HEALTH CARE PLAN INFO)		
													X837P-CLM-HH-TOT-VISITS-EST	S9(9)	
													OCCURS 3 TIMES		
HSD	**3**		**HEALTH CARE SERVICES DELIVERY**			**S**		**Segment Deleted**			**LOOP 2305, SEGMENT HSD (HEALTH CARE SVC DELIVERY)**		LOOP 2305, SEGMENT HSD (HEALTH CARE SVC DELIVERY)		
													X837P-CLM-HH-VISIT-QUAL	X(02)	
No Loop/No Segment						R	**EDI Populated**			**040**	**X837P-ACS-EDI-TRACE-NUM**	**X(31)**			
2310A	**2**														
NM1	**1**		**REFERRING PROVIDER NAME**			**S**				043	**LOOP 2310A SEGMENT NM1 (REFERRING PROVIDER NAME)**		OCCURS 2 TIMES		
		NM101	Entity Identifier Code	ID	2-3	R	DN, P3		Only value DN is accepted by Mississippi Division of Medicaid. Please use the qualifier 'DN' to indicate the Referring Provider.	043	X837P-CL-REFR-ENTY-CD	X(03)	X837P-CLM-REF-PROV-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted		043	X837P-CL-REFR-ENTY-TYP	X(01)	X837P-CLM-REF-PROV-ENTITY-TYPE	X(01)	
		NM103	Referring Provider Last Name	AN	1-60	R		Increase from 35 - 60		043	X837P-CL-REFR-NM-LST	X(60)	X837P-CLM-REF-PROV-NM-LAST	X(35)	
		NM104	Referring Provider First Name	AN	1-35	S		Increase from 25 - 35		043	X837P-CL-REFR-NM-FST	X(35)	X837P-CLM-REF-PROV-NM-FIRST	X(25)	
		NM105	Referring Provider Middle Name	AN	1-25	S				043	X837P-CL-REFR-NM-MID	X(25)	X837P-CLM-REF-PROV-NM-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Referring Provider Name Suffix	AN	1-10	S				043	X837P-CL-REFR-NM-SFX	X(10)	X837P-CLM-REF-PROV-NM-SFX	X(10)	
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		043	X837P-CL-REFR-QL	X(02)	X837P-CLM-REF-PROV-ID-QUAL	X(02)	
		NM109	Referring Provider Identifier	AN	2-80	S				043	X837P-CL-REFR-ID	X(80)	X837P-CLM-REF-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 but NU							
PRV	**1**		**REFERRING PROVIDER SPECIALTY INFORMATION**			**S**		**Segment Deleted**			**LOOP 2310A, SEGMENT PRV (REFERRING PROV SPECIALTY INFO)**		LOOP 2310A, SEGMENT PRV (REFERRING PROV SPECIALTY INFO)		
													X837P-CLM-REF-PROV-CODE	X(03)	
REF	**3**		**REFERRING PROVIDER SECONDARY IDENTIFICATION**			**S**				043	**LOOP 2310A, SEGMENT REF (REFERRING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES		
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2	Code Deleted		043	X837P-CL-REFR-SEC-QL	X(03)	X837P-CLM-REF-PROV-ID-2-QUAL	X(03)	
		REF02	Referring Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Indicate the MSCHIP Provider number, if reported	043	X837P-CL-REFR-SEC-ID	X(50)	X837P-CLM-REF-PROV-ID-2	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
2310B	**1**														
NM1	**1**		**RENDERING PROVIDER NAME**			**S**				044	**LOOP 2310B, SEGMENT NM1 (RENDERING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	82		Value is '82'	044	X837P-CL-REND-ENTY-CD	X(03)	X837P-CLM-TRT-PROV-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2		Value is '2'	044	X837P-CL-REND-ENTY-TYP	X(01)	X837P-CLM-TRT-PROV-ENTITY-TYPE	X(01)	
		NM103	Rendering Provider Last or Organization Name	AN	1-60	R		Increase from 35 - 60		044	X837P-CL-REND-NM-LST	X(60)	X837P-CLM-TRT-PROV-NM-LAST	X(35)	
		NM104	Provider First Name	AN	1-35	S		Increase from 25 - 35		044	X837P-CL-REND-NM-FST	X(35)	X837P-CLM-TRT-PROV-NM-FIRST	X(25)	
		NM105	Rendering Provider Middle Name	AN	1-25	S				044	X837P-CL-REND-NM-MID	X(25)	X837P-CLM-TRT-PROV-NM-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Rendering Provider Name Suffix	AN	1-10	S				044	X837P-CL-REND-NM-SFX	X(10)	X837P-CLM-TRT-PROV-NM-SFX	X(10)	
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted Usage Changed to Situational	Value is 'XX'	044	X837P-CL-REND-QL	X(02)	X837P-CLM-TRT-PROV-ID-QUAL	X(02)	

		NM109	Rendering Provider Identifier	AN	2-80	S		Usage Canged to Situational	Value is Rendering Provider Id	044	X837P-CL-REND-ID	X(80)	X837P-CLM-TRT-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 but NU						
PRV	**1**		**RENDERING PROVIDER SPECIALTY INFORMATION**			**S**			The PRV segment is required by Mississippi Medicaid when the Rendering NPI represents multiple entities or sub-parts.	044	**LOOP 2310B, SEGMENT PRV (RENDERING PROVIDER SPECIALTY INFORMATION)**			
		PRV01	Provider Code	ID	1-3	R	PE		Value is 'PE'	044	X837P-CL-REND-CD	X(03)	X837P-CLM-TRT-PROV-CODE	X(03)
		PRV02	Reference Identification Qualifier	ID	2-3	R	PXC	Code Change	Value is 'PXC'	044	X837P-CL-REND-SPEC-QL	X(03)	X837P-CLM-TRT-PROV-SPEC-QUAL	X(03)
		PRV03	Provider Taxonomy Code	AN	1-50	R		Increase from 30 - 50	Value is the 10-byte taxonomy code	044	X837P-CL-REND-SPEC-CD	X(50)	X837P-CLM-TRT-PROV-SPEC	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**		**RENDERING PROVIDER SECONDARY IDENTIFICATION**			**S**				044	**LOOP 2310B, SEGMENT REF (RENDERING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU		Value is G2	044	X837P-CL-REND-SEC-QL	X(03)	X837P-CLM-TRT-PROV-ID-2-QUAL	X(03)
		REF02	Rendering Provider Secondary	AN	1-50	R		Increase from 30 - 50	Indicate the MSCHIP provider number.	044	X837P-CL-REND-SEC-ID	X(50)	X837P-CLM-TRT-PROV-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU						
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
~~**NM1**~~	~~**1**~~		~~**PURCHASED SERVICE PROVIDER NAME**~~			~~**S**~~		~~**Segment Deleted**~~			~~**LOOP 2310C, SEGMENT NM1 (PURCHASED SVC PROV NAME)**~~		~~LOOP 2310C, SEGMENT NM1 (PURCHASED SVC PROV NAME)~~	
~~**REF**~~	~~**5**~~		~~**PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION**~~			~~**S**~~		~~**Segment Deleted**~~			~~**LOOP 2310C, SEGMENT REF (PURCHASED SVC PROV SECONDARY ID)**~~		~~LOOP 2310C, SEGMENT REF (PURCHASED SVC PROV SECONDARY ID)~~	~~OCCURS 5 TIMES~~
2310C	**1**													
NM1	**1**		**SERVICE FACILITY LOCATION**			**S**		Loop Change		045	**LOOP 2310C, SEGMENT NM1 (SERVICE FACILITY NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	77	Code Deleted		045	X837P-CL-SVC-FAC-ENTY-CD	X(03)	X837P-CLM-SVC-FAC-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	2			045	X837P-CL-SVC-FAC-ENTY-TYP	X(01)	X837P-CLM-SVC-FAC-ENTITY-TYPE	X(01)
		NM103	Laboratory or Facility Name	AN	1-60	R		Increase from 35 - 60 Usage changed to required		045	X837P-CL-SVC-FAC-NM	X(60)	X837P-CLM-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		045	X837P-CL-SVC-FAC-QL	X(02)	X837P-CLM-SVC-FAC-ID-QUAL	X(02)
		NM109	Laboratory or Facility Primary Identifier	AN	2-80	S				045	X837P-CL-SVC-FAC-ID	X(80)	X837P-CLM-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 but NU						
N3	**1**		**SERVICE FACILITY LOCATION ADDRESS**			**R**		Loop Change		045	**LOOP 2310C, SEGMENT N3 (SERVICE FACILITY ADDRESS)**			
		N301	Laboratory or Facility Address Line	AN	1-55	R				045	X837P-CL-SVC-FAC-ADDR1	X(55)	X837P-CLM-SVC-FAC-ADDR1	X(55)
		N302	Laboratory or Facility Address Line	AN	1-55	S				045	X837P-CL-SVC-FAC-ADDR2	X(55)	X837P-CLM-SVC-FAC-ADDR2	X(55)

N4	**1**		**FACILITY LOCATION CITY/STATE/ZIP**			**R**		Loop Change		045	**LOOP 2310C, SEGMENT N4 (SERVICE FACILITY CITY, STATE, ZIP)**			
		N401	Laboratory or Facility City Name	AN	2-30	R				045	X837P-CL-SVC-FAC-CITY	X(30)	X837P-CLM-SVC-FAC-CITY	X(30)
		N402	Facility State or Province Code	ID	2-2	S		Usage changed to Situational		045	X837P-CL-SVC-FAC-ST	X(02)	X837P-CLM-SVC-FAC-STATE-CODE	X(02)
		N403	Laboratory or Facility	ID	3-15	S		Usage changed to Situational		045	X837P-CL-SVC-FAC-ZIP	X(15)	X837P-CLM-SVC-FAC-ZIP-CODE	X(15)
		N404	Laboratory/Facility Country Code	ID	2-3	S				045	X837P-CL-SVC-FAC-CNTRY	X(03)	X837P-CLM-SVC-FAC-COUNTRY-CODE	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		045	X837P-CL-SVC-FAC-CNTRY-SUB	X(03)		
REF	**3**		**FACILITY LOCATION SECONDARY IDENTIFICATION**			**S**		Loop Change		045	**LOOP 2310C, SEGMENT REF (SERVICE FACILITY SECONDARY IDDENTIFICATION)**			OCCURS 5 TIMES
		REF01	Identification Qualifier	ID	2-3	R	0B, G2, LU	Code Deleted		045	X837P-CLM-SVC-FAC-SEC-QL	X(03)	X837P-CLM-SVC-FAC-ID-2-QUAL	X(03)
		REF02	Laboratory or Facility Secondary Identifier	AN	1-50	R		Increase from 30 - 50		045	837P-CL-SVC-FAC-SEC-ID	X(50)	X837P-CLM-SVC-FAC-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU						
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
PER	**1**		**FACILITY CONTACT INFORMATION**			**R**		New Segment		045	**LOOP 2310C, SEGMENT PER (SERVICE FACILITY CONTACT INFORMATION)**			
		PER01	Contact Function Code	ID	2-2	R	IC			045	X837P-CL-SVC-FAC-CONTACT-CD	X(02)		
		PER02	Submitter Contact Name	AN	1-60	S				045	X837P-CL-SVC-FAC-CONTACT-NM	X(60)		
		PER03	Communication Number Qualifier	ID	2-2	R	TE			045	X837P-CL-SVC-FAC-COMM-QL	X(02)		
		PER04	Communication Number	AN	1-256	R				045	X837P-CL-SVC-FAC-COMM-NUM	X(256)		
		PER05	Communication Number Qualifier	ID	2-2	S	EX			045	X837P-CL-SVC-FAC-COMM-QL	X(02)		
		PER06	Communication Number	AN	1-256	S				045	X837P-CL-SVC-FAC-COMM-NUM	X(256)		
		PER07	Communication Number Qualifier	ID	2-2	N/U								
		PER08	Communication Number	AN	1-256	N/U								
		PER09	Contact Inquiry Reference	AN	1-20	N/U								
2310D	**1**													
NM1	**1**		**SUPERVISING PROVIDER NAME**			**S**		Loop Change		046	**LOOP 2310D, SEGMENT NM1 (SUPRVISING PROVIDER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	DQ			046	X837P-CL-SUPR-ENTY-CD	X(03)	X837P-SUPR-PROV-ENTITY-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1			046	X837P-CL-SUPR-ENTY-TYP	X(01)	X837P-SUPR-PROV-ENTITY-TYPE	X(01)
		NM103	Supervsing Provider Last Name	AN	1-60	R		Increase from 35 - 60		046	X837P-CL-SUPR-NM-LST	X(60)	X837P-SUPR-PROV-NAME-LAST	X(35)
		NM104	Supervsing Provider First Name	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational		046	X837P-CL-SUPR-NM-FST	X(35)	X837P-SUPR-PROV-NAME-FIRST	X(25)
		NM105	Supervsing Provider Middle Name	AN	1-25	S				046	X837P-CL-SUPR-NM-MID	X(25)	X837P-SUPR-PROV-NAME-MIDDLE	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Supervsing Provider Name Suffix	AN	1-10	S				046	X837P-CL-SUPR-SFX	X(10)	X837P-SUPR-PROV-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		046	X837P-CL-SUPR-QL	X(02)	X837P-SUPR-PROV-ID-QUAL	X(02)
		NM109	Supervsing Provider Identifier	AN	2-80	S				046	X837P-CL-SUPR-ID	X(80)	X837P-SUPR-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 but NU						
REF	**4**		**SUPERVISING PROVIDER SECONDARY IDENTIFIER**			**S**		Loop Change		046	**LOOP 2310D, SEGMENT REF (SUPRVISING PROVIDER SECONDARY IDENTIFIER)**			OCCURS 5 TIMES

		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Deleted		046	X837P-CL-SUPR-SEC-QL	X(03)	X837P-CLM-SUPR-PROV-ID-2-QUAL	X(03)
		REF02	Supervising Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50		046	X837P-CL-SUPR-SEC-ID	X(50)	X837P-CLM-SUPR-PROV-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU						
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
2310E	**1**												X837P-ACS-EDI-TRACE-NUM	X(23)
NM1	**1**		**AMBULANCE PICK UP LOCATION**			**S**		New Segment		047	**LOOP 2310E, SEGMENT NM1 (AMBULANCE PICK UP LOCATION)**			
		NM101	Entity Identifier Code	ID	2-3	R	PW			047	X837P-CL-AMB-PKUP-ENTY-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	2			047	X837P-CL-AMB-PKUP-ENTY-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	Identification Code	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								
N3	**1**		**AMBULANCE PICK UP LOCATION ADDRESS**			**R**		New Segment		047	**LOOP 2310E, SEGMENT N3 (AMBULANCE PICK UP LOCATION ADDRESS)**			
		N301	Ambulance Pick Up Address Line	AN	1-55	R				047	X837P-CL-AMB-PKUP-ADDR1	X(55)		
		N302	Ambulance Pick Up Address Line	AN	1-55	S				047	X837P-CL-AMB-PKUP-ADDR2	X(55)		
N4	**1**		**AMBULANCE PICK UP LOCATION CITY/STATE/ZIP**			**R**		New Segment		047	**LOOP 2310E, SEGMENT N4 (AMBULANCE PICK UP LOCATION CITY,STATE,ZIP)**			
		N401	Ambulance Pick Up City Name	AN	2-30	R				047	X837P-CL-AMB-PKUP-CITY	X(30)		
		N402	Ambulance Pick Up State or Province Code	ID	2-2	S				047	X837P-CL-AMB-PKUP-ST	X(02)		
		N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S				047	X837P-CL-AMB-PKUP-ZIP	X(15)		
		N404	Ambulance Pick Up Country Code	ID	2-3	S				047	X837P-CL-AMB-PKUP-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				047	X837P-CL-AMB-PKUP-CNTRY-SUB	X(03)		
2310F	**1**													
NM1	**1**		**AMBULANCE DROP OFF LOCATION**			**S**		New Segment		048	**LOOP 2310F, SEGMENT NM1 (AMBULANCE DROP OFF LOCATION)**			
		NM101	Entity Identifier Code	ID	2-3	R	45			048	X837P-CL-AMB-DROPOFF-ENTY-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	2			048	X837P-CL-AMB-DROPOFF-ENTY-TYP	X(01)		
		NM103	Ambulance Drop Off Location	AN	1-60	S				048	X837P-CL-AMB-DROPOFF-ENTY-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	N/U								
		NM109	Identification Code	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								
N3	**1**		**AMBULANCE DROP OFF LOCATION ADDRESS**			**R**		New Segment		048	**LOOP 2310F, SEGMENT NM1 (AMBULANCE DROP OFF LOCATION ADDRESS)**			

		N301	Ambulance Drop Off Address Line	AN	1-55	R				048	X837P-CL-AMB-DROPOFF-ADDR1	X(55)			
		N302	Ambulance Drop Off Address Line	AN	1-55	S				048	X837P-CL-AMB-DROPOFF-ADDR2	X(55)			
N4	**1**		**AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP**			**R**		New Segment		048	**LOOP 2310F, SEGMENT NM1 (AMBULANCE DROP OFF CITY,STATE,ZIP)**				
		N401	Ambulance Drop Off City Name	AN	2-30	R				048	X837P-CL-AMB-DROPOFF-CITY	X(30)			
		N402	Ambulance Drop Off State or Province Code	ID	2-2	S				048	X837P-CL-AMB-DROPOFF-ST	X(02)			
		N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S				048	X837P-CL-AMB-DROPOFF-ZIP	X(15)			
		N404	Ambulance Drop Off Country Code	ID	2-3	S				048	X837P-CL-AMB-DROPOFF-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				048	X837P-CL-AMB-DROPOFF-CNTRY-SUB	X(03)			
2320	**10**														
SBR	**1**		**OTHER SUBSCRIBER INFORMATION**			**S**			**Required , 1st occurance should always indicate the CCO Payer and 2nd occurance (if any) should indicate other payers like TPL etc.**	050	**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)	050	X837P-CL-PYR-SEQ-NUM	X(01)	X837P-PAYER-SEQ-NUM	X(01)	
		SBR02	Indivdual Relationship Code	ID	2-2	R	01, 18, 19, 20, 21, 39, 40, 53, G8	Code Deleted		050	X837P-CL-INDIV-RELATIONSHIP-CD	X(02)	X837P-INDIV-RELATIONSHIP-CODE	X(02)	
		SBR03	Insured Group or Policy Number	AN	1-50	S		Increase from 30 - 50		050	X837P-CL-OTH-SUBS-POLICY-NUM	X(50)	X837P-OTHR-SUBS-POLICY-NUM	X(30)	
		SBR04	Other Insured Group Name	AN	1-60	S				050	X837P-CL-OTH-SUBS-PLAN-NM	X(60)	X837P-OTHR-SUBS-PLAN-NAME	X(60)	
		SBR05	Insurance Type Code	ID	1-3	S	12, 13, 14, 15, 16, 41, 42, 43, 47	Code Change Usage changed to Situational		050	X837P-CL-OTH-SUBS-INS-TYP-CD	X(03)	X837P-OTHR-SUBS-INS-TYPE-CD	X(03)	
		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, WC, ZZ	Code Change	Use a value of 'ZZ' to identify CCO payer Use a value of 'CI' to identify TPL Payer	050	X837P-CL-OTH-SUBS-FIL-IND	X(02)	X837P-OTHR-SUBS-FILING-IND	X(02)	
CAS	**5**		**CLAIM LEVEL ADJUSTMENTS**			**S**			**Situational, Required at Line lvl, when submitting CCO Denied Encounter / reporting any TPL or adjustments**	060	**LOOP 2320, SEGMENT CAS (OTHER SUBSCRIBER CLAIM LEVEL ADJUSTMENTS)**				
		CAS01	Claim Adjustment Group Code	ID	1-2	R	CO, CR, OA, PI, PR			060	X837P-CL-ADJ-GROUP-CD	X(02)			
		CAS02	Adjustment Reason Code	ID	1-5	R				060	X837P-CL-ADJ-REASON-CD	X(05)			
		CAS03	Adjustment Amount S9(7)V99	R	1-18	R				060	X837P-CL-ADJ-AMT	S9(16)V99			
		CAS04	Adjustment Quantity 9(7)	R	1-15	S				060	X837P-CL-ADJ-UNITS	S9(10)V9(5)			
		CAS05	Adjustment Reason Code	ID	1-5	S				060	X837P-CL-ADJ-REASON-CD	X(05)			
		CAS06	Adjustment Amount S9(7)V99	R	1-18	S				060	X837P-CL-ADJ-AMT	S9(16)V99			
		CAS07	Adjustment Quantity 9(7)	R	1-15	S				060	X837P-CL-ADJ-UNITS	S9(10)V9(5)			
		CAS08	Adjustment Reason Code	ID	1-5	S				060	X837P-CL-ADJ-REASON-CD	X(05)			
		CAS09	Adjustment Amount S9(7)V99	R	1-18	S				060	X837P-CL-ADJ-AMT	S9(16)V99			
		CAS10	Adjustment Quantity 9(7)	R	1-15	S				060	X837P-CL-ADJ-UNITS	S9(10)V9(5)			
		CAS11	Adjustment Reason Code	ID	1-5	S				060	X837P-CL-ADJ-REASON-CD	X(06)			
		CAS12	Adjustment Amount S9(7)V99	R	1-18	S				060	X837P-CL-ADJ-AMT	S9(16)V99			
		CAS13	Adjustment Quantity 9(7)	R	1-15	S				060	X837P-CL-ADJ-UNITS	S9(10)V9(5)			
		CAS14	Adjustment Reason Code	ID	1-5	S				060	X837P-CL-ADJ-REASON-CD	X(06)			
		CAS15	Adjustment Amount S9(7)V99	R	1-18	S				060	X837P-CL-ADJ-AMT	S9(16)V99			
		CAS16	Adjustment Quantity 9(7)	R	1-15	S				060	X837P-CL-ADJ-UNITS	S9(10)V9(5)			
		CAS17	Adjustment Reason Code	ID	1-5	S				060	X837P-CL-ADJ-REASON-CD	X(05)			
		CAS18	Adjustment Amount S9(7)V99	R	1-18	S				060	X837P-CL-ADJ-AMT	S9(16)V99			
		CAS19	Adjustment Quantity 9(7)	R	1-15	S				060	X837P-CL-ADJ-UNITS	S9(10)V9(5)			
AMT	**1**		**COB PAYER PAID AMOUNT**			**S**			**Required**	050	**LOOP 2320, SEGMENT AMT (COORDINATION OF BENEFITS PAYER PAID AMOUNT)**				

		AMT01	Amount Qualifier Code	ID	1-3	R	D			050	X837P-CL-COB-PYR-PD-AMT-CD	X(03)	X837P-COB-PAYER-PAID-AMT-CODE	X(03)
		AMT02	Payer Paid Amount S9(7)V99	R	1-18	R			"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)."	050	X837P-CL-COB-PYR-PD-AMT	S9(16)V99	X837P-COB-PAYER-PAID-AMT	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
~~AMT~~	1		~~COB APPROVED AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB APPROVED AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB APPROVED AMT)~~	
		~~AMT~~	**~~COB TOTAL NON-COVERED AMOUNT~~**		1	S		New Segment		050	**LOOP 2320, SEGMENT AMT (COORDINATION OF BENEFITS TOTAL NON-COVERED AMOUNT)**			
		AMT01	Amount Qualifier Code	ID	1-3	R	A8			050	X837P-CL-COB-NON-CVRD-QL	X(03)		
		AMT02	Non-Covered Amount S9(7)V99	R	1-18	R				050	X837P-CL-COB-NON-CVRD-AMT	S9(16)V99		
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
~~AMT~~	1		~~COB ALLOWED AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB ALLOWED AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB ALLOWED AMT)~~	
~~AMT~~	1		**REMAINING PATIENT LIABILITY**			S		New Segment		050	**LOOP 2320, SEGMENT AMT (REMAINING PATIENT LIABILITY)**			
		AMT01	Amount Qualifier Code	ID	1-3	R	EAF			050	X837P-CL-REMAIN-PAT-QL	X(03)		
		AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R				050	X837P-CL-REMAIN-PAT-AMT	S9(16)V99		
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
~~AMT~~	1		~~COB PATIENT RESPONSIBILITY AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB PATIENT RESPONSIBILITY AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB PATIENT RESPONSIBILITY AMT)~~	
~~AMT~~	1		~~COB COVERED AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB COVERED AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB COVERED AMT)~~	
~~AMT~~	1		~~COB DISCOUNT AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB DISCOUNT AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB DISCOUNT AMT)~~	
~~AMT~~	1		~~COB PER DAY LIMIT AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB PER DAY LIMIT AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB PER DAY LIMIT AMT)~~	
~~AMT~~	1		~~COB PATIENT PAID AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB PATIENT PAID AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB PATIENT PAID AMT)~~	
~~AMT~~	1		~~COB TAX AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB TAX AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB TAX AMT)~~	
~~AMT~~	1		~~COB TOTAL CLAIM BEFORE TAXES AMOUNT~~			S		Segment Deleted			**LOOP 2320, ~~SEGMENT AMT (COB TOTAL CLM BEFORE TAXES AMT)~~**		~~LOOP 2320, SEGMENT AMT (COB TOTAL CLM BEFORE TAXES AMT)~~	
DMG	1		**~~SUBSCRIBER DEMOGRAPHIC INFORMATION~~**			S		Segment Deleted			**~~LOOP 2320, SEGMENT DMG (OTHER SUBSCR DEMOGRAPHIC INFO)~~**		~~LOOP 2320, SEGMENT DMG (OTHER SUBSCR DEMOGRAPHIC INFO)~~	
OI	1		**INSURANCE COVERAGE INFORMATION**			R				050	**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		050	X837P-CL-ASSIGN-OF-BENE-IND	X(01)	X837P-ASSIGNMENT-OF-BENE-IND	X(01)
		OI04	Patient Signature Source Code	ID	1-1	S	P	Code Deleted		050	X837P-CL-PAT-SIGNATURE-SOURCE	X(01)	X837P-PAT-SIGNATURE-SOURCE	X(01)
		OI05	Provider Agreement Code	ID	1-1	N/U								
		OI06	Release of Information Code	ID	1-1	R	I, Y	Code Deleted		050	X837P-CL-RELEASE-OF-INFO-CD	X(01)	X837P-RELEASE-OF-INFO-CODE	X(01)
MOA	1		**MEDICARE OUTPATIENT ADJUDICATION INFORMATION**			S				050	**LOOP 2320, SEGMENT MOA (MEDICARE OUTPATIENT ADJUDICATION INFORMATION)**			
		MOA01	Reimbursement Rate 9(3)V99	R	1-10	S				050	X837P-CL-OP-REIMB-RATE	S9(5)V9(4)	X837P-OP-REIMBURSEMENT-RATE	S9(5)V9(4)
		MOA02	HCPCS Payable Amount S9(7)V99	R	1-18	S				050	X837P-CL-HCPCS-PAY-AMT	S9(16)V99	X837P-HCPCS-PAYABLE-AMT	S9(16)V99
		MOA03	Remark Code	AN	1-50	S		Increase from 30 - 50		050	X837P-CL-MCR-REMARK-CD	X(50)	X837P-MCARE-REMARK-CODE	X(30)

		MOA04	Remark Code	AN	1-50	S		Increase from 30 - 50		050	X837P-CL-MCR-REMARK-CD	X(50)	X837P-MCARE-REMARK-CODE	X(30)	
		MOA05	Remark Code	AN	1-50	S		Increase from 30 - 50		050	X837P-CL-MCR-REMARK-CD	X(50)	X837P-MCARE-REMARK-CODE	X(30)	
		MOA06	Remark Code	AN	1-50	S		Increase from 30 - 50		050	X837P-CL-MCR-REMARK-CD	X(50)	X837P-MCARE-REMARK-CODE	X(30)	
		MOA07	Remark Code	AN	1-50	S		Increase from 30 - 50		050	X837P-CL-MCR-REMARK-CD	X(50)	X837P-MCARE-REMARK-CODE	X(30)	
		MOA08	End Stage Renal Disease Payment Amount S9(7)V99	R	1-18	S				050	X837P-CL-ESRD-PD-AMT	S9(16)V99	X837P-ESRD-PAID-AMT	S9(16)V99	
		MOA09	Non-Payable Professional Component Billed Amount S9(7)V99	R	1-18	S				050	X837P-CL-PRO-COMPONENT	S9(16)V99	X837P-PROFESSIONAL-COMPONENT	S9(16)V99	
2330A	**1**														
NM1	**1**		**OTHER SUBSCRIBER NAME**			**R**				051	**LOOP 2330A, SEGMENT NM1 (OTHER SUBSCRIBER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	IL			051	X837P-CL-OTH-SUBS-ENTY-CD	X(03)	X837P-OTHR-SUBS-ENTITY-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			051	X837P-CL-OTH-SUBS-ENTY-TYP	X(01)	X837P-OTHR-SUBS-ENTITY-TYPE	X(01)	
		NM103	Other Insured Last Name	AN	1-60	R		Increase from 35 - 60		051	X837P-CL-OTH-SUBS-NM-LST	X(60)	X837P-OTHR-SUBS-NAME-LAST	X(35)	
		NM104	Other Insured First Name	AN	1-35	S		Increase from 25 - 35		051	X837P-CL-OTH-SUBS-NM-FST	X(35)	X837P-OTHR-SUBS-NAME-FIRST	X(25)	
		NM105	Other Insured Middle Name	AN	1-25	S				051	X837P-CL-OTH-SUBS-NM-MID	X(25)	X837P-OTHR-SUBS-NAME-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Other Insured Name Suffix	AN	1-10	S				051	X837P-CL-OTH-SUBS-SFX	X(10)	X837P-OTHR-SUBS-SFX	X(10)	
		NM108	Identification Code Qualifier	ID	1-2	R	II, MI	Code Change		051	X837P-CL-OTH-SUBS-QL	X(02)	X837P-OTHR-SUBS-ID-QUAL	X(02)	
		NM109	Other Insured Identifier	AN	2-80	R				051	X837P-CL-OTH-SUBS-ID	X(80)	X837P-OTHR-SUBS-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 but NU							
N3	**1**		**OTHER SUBSCRIBER ADDRESS**			**S**				051	**LOOP 2330A, SEGMENT N3 (OTHER SUBSCRIBER ADDRESS)**				
		N301	Other Insured Address Line	AN	1-55	R				051	X837P-CL-OTH-SUBS-ADDR1	X(55)	X837P-OTHR-SUBS-ADDR1	X(55)	
		N302	Other Insured Address Line	AN	1-55	S				051	X837P-CL-OTH-SUBS-ADDR2	X(55)	X837P-OTHR-SUBS-ADDR2	X(55)	
N4	**1**		**OTHER SUBSCRIBER CITY/STATE/ZIP CODE**			**S**		Usage changed to Required		051	**LOOP 2330A, SEGMENT N4 (OTHER SUBSCRIBER CITY, STATE, ZIP)**				
		N401	Other Insured City Name	AN	2-30	R		Usage changed to Required		051	X837P-CL-OTH-SUBS-CITY	X(30)	X837P-OTHR-SUBS-CITY	X(30)	
		N402	Other Insured State Code	ID	2-2	S				051	X837P-CL-OTH-SUBS-ST	X(02)	X837P-OTHR-SUBS-STATE-CODE	X(02)	
		N403	Other Insured Postal Zone or ZIP Code	ID	3-15	S				051	X837P-CL-OTH-SUBS-ZIP	X(15)	X837P-OTHR-SUBS-ZIP-CODE	X(15)	
		N404	Subscriber Country Code	ID	2-3	S				051	X837P-CL-OTH-SUBS-CNTRY	X(03)	X837P-OTHR-SUBS-COUNTRY-CODE	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		051	X837P-CL-OTH-SUBS-CNTRY-SUB	X(03)			
REF	**1**		**OTHER SUBSCRIBER SECONDARY IDENTIFICATION**			**S**				051	**LOOP 2330A, SEGMENT REF (OTHER SUBSCRIBER SECONDARY IDENTIFICATION)**		OCCURS 3 TIMES		
		REF01	Reference Identification Qualifier	ID	2-3	R	SY	Code Deleted		051	X837P-CL-OTH-SUBS-SEC-QL	X(03)	X837P-OTHR-SUBS-ID-2-QUAL	X(03)	
		REF02	Other Insured Additional Identifier	AN	1-50	R		Increase from 30 - 50		051	X837P-CL-OTH-SUBS-SEC-ID	X(50)	X837P-OTHR-SUBS-ID-2	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
2330B	**1**														
NM1	**1**		**OTHER PAYER NAME**			**R**				052	**LOOP 2330B, SEGMENT NM1 (OTHER PAYER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	PR			052	X837P-CL-OTH-PYR-ENTY-CD	X(03)	X837P-OTHR-PAYER-ENTITY-CODE	X(03)	

		NM102	Entity Type Qualifier	ID	1-1	R	2				052	X837P-CLM-OTH-PYR-ENTY-TYP	X(01)	X837P-OTHR-PAYER-ENTITY-TYPE	X(01)
		NM103	Other Payer Last or Organization Name	AN	1-60	R		Increase from 35 - 60			052	X837P-CL-OTH-PYR-NM	X(60)	X837P-OTHR-PAYER-NAME	X(35)
		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		Value is PI		052	X837P-CL-OTH-PYR-QL	X(02)	X837P-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.		052	X837P-CL-OTH-PYR-ID	X(80)	X837P-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 but NU							
N3	**1**		**OTHER PAYER ADDRESS**			**S**		New Segment			052	**LOOP 2330B, SEGMENT N3 (OTHER PAYER ADDRESS)**			
		N301	Other Payer Address Line	AN	1-55	R					052	X837P-CL-OTH-PYR-ADDR1	X(55)		
		N302	Other Payer Address Line	AN	1-55	S					052	X837P-CL-OTH-PYR-ADDR2	X(55)		
N4	**1**		**OTHER PAYER CITY/STATE/ZIP CODE**			**S**		New Segment			052	**LOOP 2330B, SEGMENT N4 (OTHER PAYER CITY,STATE,ZIP)**			
		N401	Other Payer City Name	AN	2-30	R					052	X837P-CL-OTH-PYR-CITY	X(30)		
		N402	Other Payer State Code	ID	2-2	S					052	X837P-CL-OTH-PYR-ST	X(02)		
		N403	Other Payer Postal Zone or ZIP Code	ID	3-15	S					052	X837P-CL-OTH-PYR-ZIP	X(15)		
		N404	Other Payer Country Code	ID	2-3	S					052	X837P-CL-OTH-PYR-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					052	X837P-CL-OTH-PYR-CNTRY-SUB	X(03)		
PER	**2**		**~~OTHER PAYER CONTACT INFORMATION~~**			**S**		**Segment Deleted**				**~~LOOP 2330B, SEGMENT PER (OTHER PAYER CONTACT INFO)~~**		~~LOOP 2330B, SEGMENT PER (OTHER PAYER CONTACT INFO)~~	~~OCCURS 2 TIMES~~
DTP	**1**		**~~CLAIM ADJUDICATION DATE~~**			**S**		**Segment Deleted**				**~~LOOP 2330B, SEGMENT DTP (OTHER PAYER CLM ADJUDICATION DATE)~~**		~~LOOP 2330B, SEGMENT DTP (OTHER PAYER CLM ADJUDICATION DATE)~~	
DTP	**1**		**DATE - CLAIM CHECK OR REMITTANCE DATE**			**S**		New Segment	**Required**		052	**LOOP 2330B, SEGMENT DTP (CLAIM CHECK OR REMITTANCE DATE)**			
		DTP01	Date Time Qualifier	ID	3-3	R	573				052	X837P-CL-OTH-PYR-CLM-CHKRMT-CD	X(03)		
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8				052	X837P-CL-OTH-PYR-CLM-CHKRMT-QL	X(03)		
		DTP03	Adjudication or Payment Date	AN	1-35	R	CCYYMMDD		Value is CCO Claim Paid date		052	X837P-CL-OTH-PYR-CLM-CHKRMT-DT	X(35)		
REF	**2**		**OTHER PAYER SECONDARY IDENTIFIER**			**S**		Name Change			052	**LOOP 2330B, SEGMENT REF (OTHER PAYER SECONDARY IDENTIFIER)**		OCCURS 2 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	2U, EI, FY, NF	Code Deleted			052	X837P-CL-OTH-PYR-SEC-QL	X(03)	X837P-OTHR-PAYER-ID-2-QUAL	X(03)
		REF02	Other Payer Secondary Identifier	AN	1-50	R		Increase from 30 - 50			052	X837P-CL-OTH-PYR-SEC-ID	X(50)	X837P-OTHR-PAYER-ID-2	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**OTHER PAYER PRIOR AUTHORIZATION NUMBER**			**S**		Name Change	Please report, if there any PA number.		052	**LOOP 2330B, SEGMENT REF (OTHER PAYER PRIOR AUTHORIZATION NUMBER)**		OCCURS 2 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	G1	Code Deleted			052	X837P-CL-OTH-PYR-PA-IND	X(03)	X837P-OTHR-PAYER-PA-REF-IND	X(03)
		REF02	Other Payer Prior Authorization Number	AN	1-50	R		Increase from 30 - 50			052	X837P-CL-OTH-PYR-PA-NUM	X(50)	X837P-OTHR-PAYER-PA-REF-NUM	X(30)

		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**OTHER PAYER REFERRAL NUMBER**			**S**		New Segment			052	**LOOP 2330B, SEGMENT REF (OTHER PAYER REFERRAL NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9F				052	X837P-CL-OTH-PYR-REFR-QL	X(03)		
		REF02	Other Payer Referral Number	AN	1-50	R					052	X837P-CL-OTH-PYR-REFR-NUM	X(50)		
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U									
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U									
		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									
REF	**1**		**OTHER PAYER CLAIM ADJUSTMENT INDICATOR**			**S**					052	**LOOP 2330B, SEGMENT REF (OTHER PAYER CLAIM ADJUSTMENT INDICATOR)**		OCCURS 2 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	T4				052	X837P-CL-OTH-PYR-ADJ-QL	X(03)	X837P-OTHR-PAYER-ADJ-QUAL	X(03)
		REF02	Other Payer Claim Adjustment Indicator	AN	1-50	R		Code Deleted Increase from 30 - 50			052	X837P-CL-OTH-PYR-ADJ-IND	X(50)	X837P-OTHR-PAYER-ADJ-IND	X(30)
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
~~NM1~~	**~~1~~**		**~~OTHER PAYER PATIENT INFORMATION~~**			**S**		**Segment Deleted**				**~~LOOP 2330C, SEGMENT NM1 (OTHER PAYER PATIENT INFO)~~**		~~LOOP 2330C, SEGMENT NM1 (OTHER PAYER PATIENT INFO)~~	
REF	**1**		**OTHER PAYER CLAIM CONTROL NUMBER**			**S**		New Segment	**Required**		052	**LOOP 2330B, SEGMENT REF (OTHER PAYER CLAIM CONTROL NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	F8		Value is 'F8'		052	X837P-CL-OTH-PYR-CLM-CNTRL-QL	X(03)		
		REF02	Other Payer Claim Control Number	AN	1-50	R			Submit CCO's claim reference number.		052	X837P-CL-OTH-PYR-CLM-CNTRL-NUM	X(50)		
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U									
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U									
		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									

REF	**3**		**OTHER PAYER PATIENT IDENTIFICATION**			**S**		**Segment Deleted**			**LOOP 2330C, SEGMENT REF (OTHER PAYER PATIENT ID)**		LOOP 2330C, SEGMENT REF (OTHER PAYER PATIENT ID)	OCCURS 3 TIMES
2330C	**2**														
NM1	**1**		**OTHER PAYER REFERRING PROVIDER**			**S**		Loop Change		053	**LOOP 2330C, SEGMENT NM1 (OTHER PAYER REFERRING PROVIDER INFORMATION)**			
		NM101	Entity Identifier Code	ID	2-3	R	DN, P3			053	X837P-CL-OTH-PYR-REFR-CD	X(03)	X837P-OTHR-PYR-REF-PROV-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1	Code Deleted		053	X837P-CL-OTH-PYR-REFR-TYP	X(01)	X837P-OTHR-PYR-REF-PROV-TYPE	X(30)
		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 but NU						
REF	**3**		**OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFIER**			**R**		Loop Change		053	**LOOP 2330C, SEGMENT REF (OTHER PAYER REFERRING PROVIDER SECONDARY IDENTIFICATION)**			OCCURS 3 TIMES
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2	Code Change		053	X837P-CL-OTH-PYR-REFR-SEC-QL	X(03)	X837P-OTHR-PYR-REF-PRV-ID-QUAL	X(03)
		REF02	Other Payer Referring Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50		053	X837P-CL-OTH-PYR-REFR-SEC-ID	X(50)	X837P-OTHR-PYR-REF-PRV-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU						
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
2330D	**1**													
NM1	**1**		**OTHER PAYER RENDERING PROVIDER**			**S**		Loop Change		054	**LOOP 2330D, SEGMENT NM1 (OTHER PAYER RENDERING PROVIDER INFORMATION)**			
		NM101	Entity Identifier Code	ID	2-3	R	82			054	X837P-CL-OTH-PYR-REND-CD	X(03)	X837P-OTHR-PYR-TRT-PROV-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			054	X837P-CL-OTH-PYR-REND-TYP	X(01)	X837P-OTHR-PYR-TRT-PROV-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 but NU						
REF	**3**		**OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFIER**			**R**		Loop Change Name Change		054	**LOOP 2330D, SEGMENT REF (OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 3 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU	Code Change		054	X837P-CL-OTH-PYR-REND-SEC-QL	X(03)	X837P-OTHR-PYR-TRT-PRV-ID-QUAL	X(03)
		REF02	Other Payer Rendering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50		054	X837P-CL-OTH-PYR-REND-SEC-ID	X(50)	X837P-OTHR-PYR-TRT-PRV-ID	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			N/U								

		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
2330E	**1**														
NM1	**1**		**OTHER PAYER SERVICE FACILITY LOCATION**			**S**		New Segment		055	**LOOP 2330E, SEGMENT NM1 (OTHER PAYER SERVICE FACILITY LOCATION)**				
		NM101	Entity Identifier Code	ID	2-3	R	77			055	X837P-CL-OTH-PYR-SVC-FAC-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	2			055	X837P-CL-OTH-PYR-SVC-FAC-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	**3**		**SERVICE FACILITY LOCATION SECONDARY IDENTIFIER**			**R**		New Segment		055	**LOOP 2330E, SEGMENT REF (OTHER PAYER SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, G2, LU			055	X837P-CL-OTH-PYR-FAC-SEC-QL	X(03)			
		REF02	Other Payer Service Facility Location Secondary Identifier	AN	1-50	R				055	X837P-CL-OTH-PYR-FAC-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U									
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U									
		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 PAYER PURCHASED SERVICE PROVIDER**			**S**		**Segment Deleted**			**LOOP 2330F, SEGMENT NM1 (OTHER PAYER PURCH SVC PROV INFO)**			LOOP 2330F, SEGMENT NM1 (OTHER PAYER PURCH SVC PROV INFO)	
REF	**3**		**OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION**			**R**		**Segment Deleted**			**LOOP 2330F, SEGMENT REF (OTHER PAYER PURCHASED SVC PROV ID)**			LOOP 2330F, SEGMENT REF (OTHER PAYER PURCHASED SVC PROV ID)	OCCURS 3 TIMES
2330F	**1**														
NM1	**1**		**OTHER PAYER SUPERVISING PROVIDER**			**S**		New Segment		056	**LOOP 2330F, SEGMENT NM1 (OTHER PAYER SUPERVISING PROVIDER)**				
		NM101	Entity Identifier Code	ID	2-3	R	DQ			056	X837P-CL-OTH-PYR-SUPR-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	1			056	X837P-CL-OTH-PYR-SUPR-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	**3**		**OTHER PAYER SUPERVISING PROVIDER SECONDARY IDENTIFICATION**			**R**		New Segment		056	**LOOP 2330F, SEGMENT REF (OTHER PAYER PROVIDER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	0B, 1G, G2, LU			056	X837P-CL-OTH-PYR-SUPR-SEC-QL	X(03)			
		REF02	Other Payer Supervising Provider Secondary Identifier	AN	1-50	R				056	X837P-CL-OTH-PYR-SUPR-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U									
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U									
		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 PAYER SERVICE FACILITY LOCATION**~~			**S**		**Segment Deleted**			~~**LOOP 2330G, SEGMENT NM1 (OTHER PAYER SVC FACILITY LOC)**~~		~~LOOP 2330G, SEGMENT NM1 (OTHER PAYER SVC FACILITY LOC)~~		
REF	**3**		~~**SERVICE FACILITY LOCATION**~~			**R**		**Segment Deleted**			~~**LOOP 2330G, SEGMENT REF (OTHER PAYER SVC FACILITY LOC ID)**~~		~~LOOP 2330G, SEGMENT REF (OTHER PAYER SVC FACILITY LOC ID)~~		~~OCCURS 3 TIMES~~
2330G	**1**														
NM1	**1**		**OTHER PAYER BILLING PROVIDER**			**S**		New Segment		057	**LOOP 2330G, SEGMENT NM1 (OTHER PAYER BILLING PROVIDER)**				
		NM101	Entity Identifier Code	ID	2-3	R	85			057	X837P-CL-OTH-PYR-BILL-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			057	X837P-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**		**BILLING PROVIDER SECONDARY IDENTIFICATION**			**R**		New Segment		057	**LOOP 2330G, SEGMENT REF (OTHER PAYER BILLING PROVIDER SECONDARY IDENTIFICATION)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU			057	X837P-CL-OTH-PYR-BILL-SEC-QL	X(03)			
		REF02	Other Payer Billing Provider Secondary Identification	AN	1-50	R				057	X837P-CL-OTH-PYR-BILL-SEC-ID	X(50)			
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U									
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U									
		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 PAYER SUPERVISING PROVIDER~~**			**S**		**Segment Deleted**			**LOOP 2330H, SEGMENT NM1 (~~OTHER PAYER SUPRV PROV INFO~~)**		**~~LOOP 2330H, SEGMENT NM1 (OTHER PAYER SUPRV PROV INFO)~~**		
REF	**3**		**~~OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION~~**			**R**		**Segment Deleted**			**LOOP 2330H, SEGMENT REF (~~OTHER PAYER SUPRV PROV ID~~)**		~~LOOP 2330H, SEGMENT REF (OTHER PAYER SUPRV PROV ID)~~		~~OCCURS 3 TIMES~~
2400	**50**														
LX	**1**		**SERVICE LINE**			**R**				070	**LOOP 2400, SEGMENT LX (SERVICE LINE)**				
		LX01	Assigned Number	N0	1-6	R				070	X837P-LI-ASSIGN-NUM	S9(6)	X837P-LI-ASSIGNED-NUM	S9(6)	
SV1	**1**		**PROFESSIONAL SERVICE**			**R**					**LOOP 2400, SEGMENT SV1 (PROFESSIONAL SERVICE)**				
		SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER							070					
		SV101-1	Product or Service ID Qualifier	ID	2-2	R	ER, HC, IV, WK	Code Change	Value is 'HC' for HCPCS codes	070	X837P-LI-SVC-QL	X(02)	X837P-LI-SVC-ID-QUAL	X(02)	
		SV101-2	Procedure Code	AN	1-48	R				070	X837P-LI-SVC-ID	X(48)	X837P-LI-SVC-ID	X(48)	
		SV101-3	Procedure Modifier	AN	2-2	R				070	X837P-LI-SVC-MOD-1	X(02)	X837P-LI-SVC-MOD-1	X(02)	
		SV101-4	Procedure Modifier	AN	2-2	S				070	X837P-LI-SVC-MOD-2	X(02)	X837P-LI-SVC-MOD-2	X(02)	
		SV101-5	Procedure Modifier	AN	2-2	S				070	X837P-LI-SVC-MOD-3	X(02)	X837P-LI-SVC-MOD-3	X(02)	
		SV101-6	Procedure Modifier	AN	2-2	S				070	X837P-LI-SVC-MOD-4	X(02)	X837P-LI-SVC-MOD-4	X(02)	
		SV101-7	Description	AN	1-80	S				070	X837P-LI-SVC-DESC	X(80)			
		SV101-8	Product/Service ID	AN	1-48	N/U		New Element but NU							
		SV102	Line Item Charge Amount S9(7)V99	R	1-18	R				070	X837P-LI-SUBMITTED-AMT	S9(16)V99	X837P-LI-SUBMITTED-AMT	S9(16)V99	
		SV103	Unit or Basis for Measurement Code	ID	2-2	R	MJ, UN		Value is 'UN'	070	X837P-LI-UNITS-OF-SVC-TYP	X(02)	X837P-LI-UNITS-OF-SVC-TYPE	X(02)	
		SV104	Service Unit Count "MJ" = 9(4) "UN" = 9(3)V9	R	1-15	R			If decimal units of service are submitted, the system will round it to a whole number. we default it to 1 if empty	070	X837P-LI-UNITS-OF-SVC	S9(10)V9(5)	X837P-LI-UNITS-OF-SVC	S9(10)V9(5)	
		SV105	Place of Service Code	AN	1-2	S				070	X837P-LI-PLACE-OF-SVC	X(02	X837P-LI-PLACE-OF-SVC	X(02)	
		SV106	Service Type Code	ID	1-2	N/U									
		SV107	COMPOSITE DIAGNOSIS CODE POINTER			R		Usage changed to Required	If spaces/zero, then we default it to 1	070					
		SV107-1	Diagnosis Code Pointer	N0	1-2	R				070	X837P-LI-DIAG-PTR-1	9(02)	X837P-LI-DIAG-PTR-1	9(02)	
		SV107-2	Diagnosis Code Pointer	N0	1-2	S				070	X837P-LI-DIAG-PTR-2	9(02)	X837P-LI-DIAG-PTR-2	9(02)	
		SV107-3	Diagnosis Code Pointer	N0	1-2	S				070	X837P-LI-DIAG-PTR-3	9(02)	X837P-LI-DIAG-PTR-3	9(02)	
		SV107-4	Diagnosis Code Pointer	N0	1-2	S				070	X837P-LI-DIAG-PTR-4	9(02)	X837P-LI-DIAG-PTR-4	9(02)	
		SV108	Monetary Amount	R	1-18	N/U									
		SV109	Emergency Indicator	ID	1-1	S	Y			070	X837P-LI-EMERG-IND	X(01)	X837P-LI-EMERG-IND	X(01)	
		SV110	Multiple Procedure Code	ID	1-2	N/U									
		SV111	EPSDT Indicator	ID	1-1	S	Y			070	X837P-LI-EPSDT-IND	X(01)	X837P-LI-EPSDT-IND	X(01)	
		SV112	Family Planning Indicator	ID	1-1	S	Y			070	X837P-LI-FAM-PLANNING-IND	X(01)	X837P-LI-FAM-PLANNING-IND	X(01)	
		SV113	Review Code	ID	1-2	N/U									
		SV114	National or Local Assigned Review Value	AN	1-2	N/U									
		SV115	Co-Pay Status Code	ID	1-1	S	0			070	X837P-LI-COPAY-IND	X(01)	X837P-LI-COPAY-IND	X(01)	
		SV116	Health Care Professional Shortage Area Code	ID	1-1	N/U									
		SV117	Reference Identification	AN	1-30	N/U									
		SV118	Postal Code	ID	3-15	N/U									
		SV119	Monetary Amount	R	1-18	N/U									
		SV120	Level of Care Code	ID	1-1	N/U									
		SV121	Provider Agreement Code	ID	1-1	N/U									
SV5	**1**		**DURABLE MEDICAL EQUIPMENT SERVICE**			**S**				070	**LOOP 2400, SEGMENT SV5 (DURABLE MEDICAL EQUIPMENT 'DME' SERVICE)**				
		SV501	COMPOSITE MEDICAL PROCEDURE			R				070					
		SV501-1	Procedure Identifier	ID	2-2	R				070	X837P-LI-DME-SVC-QL	X(02)	X837P-LI-DME-SVC-ID-QUAL	X(02)	
		SV501-2	Procedure Code	AN	1-48	R				070	X837P-LI-DME-SVC-ID	X(48)	X837P-LI-DME-SVC-ID	X(48)	
		SV501-3	Procedure Modifier	AN	2-2	N/U									
		SV501-4	Procedure Modifier	AN	2-2	N/U									
		SV501-5	Procedure Modifier	AN	2-2	N/U									

		SV501-6	Procedure Modifier	AN	2-2	N/U									
		SV501-7	Desription	AN	1-80	N/U									
		SV501-8	Product/Service ID	AN	1-48	N/U									
		SV502	Unit or Basis for Measurement Code	ID	2-2	R				070	X837P-LI-DME-UNITS-OF-SVC-TYP	X(02)	X837P-LI-DME-UNITS-OF-SVC-TYPE	X(02)	
		SV503	Length of Medical Necessity 9(3)	R	1-15	R	DA			070	X837P-LI-DME-UNITS-OF-SVC	S9(10)V9(5)	X837P-LI-DME-UNITS-OF-SVC	S9(10)V9(5)	
		SV504	DME Rental Price S9(7)V99	R	1-18	R				070	X837P-LI-DME-RENTAL-AMT	S9(16)V9(2)	X837P-LI-DME-RENTAL-AMT	S9(16)V9(2)	
		SV505	DME Purchase Price S9(7)V99	R	1-18	R				070	X837P-LI-DME-PURCH-AMT	S9(16)V9(2)	X837P-LI-DME-PURCHASE-AMT	S9(16)V9(2)	
		SV506	Rental Unit Price Indicator	ID	1-1	R	1, 4, 6			070	X837P-LI-DME-RENTAL-FREQ	X(01)	X837P-LI-DME-RENTAL-FREQ	X(01)	
		SV507	Prognosis Code	ID	1-1	N/U									
PWK	**10**		**LINE SUPPLEMENTAL INFORMATION**			**S**		New Segment		071	**LOOP 2400, SEGMENT PWK (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			071	X837P-LI-SUPL-ATTCH-XMIT-TYP	X(02)			
		PWK02	Attachment Transmission Code	ID	1-2	R	AA, BM, EL, EM, FT, FX			071	X837P-LI-SUPL-ATTCH-XMIT-CD	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			071	X837P-LI-SUPL-ATTCH-QL	X(02)			
		PWK06	Identification Code	AN	2-80	S				071	X837P-LI-SUPL-ATTCH-ID-CD	X(80)			
		PWK07	Description	AN	1-80	N/U									
		PWK08	ACTIONS INDICATED			N/U									
		PWK09	Request Category Code	ID	1-2	N/U									
PWK	**1**		**DURABLE MEDICAL EQUIPMENT CERTIFICATE OF MEDICAL NECESSITY INDICATOR**			**S**				070	**LOOP 2400, SEGMENT PWK DURABLE MEDICAL EQUIPMENT 'DME' CERTIFICATE OF MEDICAL NECESSITY 'CMN' INDICATOR**				
		PWK01	Attachment Report Type Code	ID	2-2	R	CT			070	X837P-LI-ATTCH-XMIT-TYP	X(02)	X837P-LI-ATTCH-TRANSMIT-TYPE	X(02)	
		PWK02	Attachment Transmission Code	ID	1-2	R	AB, AD, AF, AG, NS			070	X837P-LI-ATTCH-XMIT-CD	X(02)	X837P-LI-ATTCH-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	N/U									
		PWK06	Identification Code	AN	2-80	N/U									
		PWK07	Description	AN	1-80	N/U									
		PWK08	ACTIONS INDICATED			N/U									
		PWK09	Request Category Code	ID	1-2	N/U									
CR1	**1**		**AMBULANCE TRANSPORT INFORMATION**			**S**				070	**LOOP 2400, SEGMENT CR1 (AMBULANCE TRANSPORT INFORMATION)**				
		CR101	Unit or Basis for Measurement Code	ID	2-2	S	LB			070	X837P-LI-AMB-PAT-WEIGHT-CD	X(02)	X837P-AMB-PAT-WEIGHT-CODE	X(02)	
		CR102	Patient Weight 9(3)	R	1-10	S				070	X837P-LI-AMB-PAT-WEIGHT	S9(6)V9(4)	X837P-AMB-PAT-WEIGHT	S9(6)V9(4)	
		CR103	Ambulance Transport Code	ID	1-1	N/U		Code Deleted Usage changed to Not Used					~~X837P-AMB-TRANSPORT-CODE~~	~~X(01)~~	
		CR104	Ambulance Transport Reason Code	ID	1-1	R	A, B, C, D, E			070	X837P-LI-AMB-TRSPRT-REASON	X(01	X837P-AMB-TRANSPORT-REASON	X(01)	
		CR105	Unit or Basis for Measurement Code	ID	2-2	R	DH			070	X837P-LI-AMB-DISTANCE-CD	X(02)	X837P-AMB-DISTANCE-CODE	X(02)	
		CR106	Transport Distance 9(4)	R	1-15	R				070	X837P-LI-AMB-DISTANCE	S9(10)V9(5)	X837P-AMB-DISTANCE	S9(10)V9(5)	
		CR107	Address Information	AN	1-55	N/U									

		CR108	Address Information	AN	1-55	N/U									
		CR109	Round Trip Purpose Description	AN	1-80	S				070	X837P-LI-AMB-RND-TRIP-PURPOSE	X(80)		X837P-AMB-ROUND-TRIP-PURPOSE	X(80)
		CR110	Stretcher Purpose Description	AN	1-80	S				070	X837P-LI-AMB-STRETCHER-PURPOSE	X(80)		X837P-AMB-STRETCHER-PURPOSE	X(80)
CR2	**5**		**~~SPINAL~~ ~~MANIPULATION~~ SERVICE ~~INFORMATION~~**			**S**		**Segment Deleted**			**~~LOOP 2400, SEGMENT CR2 (SPINAL MANIPULATION CERTIFICATION)~~**			~~LOOP 2400, SEGMENT CR2 (SPINAL MANIPULATION CERTIFICATION)~~	~~OCCURS 5 TIMES~~
			DURABLE MEDICAL EQUIPMENT CERTIFICATION												
CR3	**1**					**S**				070	**LOOP 2400, SEGMENT CR3 (DURABLE MEDICAL EQUIPMENT 'DME' CERTIFICATION)**				
		CR301	Certification Type Code	ID	1-1	R	I,R,S			070	X837P-LI-DME-CERT-TYP	X(01)		X837P-LI-DME-CERT-TYPE	X(01)
		CR302	Unit or Basis for Measurement Code	ID	2-2	R	MO			070	X837P-LI-DME-CERT-CD	X(02)		X837P-LI-DME-CERT-CODE	X(02)
		CR303	Durable Medical Equipment Duration 9(2)	R	1-15	R				070	X837P-LI-DME-DURATION	S9(10)V9(5)		X837P-LI-DME-DURATION	S9(10)V9(5)
		CR304	Insulin Dependent Code	ID	1-1	N/U									
		CR305	Description	AN	1-80	N/U									
CR5	**1**		**HOME OXYGEN THERAPY INFORMATION**			**S**		**Segment Deleted**			**~~LOOP 2400, SEGMENT CR5 (HOME OXYGEN THERAPY INFO)~~**			~~LOOP 2400, SEGMENT CR5 (HOME OXYGEN THERAPY INFO)~~	
CRC	**3**		**AMBULANCE CERTIFICATION**			**S**				070	**LOOP 2400, SEGMENT CRC (AMBULANCE CERTIFICATION)**				
		CRC01	Code Category	ID	2-2	R	07			070	X837P-LI-AMB-CERT-CAT	X(02)		X837P-LI-AMB-CERT-CATEGORY	X(02)
		CRC02	Certification Condition Indicator	ID	1-1	R	N, Y			070	X837P-LI-AMB-CERT-CD-IND	X(01)		X837P-LI-AMB-CERT-CODE-IND	X(01)
		CRC03	Condition Code	ID	2-3	R	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted		070	X837P-LI-AMB-COND-IND	X(03)		X837P-LI-AMB-COND-IND	X(02)
		CRC04	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted		070	X837P-LI-AMB-COND-IND	X(03)		X837P-LI-AMB-COND-IND	X(02)
		CRC05	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted		070	X837P-LI-AMB-COND-IND	X(03)		X837P-LI-AMB-COND-IND	X(02)
		CRC06	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted		070	X837P-LI-AMB-COND-IND	X(03)		X837P-LI-AMB-COND-IND	X(02)
		CRC07	Condition Code	ID	2-3	S	01, 04, 05, 06, 07, 08, 09, 12	Code Deleted		070	X837P-LI-AMB-COND-IND	X(03)		X837P-LI-AMB-COND-IND	X(02)
CRC	**1**		**HOSPICE EMPLOYEE INDICATOR**			**S**				070	**LOOP 2400, SEGMENT CRC (HOSPICE EMPLOYEE INDICATOR)**				
		CRC01	Code Category	ID	2-2	R	70			070	X837P-LI-HOSPICE-CD-CAT	X(02)		X837P-LI-HOSPICE-CODE-CATEGORY	X(02)
		CRC02	Hospice Employed Provider Indicator	ID	1-1	R	N, Y			070	X837P-LI-HOSPICE-EMP-IND	X(01)		X837P-LI-HOSPICE-EMP-IND	X(01)
		CRC03	Condition Indicator	ID	2-3	R	65	Increase from 2 - 3		070	X837P-LI-HOSPICE-COND-IND	X(03)		X837P-LI-HOSPICE-COND-IND	X(02)
		CRC04	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3							
		CRC05	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3							
		CRC06	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3							
		CRC07	Condition Indicator	ID	2-3	N/U		Increase from 2 - 3							
CRC	**1**		**CONDITION INDICATOR DURABLE MEDICAL EQUIPMENT**			**S**				070	**LOOP 2400, SEGMENT CRC (DURABLE MEDICAL EQUIPMENT 'DME' CONDITION INDICATOR)**			OCCURS 2 TIMES	
		CRC01	Code Category	ID	2-2	R	09	Code Deleted		070	X837P-LI-DME-CD-CAT	X(02)		X837P-LI-DMERC-CODE-CATEGORY	X(02)
		CRC02	Certification Condition Indicator	ID	1-1	R	N, Y			070	X837P-LI-DME-CERT-COND-IND	X(01)		X837P-LI-DMERC-CERT-COND-IND	X(01)
		CRC03	Condition Indicator	ID	2-3	R	38, ZV	Code Deleted Increase from 2 - 3		070	X837P-LI-DME-COND-IND	X(03)		X837P-LI-DMERC-COND-IND	X(02)
		CRC04	Condition Indicator	ID	2-3	S	38, ZV	Code Deleted Increase from 2 - 3		070	X837P-LI-DME-COND-IND	X(03)		X837P-LI-DMERC-COND-IND	X(02)
		CRC05	Condition Indicator	ID	2-3	N/U		Usage changed to Not Used						~~X837P-LI-DMERC-COND-IND~~	~~X(02)~~
		CRC06	Condition Indicator	ID	2-3	N/U		Usage changed to Not Used						~~X837P-LI-DMERC-COND-IND~~	~~X(02)~~
		CRC07	Condition Indicator	ID	2-3	N/U		Usage changed to Not Used						~~X837P-LI-DMERC-COND-IND~~	~~X(02)~~
DTP	**1**		**DATE - SERVICE DATE**			**R**				070	**LOOP 2400, SEGMENT DTP (DATE - SERVICE DATES)**				

		DTP01	Date Time Qualifier	ID	3-3	R	472		Value is '472'	070	X837P-LI-DT-OF-SVC-CD	X(03)		X837P-DATE-OF-SVC-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8, RD8			070	X837P-LI-DT-OF-SVC-QL	X(03)			X(08)
		DTP03	Service Date	AN	1-35	R	CYYMMDD, CCYYMMDDCCYYMMDD			070	X837P-LI-DT-OF-SVC	X(35)		X837P-FIRST-DATE-OF-SVC X837P-LAST-DATE-OF-SVC	X(08)
DTP	**1**		**DATE - PRESCRIPTION DATE**			**S**		New Segment		070	**LOOP 2400, SEGMENT DTP (PRESCRIPTION DATE)**				
		DTP01	Date Time Qualifier	ID	3-3	R	471			070	X837P-LI-PRESC-CD	X(03)			
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-PRESC-QL	X(03)			
		DTP03	Prescription Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-PRESC-DT	X(35)			
DTP	**1**		**CERTIFICATION REVISION/RECERTIFICATION DATE**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - CERTIFICATION REVISION)**				
		DTP01	Date Time Qualifier	ID	3-3	R	607			070	X837P-LI-CERT-REVISION-CD	X(03)		X837P-CERT-REVISION-DATE-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-CERT-REVISION-QL	X(03)			
		DTP03	Certification Revision Recertification Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-CERT-REVISION-DT	X(35)		X837P-CERT-REVISION-DATE	X(08)
DTP	**1**		**DATE - BEGIN THERAPY DATE**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - BEGIN THERAPY)**				
		DTP01	Date Time Qualifier	ID	3-3	R	463			070	X837P-LI-DT-BEGIN-THERAPY-CD	X(03)		X837P-DATE-BEGIN-THERAP-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-DT-BEGIN-THERAPY-QL	X(03)			
		DTP03	Begin Therapy Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-DT-BEGIN-THERAPY	X(35)		X837P-DATE-BEGIN-THERAPY	X(08)
DTP	**1**		**DATE - LAST CERTIFICATION DATE**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - LAST CERTIFICATION)**				
		DTP01	Date Time Qualifier	ID	3-3	R	461			070	X837P-LI-DT-LST-CERT-CD	X(03)		X837P-DATE-LAST-CERT-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-DT-LST-CERT-QL	X(03)			
		DTP03	Last Certification Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-DT-LST-CERT	X(35)		X837P-DATE-LAST-CERT	X(08)
DTP	**1**		**DATE - DATE LAST SEEN**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - LAST SEEN)**				
		DTP01	Date Time Qualifier	ID	3-3	R	304			070	X837P-LI-DT-LST-SEEN-CD	X(03)		X837P-DATE-LAST-SEEN-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-DT-LST-SEEN-QL	X(03)			
		DTP03	Last Seen Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-DT-LST-SEEN	X(35)		X837P-DATE-LAST-SEEN	X(08)
DTP	**2**		**DATE - TEST**			**S**	738, 739			070	**LOOP 2400, SEGMENT DTP (DATE - TEST)**			OCCURS 2 TIMES	
		DTP01	Date Time Qualifier	ID	3-3	R	D8			070	X837P-LI-DT-OF-TEST-CD	X(03)		X837P-LI-DATE-OF-TEST-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	CCYYMMDD			070	X837P-LI-DT-OF-TEST-QL	X(03)			
		DTP03	Test Performed Date	AN	1-35	R				070	X837P-LI-DT-OF-TEST	X(35)		X837P-LI-DATE-OF-TEST	X(08)
DTP	**3**		**~~DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST~~**			**S**		**Segment Deleted**			**~~LOOP 2400, SEGMENT DTP (DATE - OXYGEN BLOOD GAS TEST)~~**			~~LOOP 2400, SEGMENT DTP (DATE - OXYGEN BLOOD GAS TEST)~~	
DTP	**1**		**DATE - SHIPPED**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - SHIPPED)**				
		DTP01	Date Time Qualifier	ID	3-3	R	011			070	X837P-LI-DT-SHIPPED-CD	X(03)		X837P-DATE-SHIPPED-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-DT-SHIPPED-QL	X(03)			
		DTP03	Shipped Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-DT-SHIPPED	X(35)		X837P-DATE-SHIPPED	X(08)
DTP	**1**		**~~DATE - ONSET OF CURRENT SYMPTOM/ILLNESS~~**			**S**		**Segment Deleted**			**~~LOOP 2400, SEGMENT DTP (DATE - ONSET OF CURRENT ILLNESS)~~**			~~LOOP 2400, SEGMENT DTP (DATE - ONSET OF CURRENT ILLNESS)~~	
DTP	**1**		**DATE - LAST X-RAY**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - LAST XRAY)**				
		DTP01	Date Time Qualifier	ID	3-3	R	455			070	X837P-LI-DT-LST-XRAY-CD	X(03)		X837P-DATE-LAST-XRAY-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-DT-LST-XRAY-QL	X(03)			

		DTP03	Last X-Ray Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-DT-LST-XRAY	X(35)	X837P-DATE-LAST-XRAY	X(08)
DTP	**1**		**DATE – ACUTE MANIFESTATION**			**S**		**Segment Deleted**			**LOOP 2400, SEGMENT DTP (DATE – ACUTE MANIFESTATION**		LOOP 2400, SEGMENT DTP (DATE – ACUTE MANIFESTATION	
DTP	**1**		**DATE - INITIAL TREATMENT**			**S**				070	**LOOP 2400, SEGMENT DTP (DATE - INTIAL TREATMENT)**			
		DTP01	Date Time Qualifier	ID	3-3	R	454			070	X837P-LI-DT-INIT-TRT-CD	X(03)	X837P-DATE-INIT-TREAT-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			070	X837P-LI-DT-INIT-TRT-QL	X(03)		
		DTP03	Initial Treatment Date	AN	1-35	R	CCYYMMDD			070	X837P-LI-DT-INIT-TRT	X(35)	X837P-DATE-INIT-TREAT	X(08)
DTP	**1**		**DATE – SIMILAR ILLNESS/SYMPTOM ONSET**			**S**		**Segment Deleted**			**LOOP 2400, SEGMENT DTP (DATE – SIMILAR ILLNESS ONSET)**		LOOP 2400, SEGMENT DTP (DATE – SIMILAR ILLNESS ONSET)	
QTY	**1**		**AMBULANCE PATIENT COUNT**			**S**		Segment Added		070	**LOOP 2400, SEGMENT QTY (AMBULANCE PATIENT COUNT)**			
		QTY01	Quantity Qualifier	ID	2-2	R	PT			070	X837P-LI-AMB-PAT-QTY-QL	X(02)		
		QTY02	Ambulance Patient Count 9(2)	R	1-15	R				070	X837P-LI-AMB-PAT-CNT	X(15)		
		QTY03	COMPOSITE UNIT OF MEASURE			N/U								
		QTY04	Fee-Form Message	AN	1-30	N/U								
QTY	**1**		**OBSTETRIC ANESTHESIA ADDITIONAL UNITS**			**S**		Segment Added		070	**LOOP 2400, SEGMENT QTY (OBSTETRIC ANESTHESIA ADDITIONAL UNITS)**			
		QTY01	Quantity Qualifier	ID	2-2	R	FL			070	X837P-LI-OB-ANES-ADDL-UNTS-QL	X(02)		
		QTY02	Obstetric Additional Units 9(2)	R	1-15	R				070	X837P-LI-OB-ANES-ADDL-UNTS-CT	X(15)		
		QTY03	COMPOSITE UNIT OF MEASURE			N/U								
		QTY04	Fee-Form Message	AN	1-30	N/U								
MEA	**5**		**TEST RESULTS**			**S**				070	**LOOP 2400, SEGMENT MEA (TEST RESULT)**		OCCURS 20 TIMES	
		MEA01	Measurement Reference Identification Code	ID	2-2	R	OG, TR			070	X837P-LI-TEST-MEAS-CD	X(02)	X837P-TEST-MEAS-CODE	X(02)
		MEA02	Measurement Qualifier	ID	1-3	R	HT, R1, R2, R3, R4	Code Deleted		070	X837P-LI-TEST-MEAS-QL	X(03)	X837P-TEST-MEAS-QUAL	X(03)
		MEA03	Test Result "HT" 9(2), "R1", "R2", "R3", "R4" = 9(2)V9	R	1-20	R				070	X837P-LI-TEST-RESULTS	X(20)	X837P-TEST-RESULTS	X(20)
		MEA04	COMPOSITE UNIT OF MEASURE			N/U								
		MEA05	Range Minimum	R	1-20	N/U								
		MEA06	Range Maximum	R	1-20	N/U								
		MEA07	Measurement Significance Code	ID	2-2	N/U								
		MEA08	Measurement Attribute Code	ID	2-2	N/U								
		MEA09	Surface/Layer/Position Code	ID	2-2	N/U								
		MEA10	Measurement Method or Device	ID	2-4	N/U								
		MEA11	Code List Qualifier Code	ID	1-3	N/U		New Element but NU						
		MEA12	Industry Code	AN	1-30	N/U		New Element but NU						
CN1	**1**		**CONTRACT INFORMATION**			**S**				070	**LOOP 2400, SEGMENT CN1 (CONTRACT INFORMATION)**			
		CN101	Contract Type Code	ID	2-2	R	01, 02, 03, 04, 05, 06, 09			070	X837P-LI-CNTRC-TYP	X(02)	X837P-CONTRACT-TYPE	X(02)
		CN102	Contract Amount S9(7)V99	R	1-18	S				070	X837P-LI-CNTRC-AMT	S9(16)V99	X837P-CONTRACT-AMT	S9(16)V99
		CN103	Contract Percentage 9(2)V99	R	1-6	S				070	X837P-LI-CNTRC-PCT	S9(4)V9(2)	X837P-CONTRACT-PCT	S9(4)V9(2)
		CN104	Contract Code	AN	1-50	S		Increase from 30 - 50		070	X837P-LI-CNTRC-CD	X(50)	X837P-CONTRACT-CODE	X(30)
		CN105	Terms Discount Percent 9(2)V99	R	1-6	S				070	X837P-LI-CNTRC-DISCOUNT-PCT	S9(4)V9(2)	X837P-CONTRACT-DISCOUNT-PCT	S9(4)V9(2)
		CN106	Contract Version Identifier	AN	1-30	S				070	X837P-LI-CNTRC-VER	X(30)	X837P-CONTRACT-VERSION	X(30)
REF	**1**		**REPRICED LINE ITEM REFERENCE NUMBER**			**S**				070	**LOOP 2400, SEGMENT REF (REPRICED LINE REFERENCE NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9B			070	X837P-LI-REPRD-QL	X(03)	X837P-REPRICED-REF-ID-QUAL	X(03)

		REF02	Repriced Line Item Reference Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-REPRD-ID	X(50)	X837P-REPRICED-REF-ID	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER**			**S**				070	**LOOP 2400, SEGMENT REF (ADJUSTED REPRICED LINE REFRENCE NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	9D			070	X837P-LI-ADJ-REPRD-QL	X(03)	X837P-ADJ-REPRICED-RED-ID-QUAL	X(03)	
		REF02	Adjusted Repriced Line Item Reference Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-ADJ-REPRD-ID	X(50)	X837P-ADJ-REPRICED-REF-ID	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**5**		**PRIOR AUTHORIZATION**			**S**				070	**LOOP 2400, SEGMENT REF (LINE PRIOR AUTHORIZATION NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	G1	Code Deleted		070	X837P-LI-PA-QL	X(03)	X837P-LI-PA-REF-QUAL	X(03)	
		REF02	Prior Authorization or Referral Number	AN	1-50	R		Increase from 30 - 50	Required, if service line involved a prior authorization number that is different than the number reported at the claim level (LOOP-ID-2300)	070	X837P-LI-PA-NUM	X(50)	X837P-LI-PA-REF-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER												
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		070	X837P-LI-PA-OTH-PYR-QL	X(03)			
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element		070	X837P-LI-PA-OTH-PYR-ID	X(50)			
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**LINE ITEM CONTROL NUMBER**			**S**				070	**LOOP 2400, SEGMENT REF (LINE CONTROL NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	6R			070	X837P-LI-CTL-NUM-QL	X(03)	X837P-LI-CTL-NUM-QUAL	X(03)	
		REF02	Line Item Control Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-CTL-NUM	X(50)	X837P-LI-CTL-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							

REF	**1**		**MAMMOGRAPHY CERTIFICATION NUMBER**			**S**				070	**LOOP 2400, SEGMENT REF (LINE MAMMOGRAPHY CERTIFICATIOIN NUMBER)**				
		REF01	Reference identification Qualifier	ID	2-3	R	EW			070	X837P-LI-MAMMO-CERT-NUM-QL	X(03)	X837P-LI-MAMMO-CERT-NUM-QUAL	X(03)	
		REF02	Mammography Certification Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-MAMMO-CERT-NUM	X(50)	X837P-LI-MAMMO-CERT-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER**			**S**				070	**LOOP 2400, SEGMENT REF (LINE CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	X4			070	X837P-LI-CLIA-NUM-QL	X(03)	X837P-LI-CLIA-NUM-QUAL	X(03)	
		REF02	Clinical Laboratory Improvement Amendment Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-CLIA-NUM	X(50)	X837P-LI-CLIA-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION**			**S**				070	**LOOP 2400, SEGMENT REF (LINE REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	F4			070	X837P-LI-REFR-CLIA-NUM-QL	X(03)	X837P-LI-REF-CLIA-NUM-QUAL	X(03)	
		REF02	Referring CLIA Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-REFR-CLIA-NUM	X(50)	X837P-LI-REF-CLIA-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
REF	**1**		**IMMUNIZATION BATCH NUMBER**			**S**				070	**LOOP 2400, SEGMENT REF (IMMUNIZATION BATCH NUMBER)**				
		REF01	Reference Identification Qualifier	ID	2-3	R	BT			070	X837P-LI-IMMUN-BATCH-NUM-QL	X(03)	X837P-IMMUN-BATCH-NUM-QUAL	X(03)	
		REF02	Immunization Batch Number	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-IMMUN-BATCH-NUM	X(50)	X837P-IMMUN-BATCH-NUM	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									

		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-2	Other Payer Primary Identifer	AN	1-50	N/U		New Element but NU						
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
													OCCURS 4 TIMES	
REF	**4**		**AMBULATORY PATIENT GROUP (APG)**			**S**		**Segment Deleted**			**LOOP 2400, SEGMENT REF (LI APG)**		LOOP 2400, SEGMENT REF (LI APG)	
REF	**1**		**OXYGEN FLOW RATE**			**S**		**Segment Deleted**			**LOOP 2400, SEGMENT REF (OXY FLOW RATE)**		LOOP 2400, SEGMENT REF (OXY FLOW RATE)	
REF	**1**		**UNIVERSAL PRODUCT NUMBER (UPN)**			**S**		**Segment Deleted**			**LOOP 2400, SEGMENT REF (UNIVERAL PRODUCT NUM)**		LOOP 2400, SEGMENT REF (UNIVERAL PRODUCT NUM)	
REF	**5**		**REFERRAL NUMBER**			**S**		New Segment		070	**LOOP 2400, SEGMENT REF (REFERRAL NUMBER)**			
		REF01	Reference Identification Qualifier	ID	2-3	R	9F			070	X837P-LI-REFR-QL	X(03)		
		REF02	Referral Number	AN	1-50	R				070	X837P-LI-REFR-NUM	X(50)		
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER											
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U			070	X837P-LI-REFR-OTH-PYR-QL	X(03)		
		REF04-2	Other Payer Primary Identifer	AN	1-50	R				070	X837P-LI-REFR-OTH-PYR-ID	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								
AMT	**1**		**SALES TAX AMOUNT**			**S**				070	**LOOP 2400, SEGMENT AMT (SALES TAX AMOUNT)**			
		AMT01	Amount Qualifier Code	ID	1-3	R	T			070	X837P-LI-SALES-TAX-AMT-CD	X(03)	X837P-SALES-TAX-AMT-CODE	X(03)
		AMT02	Sales Tax Amount S9(7)V99	R	1-18	R				070	X837P-LI-SALES-TAX-AMT	S9(16)V99	X837P-SALES-TAX-AMT	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
AMT	**1**		**APPROVED AMOUNT**			**S**					**LOOP 2400, SEGMENT AMT (APPROVED AMT)**		LOOP 2400, SEGMENT AMT (APPROVED AMT)	
AMT	**1**		**POSTAGE CLAIMED AMOUNT**			**S**				070	**LOOP 2400, SEGMENT AMT (POSTAGE CLAIMED AMOUNT)**			
		AMT01	Amount Qualifier Code	ID	1-3	R				070	X837P-LI-POSTAGE-CLAIMD-AMT-CD	X(03)	X837P-POSTAGE-CLAIMED-AMT-CODE	X(03)
		AMT02	Sales Tax Amount S9(7)V99	R	1-18	R				070	X837P-LI-POSTAGE-CLAIMD-AMT	S9(16)V99	X837P-POSTAGE-CLAIMED-AMT	S9(16)V99
		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
K3	**10**		**FILE INFORMATION**			**S**				072	**LOOP 2400, SEGMENT K3 (LINE FILE INFORMATION)**		OCCURS 10 TIMES	
		K301	Fixed Format Information	AN	1-80	R				072	X837P-LI-FILE-INFO	X(80)	X837P-LI-FILE-INFO	X(80)
		K302	Record Format Code	ID	1-2	N/U								
		K303	COMPOSITE UNIT OF MEASURE			N/U								
NTE	**1**		**LINE NOTE**			**S**				070	**LOOP 2400, SEGMENT NTE (LINE NOTE)**			
		NTE01	Note Reference Code	ID	3-3	R	ADD, DCP	Code Deleted		070	X837P-LI-NOTE-CD	X(03)	X837P-LI-NOTE-CODE	X(03)
		NTE02	Line Note Text	AN	1-80	R				070	X837P-LI-NOTE-TEXT	X(80)	X837P-LI-NOTE-TEXT	X(80)
NTE	**1**		**THIRD PARTY ORGANIZATION NOTE**			**S**		New Segment		070	**LOOP 2400, SEGMENT NTE (THIRD PARTY ORGANIZATION NOTE)**			
		NTE01	Third Party Organization Notes	ID	3-3	R	TPO			070	X837P-LI-THIRD-PARTY-ORG-CD	X(03)		
		NTE02	Line Note Text	AN	1-80	R				070	X837P-LI-THIRD-PARTY-NOTE-TEXT	X(80)		

PS1	**1**		**PURCHASED SERVICE INFORMATION**			**S**				070	**LOOP 2400, SEGMENT PS1 (PURCHASED SERVICE INFORMATION)**				
		PS101	Purchased Service Provider Identifier	AN	1-50	R		Increase from 30 - 50		070	X837P-LI-PURCH-SVC-ID	X(50)	X837P-LI-PURCHASED-SVC-PROV-ID	X(30)	
		PS102	Purchased Service Charge Amount S9(7)V99	R	1-18	R				070	X837P-LI-PURCH-SVC-AMT	S9(16)V99	X837P-LI-PURCHASED-SVC-AMT	S9(16)V99	
		PS103	State or Province Code	ID	2-2	N/U									
HSD	**1**		**HEALTH CARE SERVICES DELIVERY**			**S**		**Segment Deleted**			**LOOP 2400, SEGMENT HSD (HEALTH CARE SVC DELIVERY)**		LOOP 2400, SEGMENT HSD (HEALTH CARE SVC DELIVERY)		
HCP	**1**		**LINE PRICING/ REPRICING INFORMATION**			**S**				070	**LOOP 2400, SEGMENT HCP (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			070	X837P-LI-PRICE-METHODOLOGY	X(02)	X837P-LI-PRICE-METHODOLOGY	X(02)	
		HCP02	Repriced Allowed Amount S9(7)V99	R	1-18	R				070	X837P-LI-PRICE-ALLOWED-AMT	S9(16)V99	X837P-LI-PRICE-ALLOWED-AMT	S9(16)V99	
		HCP03	Repriced Saving Amount S9(7)V99	R	1-18	S				070	X837P-LI-PRICE-SAVINGS-AMT	S9(16)V99	X837P-LI-PRICE-SAVINGS-AMT	S9(16)V99	
		HCP04	Repricing Organization Identifier	AN	1-50	S		Increase from 30 - 50		070	X837P-LI-REPRC-ORG-ID	X(50)	X837P-LI-REPRICE-ORG-ID	X(30)	
		HCP05	Repricing Per Diem or Flat Rate Amount S9(5)V99	R	1-9	S				070	X837P-LI-PRICE-RATE	S9(5)V9(4)	X837P-LI-PRICE-RATE	S9(5)V9(4)	
		HCP06	Repriced Approved Ambulatory Patient Group Code	AN	1-50	S		Increase from 30 - 50		070	X837P-LI-PRICE-APG-CD	X(50)	X837P-LI-PRICE-APG-CODE	X(30)	
		HCP07	Repriced Approved Ambulatory Patient Group Amount S9(7)V99	R	1-18	S				070	X837P-LI-PRICE-APG-AMT	S9(16)V99	X837P-LI-PRICE-APG-AMT	S9(16)V99	
		HCP08	Product/Service ID	AN	1-48	N/U									
		HCP09	Product or Service ID Qualifier	ID	2-2	S				070	X837P-LI-PRICE-SVC-QL	X(02)	X837P-LI-PRICE-SVC-QUAL	X(02)	
		HCP10	Procedure Code	AN	1-48	S				070	X837P-LI-PRICE-SVC-ID	X(48)	X837P-LI-PRICE-SVC-ID	X(48)	
		HCP11	Unit or Basis for Measurement Code	ID	2-2	S				070	X837P-LI-PRICE-UNITS-CNT-CD	X(02)	X837P-LI-PRICE-UNITS-CNT-CODE	X(02)	
		HCP12	Approved Service Unit Count "MJ" =	R	1-15	S				070	X837P-LI-PRICE-UNITS-CNT	S9(10)V9(5)	X837P-LI-PRICE-UNITS-CNT	S9(10)V9(5)	
		HCP13	Reject Reason Code	ID	2-2	S				070	X837P-LI-PRICE-REJECT-REASON	X(02)	X837P-LI-PRICE-REJECT-REASON	X(02)	
		HCP14	Policy Compliance Code	ID	1-2	S				070	X837P-LI-PRICE-COMPLIANCE-CD	X(02)	X837P-LI-PRICE-COMPLIANCE-CD	X(02)	
		HCP15	Exception Code	ID	1-2	S				070	X837P-LI-PRICE-EXCEPTION-CD	X(02)	X837P-LI-PRICE-EXCEPTION-CD	X(02)	
2410	**1**														
LIN	**1**		**DRUG IDENTIFICATION**			**S**				080	**LOOP 2410, SEGMENT LIN (LINE DRUG IDENTIFICATION)**		See below		
		LIN01	Assigned Identification	AN	1-20	N/U									
		LIN02	Product or Service ID Qualifier	ID	2-2	R	N4		Value N4	080	X837P-LI-NDC-QL	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.	080	X837P-LI-NDC-CD	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 PRICING**			**R**				080	**LOOP 2410, SEGMENT CTP (LINE DRUG PRICING)**		See below		
		CTP01	Class of Trade Code	ID	2-2	N/U									
		CTP02	Price Identifier Code	ID	3-3	N/U									
		CTP03	Unit Price	R	1-17	N/U		Usage changed to Not Used							
		CTP04	National Drug Unit Count - when CTP05-1 = "UN" 9(3)V9, "F2" 9(7)V999, "ML" or "GR" 9(2)V99, ME 9(5)V999	R	1-15	R				080	X837P-LI-DRUG-QTY	S9(10)V9(5)	X837P-LI-DRUG-QTY		
		CTP05	COMPOSITE UNIT OF MEASURE			R		Usage changed to Required							
		CTP05-1	Unit or Basis For Measurement Code	ID	2-2	R	F2, GR, ME, ML, UN	Code Added		080	X837P-LI-DRUG-QTY-CD	X(02)	X837P-LI-DRUG-QTY-CODE		
		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	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	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		080	**LOOP 2410, SEGMENT REF (PRESCRIPTIOIN OR COMPOUND DRUG ASSOCIATION NUMBER)**		See below		
		REF01	Reference Identification Qualifier	ID	2-3	R		Code Added		080	X837P-LI-DRUG-PRESC-NUM-CD	X(03)	X837P-LI-DRUG-PERSCIP-NUM-CODE		
		REF02	Prescription Number	AN	1-50	R		Increase from 30 - 50		080	X837P-LI-DRUG-PRESC-NUM	X(50)	X837P-LI-DRUG-PERSCIP-NUM		
		REF03	Desciption	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			N/U									
		REF04-1	Reference Identifier Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	N/U		New Element but NU							
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							

		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						21plus21	
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
2420A	**1**														
NM1	**1**		**RENDERING PROVIDER NAME**			**S**			**Required**	081	**LOOP 2420A, SEGMENT NM1 (LINE RENDERING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	82		Value is '82'	081	X837P-LI-REND-PROV-CD	X(03)	X837P-LI-TRT-PROV-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1,2			081	X837P-LI-REND-PROV-TYP	X(01)	X837P-LI-TRT-PROV-TYPE	X(01)	
		NM103	Rendering Provider Last or Organization Name	AN	1-60	R				081	X837P-LI-REND-PROV-NM-LST	X(60)	X837P-LI-TRT-PROV-NM-LAST	X(35)	
		NM104	Rendering Provider First Name	AN	1-35	S				081	X837P-LI-REND-PROV-NM-FST	X(35)	X837P-LI-TRT-PROV-NM-FIRST	X(25)	
		NM105	Rendering Provider Middle Name	AN	1-25	S				081	X837P-LI-REND-PROV-NM-MID	X(25)	X837P-LI-TRT-PROV-NM-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Rendering Provider Name Suffix	AN	1-10	S				081	X837P-LI-REND-PROV-NM-SFX	X(10)	X837P-LI-TRT-PROV-NM-SFX	X(10)	
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted	Value is 'XX'	081	X837P-LI-REND-PROV-QL	X(02)	X837P-LI-TRT-PROV-ID-QUAL	X(02)	
		NM109	Rendering Provider Identifier	AN	2-80	S			Value is 10 digit NPI of Rendering Provider id	081	X837P-LI-REND-PROV-ID	X(80)	X837P-LI-TRT-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 but NU							
PRV	**1**		**RENDERING PROVIDER SPECIALTY INFORMATION**			**S**			The PRV segment is required by Mississippi Medicaid when the Rendering NPI represents multiple entities or sub-parts.	081	**LOOP 2420A, SEGMENT PRV (LINE RENDERING PROVIDER SPECIALTY INFORMATION)**				
		PRV01	Provider Code	ID	1-3	R	PE			081	X837P-LI-REND-PROV-SPEC-CD	X(03)	X837P-LI-TRT-PROV-SPEC-CODE	X(03)	
		PRV02	Reference Identification Qualifier	ID	2-3	R	PXC	Code change	Value is 'PXC'	081	X837P-LI-REND-PROV-SPEC-QL	X(03)	X837P-LI-TRT-PROV-SPEC-QUAL	X(03)	
		PRV03	Provider Taxonomy Code	AN	1-50	R		Increase from 30 - 50	Value is the 10-byte taxonomy code	081	X837P-LI-REND-PROV-SPEC	X(50)	X837P-LI-TRT-PROV-SPEC	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	**20**		**RENDERING PROVIDER SECONDARY IDENTIFICATION**			**S**				081	**LOOP 2420A, SEGMENT REF (LI RENDERING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES		
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU	Code Deleted	Value is 'G2'	081	X837P-LI-REND-PROV-SEC-QL	X(03)	X837P-LI-TRT-PROV-ID-2-QUAL	X(03)	
		REF02	Rendering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Indicate the MSCHIP Provider number, if reported	081	X837P-LI-REND-PROV-SEC-ID	X(50)	X837P-LI-TRT-PROV-ID-2	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			S				081					
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		081	X837P-LI-REND-PROV-REF-QL	X(03)			
		REF04-2	Other Payer Primary Identifier	AN	1-50	R		New Element		081	X837P-LI-REND-PROV-REF-ID	X(50)			
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
2420B	**1**														
NM1	**1**		**PURCHASED SERVICE PROVIDER NAME**			**S**				082	**LOOP 2420B, SEGMENT NM1 (LINE PURCASED SERVICE PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	QB			082	X837P-LI-PURCH-PROV-ENTY-CD	X(03)	X837P-LI-PUR-PROV-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	1, 2			082	X837P-LI-PURCH-PROV-ENTY-TYP	X(01)	X837P-LI-PUR-PROV-ID-TYPE	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	S	XX	Code Deleted		082	X837P-LI-PURCH-PROV-QL	X(03)	X837P-LI-PUR-PROV-ID-QUAL	X(02)	
		NM109	Other Payer Primary Identifier	AN	2-80	S				082	X837P-LI-PURCH-PROV-ID	X(80)	X837P-LI-PUR-PROV-ID	X(80)	
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Code	ID	2-3	N/U									
		NM112	Organization	AN	1-60	N/U		New Element but NU							
REF	**20**		**PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION**			**S**				082	**LOOP 2420B, SEGMENT REF (LINE PURCASED SERVICE PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES		
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2	Code Deleted		082	X837P-LI-PURCH-PROV-SEC-QL	X(03)	X837P-LI-PUR-PROV-ID-2-QUAL	X(03)	
		REF02	Purchased Service Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50		082	X837P-LI-PURCH-PROV-SEC-ID	X(50)	X837P-LI-PUR-PROV-ID-2	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			S				082					
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		082	X837P-LI-PURCH-PROV-SEC-QL2	X(03)			
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element		082	X837P-LI-PURCH-PROV-SEC-ID2	X(50)			
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
2420C	**1**														
NM1	**1**		**SERVICE FACILITY LOCATION NAME**			**S**				083	**LOOP 2420C, SEGMENT NM1 (LINE SERVICE FACILITY LOCATION NAME)**				
		NM101	Code	ID	2-3	R	77			083	X837P-LI-SVC-FAC-ENTY-CD	X(03)	X837P-LI-SVC-FAC-CODE	X(03)	
		NM102	Entity Type Qualifier	ID	1-1	R	2			083	X837P-LI-SVC-FAC-ENTY-TYP	X(01)	X837P-LI-SVC-FAC-TYPE	X(01)	
		NM103	Organization	AN	1-60	R		60		083	X837P-LI-SVC-FAC-NM	X(60)	X837P-LI-SVC-FAC-NAME	X(35)	
		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	S	XX	Code Deleted		083	X837P-LI-SVC-FAC-QL	X(02)	X837P-LI-SVC-FAC-ID-QUAL	X(02)	
		NM109	Other Payer Primary Identifier	AN	2-80	S				083	X837P-LI-SVC-FAC-ID	X(80)	X837P-LI-SVC-FAC-ID	X(80)	
		NM110	Entity Relationship Code	ID	2-2	N/U									
		NM111	Code	ID	2-3	N/U									
		NM112	Organization	AN	1-60	N/U		New Element but NU							
N3	**1**		**SERVICE FACILITY LOCATION ADDRESS**			**R**				083	**LOOP 2420C, SEGMENT N3 (LINE SERVICE FACILITY LOCATION ADDRESS)**				
		N301	Laboratory or Facility Address Line	AN	1-55	R				083	X837P-LI-SVC-FAC-ADDR1	X(55)	X837P-LI-SVC-FAC-ADDR1	X(55)	
		N302	Laboratory or Facility Address Line	AN	1-55	S				083	X837P-LI-SVC-FAC-ADDR2	X(55)	X837P-LI-SVC-FAC-ADDR2	X(55)	
N4	**1**		**SERVICE FACILITY LOCATION CITY/STATE/ZIP**			**R**				083	**LOOP 2420C, SEGMENT N4 (LINE SERVICE FACILITY LOCATION CITY, STATE, ZIP)**				
		N401	Laboratory or Facility City Name	AN	2-30	R				083	X837P-LI-SVC-FAC-CITY	X(30)	X837P-LI-SVC-FAC-CITY	X(30)	
		N402	Laboratory or Facility State or Province Code	ID	2-2	S		Usage changed to Situational		083	X837P-LI-SVC-FAC-ST	X(02)	X837P-LI-SVC-FAC-STATE-CODE	X(02)	
		N403	Laboratory or Facility Postal Zone ZIP Code	ID	3-15	S		Usage changed 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 1 mschip provider is found on state provider file, and to ensure that the claim processes correctly. .	083	X837P-LI-SVC-FAC-ZIP	X(15)	X837P-LI-SVC-FAC-ZIP-CODE	X(15)	
		N404	Laboratory or Facility Country Code	ID	2-3	S				083	X837P-LI-SVC-FAC-CNTRY	X(03)	X837P-LI-SVC-FAC-COUNTRY-CODE	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		083	X837P-LI-SVC-FAC-CNTRY-SUB	X(03)			

REF	**3**		**SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION**			**S**				083	**LOOP 2420C, SEGMENT REF (LINE SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	G2, LU	Code Deleted		083	X837P-LI-SVC-FAC-SEC-QL	X(03)	X837P-LI-SVC-FAC-ID-2-QUAL	X(03)
		REF02	Service Facility Location Secondary Identifier	AN	1-50	R		Increase from 30 - 50		083	X837P-LI-SVC-FAC-SEC-ID	X(50)	X837P-LI-SVC-FAC-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational		083				
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		083	X837P-LI-SVC-FAC-SEC-QL2	X(03)		
		REF04-2	Other Payer Primary Identifier	AN	1-50	R		New Element		083	X837P-LI-SVC-FAC-SEC-ID2	X(50)		
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
2420D	**1**													
NM1	**1**		**SUPERVISING PROVIDER NAME**			**S**				084	**LOOP 2420D, SEGMENT NM1 (LINE SUPERVISING PROVIDER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	DQ			084	X837P-LI-SUPR-PROV-CD	X(03)	X837P-LI-SUPR-PROV-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1			084	X837P-LI-SUPR-PROV-TYP	X(01)	X837P-LI-SUPR-PROV-TYPE	X(01)
		NM103	Supervising Provider Last Name	AN	1-60	R		Increase from 35 - 60		084	X837P-LI-SUPR-PROV-NM-LST	X(60)	X837P-LI-SUPR-PROV-NAME-LAST	X(35)
		NM104	Name First	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational		084	X837P-LI-SUPR-PROV-NM-FST	X(35)	X837P-LI-SUPR-PROV-NAME-FIRST	X(25)
		NM105	Name Middle	AN	1-25	S				084	X837P-LI-SUPR-PROV-NM-MID	X(25)	X837P-LI-SUPR-PROV-NAME-MI	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Name Suffix	AN	1-10	S				084	X837P-LI-SUPR-PROV-SFX	X(10)	X837P-LI-SUPR-PROV-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		084	X837P-LI-SUPR-PROV-QL	X(02)	X837P-LI-SUPR-PROV-ID-QUAL	X(02)
		NM109	Other Payer Primary Identifier	AN	2-80	S				084	X837P-LI-SUPR-PROV-ID	X(80)	X837P-LI-SUPR-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 but NU						
REF	**20**		**SUPERVISING PROVIDER SECONDARY IDENTIFICATION**			**S**				084	**LOOP 2420D, SEGMENT REF (LINE SUPERVISING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2, LU	Code Deleted		084	X837P-LI-SUPR-PROV-SEC-QL	X(03)	X837P-LI-SUPR-PROV-ID-2-QUAL	X(03)
		REF02	Supervising Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50		084	X837P-LI-SUPR-PROV-SEC-ID	X(50)	X837P-LI-SUPR-PROV-ID-2	X(30)
		REF03	Description	AN	1-80	N/U								
		REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational		084				
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		084	X837P-LI-SUPR-PROV-SEC-QL2	X(03)		
		REF04-2	Other Payer Primary Identifier	AN	1-50	R		New Element		084	X837P-LI-SUPR-PROV-SEC-ID2	X(50)		
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
2420E	**1**													
NM1	**1**		**ORDERING PROVIDER NAME**			**S**				085	**LOOP 2420E, SEGMENT NM1 (LINE ORDERING PROVIDER NAME)**			
		NM101	Entity Identifier Code	ID	2-3	R	DK			085	X837P-LI-ODR-PROV-ENTY-CD	X(03)	X837P-ORDER-PROV-CODE	X(03)
		NM102	Entity Type Qualifier	ID	1-1	R	1			085	X837P-LI-ODR-PROV-ENTY-TYP	X(01)	X837P-ORDER-PROV-TYPE	X(01)
		NM103	Ordering Provider Last Name	AN	1-60	R		Increase from 35 - 60		085	X837P-LI-ODR-PROV-NM-LST	X(60)	X837P-ORDER-PROV-NAME-LAST	X(35)

		NM104	Ordering Provider First Name	AN	1-35	S		Increase from 25 - 35 Usage changed to Situational		085	X837P-LI-ODR-PROV-NM-FST	X(35)	X837P-ORDER-PROV-NAME-FIRST	X(25)
		NM105	Ordering Provider Middle Name or Initial	AN	1-25	S				085	X837P-LI-ODR-PROV-NM-MID	X(25)	X837P-ORDER-PROV-NAME-MID	X(25)
		NM106	Name Prefix	AN	1-10	N/U								
		NM107	Ordering Provider Name Suffix	AN	1-10	S				085	X837P-LI-ODR-PROV-NM-SFX	X(10)	X837P-ORDER-PROV-NAME-SFX	X(10)
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		085	X837P-LI-ODR-PROV-QL	X(02)	X837P-ORDER-PROV-ID-QUAL	X(02)
		NM109	Other Payer Primary Identifier	AN	2-80	S				085	X837P-LI-ODR-PROV-ID	X(80)	X837P-ORDER-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 but NU						
N3	**1**		**ORDERING PROVIDER ADDRESS**			**S**				085	**LOOP 2420E, SEGMENT N3 (LINE ORDERING PROVIDER ADDRESS)**			
		N301	Ordering Provider Address Line	AN	1-55	R				085	X837P-LI-ODR-PROV-ADDR1	X(55)	X837P-ORDER-PROV-ADDR1	X(55)
		N302	Ordering Provider Address Line	AN	1-55	S				085	X837P-LI-ODR-PROV-ADDR2	X(55)	X837P-ORDER-PROV-ADDR2	X(55)
N4	**1**		**ORDERING PROVIDER CITY/STATE/ZIP CODE**			**S**		Usage changed to Required		085	**LOOP 2420E, SEGMENT N4 (LINE ORDERING PROVIDER CITY, STATE, ZIP)**			
		N401	Ordering Provider City Name	AN	2-30	R				085	X837P-LI-ODR-PROV-CITY	X(30)	X837P-ORDER-PROV-CITY	X(30)
		N402	Ordering Provider State or Province Code	ID	2-2	S		Usage changed to Situational		085	X837P-LI-ODR-PROV-ST	X(02)	X837P-ORDER-PROV-STATE	X(02)
		N403	Ordering Provider Postal Zone ZIP Code	ID	3-15	S		Usage changed to Situational		085	X837P-LI-ODR-PROV-ZIP	X(15)	X837P-ORDER-PROV-ZIP	X(15)
		N404	Ordering Provider Country Code	ID	2-3	S				085	X837P-LI-ODR-PROV-CNTRY	X(03)	X837P-ORDER-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		085	X837P-LI-ODR-PROV-CNTRY-SUB	X(03)		
REF	**20**		**ORDERING PROVIDER SECONDARY IDENTIFICATION**			**S**				085	**LOOP 2420E, SEGMENT REF (LINE ORDERING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES	
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2	Code Deleted		085	X837P-LI-ODR-PROV-SEC-QL	X(03)	X837P-ORDER-PROV-ID-2-QUAL	X(03)
		REF02	Ordering Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50		085	X837P-LI-ODR-PROV-SEC-ID	X(50)	X837P-ORDER-PROV-ID-2	X(30)
		REF03	Description	AN	1-80	N/U				085				
		REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational		085				
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		085	X837P-LI-ODR-PROV-SEC-QL2	X(03)		
		REF04-2	Other Payer Primary Idenitifer	AN	1-50	R		New Element		085	X837P-LI-ODR-PROV-SEC-ID2	X(50)		
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU						
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU						
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU						
PER	**1**		**ORDERING PROVIDER CONTACT INFORMATION**			**S**				085	**LOOP 2420E, SEGMENT PER (LINE ORDERING PROVIDER CONTACT INFORMATION)**			
		PER01	Contact Function Code	ID	2-2	R	1C			085	X837P-LI-ODR-PROV-CONTACT-CD	X(02)	X837P-ORDER-PROV-CTAC-CODE	X(02)
		PER02	Ordering Provider Contact Name	AN	1-60	S		Usage changed to Situational		085	X837P-LI-ODR-PROV-CONTACT-NM	X(60)	X837P-ORDER-PROV-CTAC-NAME	X(60)
		PER03	Communication Number Qualifier	ID	2-2	R	EM, FX, TE			085	X837P-LI-ODR-PROV-CONTACT-NUM-QL	X(02)	X837P-ORDER-PROV-CTAC-NUM-QUAL	X(02)
		PER04	Communication Number	AN	1-256	R				085	X837P-LI-ODR-PROV-CONTACT-NUM	X(256)	X837P-ORDER-PROV-CTAC-NUM	X(80)
		PER05	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			085	X837P-LI-ODR-PROV-CONTACT-NUM-QL	X(02)	X837P-ORDER-PROV-CTAC-NUM-QUAL	X(02)
		PER06	Communication Number	AN	1-256	S				085	X837P-LI-ODR-PROV-CONTACT-NUM	X(256)	X837P-ORDER-PROV-CTAC-NUM	X(80)
		PER07	Communication Number Qualifier	ID	2-2	S	EM, EX, FX, TE			085	X837P-LI-ODR-PROV-CONTACT-NUM-QL	X(02)	X837P-ORDER-PROV-CTAC-NUM-QUAL	X(02)

		PER08	Communication Number	AN	1-256	S				085	X837P-LI-ODR-PROV-CONTACT-NUM	X(256)	X837P-ORDER-PROV-CTAC-NUM	X(80)	
		PER09	Contact Inquiry Reference	AN	1-20	N/U									
2420F	**2**														
NM1	**1**		**REFERRING PROVIDER NAME**			**S**				086	**LOOP 2420F, SEGMENT NM1 (LINE REFERRING PROVIDER NAME)**				
		NM101	Entity Identifier Code	ID	2-3	R	DN, P3		Value is 'DN'	086	X837P-LI-REFR-PROV-ENTY-CD	X(03)	X837P-LI-REF-PROV-CODE	X(03)	
m		NM102	Entity Type Qualifier	ID	1-1	R	1			086	X837P-LI-REFR-PROV-ENTY-TYP	X(01)	X837P-LI-REF-PROV-TYPE	X(01)	
		NM103	Referring Provider Last Name	AN	1-60	R		Increase from 35 - 60		086	X837P-LI-REFR-PROV-NM-LST	X(60)	X837P-LI-REF-PROV-NM-LAST	X(35)	
		NM104	Referring Provider First Name	AN	1-35	S		Increase from 25 - 35		086	X837P-LI-REFR-PROV-NM-FST	X(35)	X837P-LI-REF-PROV-NM-FIRST	X(25)	
		NM105	Referring Provider Middle Name or Initial	AN	1-25	S				086	X837P-LI-REFR-PROV-NM-MID	X(25)	X837P-LI-REF-PROV-NM-MIDDLE	X(25)	
		NM106	Name Prefix	AN	1-10	N/U									
		NM107	Referring Provider Name Suffix	AN	1-10	S				086	X837P-LI-REFR-PROV-NM-SFX	X(10)	X837P-LI-REF-PROV-NM-SFX	X(10)	
		NM108	Identification Code Qualifier	ID	1-2	S	XX	Code Deleted		086	X837P-LI-REFR-PROV-QL	X(02)	X837P-LI-REF-PROV-ID-QUAL	X(02)	
		NM109	Other Payer Primary Identifier	AN	2-80	S			Value is 10 digit NPI number	086	X837P-LI-REFR-PROV-ID	X(80)	X837P-LI-REF-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 but NU							
PRV	**1**		**~~REFERRING PROVIDER SPECIALTY INFORMATION~~**			**S**		**Segment Deleted**			**~~LOOP 2420F, SEGMENT PRV (LI REFERRING PROV SPECIALTY INFO)~~**		~~LOOP 2420F, SEGMENT PRV (LI REFERRING PROV SPECIALTY INFO)~~		
REF	**20**		**REFERRING PROVIDER SECONDARY IDENTIFICATION**			**S**				086	**LOOP 2420F, SEGMENT REF (LINE REFERRING PROVIDER SECONDARY IDENTIFICATION)**		OCCURS 5 TIMES		
		REF01	Reference Identification Qualifier	ID	2-3	R	OB, 1G, G2	Code Deleted		086	X837P-LI-REFR-PROV-SEC-QL	X(03)	X837P-LI-REF-PROV-ID-2-QUAL	X(03)	
		REF02	Referring Provider Secondary Identifier	AN	1-50	R		Increase from 30 - 50	Indicate the MSCHIP Provider number, if reported	086	X837P-LI-REFR-PROV-SEC-ID	X(50)	X837P-LI-REF-PROV-ID-2	X(30)	
		REF03	Description	AN	1-80	N/U									
		REF04	REFERENCE IDENTIFIER			S		Usage changed to Situational		086					
		REF04-1	Reference Identifier Qualifier	ID	2-3	R	2U	New Element		086	X837P-LI-REFR-PROV-SEC-QL2	X(03)			
		REF04-2	Other Payer Primary Identifer	AN	1-50	R		New Element		086	X837P-LI-REFR-PROV-SEC-ID2	X(50)			
		REF04-3	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-4	Reference Identification	AN	1-50	N/U		New Element but NU							
		REF04-5	Reference Identification Qualifier	ID	2-3	N/U		New Element but NU							
		REF04-6	Reference Identification	AN	1-50	N/U		New Element but NU							
NM1	**1**		**~~OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER~~**			**S**		**Segment Deleted**			**~~LOOP 2420G, SEGMENT NM1 (LI OTHER PAYER PRIOR AUTH NAME)~~**		~~LOOP 2420G, SEGMENT NM1 (LI OTHER PAYER PRIOR AUTH NAME)~~		
REF	**2**		**~~OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER~~**			**R**		**Segment Deleted**			**~~LOOP 2420G, SEGMENT REF (LI OTHER PAYER PRIOR AUTH NUM)~~**		~~LOOP 2420G, SEGMENT REF (LI OTHER PAYER PRIOR AUTH NUM)~~		
2420G	**1**														
NM1	**1**		**AMBULANCE PICK UP LOCATION**			**S**		New Segment		087	**LOOP 2420G, SEGMENT NM1 (AMBULANCE PICK UP LOCATION)**				
		NM101	Entity Identifier Code	ID	2-3	R	PW			087	X837P-LI-AMB-PKUP-ENTY-CD	X(03)			
		NM102	Entity Type Qualifier	ID	1-1	R	2			087	X837P-LI-AMB-PKUP-ENTY-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	Identification Code	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									
N3	**1**		**AMBULANCE PICK UP LOCATION ADDRESS**			**R**		New Segment			087	**LOOP 2420G, SEGMENT N3 (AMBULANCE PICK UP LOCATION ADDRESS)**			
		N301	Ambulance Pick Up Address Line	AN	1-55	R					087	X837P-LI-AMB-PKUP-ADDR1	X(55)		
		N302	Ambulance Pick Up Address Line	AN	1-55	S					087	X837P-LI-AMB-PKUP-ADDR2	X(55)		
N4	**1**		**AMBULANCE PICK UP LOCATION CITY/STATE/ZIP**			**R**		New Segment			087	**LOOP 2420G, SEGMENT N4 (AMBULANCE PICK UP LOCATION CITY/STATE/ZIP)**			
		N401	Ambulance Pick Up City Name	AN	2-30	R					087	X837P-LI-AMB-PKUP-CITY	X(30)		
		N402	Ambulance Pick Up State or Province Code	ID	2-2	S					087	X837P-LI-AMB-PKUP-ST	X(02)		
		N403	Ambulance Pick Up Postal Zone ZIP Code	ID	3-15	S					087	X837P-LI-AMB-PKUP-ZIP	X(15)		
		N404	Ambulance Pick Up Country Code	ID	2-3	S					087	X837P-LI-AMB-PKUP-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					087	X837P-LI-AMB-PKUP-CNTRY-SUB	X(03)		
2420H	**1**														
NM1	**1**		**AMBULANCE DROP OFF LOCATION**			**S**		New Segment			088	**LOOP 2420H, SEGMENT NM1 (AMBULANCE DROP OFF LOCATION**			
		NM101	Entity Identifier Code	ID	2-3	R	45				088	X837P-LI-AMB-DROPOFF-ENTY-CD	X(03)		
		NM102	Entity Type Qualifier	ID	1-1	R	2				088	X837P-LI-AMB-DROPOFF-ENTY-TYP	X(01)		
		NM103	Ambulance Drop Off Location	AN	1-60	S					088	X837P-LI-AMB-DROPOFF-LOCATION	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	N/U									
		NM109	Identification Code	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									
N3	**1**		**AMBULANCE DROP OFF LOCATION ADDRESS**			**R**		New Segment			088	**LOOP 2420H, SEGMENT N3 (AMBULANCE DROPOFF LOCATION ADDRESS)**			
		N301	Ambulance Drop Off Address Line	AN	1-55	R					088	X837P-LI-AMB-DROPOFF-ADDR1	X(55)		
		N302	Ambulance Drop Off Address Line	AN	1-55	S					088	X837P-LI-AMB-DROPOFF-ADDR2	X(55)		
N4	**1**		**AMBULANCE DROP OFF LOCATION CITY/STATE/ZIP**			**R**		New Segment			088	**LOOP 2420H, SEGMENT N4 (AMBULANCE DROPOFF LOCATION CITY/STATE/ZIP)**			
		N401	Ambulance Drop Off City Name	AN	2-30	R					088	X837P-LI-AMB-DROPOFF-CITY	X(30)		
		N402	Ambulance Drop Off State or Province Code	ID	2-2	S					088	X837P-LI-AMB-DROPOFF-ST	X(02)		
		N403	Ambulance Drop Off Postal Zone ZIP Code	ID	3-15	S					088	X837P-LI-AMB-DROPOFF-ZIP	X(15)		
		N404	Ambulance Drop Off Country Code	ID	2-3	S					088	X837P-LI-AMB-DROPOFF-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					088	X837P-LI-AMB-DROPOFF-CNTRY-SUB	X(03)		
2430	**15**														
SVD	**1**		**LINE ADJUDICATION INFORMATION**			**S**			**Required**		090	**LOOP 2430, SEGMENT SVD (LINE ADJUDICATION INFORMATION)**			

		SVD01	Other Payer Primary Identifier	AN	2-80	R			Value is MSCHIP CCO assigned Provider Number OR this number should match NM109 in Loop ID-2330B identifying Other Payer.	090	X837P-LI-ADJUD-OTH-PYR-ID	X(80)	X837P-LI-ADJ-OTHER-PAYER-ID	X(80)
		SVD02	Service Line Paid Amount S9(7)V99	R	1-18	R			CCO Paid Amounts at the Line OR TPL payments at the Line	090	X837P-LI-ADJUD-PD-AMT	S9(16)V99	X837P-LI-ADJ-PAID-AMT	S9(16)V99
		SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			R				090				
		SVD03-1	Product or Service ID Qualifier	ID	2-2	R	ER, HC, IV, WK	Code Change	Value is HC	090	X837P-LI-ADJUD-SVC-QL	X(02)	X837P-LI-ADJ-SVC-QUAL	X(02)
		SVD03-2	Procedure Code	AN	1-48	R				090	X837P-LI-ADJUD-SVC-ID	X(48)	X837P-LI-ADJ-SVC-ID	X(48)
		SVD03-3	Procedure Modifier	AN	2-2	S				090	X837P-LI-ADJUD-SVC-MOD-1	X(02)	X837P-LI-ADJ-SVC-MOD-1	X(02)
		SVD03-4	Procedure Modifier	AN	2-2	S				090	X837P-LI-ADJUD-SVC-MOD-2	X(02)	X837P-LI-ADJ-SVC-MOD-2	X(02)
		SVD03-5	Procedure Modifier	AN	2-2	S				090	X837P-LI-ADJUD-SVC-MOD-3	X(02)	X837P-LI-ADJ-SVC-MOD-3	X(02)
		SVD03-6	Procedure Modifier	AN	2-2	S				090	X837P-LI-ADJUD-SVC-MOD-4	X(02)	X837P-LI-ADJ-SVC-MOD-4	X(02)
		SVD03-7	Procedure Code Description	AN	1-80	S				090	X837P-LI-ADJUD-SVC-DESC	X(80)	X837P-LI-ADJ-SVC-DESC	X(80)
		SVD03-8	Product/Service ID	AN	1-48	N/U		New Element but NU						
		SVD04	Product or Service ID	AN	1-48	N/U								
		SVD05	Paid Service Unit Count 9(7)V999	R	1-15	R				090	X837P-LI-ADJUD-PD-UNITS-OF-SVC	S9(10)V9(5)	X837P-LI-ADJ-PAID-UNITS-OF-SVC	S9(10)V9(5)
		SVD06	Bundled or Unbundled Line Number	N0	1-6	S		Name Change		090	X837P-LI-ADJUD-BUNDLED-LNE-NUM	S9(6)	X837P-LI-ADJ-BUNDLED-LINE-NUM	S9(6)
CAS	**5**		**LINE ADJUSTMENT**			**S**			Required, when CCO reports denied encounters OR TPL coverage OR Prior payer adjustments. For MSCHIP, please ensure to report any 'Copay dollars' using Group Code 'PR' and Reason Code '3' (Co-payment).	091	**LOOP 2430, SEGMENT CAS (LINE ADJUSTMENT)**			
		CAS01	Claim Adjustment Group Code	ID	1-2	R	CO, CR, OA, PI, PR			091	X837P-LI-ADJ-GROUP-CD	X(02)	X837P-LI-ADJ-GROUP-CODE	X(02)
		CAS02	Adjustment Reason Code	ID	1-5	R				091	X837P-LI-ADJ-REASON-CD	X(05)	X837P-LI-ADJ-REASON-CODE	X(05)
		CAS03	Adjustment Amount S9(7)V99	R	1-18	R				091	X837P-LI-ADJ-AMT	S9(16)V99	X837P-LI-ADJ-AMT	S9(16)V99
		CAS04	Adjustment Quantity 9(7)	R	1-15	S				091	X837P-LI-ADJ-UNITS	S9(10)V9(5)	X837P-LI-ADJ-UNITS	S9(10)V9(5)
		CAS05	Adjustment Reason Code	ID	1-5	S				091	X837P-LI-ADJ-REASON-CD	X(05)	X837P-LI-ADJ-REASON-CODE	X(05)
		CAS06	Adjustment Amount S9(7)V99	R	1-18	S				091	X837P-LI-ADJ-AMT	S9(16)V99	X837P-LI-ADJ-AMT	S9(16)V99
		CAS07	Adjustment Quantity 9(7)	R	1-15	S				091	X837P-LI-ADJ-UNITS	S9(10)V9(5)	X837P-LI-ADJ-UNITS	S9(10)V9(5)
		CAS08	Adjustment Reason Code	ID	1-5	S				091	X837P-LI-ADJ-REASON-CD	X(05)	X837P-LI-ADJ-REASON-CODE	X(05)
		CAS09	Adjustment Amount S9(7)V99	R	1-18	S				091	X837P-LI-ADJ-AMT	S9(16)V99	X837P-LI-ADJ-AMT	S9(16)V99
		CAS10	Adjustment Quantity 9(7)	R	1-15	S				091	X837P-LI-ADJ-UNITS	S9(10)V9(5)	X837P-LI-ADJ-UNITS	S9(10)V9(5)
		CAS11	Adjustment Reason Code	ID	1-5	S				091	X837P-LI-ADJ-REASON-CD	X(05)	X837P-LI-ADJ-REASON-CODE	X(05)
		CAS12	Adjustment Amount S9(7)V99	R	1-18	S				091	X837P-LI-ADJ-AMT	S9(16)V99	X837P-LI-ADJ-AMT	S9(16)V99
		CAS13	Adjustment Quantity 9(7)	R	1-15	S				091	X837P-LI-ADJ-UNITS	S9(10)V9(5)	X837P-LI-ADJ-UNITS	S9(10)V9(5)
		CAS14	Adjustment Reason Code	ID	1-5	S				091	X837P-LI-ADJ-REASON-CD	X(05)	X837P-LI-ADJ-REASON-CODE	X(05)
		CAS15	Adjustment Amount S9(7)V99	R	1-18	S				091	X837P-LI-ADJ-AMT	S9(16)V99	X837P-LI-ADJ-AMT	S9(16)V99
		CAS16	Adjustment Quantity 9(7)	R	1-15	S				091	X837P-LI-ADJ-UNITS	S9(10)V9(5)	X837P-LI-ADJ-UNITS	S9(10)V9(5)
		CAS17	Adjustment Reason Code	ID	1-5	S				091	X837P-LI-ADJ-REASON-CD	X(05)	X837P-LI-ADJ-REASON-CODE	X(05)
		CAS18	Adjustment Amount S9(7)V99	R	1-18	S				091	X837P-LI-ADJ-AMT	S9(16)V99	X837P-LI-ADJ-AMT	S9(16)V99
		CAS19	Adjustment Quantity 9(7)	R	1-15	S				091	X837P-LI-ADJ-UNITS	S9(10)V9(5)	X837P-LI-ADJ-UNITS	S9(10)V9(5)
DTP	**1**		**LINE CHECK OR REMITTANCE DATE**			**R**				090	**LOOP 2430, SEGMENT DTP (LINE ADJUDICATION DATE)**			
		DTP01	Date Time Qualifier	ID	3-3	R	573			090	X837P-LI-DT-PD-CD	X(03)	X837P-LI-DATE-PAID-CODE	X(03)
		DTP02	Date Time Period Format Qualifier	ID	2-3	R	D8			090	X837P-LI-DT-PD-QL	X(03)		
		DTP03	Adjudication or Payment Date	AN	1-35	R	CCYYMMDD			090	X837P-LI-DT-PD	X(35)	X837P-LI-DATE-PAID	X(08)
AMT	**1**		**REMAINING PATIENT LIABILITY**			**S**		New Segment		090	**LOOP 2430, SEGMENT AMT (LINE REMAINING PATIENT LIABILITY)**			
		AMT01	Amount Qualifier Code	ID	1-3	R	EAF			090	X837P-LI-REMAIN-PAT-QL	X(03)		
		AMT02	Remaining Patient Liability Amount S9(7)V99	R	1-18	R				090	X837P-LI-REMAIN-PAT-AMT	S9(16)V99		

		AMT03	Credit/Debit Flag Code	ID	1-1	N/U								
2440	**>1**													
LQ	**1**		**FORM IDENTIFICATION CODE**			**S**				100	**LOOP 2440, SEGMENT LQ (LINE FORM IDENTIFICATION CODE)**			
		LQ01	Code List Qualifier Code	ID	1-3	R	AS, UT			100	X837P-LI-FORM-ID-CD	X(03)	X837P-FORM-ID-CODE	X(03)
		LQ02	Form Identifier	AN	1-30	R				100	X837P-LI-FORM-ID	X(30)	X837P-FORM-ID	X(30)
FRM	**99**		**SUPPORTING DOCUMENTATIO N**			**S**				101	**LOOP 2440, SEGMENT FRM (LINE SUPPORTING DOCUMENTATION)**			
		FRM01	Question Number/Letter	AN	1-20	R				101	X837P-LI-FORM-QUES-NUM	X(20)	X837P-FORM-QUES-NUM	X(20)
		FRM02	Question Response	ID	1-1	S	N, W, Y			101	X837P-FORM-QUES-RES-CD	X(01)	X837P-FORM-QUES-RESPONSE-CODE	X(01)
		FRM03	Question Response	AN	1-50	S		Increase from 30 - 50		101	X837P-FORM-QUES-RES	X(50)	X837P-FORM-QUES-RESPONSE	X(30)
		FRM04	Question Response	DT	8-8	S	CCYYMMDD			101	X837P-FORM-QUES-RES-DT	X(08)	X837P-FORM-QUES-RESPONSE-DATE	X(08)
		FRM05	Question Response 9(3)V9	R	1-6	S				101	X837P-FORM-QUES-RES-PCT	S9(4)V9(2)	X837P-FORM-QUES-RESPONSE-PCT	S9(4)V9(2)
SE	**1**		**TRANSACTION SET TRAILER**			**R**				999	**837P - TRANSACTION TRAILER RECORD**			
		SE01	Transaction Segment Count	N0	1-10	R				999	X837P-TRAILER-NUM-OF-SEG	9(10)	X837P-TRAILER-NUM-OF-SEG	9(10)
		SE02	Transaction Set Control Number	AN	4-9	R				999	X837P-TRAILER-CTL-NUM	X(09)	X837P-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								