

Adeptia EDI Structure : 5010 837 PROFESSIONAL CLAIM TRANSACTION SPECIFICATIONS

ADEPTIA	REQUIRED	ELEMENT	ELEMENT DESCRIPTION	VALUES	DESCRIPTION
	R	ISA	INTERCHANGE CONTROL HEADER		
	R	01	AUTHORIZATION INFORMATION QUALIFIER	00	No authorization information present in 02
	R	02	AUTHORIZATION INFORMATION		Blank
	R	03	SECURITY INFORMATION QUALIFIER	00	No security information present in 04
	R	04	SECURITY INFORMATION		Blank
	R	05	INTERCHANGE ID QUALIFIER	30	Federal tax ID
	R	06	INTERCHANGE SENDER ID		Sender tax ID
	R	07	INTERCHANGE ID QUALIFIER	30	Federal tax ID
	R	08	INTERCHANGE RECEIVER ID	141650868	MVP tax ID
	R	09	INTERCHANGE DATE	YYMMDD	Date of interchange
	R	10	INTERCHANGE TIME	HHMM	Time of interchange
	R	11	INTERCHANGE CONTROL STANDARDS IDENTIFIER	^	Repetition separator
	R	12	INTERCHANGE CONTROL VERSION NUMBER	501	Draft Standards approved by ASCx12
	R	13	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must match IEA02
	R	14	ACKNOWLEDGMENT REQUESTED	00	0 = NO
	R	15	TEST INDICATOR	P OR T	Production or Test
	R	16	COMPONENT ELEMENT SEPARATOR	:	Delimiter
	R	GS	FUNCTIONAL GROUP HEADER		
	R	01	FUNCTIONAL IDENTIFIER CODE	HC	Health Care Claim 837
	R	02	APPLICATION SENDER'S CODE		Sender's code / Tax Identification Number
	R	03	APPLICATION RECEIVER'S CODE	141650868	Receiver's code
	R	04	DATE	CCYYMMDD	Group creation date
	R	05	TIME	HHMM	Creation time
	R	06	GROUP CONTROL NUMBER		Assigned by sender
	R	07	RESPONSIBLE AGENCY CODE	X	Accredited Standards Committee X12
	R	08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X222A1	Version/Release/Industry Identifier Code
	R	ST	TRANSACTION SET HEADER		
	R	01	TRANSACTION SET IDENTIFIER CODE	837	Health Care Claim
	R	BHT	BEGINNING OF HIERARCHICAL TRANSACTION		
	R	01	HIERARCHICAL STRUCTURE CODE	19	Information Source, Subscriber, Dependent
	R	02	TRANSACTION SET PURPOSE CODE	00	00-Original
	R	03	REFERENCE IDENTIFICATION		Batch control number assigned by submitter
	R	04	DATE		Transaction set create date in CCYYMMDD format
	R	05	TIME		Transaction set create time in HHMM format
	R	06	TRANSACTION SET TYPE CODE	CH	Chargeable-fee for service
		Loop 1000A			
Adeptia Def		Loop1_NM1 : If (NM101 = 41)			
	R	NM1	SUBMITTER NAME-1000A		
	R	01	ENTITY IDENTIFIER CODE	41	Submitter

	R	02	ENTITY TYPE QUALIFIER	1, 2	1-Person, 2-Non-person entity
	R	03	ORGANIZATION NAME/LAST NAME		Submitter Name
	S	04	FIRST NAME		Subscriber First Name
	S	05	MIDDLE NAME		Subscriber Middle Name
	NOT USED	06	NAME PREFIX		NOT USED
	NOT USED	07	NAME SUFFIX		NOT USED
	R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
	R	09	IDENTIFICATION CODE		Submitter tax ID
	R	PER	SUBMITTER EDI CONTACT INFORMATION-1000A		
	R	01	CONTACT FUNCTION CODE	IC	Information Contact
	R	02	NAME		Submitter Contact Name
	R	03	COMMUNICATION QUALIFIER	TE	Telephone
	R	04	COMMUNICATION NUMBER		Area code number + phone number
	S	05	COMMUNICATION QUALIFIER	EM	Email
	S	06	COMMUNICATION NUMBER		Email address
			Loop 1000B		
Adeptia Def			Loop1_NM1 : If (NM101 = 40)		
	R	NM1	RECEIVER NAME-1000B		
	R	01	ENTITY IDENTIFIER CODE	40	Receiver
	R	02	ENTITY TYPE QUALIFIER	02	2-Non-person Entity
	R	03	ORGANIZATION NAME	MVP HEALTH PLAN	Receiver name
	NOT USED	04	NAME FIRST		NOT USED
	NOT USED	05	NAME MIDDLE		NOT USED
	NOT USED	06	NAME PREFIX		NOT USED
	NOT USED	07	NAME SUFFIX		NOT USED
	R	08	IDENTIFICATION CODE QUALIFIER	46	Electronic Transmitter ID number
	R	09	IDENTIFICATION CODE	141650868	Receiver Identifier
			Loop 2000A		
Adeptia Def			Loop2_HL : If (HL01 = 1)		
	R	HL	HIERARCHICAL LEVEL		
	R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender, must begin at "1"
	NOT USED	02	HIERARCHICAL PARENT ID NUMBER		NOT USED
	R	03	HIERARCHICAL LEVEL CODE	20	Information Source
	R	04	HIERARCHICAL CHILD CODE	01	Additional subordinate HL data segment
	S	PRV	BILLING / PAY-TO PROVIDER SPECIALTY 2000A		**IDENTIFIES BILLING / PAY-TO SPECIALTY
	R	01	PROVIDER CODE	BI	Provider Code
	R	02	REFERENCE IDENTIFICATION QUALIFER	PXC	Mutually Defined
	R	03	REFERENCE IDENTIFICATION		more then one specialty.
			Loop 2010AA		
Adeptia Def			Loop3_NM1 : If (NM101 = 85)		
	R	NM1	BILLING PROVIDER NAME 2010AA		
	R	01	ENTITY IDENTIFIER CODE	85	Billing provider
	R	02	ENTITY TYPE QUALIFIER	1 or 2	1-Person, 2-Non-person entity
	R	03	NAME LAST		Billing Provider Last or Organizational Name
	S	04	NAME FIRST		Billing Provider First Name
	S	05	NAME MIDDLE		Billing Provider Middle Name

	NOT USED	06	NAME PREFIX		NOT USED
	S	07	NAME SUFFIX		Billing Provider Suffix, if known
	R	08	IDENTIFICATION CODE QUALIFIER	XX	National Provider ID
	R	09	IDENTIFICATION CODE		NPI Number
	R	N3	BILLING PROVIDER ADDRESS		
	R	01	STREET		Billing Provider Street (Physical address)
	S	02	STREET 2		Billing Provider Street 2
	R	N4	BILLING PROVIDER CITY, STATE, ZIP CODE		
	R	01	CITY		Billing Provider City
	R	02	STATE		Billing Provider State
	R	03	POSTAL CODE		Billing Provider Zip code
	S	REF	BILLING PROVIDER SECONDARY IDENTIFICATION		
	R	01	REFERENCE IDENTIFICATION QUALIFIER	EI, SY	Billing Provider Federal Tax ID, Billing Provider SSN
	R	02	REFERENCE IDENTIFICATION		Billing provider ID
	S	PER	BILLING PROVIDER CONTACT INFORMATION		
	R	01	CONTACT FUNCTION CODE	IC	Information contact
	R	02	NAME		Billing provider contact name
	R	03	COMMUNICATION QUALIFIER	TE	Telephone
	R	04	COMMUNICATION NUMBER		Physician phone number
			Loop 2010AB		
Adeptia Def			Loop3_NM1 : If (NM101 = 87)		
	S	NM1	PAY TO ADDRESS NAME 2010AB		
	R	01	ENTITY IDENTIFIER CODE	87	Pay to provider
	R	02	ENTITY TYPE QUALIFIER	1 or 2	Person/non-person entity
	NOT USED	03	NAME LAST		
	NOT USED	04	NAME FIRST		
	NOT USED	05	NAME MIDDLE		
	NOT USED	06	NAME PREFIX		
	NOT USED	07	NAME SUFFIX		
	NOT USED	08	IDENTIFICATION CODE QUALIFIER		
	NOT USED	09	IDENTIFICATION CODE		
	S	N3	PAY-TO ADDRESS 2010AB		
	R	01	Address Information		Pay to provider address
	R	02	Address Information		Pay to provider address 2
	S	N4	PAY TO ADDRESS 2010AB		
	R	01	CITY NAME		Pay to provider city
	R	02	STATE		Pay to provider state
	R	03	ZIP CODE		Pay to provider zip code
			Loop 2000B		
Adeptia Def			Loop2_HL : If (HL01 = 2)		
	R	HL	SUBSCRIBER HIERARCHICAL LEVEL 2000B		
	R	01	HIERARCHICAL ID NUMBER		Unique number assigned by the sender

	R	02	HIERARCHICAL PARENT ID NUMBER		ID number of the next higher hierarchical segment
	R	03	HIERARCHICAL LEVEL CODE	22	Subscriber
	R	04	HIERARCHICAL CHILD CODE	0 or 1	No subordinates or has subordinates
	R	SBR	SUBSCRIBER INFORMATION 2000B		
	R	01	PAYER RESPONSIBILITY SEQUENCE CODE NUMBER	A - H P, S, T, U	payer then "P" else if claim is for secondary payer then "S".
	S	02	INDIVIDUAL RELATIONSHIP CODE	18	18-Self (required when subscriber is patient)
	S	03	REFERENCE IDENTIFICATION		Group number
	S	04	NAME		Group name
	S	05	INSURANCE TYPE CODE		Type of policy
	NOT USED	06	COORDINATION OF BENEFITS CODE		NOT USED
	NOT USED	07	YES/NO CONDITION OR REPOSE CODE		NOT USED
	NOT USED	08	EMPLOYMENT STATUS CODE		NOT USED
	S	09	CLAIM FILING INDICATOR	HM	Health Maintenance Organization
	S	PAT	PATIENT INFORMATION 2000B		
	NOT USED	01	INDIVIDUAL RELATIONSHIP CODE		NOT USED
	NOT USED	02	PATIENT LOCATION CODE		NOT USED
	NOT USED	03	EMPLOYMENT STATUS CODE		NOT USED
	NOT USED	04	STUDENT STATUS CODE		NOT USED
	S	05	DATE QUALIFIER	D8	CCYYMMDD
	S	06	DATE TIME PERIOD		Date of death
	S	07	UNIT CODE	01	Actual pounds
	S	08	PATIENT WEIGHT		Patient weight
	S	09	YES/NO CONDITION OR RESPONSE CODE	Y	Pregnancy indicator
			Loop 2010BA		
Adeptia Def			Loop3_NM1 : If (NM101 = IL)		
	R	NM1	SUBSCRIBER SECONDARY IDENTIFICATION 2010BA		
	R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
	R	02	ENTITY TYPE QUALIFIER	01	Person
	R	03	NAME LAST		Subscriber last name
	S	04	NAME FIRST		Subscriber first name
	S	05	NAME MIDDLE		Subscriber middle name
	NOT USED	06	NAME PREFIX		NOT USED
	S	07	NAME SUFFIX		Subscriber suffix
	R	08	IDENTIFICATION CODE QUALIFIER	II, MI	Member Identification number
	R	09	IDENTIFICATION CODE		MVP subscriber member number
	S	N3	SUBSCRIBER ADDRESS 2010BA		
	R	01	ADDRESS INFORMATION		Subscriber address
	S	02	ADDRESS INFORMATION		Subscriber address 2
	S	N4	SUBSCRIBER ADDRESS 2010BA		
	R	01	CITY NAME	Subscriber City	
	R	02	STATE	Subscriber State	
	R	03	POSTAL CODE	Subscriber Zip code	
	S	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION 2010BA		
	R	01	DATE FORMAT QUALIFIER	D8	CCYYMMDD

	R	02	DATE TIME PERIOD		Subscriber date of birth
	R	03	GENDER CODE	F, M, U	Female, male, unknown
			Loop 2010BB		
Adeptia Def			Loop3_NM1 : If (NM101 = PR)		
	R	NM1	PAYER NAME		
	R	01	ENTITY IDENTIFIER CODE	PR	Payer
	R	02	ENTITY TYPE DESCRIPTION	02	Non-Person Entity
	R	03	NAME LAST OR ORGANIZATION	MVP Health Plan	Payer Name
	NOTUSED	04	NAME FIRST		NOTUSED
	NOTUSED	05	NAME MIDDLE		NOTUSED
	NOTUSED	06	NAME PREFIX		NOTUSED
	NOTUSED	07	NAME SUFFIX		NOTUSED
	R	08	IDENTIFICATION CODE QUALIFER	XV, PI	Payer Identification PI Prior to mandated Plan ID
	R	09	IDENTIFICATION CODE NUMBER	141650868	MVP Health Care's Tax Identification Number
	S	N3	PAYER ADDRESS 2010BB		
	R	01	ADDRESS INFORMATION		PAYER ADDRESS LINE
	S	02	ADDRESS INFORMATION		PAYER ADDRESS LINE
	R	N4	PAYER CITY, STATE, ZIP CODE		
	R	01	CITY NAME	FREEFORM	PAYER CITY NAME
	S	02	STATE OR PROVINCE CODE		PAYER STATE OR PROVINCE CODE
	S	03	POSTAL CODE		PAYER POSTAL ZONE OR ZIP CODE
	S	04	COUNTRY CODE		
			LOOP 2300		
Adeptia Def			Loop4_CLM		
	R	CLM	CLAIM INFORMATION 2300		
	R	01	CLAIM SUBMITTER'S IDENTIFIER		Patient account number
	R	02	MONETARY AMOUNT		Total charges (must equal sum of the SV102's)
	NOT USED	03	CLAIM FILING INDICATOR CODE		NOT USED
	NOT USED	04	NON-INSTITUTIONAL CLAIM TYPE CODE		NOT USED
	R	05	HEALTH CARE SERVICE LOCATION		Place of service
	R	05-1	FACILITY CODE VALUE		Facility code
	R	05-2	FACILITY CODE QUALIFIER	B	Place of service Codes for Professional or Dental Services
	R	05-3	CLAIM FREQUENCY TYPE	1-5-7-8	Original-claim frequency
	R	06	RESPONSE CODE	Y or N	Provider signature on file
	R	07	PROVIDER ACCEPT ASSIGN	A, B, C	Provider accept Medicare assignment code
	R	08	RESPONSE CODE	W	Assign of benefits indicator
	R	09	RELEASE OF INFORMATION	I, Y	Release of information
	S	10	PATIENT SIGNATURE SOURCE CODE	P	Patient signature on file
	S	11	RELATED CAUSES INFORMATION		Related causes
	R	11-1	RELATED CAUSES CODE	AA, EM, OA	Auto Accident, Employment, Other Accident
	S	11-2	RELATED CAUSES CODE	AA, EM, OA	Used if more than 1 applies
	NOT USED	11-3	RELATED CAUSES CODE	AA, EM, OA	NOT USED
	S	11-4	STATE		State where accident occurred
	S	11-5	COUNTRY		Country where accident occurred
	S	12	SPECIAL PROGRAM CODE		Special circumstances
	NOT USED	13	YES/NO CONDITION OR RESPONSE CODE		NOTUSED
	NOT USED	14	LEVEL OF SERVICE CODE		NOT USED

	NOT USED	15	YES/NO CONDITION OR RESPONSE CODE		NOT USED
	NOT USED	16	PROVIDER AGREEMENT CODE		NOT USED
	NOT USED	17	CLAIM STATUS CODE		NOTUSED
	NOT USED	18	YES/NO CONDITION OR RESPONSE CODE		NOT USED
	NOT USED	19	CLAIM SUBMISSION REASON CODE		NOT USED
	S	20	DELAY REASON CODE	Delay reason code	
	S	DTP	DATE ONSET OF CURRENT ILLNESS OR SYMPTOM		
	R	01	DATE/TIME QUALIFIER	431	Onset of Current Symptoms or Illness
	R	02	DATE/TIME PERIOD FORMAT QUALIFIER	D8	Date format: CCYYMMCC
	R	03	DATE/TIME PERIOD		Onset of Current Symptoms or Illness
	S	DTP	DATE - INITIAL TREATMENT DATE 2300		
	R	01	DATE/TIME QUALIFIER	454	Initial Treatment Date
	R	02	DATE/TIME PERIOD FORMAT QUALIFIER	D8	Date format: CCYYMMCC
	R	03	DATE TIME PERIOD		Initial Treatment Date
	R	DTP	DATE - LAST SEEN DATE 2300		
	R	01	DATE/TIME QUALIFIER	304	Last Visit or Consultation
	R	02	DATE TIME PERIOD FORMAT QUALIFIER	D8	Date format: CCYYMMCC
	R	03	DATE TIME PERIOD		Last Visit or Consultation
	S	DTP	DATE OF ACCIDENT 2300		
	R	01	DATE QUALIFIER	439	Accident date
	R	02	DATE FORMAT	D8	Date format: CCYYMMDD
	R	03	DATE OF CURRENT		Accident Date
	S	DTP	DATE LAST WORKED 2300		
	R	01	DATE QUALIFIER	297	Date last worked
	R	02	DATE FORMAT	D8	Date format: CCYYMMDD
	R	03	DATE OF CURRENT		Date Last Worked
	S	DTP	DATE AUTHORIZED RETURN TO WORK 2300		
	R	01	DATE QUALIFIER	296	Authorized return to work date
	R	02	DATE FORMAT	D8	Date format: CCYYMMDD
	R	03	DATE TO RETURN TO WORK		Date Authorized return to work
	S	DTP	DATE OF ADMISSION 2300		
	R	01	DATE QUALIFIER	435	Admission date
	R	02	DATE FORMAT	D8	Date format: CCYYMMDD
	R	03	DATE ADMISSION		Date of Admission
	S	DTP	DATE OF DISCHARGE 2300		
	R	01	DATE QUALIFIER	96	Discharge date
	R	02	DATE FORMAT	D8	Date format: CCYYMMDD
	R	03	DATE DISCHARGE		Date of Discharge
	S	PWK	CLAIM SUPPLEMENTAL INFORMATION 2300		
		01	REPORT TYPE C ODE		
	R	02	REPORT TRANSMISSION CODE	AA, BM, EL, EM, FT, FX	Code defining timing, transmission method or format

	NOT USED	03	REPORT COPIES NEEDED		NOT USED
	NOT USED	04	ENTITY IDENTIFIER CODE		NOT USED
	S	05	IDENTIFICATION CODE QUALIFIER	AC	Required when PWK02=BM, EL, EM, FX, OR FT
	S	06	IDENTIFICATION CODE		
	S	AMT	PATIENT AMOUNT PAID 2300		
	R	01	AMOUNT QUALIFIER	F5	Patient amount paid
	R	02	MONETARY AMOUNT		Amount Paid
	S	REF	SERVICE AUTHORIZATION EXCEPTION CODE 2300		
	R	01	REFERENCE IDENTIFICATION QUALIFIER	4N	Special Payment Reference Number
	R	02	REFERENCE IDENTIFICATION	1, 2, 3, 4, 5, 6, 7,	Service Authorization Exception Code
	S	REF	REFERRAL NUMBER 2300		**Required when Referring Provider is sent (REF*DN)
	R	01	REFERENCE IDENTIFICATION QUALIFIER	9F	Referral number qualifier
	R	02	REFERENCE IDENTIFICATION		Referral number
	S	REF	PRIOR AUTHORIZATION 2300		Required when services on this claim were preauthorized
	R	01	REFERENCE IDENTIFICATION QUALIFIER	G1	Prior Authorization qualifier
	R	02	PRIOR AUTHORIZATION NUMBER		Prior Authorization number
	S	REF	PAYER CLAIM CONTROL NUMBER 2300		(Required when CLM05-03 indicates replacement or void
	R	01	REFERENCE IDENTIFICATION QUALIFIER	F8	to a previously adjudicated claim)
	R	02	REFERENCE IDENTIFICATION		Original claim number
	S	REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT	(CLIA)	Facilities performing CLIA covered Laboratory services
	R	01	REFERENCE IDENTIFICATION QUALIFIER	X4	
	R	02	REFERENCE IDENTIFICATION		Clinical Laboratory Improvement Amendment Number
	S	REF	MEDICAL RECORD NUMBER 2300		ACTUAL MEDICAL RECORD OF THE PATIENT
	R	01	REFERENCE IDENTIFICATION QUALIFIER	EA	Medical record qualifier
	R	02	MEDICAL RECORD NUMBER		Medical record number
	S	NTE	CLAIM NOTE 2300		
	R	01	REFERENCE CODE	ADD, CER, DCP, DGN, TPO	Note reference code
	R	02	MESSAGE		Free form data-Additional information
	S	CR1	AMBULANCE TRANSPORT INFORMATION 2300		
	S	101	UNIT OR BASIS FOR MEASUREMENT CODE	LB	USED WHEN JUSTIFYING MEDICAL NECESSITY
	S	102	WEIGHT		MEASURES LEVEL OF AMBULANCE SERVICES
	NOT USED	103	AMBULANCE TRANSPORT CODE		NOT USED
	R	104	AMBULANCE TRANSPORT REASON CODE	A, B, C, D, E	Ambulance transport reason code
	R	105	UNITS OR BASIS FOR MEASUREMENT CODE	DH	MILES
	R	106	QUANTITY		NUMBER OF MILES - TRANSPORT DISTANCE
	NOT USED	107	ADDRESS INFORMATION		NOT USED
	NOT USED	108	ADDRESS INFORMATION		NOT USED
	S	109	DESCRIPTION	FREEFORM	REQUIRED WHEN AMB SERVICE FOR ROUND TRIP
	S	110	DESCRIPTION	FREEFORM	TO JUSTIFY USAGE OF STRETCHER
	R	HI	HEALTH CARE DIAGNOSIS CODE 2300		

	R	HI01	HEALTH CARE CODE INFORMATION		
	R	HI01-1	CODE LIST QUALIFIER	ABK, BK	Principal diagnosis ICD-9 codes
	R	HI01-2	DIAGNOSIS CODE		Diagnosis code
	NU	HI01-3	DATE, TIME PERIOD FORMAT		NOT USED
	NU	HI01-4	DATE TIME PERIOD		NOT USED
	NU	HI01-5	MONETARY AMOUNT		NOT USED
	NU	HI01-6	QUANTITY		NOT USED
	NU	HI01-7	VERSION IDENTIFIER		NOT USED
	NU	HI01-8	INDUSTRY CODE		NOT USED
	NU	HI01-9	YES/NO CONDITION OR RESPONSE CODE		
	S	HI02	HEALTH CARE CODE INFORMATION		
	R	HI02-1	DIAGNOSIS TYPE CODE		
	R	HI02-2	DIAGNOSIS CODE		DIAGNOSIS CODE
	NOT USED	HI02-3	DATE, TIME PERIOD FORMAT		NOT USED
	NOT USED	HI02-4	DATE TIME PERIOD		NOT USED
	NOT USED	HI02-5	MONETARY AMOUNT		NOT USED
	NOT USED	HI02-6	QUANTITY		NOT USED
	NOT USED	HI02-7	VERSION IDENTIFIER		NOT USED
	NOT USED	HI02-8	INDUSTRY CODE		NOT USED
	NOT USED	HI02-9	YES/NO CONDITION OR RESPONSE CODE		NOT USED
	S	HI03	HEALTH CARE CODE INFORMATION		DIAGNOSIS CODE
	R	HI03-1	DIAGNOSIS TYPE CODE	ABF, BF	
	R	HI03-2	DIAGNOSIS CODE		
					DIAGNOSIS CODE
	S	HI03	HEALTH CARE CODE INFORMATION		
	R	HI03-1	DIAGNOSIS TYPE CODE	ABF, BF	
	R	HI03-2	DIAGNOSIS CODE	DIAGNOSIS CODE	
	NU	HI03-3	DATE TIME PERIOD FORMAT	NOT USED	
	S	HI04	HEALTH CARE CODE INFORMATION		DIAGNOSIS ICD-9 CODES
	R	HI04-1	DIAGNOSIS TYPE CODE	ABF, BF	DIAGNOSIS CODE
	R	HI04-2	DIAGNOSIS CODE		
	S	HI05	HEALTH CARE CODE INFORMATION		
	R	HI05-1	DIAGNOSIS TYPE CODE	ABF, BF	
	R	HI05-2	DIAGNOSIS CODE		
	S	HI06	HEALTH CARE CODE INFORMATION		
	R	HI06-1	DIAGNOSIS TYPE CODE	ABF, BF	DIAGNOSIS CODE
	R	HI06-2	DIAGNOSIS CODE		
	S	HI07	HEALTH CARE CODE INFORMATION		
	R	HI07-1	DIAGNOSIS TYPE CODE	ABF, BF	DIAGNOSIS CODE
	R	HI07-2	DIAGNOSIS CODE		
	S	HI07	HEALTH CARE CODE INFORMATION		
	R	HI07-1	DIAGNOSIS TYPE CODE	ABF, BF	DIAGNOSIS CODE
	R	HI07-2	DIAGNOSIS CODE		
	S	HI08	HEALTH CARE CODE INFORMATION		
	R	HI08-1	DIAGNOSIS TYPE CODE	ABF, BF	DIAGNOSIS CODE
	R	HI08-2	DIAGNOSIS CODE		
		Loop 2310A			
Adeptia Def		Loop6_NM1 : if (NM101 = DN)			
	S	NM1	REFERRING PROVIDER NAME 2310A		

	S	CAS	LINE ADJUDICATION INFORMATION		
	R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR, OA, PI	segment sent. Adjustment Reason Code.
	R	02	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
	R	03	MONETARY AMOUNT		Adjusted Amount - Claim Level
	S	04	QUANTITY		Adjusted Units - Claim Level
	S	05	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
	S	06	MONETARY AMOUNT		Adjusted Amount - Claim Level
	S	07	QUANTITY		Adjusted Units - Claim Level
	S	08	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
	S	09	MONETARY AMOUNT		Adjusted Amount - Claim Level
	S	10	QUANTITY		Adjusted Units - Claim Level
	S	11	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
	S	12	MONETARY AMOUNT		Adjusted Amount - Claim Level
	S	13	QUANTITY		Adjusted Units - Claim Level
	S	14	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
	S	15	MONETARY AMOUNT		Adjusted Amount - Claim Level
	S	16	QUANTITY		Adjusted Units - Claim Level
	S	17	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
	S	18	MONETARY AMOUNT		Adjusted Amount - Claim Level
	S	19	QUANTITY		Adjusted Units - Claim Level
	S	AMT	COORDINATION OF BENEFITS (COB) PAYER PAID		
	R	01	AMOUNT QUALIFIER	D	Payer amount paid
	R	02	MONETARY AMOUNT		Amount Paid
			COORDINATION OF BENEFITS (COB TOTAL NON-		
	S	AMT	COVERED AMOUNT 2320		
	NOT USED	01	AMOUNT QUALIFIER CODE		
	NOT USED	02	MONETARY AMOUNT		NON COVERED AMOUNT
	R	OI	Other Insurance Coverage Information		
	NOT USED	01	CLAIM FILING INDICATOR CODE		NOT USED
	NOT USED	02	CLAIM SUBMISSION REASON CODE		NOT USED
	R	03	YES/NO CONDITION REPOSE	Y, N, W	Assignment of Benefits Indicator
	S	04	PATIENT SIGNATURE SOURCE CODE	P	Patient Signature Source Code
	NOT USED	05	PROVIDER AGREEMENT CODE		NOT USED
	R	06	RELEASE OF INFORMATION CODE	I, Y	Release of Information Code
	S	MOA	OUTPATIENT ADJUDICATION INFORMATION 2320		*****
	S	01	PERCENTAGE AS DECIMAL		REIMBURSEMENT RATE
	S	02	MONETARY AMOUNT		REQUIRED WHEN RETURNED IN TNE REMITTANCE
	S	03-07	REFERENCE IDENTIFICATION		ADVICE
	S	08-09	MONETARY AMOUNT		*****
			Loop 2330A		
	Adeptia Def		Loop8_NM1 : if (NM101= IL)		
	S	NM1	OTHER SUBSCRIBER NAME		
	R	01	ENTITY IDENTIFIER CODE	IL	Insured or subscriber
	R	02	ENTITY TYPE QUALIFIER	01	Person
	R	03	NAME LAST		SUBSCRIBER LAST NAME

	S	04	NAME FIRST			SUBSCRIBER FIRST NAME
	NU	05	NAME MIDDLE			NOT USED
	NU	06	NAME PREFIX			NOT USED
	S	07	NAME SUFFIX			SUBSCRIBER SUFFIX
	R	08	IDENTIFICATION CODE QUALIFIER	MI		MEMBER IDENTIFICATION
	R	09	IDENTIFICATION CODE			SUBSCRIBER IDENTIFICATION NUMBER
	Loop 2330B					
Adeptia Def	Loop8_NM1 : if (NM101= PR)					
	S	NM1	OTHER PAYER NAME 2330B			
	R	01	ENTITY IDENTIFIER CODE	PR		PAYER
	R	02	ENTITY TYPE QUALIFIER	02		NON-PERSON
	R	03	ORGANIZATION NAME			OTHER PAYER ORGANIZATION NAME
	S	N3	OTHER PAYER ADDRESS			
	R	N301	OTHER PAYER ADDRESS LINE			
	S	N302	OTHER PAYER ADDRESS LINE			
	R	N4	OTHER PAYER CITY/STATE/ZIP CODE			
	R	N401	OTHER PAYER CITY NAME			
	S	N402	OTHER PAYER STATE/ZIP CODE			
	Loop 2330C					
Adeptia Def	Loop8_NM1 : if (NM101= DN)					
	S	NM1	OTHER PAYER REFERRING PROVIDER			
	R	01	ENTITY IDENTIFIER CODE	DN		
	R	02	ENTITY TYPE QUALIFIER	01		
	R	REF	OTHER PAYER REFERRING PROVIDER SECONDARY ID			
	R	01	REFERENCE IDENTIFICATION QUALIFIER	OB, 1G, G2		
	R	02	OTHER PAYER REFERRING PROVIDER SECONDARY			
	Loop 2400					
Adeptia Def	Loop9_LX					
	R	LX	SERVICE LINE NUMBER 2400			
	R	01	ASSIGNED NUMBER			Line counter
	PROFESSIONAL SERVICE 2400					
	R	01-1	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	ER, HC, IV, WK		HC-HCPCS codes,
	R	01-2	PRODUCT/SERVICE ID			Procedure Code
	S	01-3	PROCEDURE MODIFIER			Procedure Modifier 1
	S	01-4	PROCEDURE MODIFIER			Procedure Modifier 2
	S	01-5	PROCEDURE MODIFIER			Procedure Modifier 3
	S	01-6	PROCEDURE MODIFIER			Procedure Modifier 4
	S	01-7	DESCRIPTION	FREEFORM		DEFINITIVE DESCRIPTION OF PROCEDURE CODE
	NOT USED	01-8	PRODUCT/ SERVICE ID			Line item charge amount
	R	SV102	MONETARY AMOUNT			"0" ZERO IS AN ACCEPTABLE VALUE
	R	SV103	MINUTES (ANESTHESIA)	MJ		MINUTES - Effective 7/1/2010
	R	SV104	QUANTITY			MINUTES
	S	05	FACILITY CODE VALUE			Place of service
	NOT USED	06	SERVICE TYPE CODE			NOT USED
	R	07	DIAGNOSIS CODE POINTER			
	R	07-1	DIAGNOSIS CODE POINTER			Diagnosis Code Pointer

R	01	IDENTIFICATION CODE		NM109 in Loop ID-2330B identifying
R	02	MONETARY AMOUNT		for this element.
R	03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER		
R	03-1	PRODUCT/SERVICE ID QUALIFIER	HC	Health Care Financing Administration Common
R	03-2	PRODUCT/SERVICE ID		Procedure Code
S	03-3	PROCEDURE MODIFIER		Procedure Modifier 1
S	03-4	PROCEDURE MODIFIER		Procedure Modifier 2
S	03-5	PROCEDURE MODIFIER		Procedure Modifier 3
S	03-6	PROCEDURE MODIFIER		Procedure Modifier 4
S	03-7	DESCRIPTION		Procedure Code Description
NOT USED	04	PRODUCT/SERVICE ID		NOT USED
R	05	QUANTITY		Paid Service Unit Count
S	06	ASSIGNED NUMBER		Bundled or Unbundled Line Number
S	CAS	LINE ADJUDICATION INFORMATION 2430		
R	01	CLAIM ADJUSTMENT GROUP CODE	PR, CO, CR, OA, PI	adjustment group code is required to be the first CAS
R	02	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
R	03	MONETARY AMOUNT		Adjusted Amount - Line Level
S	04	QUANTITY		Adjusted Units - Line Level
S	05	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
S	06	MONETARY AMOUNT		Adjusted Amount - Line Level
S	07	QUANTITY		Adjusted Units - Line Level
S	08	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
S	09	MONETARY AMOUNT		Adjusted Amount - Line Level
S	10	QUANTITY		Adjusted Units - Line Level
S	11	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
S	12	MONETARY AMOUNT		Adjusted Amount - Line Level
S	13	QUANTITY		Adjusted Units - Line Level
S	14	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
S	15	MONETARY AMOUNT		Adjusted Amount - Line Level
S	16	QUANTITY		Adjusted Units - Line Level
S	17	CLAIM ADJUSTMENT REASON CODE	1, 2, 3, 26, 66, 127	CODE SOURCE 139: Claim Adjustment Reason Code
S	18	MONETARY AMOUNT		Adjusted Amount - Line Level
S	19	QUANTITY		Adjusted Units - Line Level
S	DTP	LINE Check or Remittance Date		
R	01	DATE/TIME QUALIFIER	573	Date Claim Paid
R	02	DATE/TIME FORMAT	D8	Date Time Period Format Qualifier
R	03	DATE/TIME PERIOD	CCYYMMDD	Adjudication or Payment Date
R	SE	TRANSACTION SET TRAILER		
R	01	NUMBER OF INCLUDED SEGMENTS		Segment count
R	02	TRANSACTION SET CONTROL NUMBER		Unique number assigned by originator/must match ST 02
R	GE	FUNCTIONAL GROUP TRAILER		
R	01	NUMBER OF TRANSACTION SETS INCLUDED		Total number of transaction sets
R	02	GROUP CONTROL NUMBER		Assigned by sender
R	IEA	INTERCHANGE CONTROL TRAILER		
R	01	NUMBER OF INCLUDED FUNCTIONAL GROUPS		Number of groups in the interchange

	R	02	INTERCHANGE CONTROL NUMBER	Assigned by sender	Must match ISA13
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