	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
2		**x**	**ISA**		**INTERCHANGE CONTROL HEADER**								**P**						
3			ISA	ISA01	Authorization Information Qualifier	REQ			M	ID	2/2				Please use '00'.				
4			ISA	ISA02	Authorization Information	REQ			M	AN	10/10				Please use 10 spaces.				
5			ISA	ISA03	Security Information Qualifier	REQ			M	ID	2/2				Please use '00'.				
6			ISA	ISA04	Security Information	REQ			M	AN	10/10				Please use 10 spaces.				
7			ISA	ISA05	Interchange ID Qualifier	REQ			M	ID	2/2				Please use 'ZZ'.				
8			ISA	ISA06	Interchange Sender ID	REQ			M	AN	15/15		P		Please use the 9-digit Trading Partner ID provided during the enrollment process, followed by spaces.				
9			ISA	ISA07	Interchange ID Qualifier	REQ			M	ID	2/2				Please use 'ZZ'.				
10			ISA	ISA08	Interchange Receiver ID	REQ			M	AN	15/15				Please use 'SD48MED' followed by spaces.				
11			ISA	ISA09	Interchange Date	REQ		YYMMDD	M	DT	6/6		P						
12			ISA	ISA10	Interchange Time	REQ		HHMM	M	TM	4/4								
13			ISA	ISA11	Interchange Control Standards Identifier	REQ			M	ID	1/1				U				
14			ISA	ISA12	Interchange Control Version Number	REQ			M	ID	5/5				401				
15			ISA	ISA13	Interchange Control Number	REQ			M	N0	9/9								
16			ISA	ISA14	Acknowledgment Requested	REQ			M	ID	1/1				0,1				
17			ISA	ISA15	Usage Indicator	REQ			M	ID	1/1				Please use 'T' when submitting a Test file. Please use 'P' when submitting a Production file.				
18			ISA	ISA16	Component Element Separator	REQ			M		1/1								
19		**x**	**GS**		**FUNCTIONAL GROUP HEADER**								**P**						
20			GS	GS01	Functional Identifier Code	REQ			M	ID	2/2				HC				
21			GS	GS02	Application Sender's Code	REQ			M	AN	2/15		P		Please use the 9-digit Trading Partner ID provided during the enrollment process, followed by spaces.				
22			GS	GS03	Application Receiver's Code	REQ			M	AN	2/15				Please use 'SD48MED'				
23			GS	GS04	Date	REQ		CCYYMMDD	M	DT	8/8								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
24			GS	GS05	Time	REQ		HHMM, HHMMSS, HHMMSSD, HHMMSSDD	M	T/M	4/8								
25			GS	GS06	Group Control Number	REQ			M	N0	1/9								
26			GS	GS07	Responsible Agency Code	REQ			M	ID	2/2				X				
27			GS	GS08	Version / Release / Industry Identifier Code	REQ			M	AN	1/12				004010X096A1				
28		**005**	**ST**		**Transaction Set Header**	**REQ**	**1**						**P**						
29			ST	ST01	Transaction set identifier code	REQ			M	ID	3/3				837				
30			ST	ST02	Transaction set control number	REQ			M	AN	4/9		P						
31		**010**	**BHT**		**Beginning of Hierarchical Transaction**	**REQ**	**1**						**P**						
32			BHT	BHT01	Hierarchical Structure Code	REQ			M	ID	4/4				19				
33			BHT	BHT02	Transaction Set Purpose Code	REQ			M	ID	2/2		P		00, 18				
34			BHT	BHT03	Reference Identification	REQ			O	AN	1/30	Originator Application Transaction Identifier	P		Unique value by Trading Partner ID number				
35			BHT	BHT04	Date	REQ		CCYYMMDD	O	DT	8/8	Transaction Set Creation Date	P				86	Date (Claim)	
36			BHT	BHT05	Time	REQ		HHMM, HHMMSS, HHMMSSD, HHMMSSDD	O	TM	4/8	Transaction Set Creation Time	P						
37			BHT	BHT06	Transaction Type Code	REQ			O	ID	2/2	Claim or Encounter Indicator	P		Please use 'CH' for cllaims and 'RP' for encounters.				
38		**015**	**REF**		**Transmission Type Identification**	**REQ**	**1**						**P**						
39			REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3				87				
40			REF	REF02	Transmission Type Code	REQ			X	AN	1/30	Transmission Type Code	P		When this draft is used to pilot the transaction set, this value is '004010X096DA1'. When this draft is used to send the transaction set in a production mode, this value is '004010X096A1'				
41	**1000A**				**Loop ID 1000A - Submitter Name**		**1**												
42	**1000A**	**020**	**NM1**		**Submitter Name**	**REQ**	**1**						**P**						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
43	1000A		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3				41				
44	1000A		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1				1,2				
45	1000A		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Submitter Last or Organization Name	P		Required				
46	1000A		NM1	NM104	Name First	SIT			O	AN	1/25	Submitter First Name	P						
47	1000A		NM1	NM105	Name Middle	SIT			O	AN	1/25	Submitter Middle Name	P						
48	1000A		NM1	NM108	Identification Code Qualifier	REQ			X	ID	1/2		P						
49	1000A		NM1	NM109	Identification Code	REQ			X	AN	2/80	Submitter Identifier	P		Please use the 9 - digit Trading Partner ID. It matched same as ISA06 and GS02.				
50	**1000A**	**045**	**PER**		**Submitter EDI Contact Information**	**REQ**	**2**						**P**						
51	1000A		PER	PER01	Contact Function Code	REQ			O	AN	1/60	Submitter Contact Name	P						
52	1000A		PER	PER02	Name First	REQ			X	ID	2/2		P						
53	1000A		PER	PER03	Communication Number Qualifier	REQ			X	AN	1/80		P						
54	1000A		PER	PER04	Communication Number	REQ			X	ID	2/2		P						
55	1000A		PER	PER05	Communication Number Qualifier	SIT			X	AN	1/80		P						
56	1000A		PER	PER06	Communication Number	SIT			X	ID	2/2		P						
57	1000A		PER	PER07	Communication Number Qualifier	SIT			X	AN	1/80		P						
58	1000A		PER	PER08	Communication Number	SIT			X	ID	2/2		P						
59	**1000B**				**Loop ID 1000B - Receiver Name**		**1**												
60	**1000B**	**020**	**NM1**		**Receiver Name**	**REQ**	**1**												
61	1000B		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3				40				
62	1000B		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1				2				
63	1000B		NM1	NM103	Name Last or Organization Name	REQ			O	AN	1/35	Receiver Name							
64	1000B		NM1	NM108	Identification Code Qualifier	REQ			X	ID	1/2	Information Receiver Identification Number			46				
65	1000B		NM1	NM109	Identification Code	REQ			X	AN	2/80	Receiver Primary Identifier			Please use 'SD48MED'				

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
66	**2000A**				**Loop ID 2000A - Billing/Pay-To Provider Hierarchical Level**		**>1**								**If provider code (2000A-PRV01) is omitted, the Billing provider (2010AA) and service provider fields (2310B) are required for us to process into our adjudication system. If provider code (2000A-PRV01) is "BI" and a proper taxonomy code in the 2000A-PRV03 field is sent, the billing provider field (2010AA) is required by the SD interface/adjudication system. If provider code (2000A-PRV01) is "PT" the billing provider (2010AA) and Pay to provider field (2010AB) - are required by the adjudication process.**				
67	**2000A**	**001**	**HL**		**Billing/Pay-To Provider Hierarchical Level**	**REQ**	**1**												
68	2000A		HL	HL01	Hierarchical ID Number	REQ			M	AN	1/12								
69	2000A		HL	HL03	Hierarchical Level Code	REQ			M	ID	1/2				20				
70	2000A		HL	HL04	Hierarchical Child Code	REQ			O	ID	1/1				1				
71	**2000A**	**003**	**PRV**		**Billing/Pay-To Provider Specialty Information**	**SIT**	**1**						**P**						
72	2000A		PRV	PRV01	Provider Code	SIT			M	ID	1/3				BI, PT				
73	2000A		PRV	PRV02	Reference Identification Qualifier	SIT			M	ID	2/3				ZZ				
74	2000A		PRV	PRV03	Provider Taxonomy Code (Speciality Code)	SIT			M	AN	1/30	Provider Taxonomy Code	P		Length 1-30 Provider Taxonomy should be valid				
75	**2000A**	**010**	**CUR**		**Foreign Currency Information**	**SIT**	**1**												
76	2000A		CUR	CUR01	Entity Identifier Code	REQ			M	ID	2/3				85				
77	2000A		CUR	CUR02	Currency Code	REQ			M	ID	3/3		P		Currency Code on the claim should be 'USD'				

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
78	**2010AA**				**Loop ID 2010AA - Billing Provider Name**		**1**												
79	**2010AA**	**015**	**NM1**		**Billing Provider Name**	**REQ**	**1**												
80	2010AA		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3				85				
81	2010AA		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1				2				
82	2010AA		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Billing Provider Last or Organizational Name	P				1	Provider Name - Enter the name of the provider submitting the claim(A3) Provider Address(B4) - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of the	
83	2010AA		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
84	2010AA	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Billing Provider Identifier	P		Billing Provider Primary Id should be a valid NPI ID and Length 10	Provider NPI	5	Federal Tax Number (FL5) - Enter the number assigned to the provider by the Federal Government for tax purposes. Enter NNNNNNNNN(no hyphen), left justified.	
85	**2010AA**	**025**	**N3**		**Billing Provider Address**	**REQ**	**1**												
86	2010AA		N3	N301	Address Information	REQ			M	AN	1/55	Billing Provider Address Line	S				1	Provider Name - Enter the name of the provider submitting the claim(A3). Provider Address(B4) - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of th	
87	2010AA		N3	N302	Address Information	SIT			O	AN	1/55	Billing Provider Address Line	S						
88	**2010AA**	**030**	**N4**		**Billing Provider City/State/Zip**	**REQ**	**1**												

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
89	2010AA		N4	N401	City Name	REQ			O	AN	2/30	Billing Provider City Name	S				1	Provider Name - Enter the name of the provider submitting the claim(A3). Provider Address - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of the pr	
90	2010AA		N4	N402	State or Province Code	REQ			O	ID	2/2	Billing Provider State or Province Code	S				1	Provider Name - Enter the name of the provider submitting the claim(A3). Provider Address - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of the pr	
91	2010AA		N4	N403	Postal Code	REQ			O	ID	3/15	Billing Provider Postal Zone or ZIP Code	S				1	Provider Name - Enter the name of the provider submitting the claim(A3). Provider Address(B4) - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of th	
92	2010AA		N4	N404	Country Code	SIT			O	ID	2/3		S						
93	**2010AA**	**035**	**REF**		**Billing Provider Secondary Info**	**SIT**	**8**												
94	2010AA		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
95	2010AA		REF	REF02	Reference Identification	REQ			X	AN	1/30	Billing Provider Additional Identifier	S				51	Provider Number	
96	**2010AA**	**035**	**REF**		**Credit/Debit Card Billing Information**	**SIT**	**8**						**S**						
97	2010AA		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
98	2010AA		REF	REF02	Reference Identification	REQ			X	AN	1/30	Billing Provider Credit Card Identifier	S						
99	**2010AA**	**040**	**PER**		**Billing Provider Contact Information**	**SIT**	**2**												
100	2010AA		PER	PER01	Contact Function Code	REQ			M	ID	2/2								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
101	2010AA		PER	PER02	Name	REQ			O	AN	1/60	Billing Provider Contact Name	S						
102	2010AA		PER	PER03	Communication Number Qualifier	REQ			X	ID	2/2		S						
103	2010AA		PER	PER04	Communication Number	REQ			X	AN	1/80		S				1	Provider Name - Enter the name of the provider submitting the claim(A3). Provider Address(B4) - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of th	
104	2010AA		PER	PER05	Communication Number Qualifier	SIT			X	ID	2/2		S						
105	2010AA		PER	PER06	Communication Number	SIT			X	AN	1/80		S				1	Provider Name - Enter the name of the provider submitting the claim(A3). Provider Address(B4) - Enter the provider's street address. Provider Address - Enter the provider's city, state and zip code. Provider Phone Number - Enter the telephone number of th	
106	2010AA		PER	PER07	Communication Number Qualifier	SIT			X	ID	2/2		S						
107	2010AA		PER	PER08	Communication Number	SIT			X	AN	1/80		S						
108	**2010AB**				**Loop ID 2010AB - Pay-To Provider Name**		**1**												
109	**2010AB**	**015**	**NM1**		**Pay-To Provider Name**	**SIT**	**1**												
110	2010AB		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
111	2010AB		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
112	2010AB		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Pay-to Provider Last or Organizational Name	P						
113	2010AB		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
114	2010AB	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Pay-to Provider Identifier	P		Provider Primary Id should be a valid NPI ID and Length 10	Provider NPI			
115	**2010AB**	**025**	**N3**		**Pay-To Provider Address**	**REQ**	**1**												
116	2010AB		N3	N301	Address Information	REQ			M	AN	1/55	Pay-to Provider Address Line	S						
117	2010AB		N3	N302	Address Information	SIT			O	AN	1/55	Pay-to Provider Address Line	S						
118	**2010AB**	**030**	**N4**		**Pay-To Provider City/State/Zip**	**REQ**	**1**												

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
119	2010AB		N4	N401	City Name	REQ			O	AN	2/30	Pay-to Provider City Name	S						
120	2010AB		N4	N402	State or Province Code	REQ			O	ID	2/2	Pay-to Provider State Code	S						
121	2010AB		N4	N403	Postal Code	REQ			O	ID	3/15	Pay-to Provider Postal Zone or ZIP Code	S						
122	2010AB		N4	N404	Country Code	SIT			O	ID	2/3	Pay-to Provider country code	S						
123	**2010AB**	**035**	**REF**		**Pay-To Provider Secondary Information**	**SIT**	**5**												
124	2010AB		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
125	2010AB		REF	REF02	Reference Identification	REQ			X	AN	1/30	Pay-to Provider Identifier	S						
126	**2000B**				**Loop ID 2000B - Subscriber Hierarchical Level**		**>1**												
127	**2000B**	**001**	**HL**		**Subscriber Hierarchical Level**	**REQ**	**1**												
128	2000B		HL	HL01	Hierarchical ID Number	REQ			O	AN	1/12								
129	2000B		HL	HL02	Hierarchical Parent ID Number	REQ			M	ID	1/2								
130	2000B		HL	HL03	Hierarchical Level Code	REQ			O	ID	1/2								
131	2000B		HL	HL04	Hierarchical Child Code	REQ			O	ID	1/1				0				
132	**2000B**	**005**	**SBR**		**Subscriber Information**	**REQ**	**1**												
133	2000B		SBR	SBR01	Payer Responsibility sequence Number	REQ			M	ID	1/1						64	ESC	
134	2000B		SBR	SBR02	Individual Relationship code	SIT			O	ID	2/2		P				59	Patient's Relationship to Insured	
135	2000B		SBR	SBR03	Group or Policy number	SIT			O	AN	1/30	Insured Group or Policy Number	S				62	Insurance Group No.	
136	2000B		SBR	SBR04	Name	SIT			O	AN	1/60	Insured Group Name	S				61	Group Name	
137	2000B		SBR	SBR09	Claim Filing Indicator Code	SIT							P		MC				
138	**2010BA**				**Loop ID 2010BA - Subscriber Name**		**1**												
139	**2010BA**	**015**	**NM1**		**Subscriber Name**	**REQ**	**1**												
140	2010BA		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3				IL				
141	2010BA		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1				1, 2				
142	2010BA		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Subscriber Last Name	P				12 58	Patient's Last Name (FL12). Patient's First Name(FL12). Patient's Middle Initial (FL12). Insured's Name	
143	2010BA		NM1	NM104	First Name	SIT			O	AN	1/25	Subscriber First Name	P						
144	2010BA		NM1	NM105	Name Middle	SIT			O	AN	1/25	Subscriber Middle Name	P						
145	2010BA		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Subscriber Name Suffix	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
146	2010BA		NM1	NM108	Identification code qualifier	SIT			X	ID	1/2		P		Identifier Type for Subscriber is Mandatory and value should be "MI"				
147	2010BA		NM1	NM109	Identification code	SIT			X	AN	2/80	Subscriber Primary Identifier	P		For Medicaid purposes the subscriber is equal to the patient.Recipient ID should be Valid Medicaid ID and 9 characters.		60	Cert.- SSN - HIC. - ID Number	
148	**2010BA**	**025**	**N3**		**Subscriber Address**	**SIT**	**1**												
149	2010BA		N3	N301	Address Information	REQ			M	AN	1/55	Subscriber Address Line	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
150	2010BA		N3	N302	Address Information	SIT			O	AN	1/55	Subscriber Address Line	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
151	**2010BA**	**030**	**N4**		**Subscriber City/State/Zip Code**	**SIT**	**1**												
152	2010BA		N4	N401	City Name	REQ			O	AN	2/30	Subscriber City Name	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
153	2010BA		N4	N402	State or Province Code	REQ			O	ID	2/2	Subscriber State Code	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
154	2010BA		N4	N403	Postal Code	REQ			O	ID	3/15	Subscriber Postal Zone or ZIP Code	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
155	2010BA		N4	N404	Country Code	SIT			O	ID	2/3		S						
156	**2010BA**	**032**	**DMG**		**Subscriber Demographic Information**	**SIT**	**1**												
157	2010BA		DMG	DMG01	Date Time Period Format Qualifier	REQ			X	ID	2/3								
158	2010BA		DMG	DMG02	DOB	REQ		CCYYMMDD	X	AN	1/35	Subscriber Birth Date	P		subscriber birth date is Mandatory		14	Patient Birth date (FL14) - Must be a valid date in MMDDYYYY format. Note that the 837-Institutional format for dates is CCYYMMDD.	
159	2010BA		DMG	DMG03	Gender Code	REQ			O	ID	1/1	Subscriber Gender Code	P		F,M,U		15	Patient Sex (FL15) - M - Male F - Female	
160	**2010BA**	**035**	**REF**		**Subscriber Secondary Identification**	**SIT**	**4**												
161	2010BA		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
162	2010BA		REF	REF02	Reference Identification	REQ			X	AN	1/30	Subscriber Supplemental Identifier	S						
163	**2010BA**	**035**	**REF**		**Property and Casualty Claim Number**	**SIT**	**1**												
164	2010BA		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
165	2010BA		REF	REF02	Reference Identification	REQ			X	AN	1/30	Property Casualty Claim Number	S						
166	**2010BB**				**Loop ID 2010BB - Credit/Debit Card Holder Name**		**1**												
167	**2010BB**	**015**	**NM1**		**Credit/Debit Card Account Holder Name**	**SIT**	**1**												
168	2010BB		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
169	2010BB		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
170	2010BB		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Credit or Debit Card Holder Last or Organizational Name	S						
171	2010BB		NM1	NM104	First Name	SIT			O	AN	1/25	Credit or Debit Card Holder First Name	S						
172	2010BB		NM1	NM105	Name Middle	SIT			O	AN	1/25	Credit or Debit Card Holder Middle Name	S						
173	2010BB		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Credit or Debit Card Holder Name Suffix	S						
174	2010BB		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		S						
175	2010BB		NM1	NM109	Identification code	REQ			X	AN	2/80	Credit or Debit Card Number	S						
176	**2010BB**	**035**	**REF**		**Credit/Debit Card Information**	**SIT**	**2**												
177	2010BB		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
178	2010BB		REF	REF02	Reference Identification	REQ			X	AN	1/30	Credit or Debit Card Authorization Number	S						
179	**2010BC**				**Loop ID 2010BC - Payer Name**		**1**												
180	**2010BC**	**015**	**NM1**		**Payer Name**	**REQ**	**1**												
181	2010BC		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3				PR				
182	2010BC		NM1	NM102	Entity Type	REQ			M	ID	1/1				2				
183	2010BC		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Payer Name					50	Payer	
184	2010BC		NM1	NM108	Identification Code Qualifier	REQ			X	ID	1/2				PI				
185	2010BC		NM1	NM109	Identification Code	REQ			X	AN	2/80	Payer Identifier			Please populate with Payer Identification Number as 'SD48MED'				
186	**2010BC**	**025**	**N3**		**Payer Address**	**SIT**	**1**												
187	2010BC		N3	N301	Address Information	REQ			M	AN	1/55	Payer Address Line							
188	2010BC		N3	N302	Address Information	SIT			O	AN	1/55	Payer Address Line							
189	**2010BC**	**030**	**N4**		**Payer City/State/Zip Code**	**SIT**	**1**												
190	2010BC		N4	N401	City Name	REQ			O	AN	2/30	Payer City Name							
191	2010BC		N4	N402	State or Province Code	REQ			O	ID	2/2	Payer State Code							
192	2010BC		N4	N403	Postal Code	REQ			O	ID	3/15	Payer Postal Zone or ZIP Code							
193	2010BC		N4	N404	Country Code	SIT			O	ID	2/3	Payer Postal Zone or ZIP Code							
194	**2010BC**	**035**	**REF**		**Payer Secondary Information**	**SIT**	**3**						**0**						
195	2010BC		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
196	2010BC		REF	REF02	Reference Identification	REQ			X	AN	1/30	Payer Additional Identifier							
197	**2010BD**				**Loop ID 2010BD - Responsible Party Name**		**1**												
198	**2010BD**	**015**	**NM1**		**Responsible Party Name**	**SIT**	**1**												
199	2010BD		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
200	2010BD		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
201	2010BD		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Responsible Party Last or Organization Name	S				38	Responsible Party's Last Name (FL38) - Enter the last name of the party responsible for the self-pay portion of the bill	
202	2010BD		NM1	NM104	First Name	SIT			O	AN	1/25	Responsible Party First Name	S				38	Responsible Party's Address (FL38) - Enter the street address of the party responsible for the self-pay portion of the bill.	
203	2010BD		NM1	NM105	Name Middle	SIT			O	AN	1/25	Responsible Party Middle Name	S						
204	2010BD		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Responsible Party Suffix Name	S						
205	**2010BD**	**025**	**N3**		**Responsible Party Address**	**REQ**	**1**												
206	2010BD		N3	N301	Address Information	REQ			M	AN	1/55	Responsible Party Address Line	S						
207	2010BD		N3	N302	Address Information	SIT			O	AN	1/55	Responsible Party Address Line	S						
208	**2010BD**	**030**	**N4**		**Responsible Party City/State/Zip Code**	**YES**	**1**												
209	2010BD		N4	N401	City Name	REQ			O	AN	2/30	Responsible Party City Name	S						
210	2010BD		N4	N402	State or Province Code	REQ			O	ID	2/2	Responsible Party State Code	S						
211	2010BD		N4	N403	Postal Code	REQ			O	ID	3/15	Responsible Party Postal Zone or ZIP Code	S						
212	2010BD		N4	N404	Country Code	SIT			O	ID	2/3		S						
213	**2000C**				**Loop ID 2000C - Patient Hierarchical Level**		**>1**												
214	**2000C**	**001**	**HL**		**Patient Hierarchical Level**	**SIT**	**1**												
215			HL	HL01	Hierarchical ID Number	REQ			M	AN	1/12								
216			HL	HL02	Hierarchical Parent ID Number	REQ			O	AN	1/12								
217			HL	HL03	Hierarchical Level Code	REQ			M	ID	1/2								
218			HL	HL04	Hierarchical Child Code	REQ			O	ID	1/1								
219	**2000C**	**007**	**PAT**		**Patient Information**	**REQ**	**1**						**P**						
220	2000C		PAT	PAT01	Patients Relationship to Insured	REQ			O	ID	2/2		P				59	Patient's Relationship to Insured	
221	**2010CA**				**Loop ID 2010CA - Patient Name**		**1**												
222	**2010CA**	**015**	**NM1**		**Patient Name**	**REQ**	**1**						**P**						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
223	2010CA		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
224	2010CA		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
225	2010CA		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Patient Last Name	P						
226	2010CA		NM1	NM104	First Name	REQ			O	AN	1/25	Patient First Name	P						
227			NM1	NM105	Name Middle	SIT			O	AN	1/25	Patient Middle Name	P						
228			NM1	NM107	Name Suffix	SIT			O	AN	1/10	Patient Name Suffix	P						
229	2010CA		NM1	NM108	Identification code qualifier	SIT			X	ID	1/2		P						
230	2010CA		NM1	NM109	Identification code	SIT			X	AN	2/80	Patient Primary Identifier	P				60	Cert.- SSN - HIC. - ID Number	
231	**2010CA**	**025**	**N3**		**Patient Address**	**NO**	**1**						**S**						
232	2010CA		N3	N301	Address Information	REQ			M	AN	1/55	Patient Address Line	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
233	2010CA		N3	N302	Address Information	SIT			O	AN	1/55	Patient Address Line	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
234	**2010CA**	**030**	**N4**		**Patient City/State/Zip Code**	**REQ**	**1**						**S**						
235	2010CA		N4	N401	City Name	REQ			O	AN	2/30	Patient City Name	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
236	2010CA		N4	N402	State or Province Code	REQ			O	ID	2/2	Patient State Code	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
237	2010CA		N4	N403	Postal Code	REQ			O	ID	3/15	Patient Postal Zone or ZIP Code	S				13	Patient's Address (FL13) - Contains the patient's street address. Patient's City (FL13) - Contains the city of the patient's address. Patient's State (FL13) - Contains the Postal State Code of the patient's address. See Attachment 3 for abbreviations. Pa	
238	2010CA		N4	N404	Country Code	SIT			O	ID	2/3	Patient Country Code	S						
239	**2010CA**	**032**	**DMG**		**Patient Demographic Information**	**REQ**	**1**						**P**						
240	2010CA		DMG	DMG01	Date Time Period Format Qualifier	REQ			X	ID	2/3								
241	2010CA		DMG	DMG02	DOB	REQ		CCYYMMDD	X	AN	1/35	Patient Birth Date	P				14	Patient Birth date (FL14) - Must be a valid date in MMDDYYYY format. Note that the 837-Institutional format for dates is CCYYMMDD.	
242	2010CA		DMG	DMG03	Gender Code	REQ			O	ID	1/1	Patient Gender Code	P				15	Patient Sex (FL15) - M - Male F - Female	
243	**2010CA**	**035**	**REF**		**Patient Secondary Identification**	**SIT**	**5**						**S**						
244	2010CA		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
245	2010CA		REF	REF02	Reference Identification	REQ			X	AN	1/30	Patient Secondary Identifier	S						
246	**2010CA**	**035**	**REF**		**Property and Casualty Claim Number**	**SIT**	**1**						**S**						
247	2010CA		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
248	2010CA		REF	REF02	Reference Identification	REQ			X	AN	1/30	Property Casualty Claim Number	S						
249	**2300**				**Loop ID 2300 - Claim Information**		**100**												
250	**2300**	**130**	**CLM**		**Claim Information**	**REQ**	**1**												

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
251	2300		CLM	CLM01	Claim Submitter's Identifier	REQ			M	AN	1/38	Patient Account Number	P				3 23	Patient Control Number (FL3) - Enter the provider's unique identification of the claim. Medical/Health Record Number (FL23) - Enter the number assigned to the patient's medical/health record by the provider.	
252	2300		CLM	CLM02	Monetary Amount	REQ			O	R	1/18	Total Claim Charge Amount	P		Total Claim charge amount is Mandatory	Total Claim Charge	47	Total Charges	
253	2300		CLM	CLM05	Health Care Service Locatin Information	REQ			O							Bill Classification			
254	2300		CLM	CLM05-1	Facility Code Value	REQ			M	AN	1/2	Facility Type Code	P			Type Of Facility	4	Type of Bill (FL4) - Contains the code indicating the specific type of bill being submitted.	
255	2300		CLM	CLM05-2	Facility Code Qualifier	REQ													
256	2300		CLM	CLM05-3	Claim Frequency Type Code	REQ			O	ID	1/1	Claim Frequency Code	P		This is a required data element. 1=Original 7=Replacement 8=Void 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 (Original Reference Number (ICN/DCN)).		4	Type of Bill (FL4) - Contains the code indicating the specific type of bill being submitted.	
257	2300		CLM	CLM06	Yes/No Condition or Response Code	REQ			O	ID	1/1	Provider or Supplier Signature Indicator	P				85	Provider Representative (signature)	
258	2300		CLM	CLM07	Provider Accept Assignment Code	SIT			O	ID	1/1	Medicare Assignment Code	P						
259	2300		CLM	CLM08	Yes/No Condition or Response Code	REQ			O	ID	1/1	Benefits Assignment Certification Indicator	P				53	Assigned Benefits	
260	2300		CLM	CLM09	Release of Info code	REQ			O	ID	1/1		S				52	Rel Info.	
261	2300		CLM	CLM18	Yes/No Condition or Response Code	REQ			O	ID	1/1	Explanation of Benefits Indicator	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
262	2300		CLM	CLM20	Delay Reason Code	SIT			O	ID	1/2		S						
263	**2300**	**135**	**DTP**		**Discharge Hour**	**SIT**	**1**						**P**						
264	2300		DTP	DTP01	Date Time Qualifier	REQ			M	ID	3/3	Date Time Qualifier							
265	2300		DTP	DTP02	Date Time Period Format Qualifier	REQ			M	ID	2/3								
266	2300		DTP	DTP03	Discharge Hour	REQ		HHMM	M	AN	1/35	Discharge Hour	P		1) Discharge Date is derived by combining the Statement To Date wirh the Discharge Hour. 2) Discharge Hour will be inserted only if the Patient Status Code (CL103) value is not between 2 and 39. This will be done since processing does it 3) The Discharge Hour field must be >= '00' and <= '23' or '99'		21	Discharge Hour (FL21) - Enter the hour the patient was discharged from inpatient care. MANDATORY for inpatient commercial if third position of bill type equals 0, 1, 4, or 7.	
267	**2300**	**135**	**DTP**		**Statement Date**	**REQ**	**1**												
268	2300		DTP	DTP01	Date Time Qualifier	REQ			M	ID	3/3	Date Time Qualifier							
269	2300		DTP	DTP02	Date Time Period Format Qualifier	REQ			M	ID	2/3					Statement Dates			

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
270	2300		DTP	DTP03	Statement Date	REQ		CCYYMMDD, CCYYMMDD-CCYYMMDD	M	AN	1/35	Statement From or To Date	P		1) The From Service Date and thru date in the header portion of the claim is mandatory and not a valid date. Must be numeric and > zeroes Month must be > '00' and < '13' Day must be valid for month Year must be between 00 - 99 Date cannot be greater than the Julian date in the TCN 2) Service from date must be < Billing Date 3) The total of the Covered Days + Non Covered Days should equal the number of days between statement from and thru dates in the claim header. If the Patient Status code is '01' – '08'		6	Statement Covers Period (FL6) - Contains the beginning and ending service dates of the period included on this bill in MMDDYYMMDDYY format.	
271	**2300**	**135**	**DTP**		**Admission Date/Hour**	**SIT**	**1**												
272	2300		DTP	DTP01	Date Time Qualifier	REQ			M	ID	3/3	Date Time Qualifier							
273	2300		DTP	DTP02	Date Time Period Format Qualifier	REQ			M	ID	2/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
274	2300		DTP	DTP03	Admission Date/Hour	REQ		CCYYMMDDHHMM	M	AN	1/35	Admission Date and Hour	P		1) The Admission Date of the claim is not a valid date. Must be numeric Must be numeric and > zeroes Month must be > '00' and < '13' Day must be valid for month Year must be between 00 - 99 2) The Admit Hour field must be >= '00' and <= '23' or '99'		17 18	Admission Date (FL17) - Enter the date the patient was admitted for inpatient care, outpatient service or start of care. Note that the 837 format for dates is CCYYMMDD. Admission Hour (FL18) - Enter the hour of day during which the patient was admitte	
275	**2300**	**140**	**CL1**		**Institutional Claim Code**	**SIT**	**1**												
276	2300		CL1	CL101	Admission Type Code	SIT			O	ID	1/1		P			Admission Type	19	Type of Admission (FL19) - Enter the code indicating the priority of this admission.	
277	2300		CL1	CL102	Admission Source Code	SIT			O	ID	1/1		P		Required for inpatient claims		20	Source of Admission (FL20) - Enter the code indicating the source of this admission.	
278	2300		CL1	CL103	Patient Status Code	SIT			O	ID	1/2		P				22	Patient Status (FL22) - Enter the code indicating the patient status as of the statement covers through date.	
279	**2300**	**155**	**PWK**		**Claim Supplemental Information**	**SIT**	**10**												
280	2300		PWK	PWK01	Attachment Report Type Code	REQ			M	ID	2/2	Attachment Report Type Code	S						
281	2300		PWK	PWK02	Report Transmission code	REQ			O	ID	1/2	Attachment Transmission Code	S						
282	2300		PWK	PWK05	Identification code qualifier	SIT			X	ID	1/2								
283	2300		PWK	PWK06	Identification code	SIT			X	AN	2/80	Attachment Control Number	S						
284	2300		PWK	PWK07	Description	SIT			O	AN	1/80	Attachment Description	S						
285	**2300**	**160**	**CN1**		**Contract Information**	**SIT**	**1**												
286	2300		CN1	CN101	Contract Type Code	REQ			M	ID	2/2		S						
287	2300		CN1	CN102	Monetary Amount	SIT			O	R	1/18	Contract Amount	S						
288	2300		CN1	CN103	Percent	SIT			O	R	1/6	Contract Percentage	S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Loop ID	POS #	Segment ID	Data Element ID	Loop/Segment/Element Name	Required	Repeat	Format	Condition Indicator	Data Type	Min/Max	Industry Name	SD MEDX Usage (P/S)	Implementation Guide Code list	SDMMIS Claims Companion Guide Rules	DDE Screens elements	UB92 Form Locator	Description of UB92 Value and Notes for 837- I Equivalents	CNSI Remarks
289	2300		CN1	CN104	Reference Identification	SIT			O	AN	1/30	Contract Code	P						
290	2300		CN1	CN105	Terms Discount Percent	SIT			O	R	1/6	Terms Discount Percentage	S						
291	2300		CN1	CN106	Version Identifier	SIT			O	AN	1/30	Contract Version Identifier	S						
292	**2300**	**175**	**AMT**		**Payer Estimated Amount Due**	**SIT**	**1**												
293	2300		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3						55	Estimated Amount Due	
294	2300		AMT	AMT02	Payer Estimated Amount Due Monetary Amount	REQ			M	R	1/18	Estimated Claim Due Amount	S						
295	**2300**	**175**	**AMT**		**Patient Estimated Amount Due**	**SIT**	**1**												
296	2300		CLM	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
297	2300		AMT	AMT02	Patient Estimated Amount Due Monetary Amount	REQ			M	R	1/18	Patient Responsibility Amount	P		The Patient Responsibility Amount is not numeric or is negative				
298	**2300**	**175**	**AMT**		**Patient Paid Amount**	**SIT**	**1**												
299	2300		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
300	2300		AMT	AMT02	Patient Paid Amount Monetary	REQ			M	R	1/18	Patient Amount Paid	P		The Credit/Debit Card Amount should be numeric or cant be negative				
301	**2300**	**175**	**AMT**		**Credit/Debit Card Maximum Amount**	**SIT**	**1**						**P**						
302	2300		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
303	2300		AMT	AMT02	Patient Paid Amount Monetary Amount	REQ			M	R	1/18	Credit or Debit Card Maximum Amount	P		The Patient Paid Amount should be numeric or cant be negative				
304	**2300**	**180**	**REF**		**Adjusted Repriced Claim Number**	**SIT**	**1**						**S**						
305	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
306	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Adjusted Repriced Claim Reference Number	S						
307	**2300**	**180**	**REF**		**Repriced Claim Number**	**SIT**	**1**												
308	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
309	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Repriced Claim Reference Number	S						
310	**2300**	**180**	**REF**		**Claim Identification Number for Clearinghouses and Other Transmission Intermediaries**	**SIT**	**1**												
311	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
312	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Clearinghouse Trace Number	S						
313	**2300**	**180**	**REF**		**Document Identification Code**	**SIT**	**2**												
314	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
315	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Document Control Identifier	S						
316	**2300**	**180**	**REF**		**Original Reference Number (ICN/DCN)**	**SIT**	**1**												
317	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3				F8				
318	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Claim Original Reference Number	P		To cancel or adjust a previously submitted claim, please submit the 18- digit transaction control number (TCN), assigned by the adjudication system and printed on the remittance advice, for the previously submitted claim that is being replaced or voided by this claim.		37a	ICN/DCN (FL37A) - Enter the control number assigned to the original bill by the payer or the payer's intermediary for Primary Payer.	
319	**2300**	**180**	**REF**		**Investigational Device Exemption Number**	**SIT**	**1**												
320	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
321	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Investigational Device Exemption Identifier	S						
322	**2300**	**180**	**REF**		**Service Authorization Exception Code**	**SIT**	**1**												
323	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
324	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Service Authorization Exception Code	P						
325	**2300**	**180**	**REF**		**Peer Review Organization (PRO) Approval Number**	**SIT**	**1**												
326	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
327	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Peer Review Authorization Number	S						
328	**2300**	**180**	**REF**		**Prior Authorization or Referral Number**	**SIT**	**2**						**P**						
329	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3				G1				
330	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Prior Authorization or Referral Number	P		Prior Authorization Number's should be valid	Prior Authorization Number	63	Treatment Authorization Codes	
331	**2300**	**180**	**REF**		**Medical Record Number**	**SIT**	**1**												
332	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
333	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Medical Record Number	P						
334	**2300**	**180**	**REF**		**Demonstration Project Identifier**	**SIT**	**1**												

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
335	2300		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
336	2300		REF	REF02	Reference Identification	REQ			X	AN	1/30	Demonstration Project Identifier	S						
337	**2300**	**185**	**K3**		**File Information**	**SIT**	**10**												
338	2300		K3	K301	Fixed Format Information	SIT			M	AN	1/80		P						
339	**2300**	**190**	**NTE**		**Claim Note**	**SIT**	**10**												
340	2300		NTE	NTE01	Note reference code	REQ			O	ID	3/3		P			Type Code			
341	2300		NTE	NTE02	Description	REQ			M	AN	1/80	Claim Note Text	P			Note			
342	**2300**	**190**	**NTE**		**Billing Note**	**SIT**	**1**												
343	2300		NTE	NTE01	Note reference code	REQ							P						
344	2300		NTE	NTE02	Description	REQ						Billing Note Text	P				84	Remarks	
345	**2300**	**216**	**CR6**		**Home Health Care Information**	**SIT**	**1**												
346	2300		CR6	CR601	Prognosis Code	REQ			M	ID	1/1		S						
347	2300		CR6	CR602	Service From Date Date	REQ			M	DT	8/8	Service From Date	S						
348	2300		CR6	CR603	Date Time Period Format Qualifier	SIT			X	ID	2/3								
349	2300		CR6	CR604	DateTime Period	SIT		CCYYMMDD-CCYYMMDD	X	AN	1/35	Home Health Certification Period	S						
350	2300		CR6	CR605	Date	REQ		CCYYMMDD	O	DT	8/8	Diagnosis Date	S						
351	2300		CR6	CR606	Yes/No Condition or Response Code	REQ			O	ID	1/1	Skilled Nursing Facility Indicator	S						
352	2300		CR6	CR607	Yes/No Condition or Response Code	REQ			M	ID	1/1	Medicare Coverage Indicator	S						
353	2300		CR6	CR608	Certification Type Code	REQ			M	ID	1/1		S						
354	2300		CR6	CR609	Date Surgical Procedure Performed Date	SIT		CCYYMMDD	X	DT	8/8	Surgery Date	S						
355	2300		CR6	CR610	Product or Service ID Qualifier	SIT			X	ID	2/2	Product or Service ID Qualifier	S						
356	2300		CR6	CR611	Surgical Procedure Code Medical Code Value	SIT			X	AN	1/15	Surgical Procedure Code	S						
357	2300		CR6	CR612	Date	SIT		CCYYMMDD	O	DT	8/8	Physician Order Date	S						
358	2300		CR6	CR613	Date	SIT		CCYYMMDD	O	DT	8/8	Last Visit Date	S						
359	2300		CR6	CR614	Date	SIT		CCYYMMDD	O	DT	8/8	Physician Contact Date	S						
360	2300		CR6	CR615	Date Time Period Format Qualifier	SIT			X	ID	2/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
361	2300		CR6	CR616	Date Time Period	SIT		CCYYMMDD-CCYYMMDD	X	AN	1/35	Last Admission Period	S						
362	2300		CR6	CR617	Patient Discharge Facility Type Code Patient Location Code	REQ			X	ID	1/1	Patient Discharge Facility Type Code	S						
363	2300		CR6	CR618	Date	SIT		CCYYMMDD	O	DT	8/8	Diagnosis Date	S						
364	2300		CR6	CR619	Date	SIT		CCYYMMDD	O	DT	8/8	Diagnosis Date	S						
365	2300		CR6	CR620	Date	SIT		CCYYMMDD	O	DT	8/8	Diagnosis Date	S						
366	2300		CR6	CR621	Date	SIT		CCYYMMDD	O	DT	8/8	Diagnosis Date	S						
367	**2300**	**220**	**CRC**		**Home Health Funcitonal Limitations**	**SIT**	**3**												
368	2300		CRC	CRC01	Code Category	REQ			M	ID	2/2					Condition Code			
369	2300		CRC	CRC02	Yes/No Condition or Response Code	REQ			M	ID	1/1	Certification Condition Indicator	S						
370	2300		CRC	CRC03	Condition Indicator	REQ			M	ID	2/2	Functional Limitation Code	S						
371	2300		CRC	CRC04	Condition Indicator	SIT			O	ID	2/2	Functional Limitation Code	S						
372	2300		CRC	CRC05	Condition Indicator	SIT			O	ID	2/2	Functional Limitation Code	S						
373	2300		CRC	CRC06	Condition Indicator	SIT			O	ID	2/2	Functional Limitation Code	S						
374	2300		CRC	CRC07	Condition Indicator	SIT			O	ID	2/2	Functional Limitation Code	S						
375	**2300**	**220**	**CRC**		**Home Health Functional Permitted**	**SIT**	**3**												
376	2300		CRC	CRC01	Code Category	REQ			M	ID	2/2								
377	2300		CRC	CRC02	Yes/No Condition or Response Code	REQ			M	ID	1/1	Certification Condition Indicator	S						
378	2300		CRC	CRC03	Condition Indicator	REQ			M	ID	2/2	Activities Permitted Code	S						
379	2300		CRC	CRC04	Condition Indicator	SIT			O	ID	2/2	Activities Permitted Code	S						
380	2300		CRC	CRC05	Condition Indicator	SIT			O	ID	2/2	Activities Permitted Code	S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
381	2300		CRC	CRC06	Condition Indicator	SIT			O	ID	2/2	Activities Permitted Code	S						
382	2300		CRC	CRC07	Condition Indicator	SIT			O	ID	2/2	Activities Permitted Code	S						
383	**2300**	**220**	**CRC**		**Home Health Mental Status**	**SIT**	**2**												
384	2300		CRC	CRC01	Code Category	REQ			M	ID	2/2								
385	2300		CRC	CRC02	Yes/No Condition or Response Code	REQ			M	ID	1/1	Certification Condition Indicator	S						
386	2300		CRC	CRC03	Condition Indicator	REQ			M	ID	2/2	Mental Status Code	S						
387	2300		CRC	CRC04	Condition Indicator	SIT			O	ID	2/2	Mental Status Code	S						
388	2300		CRC	CRC05	Condition Indicator	SIT			O	ID	2/2	Mental Status Code	S						
389	2300		CRC	CRC06	Condition Indicator	SIT			O	ID	2/2	Mental Status Code	S						
390	2300		CRC	CRC07	Condition Indicator	SIT			O	ID	2/2	Mental Status Code	S						
391	**2300**	**231**	**HI**		**Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information**	**SIT**	**1**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
392	2300		HI	HI01	Health Care Code Information(Qualifier Code, Industry Code)	REQ			M							Principal Diagnosis Code			
393	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3				BK		67	Principal Diagnosis Code	
394	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30		P		Diagnosis code is mandatory and Valid				
395	2300		HI	HI02	Health Care Code Information	SIT			O										
396	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
397	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30		P		1) Admitting Diagnosis Code at header is not found on diagnosis table and the Diagnosis code is not blank. 2) 1st Patient Reason For Visit Diagnosis Code at header is not found on diagnosis table and the Diagnosis code is not blank.		76	Admitting Diagnosis code	
398	2300		HI	HI03	Health Care Code Information	SIT			O										
399	2300		HI	HI03-1	Code List Qualifier Code	REQ			M	ID	1/3								
400	2300		HI	HI03-2	Industry Code	REQ			M	AN	1/30		P		1st E-code Diagnosis Code at header is not found on diagnosis table and the Diagnosis code is not blank.		77	E-Code	
401	**2300**	**231**	**HI**		**Diagnosis Related Group (DRG) Information**	**SIT**	**1**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
402	2300		HI	HI01	Health Care Code Information	REQ			M										
403	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3	Diagnosis Type Code			DR				
404	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Diagnosis Related Group (DRG) Code	P		The adjudication system can receive 6 procedure codes (including the principal procedure).				

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
405	**2300**	**231**	**HI**		**Other Diagnosis Information**	**SIT**	**2**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
406	2300		HI	HI01	Health Care Code Information	REQ			M										
407	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								
408	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Other Diagnosis	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) From 8-24 Repeats Other Diagnosis Code at header is not found on diagnosis table and the Diagnosis code is not blank.		68 69 70 71 72 73 74 75	Other Diagnosis Code	
409	2300		HI	HI02	Health Care Code Information	SIT			O										
410	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								
411	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30	Other Diagnosis	P						
412	2300		HI	HI03	Health Care Code Information	SIT			O										
413	2300		HI	HI03-1	Code List Qualifier Code	REQ			M	ID	1/3								
414	2300		HI	HI03-2	Industry Code	REQ			M	AN	1/30	Other Diagnosis	P						
415			**HI**	**REPEAT THRU HI12 SEGMENTS**	**REPEAT THRU HI12 SEGMENTS**														

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
416	**2300**	**231**	**HI**		**Principal Procedure Information**	**SIT**	**1**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
417	2300		HI	HI01	Health Care Code Information	REQ			M							Principal Procedure Code			
418	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								
419	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Principal Procedure Code	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) Principal Procedure Code should be a valid code		80	Principal Procedure Code	
420	2300		HI	HI01-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
421	2300		HI	HI01-4	Date Time Period	SIT		CCYYMMDD	X	AN	1/35		P		All Repeat of Surgical Date should be a valid date		80	Principal Procedure Date	
422	**2300**	**231**	**HI**		**Other Procedure Information**	**SIT**	**2**						**P**		**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
423	2300		HI	HI01	Health Care Code Information	REQ			M										
424	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
425	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Procedure Code	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) If Surgical code and Date combination repeats in a claim then System retains only one of them. 3) All Repeats of Surgical Code should be a valid code 4) Surgical Codes should be derived with the same sequence number as they appear on file. 5) Surgical Procedure code and Procedure date should co exist.		81A 81B 81C 81D 81E	Other Procedure code	
426	2300		HI	HI01-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
427	2300		HI	HI01-4	Date Time Period	SIT		CCYYMMDD	X	AN	1/35		P		All Repeat of Surgical Date should be a valid date		81A 81B 81C 81D 81E	Other Procedure Date	
428	2300		HI	HI02	Health Care Code Information	REQ			O										
429	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								
430	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30	Procedure Code	P						
431	2300		HI	HI02-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
432	2300		HI	HI02-4	Date Time Period	SIT		CCYYMMDD	X	AN	1/35		P						
433			**HI**	**REPEAT THRU HI12 SEGMENTS**	**REPEAT THRU HI12 SEGMENTS**														

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
434	**2300**	**231**	**HI**		**Occurance Span Information**	**SIT**	**2**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
435	2300		HI	HI01	Health Care Code Information	REQ			M							Occurence Span Code			
436	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
437	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Occurrence Span Code	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) 1st - 12th Occurrence Span Code is other than spaces but not contained on the list of valid Occurrence Span Codes UB-04 can be submitted with a maximum of 4 Occurrence Span Code 3) 13th - 24th Occurrence Span Code is validated against the database. If invalid the system raises an error. If the same occurrence span codes appears in the input with the same from and to date the system loads only one of them. But if the same occurence span code occurs with difference date range both are		36	Occurrence Span Code (FL36) - Enter the code that identifies an event relating to payment of this bill.	
438	2300		HI	HI01-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
439	2300		HI	HI01-4	Date Time Period	SIT		CCYYMMDD-CCYYMMDD	X	AN	1/35	Occurrence or Occurrence Span Code Associated Date	P		Date cannot be greater than the Claim ending DOS	From Date/Through Date	36	Occurrence Span From Date (FL36) - Enter the beginning date for the previous event in MMDDYY format. RD8 Occurrence Span Thru Date (FL36) - Enter the ending date for the previous event in MMDDYY format.	
440	2300		HI	HI02	Health Care Code Information	SIT			O										
441	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
442	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30	Occurrence Span Code	P				36	Occurrence Span Code (FL36) - Enter the code that identifies an event relating to payment of this bill.	
443	2300		HI	HI02-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
444	2300		HI	HI02-4	Date Time Period	SIT		CCYYMMDD-CCYYMMDD	X	AN	1/35	Occurrence or Occurrence Span Code Associated Date	P				36	Occurrence Span From Date (FL36) - Enter the beginning date for the previous event in MMDDYY format. RD8 Occurrence Span Thru Date (FL36) - Enter the ending date for the previous event in MMDDYY format.	
445			**HI**	**REPEAT THRU HI12 SEGMENTS**	**REPEAT THRU HI12 SEGMENTS**														
446	**2300**	**231**	**HI**		**Occurrence Information**	**SIT**	**2**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
447	2300		HI	HI01	Health Care Code Information	REQ			M							Occurence Code			
448	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
449	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Occurrence Code	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) 1st-24th Occurrence Code should be a valid code		32 33 34 35	Occurrence Code (FL32) - Enter the code defining a significant event relating to this bill which may affect payer processing.	
450	2300		HI	HI01-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
451	2300		HI	HI01-4	Date Time Period	SIT		CCYY MMDD	X	AN	1/35		P		All repeat of Occurrence Date should be a valid date	Occurence Date	32 33 34 35	Occurrence Date (FL32) - Enter the date of the previous event in MMDDYY format. If an occurrence code is present, this field is MANDATORY	
452	2300		HI	HI02	Health Care Code Information	REQ			O										
453	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								
454	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30		P		1st-24th Occurrence Code should be a valid code				
455	2300		HI	HI02-3	Date Time Period Format Qualifier	SIT			M	ID	2/3								
456	2300		HI	HI02-4	Date Time Period	SIT		CCYY MMDD	X	AN	1/35		P		All repeat of Occurrence Date should be a valid date				
457			**HI**	**REPEAT THRU HI12 SEGMENTS**	**REPEAT THRU HI12 SEGMENTS**														
458	**2300**	**231**	**HI**		**Value Information (Code)**	**SIT**	**2**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
459	2300		HI	HI01	Health Care Code Information	REQ			M							Value Code			
460	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
461	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Value Code	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) System will allow duplicate Value code if value Code Amount is different for the code. If Value Code and Value Code Amount are same then only one record is created. 3) 1st-24th Value Code should be a valid code		39 40 41	Value Code (FL41) - Enter the code that identifies data of monetary nature that is necessary for processing this claim as qualified by payer organization.	
462	2300		HI	HI01-5	Monetary Amount	REQ			O	R	1/18	Value Code Associated Amount	P		1st - 24th Value Amount should be numeric	Value Amount	39 40 41	Value Amount (FL39) - Enter the amount relating to the previous code. Note that the 837 format for monetary amounts MAY include the decimal point and up to 2 places if needed to indicate parts of a dollar (for example, $$$.¢¢). Do not use any places afte	
463	2300		HI	HI02	Health Care Code Information	SIT			O										
464	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								
465	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30	Value Code	P						
466	2300		HI	HI02-5	Monetary Amount	REQ			O	R	1/18	Value Code Associated Amount	P		1st - 24th Value Amount should be numeric				
467			**HI**	**REPEAT THRU HI12 SEGMENTS**	**REPEAT THRU HI12 SEGMENTS**														

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
468	**2300**	**231**	**HI**		**Condition Information**	**YES**	**2**						**P**		**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
469	2300		HI	HI01	Health Care Code Information	REQ			M										
470	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								
471	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Condition Code	P		1) The adjudication system can receive 6 procedure codes (including the principal procedure). 2) All Repeat of Condition Code is other than spaces but not contained on the list of valid Condition Codes		24 25 26 27 28 29 30	Condition Codes (FL24) - Enter the code used to identify conditions relating to this bill that may affect payer processing.	
472	2300		HI	HI02	Health Care Code Information	SIT			O										
473	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								
474	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30	Condition Code	P		All Repeat of Condition Code is other than spaces but not contained on the list of valid Condition Codes				
475	2300		HI	REPEAT THRU HI12 SEGMENTS	REPEAT THRU HI12 SEGMENTS														

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
476	**2300**	**231**	**HI**		**Treatment Code Information**	**SIT**	**2**								**The adjudication system can receive one admitting diagnosis, one E-code, one principal diagnosis and up to 11 "other" diagnosis codes. Only 3 diagnosis codes (the principal and the first 2 other codes) are used.**				
477	2300		HI	HI01	Health Care Code Information	REQ			M										
478	2300		HI	HI01-1	Code List Qualifier Code	REQ			M	ID	1/3								
479	2300		HI	HI01-2	Industry Code	REQ			M	AN	1/30	Treatment Code	S		The adjudication system can receive 6 procedure codes (including the principal procedure).				
480	2300		HI	HI02	Health Care Code Information	SIT			O										
481	2300		HI	HI02-1	Code List Qualifier Code	REQ			M	ID	1/3								
482	2300		HI	HI02-2	Industry Code	REQ			M	AN	1/30	Treatment Code	S						
483	2300		HI	REPEAT THRU HI12 SEGMENTS	REPEAT THRU HI12 SEGMENTS														
484	**2300**	**240**	**QTY**		**Claim Quantity**	**SIT**	**4**												
485	2300		QTY	QTY01	Quantity Qualifier	REQ			M	ID	2/2		P		CA				
486	2300		QTY	QTY02	Claim Days Count Quantity	REQ			X	R	1/15	Claim Days Count	P		1) Number of days 2) The Non-Covered Days Quantity Amount is not numeric or is negative 3) The Life Time Reserve Days Quantity Amount is not numeric or is negative		7 8 9 10	Covered Days (FL7) - Enter the number of days covered by the primary payer, as qualified by the payer organization. Noncovered Days (FL8) - Enter the days of care not covered by the primary payer. Coinsurance Days (FL9) - Lifetime Reserve Days (FL	
487	2300		QTY	QTY03	Composite Unit of Measure	REQ			O										
488	2300		QTY	QTY03-1	Unit or Basis for Measurement Code	REQ			M	ID	2/2		P						
489	**2300**	**241**	**HCP**		**Claim Pricing/Repricing Information**	**SIT**	**1**												
490	2300		HCP	HCP01	Pricing Methodology	REQ			X	ID	2/2		S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
491	2300		HCP	HCP02	Monetary Amount	REQ			O	R	1/18	Repriced Allowed Amount	P						
492	2300		HCP	HCP03	Monetary Amount	SIT			O	R	1/18	Repriced Saving Amount	S						
493	2300		HCP	HCP04	Reference Identification	SIT			O	AN	1/30	Repricing Organization Identifier	S						
494	2300		HCP	HCP05	Rate	SIT			O	R	1/9	Repricing Per Diem or Flat Rate Amount	S						
495	2300		HCP	HCP06	Reference Identification	SIT			O	AN	1/30	Repriced Approved DRG Code	S						
496	2300		HCP	HCP07	Monetary Amount	SIT			O	R	1/18	Repriced Approved Amount	S						
497	2300		HCP	HCP08	Product/Service ID	SIT			O	AN	1/48	Repriced Approved Revenue Code	S						
498	2300		HCP	HCP09	Product/Service ID	SIT			X	ID	2/2	Product or Service ID Qualifier	S						
499	2300		HCP	HCP10	Product/Service ID	SIT			X	AN	1/48	Repriced Approved HCPCS Code	S						
500	2300		HCP	HCP11	Unit or Basis for Measurement Code	SIT			X	ID	2/2		S						
501	2300		HCP	HCP12	Quantity	SIT			X	R	1/15	Repriced Approved Service Unit Count	S						
502	2300		HCP	HCP13	Reject Reason Code	SIT			X	ID	2/2		S						
503	2300		HCP	HCP14	Policy Compliance Code	SIT			O	ID	1/2		S						
504	2300		HCP	HCP15	Exception Code				O	ID	1/2		S						
505	**2305**				**Loop ID 2305 - Home Health Care Plan Information**		**6**												
506	**2305**	**242**	**CR7**		**Home Health Care Plan Information**	**SIT**	**1**												
507	2305		CR7	CR701	Discipline Type Code	REQ			M	ID	2/2		S						
508	2305		CR7	CR702	Number	REQ			M	N0	1/9	Visits Prior to Recertification Date Count	S						
509	2305		CR7	CR703	Number	REQ			M	N0	1/9	Total Visits Projected This Certification Count	S						
510	**2305**	**243**	**HSD**		**Home Health Care Services Delivery**	**SIT**	**12**												
511	2305		HSD	HSD01	Quantify Qualifier	SIT			X	ID	2/2	Visits	S						
512	2305		HSD	HSD02	Quantity	SIT			X	R	1/15	Number of Visits	S						
513	2305		HSD	HSD03	Unit or Basis for Measurement Code	SIT			O	ID	2/2	Frequency Period	S						
514	2305		HSD	HSD04	Sample Selection Modulus	SIT			O	R	1/6	Frequency Count	S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
515	2305		HSD	HSD05	Time Period Qualifier	SIT			X	ID	1/2	Duration of Visits Units	S						
516	2305		HSD	HSD06	Number of Periods	SIT			O	N0	1/3	Duration of Visits, Number of Units	S						
517	2305		HSD	HSD07	Ship/Delivery or Calendar Pattern Code	SIT			O	ID	1/2	Ship, Delivery or Calendar Pattern Code	S						
518	2305		HSD	HSD08	Ship/Delivery Pattern Time Code	SIT			O	ID	1/1	Delivery Pattern Time Code	S						
519	**2310A**				**Loop ID 2310A - Attending Physician Name**		**1**												
520	**2310A**	**250**	**NM1**		**Attending Physician Name**	**SIT**	**1**												
521	2310A		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
522	2310A		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
523	2310A		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Attending Physician Last Name	P						
524	2310A		NM1	NM104	First Name	SIT			O	AN	1/25	Attending Physician First Name	P						
525	2310A		NM1	NM105	Name Middle	SIT			O	AN	1/25	Attending Physician Middle Name	P						
526	2310A		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Attending Physician Name Suffix	P						
527	2310A		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
528	2310A	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Attending Physician Primary Identifier	P		Provider Primary Id should be a valid NPI ID and Length 10	Provider NPI	82	Attending Physician ID	
529	**2310A**	**003**	**PRV**		**Attending Physician Specialty Information**	**SIT**	**1**						**P**						
530	2310A		PRV	PRV01	Provider Code	SIT			M	ID	1/3				AT				
531	2310A		PRV	PRV02	Reference Identification Qualifier	SIT			M	ID	2/3								
532	2310A		PRV	PRV03	Provider Taxonomy Code (Speciality Code)	SIT			M	AN	1/30	Provider Taxonomy Code	P		Servicing/Attending Provider Taxonomy at header does not match with database				
533	**2310A**	**271**	**REF**		**Attending Physician Secondary Information**	**SIT**	**5**												
534	2310A		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
535	2310A		REF	REF02	Reference Identification	REQ			X	AN	1/30	Attending Physician Secondary Identifier	S						
536	**2310B**				**Loop ID 2310B- Operating Physician Name**		**1**												
537	**2310B**	**250**	**NM1**		**Operating Physician Name**	**SIT**	**1**												
538	2310B		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
539	2310B		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
540	2310B		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Operating Physician Last Name	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
541	2310B		NM1	NM104	First Name	REQ			O	AN	1/25	Operating Physician First Name	P						
542	2310B		NM1	NM105	Name Middle	SIT			O	AN	1/25	Operating Physician Middle Name	P						
543	2310B		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Operating Physician Name Suffix	P						
544	2310B		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
545	2310B	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Operating Physician Name Suffix	P		Provider Primary Id should be a valid NPI ID and Length 10	Provider NPI	83	Other Physician ID	
546	**2310B**	**271**	**REF**		**Operating Physician Secondary Information**	**SIT**	**5**						**S**						
547	2310B		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
548	2310B		REF	REF02	Reference Identification	REQ			X	AN	1/30	Operating Physician Secondary Identifier	S						
549	**2310C**				**Loop ID 2310C - Other Provider Name**		**1**												
550	**2310C**	**250**	**NM1**		**Other Provider Name**	**SIT**	**1**												
551	2310C		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
552	2310C		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
553	2310C		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Other Physician Last Name	P						
554	2310C		NM1	NM104	First Name	SIT			O	AN	1/25	Other Physician First Name	P						
555	2310C		NM1	NM105	Name Middle	SIT			O	AN	1/25	Other Provider Middle Name	P						
556	2310C		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Other Provider Name Suffix	P						
557	2310C		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
558	2310C	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Other Physician Identifier	P		Provider Primary Id should be a valid NPI ID and Length 10	Provider NPI			
559	**2310C**	**271**	**REF**		**Other Provider Secondary Information**	**SIT**	**5**												
560	2310C		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
561	2310C		REF	REF02	Reference Identification	REQ			X	AN	1/30	Other Provider Secondary Identifier	S						
562	**2310E**				**Loop ID 2310E - Service Facility Name**		**1**												
563	**2310E**	**250**	**NM1**		**Service Facility Name**	**SIT**	**1**												
564	2310E		NM1	NM101	Entity Identifier Code	REQ			M	ID	1/1								
565	2310E		NM1	NM102	Entity Type Qualifier	REQ			O	AN	1/35								
566	2310E		NM1	NM103	Name Last or Organization Name	REQ			X	ID	1/2	Laboratory or Facility Name	S						
567	2310E		NM1	NM108	Identification code qualifier	SIT			X	AN	2/80		S		XX				

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
568	2310E	X	NM1	NM109	Identification Code	SIT						Laboratory or Facility Primary Identifier	S		Provider Primary Id should be a valid NPI ID and Length 10				
569	**2310E**	**265**	**N3**		**Service Facility Address**	**REQ**	**1**												
570	2310E		N3	N301	Address Information	REQ			M	AN	1/55	Laboratory or Facility Address Line	S						
571	2310E		N3	N302	Address Information	SIT			O	AN	1/55	Laboratory or Facility Address Line	S						
572	**2310E**	**270**	**N4**		**Service Facility City/State/Zip Code**	**REQ**	**1**												
573	2310E		N4	N401	City Name	REQ			O	AN	2/30	Laboratory or Facility City Name	S						
574	2310E		N4	N402	State or Province Code	REQ			O	ID	2/2	Laboratory or Facility State or Province Code	S						
575	2310E		N4	N403	Postal Code	REQ			O	ID	3/15	Laboratory or Facility Postal Zone or ZIP Code	S						
576	2310E		N4	N404	Country Code	SIT			O	ID	2/3	Laboratory/Facility Country Code	S						
577	**2310E**	**271**	**REF**		**Service Facility Secondary Information**	**SIT**	**5**												
578	2310E		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
579	2310E		REF	REF02	Reference Identification	REQ			X	AN	1/30	Laboratory or Facility Secondary Identifier	S						
580	**2320**				**Loop ID 2320 - Other Subscriber Information**		**10**												
581	**2320**	**290**	**SBR**		**Other Subscriber Information**	**SIT**	**1**												
582	2320		SBR	SBR01	Payer Responsibility sequence Number	REQ			M	ID	1/1		P			Payer Responsibility Sequence Number	64	ESC	
583	2320		SBR	SBR02	Individual Relationship code	REQ			O	ID	2/2		S						
584	2320		SBR	SBR03	Group or Policy number Reference Identification	SIT			O	AN	1/30	Insured Group or Policy Number	S		Group Policy				
585	2320		SBR	SBR04	Group or Plan Name	SIT			O	AN	1/60	Other Insured Group Name	S		Group Policy Name				
586	2320		SBR	SBR09	Claim Filing Indicator Code	SIT			O	ID	1/2		S		"MA" or "MB" for Medicare Crossover Claims				
587	**2320**	**295**	**CAS**		**Claim Level Adjustment**	**SIT**	**5**												
588	2320		CAS	CAS01	Claim Adjustment Group Code	REQ			M	ID	1/2		P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
589	2320		CAS	CAS02	Claim Adjustment Reason Code	REQ			M	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
590	2320		CAS	CAS03	Monetary Amount	REQ			M	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative				
591	2320		CAS	CAS04	Adjustment Quantity	SIT			O	R	1/15	Adjustment Quantity	P						
592	2320		CAS	CAS05	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
593	2320		CAS	CAS06	Monetary Adjustment Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative				
594	2320		CAS	CAS07	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
595	2320		CAS	CAS08	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
596	2320		CAS	CAS09	Monetary Adjustment Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative				
597	2320		CAS	CAS10	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						
598	2320		CAS	CAS11	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
599	2320		CAS	CAS12	Monetary Adjustment Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative				
600	2320		CAS	CAS13	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
601	2320		CAS	CAS14	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
602	2320		CAS	CAS15	Monetary Adjustment Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative				
603	2320		CAS	CAS16	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						
604	2320		CAS	CAS17	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
605	2320		CAS	CAS18	Monetary Adjustment Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative				
606	2320		CAS	CAS19	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						
607	**2320**	**300**	**AMT**		**Payer Prior Payment**	**SIT**	**1**												
608	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
609	2320		AMT	AMT02	Payer Prior Payment Monetary Amount	REQ			M	R	1/18	Other Payer Patient Paid Amount	P		Monetary Amount be numeric and should not be negative value		54 Line B and C	Prior Payments	
610	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Total Allowed Amt**	**SIT**	**1**												
611	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
612	2320		AMT	AMT02	Coordination of Benefits (COB) Total Allowed Amt Monetary Amount	REQ			M	R	1/18	Allowed Amount	P		Monetary Amount be numeric and should not be negative value				
613	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Total Submitted Charges**	**SIT**	**1**												
614	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
615	2320		AMT	AMT02	Coordination of Benefits (COB) Total Submitted Charges Monetary Amount	REQ			M	R	1/18	Coordination of Benefits Total Submitted Charge Amount	P		Monetary Amount be numeric and should not be negative value				
616	**2320**	**300**	**AMT**		**Diagnostic Related Group (DRG) Outlier Amt**	**SIT**	**1**												
617	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
618	2320		AMT	AMT02	Diagnostic Related Group (DRG) Outlier Amt Monetary Amount	REQ			M	R	1/18	Claim DRG Outlier Amount	P		Monetary Amount be numeric and should not be negative value				
619	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Medicare Paid Amt**	**SIT**	**1**												
620	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
621	2320		AMT	AMT02	Coordination of Benefits (COB) Medicare Paid Amt Monetary Amount	REQ			M	R	1/18	Total Medicare Paid Amount	P		Monetary Amount be numeric and should not be negative value				
622	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Medicare Paid Amount - 100%**	**SIT**	**1**												
623	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
624	2320		AMT	AMT02	Coordination of Benefits (COB) Medicare Paid - 100% Monetary Amount	REQ			M	R	1/18	Medicare Paid at 100% Amount	P		Monetary Amount be numeric and should not be negative value				
625	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Medicare Paid Amount- 80%**	**SIT**	**1**												
626	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
627	2320		AMT	AMT02	Coordination of Benefits (COB) Medicare Paid - 80% Monetary Amount	REQ			M	R	1/18	Medicare Paid at 80% Amount	P		Monetary Amount be numeric and should not be negative value				
628	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Medicare Part A Trust Fund Paid Amount**	**SIT**	**1**												
629	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
630	2320		AMT	AMT02	Coordination of Benefits (COB) Medicare Part A Trust Fund Monetary Amount	REQ			M	R	1/18	Paid From Part A Medicare Trust Fund Amount	P		Monetary Amount be numeric and should not be negative value				

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
631	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Medicare Part B Trust Fund Paid amount**	**SIT**	**1**												
632	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
633	2320		AMT	AMT02	Coordination of Benefits (COB) Medicare Part B Trust Fund Monetary Amount	REQ			M	R	1/18	Paid From Part B Medicare Trust Fund Amount	P		Monetary Amount be numeric and should not be negative value				
634	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Total Non Covered Amt**	**SIT**	**1**												
635	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
636	2320		AMT	AMT02	Coordination of Benefits (COB) Total Non Covered Amt	REQ			M	R	1/18	Non-Covered Charge Amount	P		Monetary Amount be numeric and should not be negative value				
637	**2320**	**300**	**AMT**		**Coordination of Benefits (COB) Total Denied Amt**	**SIT**	**1**												
638	2320		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
639	2320		AMT	AMT02	Coordination of Benefits (COB) Total Denied Amt Monetary Amount	REQ			M	R	1/18	Claim Total Denied Charge Amount	P		Monetary Amount be numeric and should not be negative value				
640	**2320**	**305**	**DMG**		**Other Subscriber Demographic Information**	**SIT**	**1**												
641	2320		DMG	DMG01	Date Time Period Format Qualifier	REQ			X	ID	2/3								
642	2320		DMG	DMG02	DOB Date Time Period	REQ		CCYY MMDD	X	AN	1/35	Other Insured Birth Date	S						
643	2320		DMG	DMG03	Gender Code	REQ			O	ID	1/1	Other Insured Gender Code	S						
644	**2320**	**310**	**OI**		**Other Insurance Coverage Information**	**REQ**	**1**												
645	2320		OI	OI03	Yes/No Condition or Response Code	REQ			O	ID	1/1	Benefits Assignment Certification Indicator	S						
646	2320		OI	OI06	Release of Information Code	REQ			O	ID	1/1		S						
647	**2320**	**315**	**MIA**		**Medicare Inpatient Adjudication Information**	**SIT**	**1**												
648	2320		MIA	MIA01	Covered Days or Visits Count Quantity	REQ			M	R	1/15	Covered Days or Visits Count	S			Covered Days Or Visits Count			
649	2320		MIA	MIA02	Quantity	SIT			O	R	1/15	Lifetime Reserve Days Count	S						
650	2320		MIA	MIA03	Quantity	SIT			O	R	1/15	Lifetime Psychiatric Days Count	S						
651	2320		MIA	MIA04	Claim DRG Amount Monetary Amount	SIT			O	R	1/18	Claim DRG Amount	S		Monetary Amount be numeric and should not be negative value				
652	2320		MIA	MIA05	Remark Code Reference Identification	SIT			O	AN	1/30	Remark Code	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
653	2320		MIA	MIA06	Monetary Amount	SIT			O	R	1/18	Claim Disproportionate Share Amount	S						
654	2320		MIA	MIA07	Monetary Amount	SIT			O	R	1/18	Claim MSP Pass-through Amount	S						
655	2320		MIA	MIA08	Monetary Amount	SIT			O	R	1/18	Claim PPS Capital Amount	S						
656	2320		MIA	MIA09	Monetary Amount	SIT			O	R	1/18	PPS-Capital FSP DRG Amount	S						
657	2320		MIA	MIA10	Monetary Amount	SIT			O	R	1/18	PPS-Capital HSP DRG Amount	S						
658	2320		MIA	MIA11	Monetary Amount	SIT			O	R	1/18	PPS-Capital DSH DRG Amount	S						
659	2320		MIA	MIA12	Monetary Amount	SIT			O	R	1/18	Old Capital Amount	S						
660	2320		MIA	MIA13	Monetary Amount	SIT			O	R	1/18	PPS-Capital IME amount	S						
661	2320		MIA	MIA14	Monetary Amount	SIT			O	R	1/18	PPS-Operating Hospital Specific DRG Amount	S						
662	2320		MIA	MIA15	Quantity	SIT			O	R	1/18	cost report day count	S						
663	2320		MIA	MIA16	Monetary Amount	SIT			O	R	1/18	PPS-Operating Federal Specific DRG Amount	S						
664	2320		MIA	MIA17	Monetary Amount	SIT			O	R	1/18	Claim PPS Capital Outlier Amount	S						
665	2320		MIA	MIA18	Monetary Amount	SIT			O	R	1/18	Claim Indirect Teaching Amount	S						
666	2320		MIA	MIA19	Monetary Amount	SIT			O	R	1/18	Nonpayable Professional Component Amount	S						
667	2320		MIA	MIA20	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
668	2320		MIA	MIA21	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
669	2320		MIA	MIA22	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
670	2320		MIA	MIA23	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
671	2320		MIA	MIA24	Monetary Amount	SIT			O	R	1/18	PPS-Capital Exception Amount	S						
672	**2320**	**320**	**MOA**		**Medicare Outpatient Adjudication Information**	**SIT**	**1**												
673	2320		MOA	MOA01	Percent	SIT			O	R	1/10	Reimbursement Rate	S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
674	2320		MOA	MOA02	Monetary Amount	SIT			O	R	1/18	Claim HCPCS Payable Amount	S						
675	2320		MOA	MOA03	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
676	2320		MOA	MOA04	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
677	2320		MOA	MOA05	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
678	2320		MOA	MOA06	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
679	2320		MOA	MOA07	Reference Identification	SIT			O	AN	1/30	Remark Code	P						
680	2320		MOA	MOA08	Monetary Amount	SIT			O	R	1/18	Claim ESRD Payment Amount	S						
681	2320		MOA	MOA09	Monetary Amount	SIT			O	R	1/18	Nonpayable Professional Component Amount	S						
682	**2330A**				**Loop ID 2330A - Other Subscriber Name**		**1**												
683	**2330A**	**325**	**NM1**		**Other Subscriber Name**	**REQ**	**1**												
684	2330A		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
685	2330A		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
686	2330A		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Other Insured Last Name	S						
687	2330A		NM1	NM104	First Name	SIT			O	AN	1/25	Other Insured First Name	S						
688	2330A		NM1	NM105	Name Middle	SIT			O	AN	1/25	Other Insured Middle Name	S						
689	2330A		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Other Insured Name Suffix	S						
690	2330A		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		S						
691	2330A		NM1	NM109	Identification code	REQ			X	AN	2/80	Other Insured Identifier	S						
692	**2330A**	**332**	**N3**		**Other Subscriber Address**	**SIT**	**1**												
693	2330A		N3	N301	Address Information	REQ			M	AN	1/55	Other Insured Address Line	S						
694	2330A		N3	N302	Address Information	SIT			O	AN	1/55	Other Insured Address Line	S						
695	2330A	340	N4		Other Subscriber City/State/Zip Code	SIT	1												
696	2330A		N4	N401	City Name	REQ			O	AN	2/30	Other Insured City Name	S						
697	2330A		N4	N402	State or Province Code	REQ			O	ID	2/2	Other Insured State Code	S						
698	2330A		N4	N403	Postal Code	REQ			O	ID	3/15	Other Insured Postal Zone or ZIP Code	S						
699	2330A		N4	N404	Country Code	SIT			O	ID	2/3	Other Insured's Country	S						
700	**2330A**	**355**	**REF**		**Other Subscriber Secondary Identification**	**SIT**	**3**												
701	2330A		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S			ID Type			
702	2330A		REF	REF02	Reference Identification	REQ			X	AN	1/30	Other Insured Additional Identifier	S			ID			
703	**2330B**				**Loop ID 2330B - Other Payer Name**		**1**												
704	**2330B**	**325**	**NM1**		**Other Payer Name**	**REQ**	**1**												
705	2330B		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
706	2330B		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
707	2330B		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Other Payer Last or Organization Name	P			Payer/Insurance Organization Name			
708	2330B		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P			ID Type			
709	2330B		NM1	NM109	Identification code	REQ			X	AN	2/80	Other Payer Primary Identifier	P			ID			
710	**2330B**	**332**	**N3**		**Other Payer Address**	**SIT**	**1**												
711	2330B		N3	N301	Address Information	REQ			M	AN	1/55	Other Payer Address Line	S						
712	2330B		N3	N302	Address Information	SIT			O	AN	1/55	Other Payer Address Line	S						
713	**2330B**	**340**	**N4**		**Other Payer City/State/Zip Code**	**SIT**	**1**												
714	2330B		N4	N401	City Name	REQ			O	AN	2/30	Other Payer City Name	S						
715	2330B		N4	N402	State or Province Code	REQ			O	ID	2/2	Other Payer State Code	S						
716	2330B		N4	N403	Postal Code	REQ			O	ID	3/15	Other Payer Postal Zone or ZIP Code	S						
717	2330B		N4	N404	Country Code	SIT			O	ID	2/3		S						
718	**2330B**	**350**	**DTP**		**Claim Adjudication Date**	**SIT**	**1**												
719	2330B		DTP	DTP01	Date/Time Qualifier	REQ			M	ID	3/3								
720	2330B		DTP	DTP02	Date Time Period Format Qualifier	REQ			M	ID	2/3								
721	2330B		DTP	DTP03	Date Time Period	REQ		CCYYMMDD	M	AN	1/35	Adjudication or Payment Date	P		Date Paid by Medicare or Date Claim Paid by Other Insurance				
722	**2330B**	**355**	**REF**		**Other Payer Secondary Identification and Reference Number**	**SIT**	**2**												
723	2330B		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S			ID Type			
724	2330B		REF	REF02	Reference Identification	REQ			X	AN	1/30	Other Payer Secondary Identifier	S			ID	37b	ICN/DCN (FL37B) - Enter the control number assigned to the original bill by the payer or the payer's intermediary for Secondary Payer.	
725	**2330B**	**355**	**REF**		**Other Payer Prior Authorization or Referral Number**	**SIT**	**1**												
726	2330B		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
727	2330B		REF	REF02	Reference Identification	REQ			X	AN	1/30	Other Payer Prior Authorization or Referral Number	S				37c	ICN/DCN (FL37C) - Enter the control number assigned to the original bill by the payer or the payer's intermediary for Tertiary Payer.	
728	**2330C**				**Loop ID 2330C - Other Payer Patient Information**		**1**												
729	**2330C**	**325**	**NM1**		**Other Payer Patient Information**	**SIT**	**1**												
730	2330C		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
731	2330C		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
732	2330C		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
733	2330C		NM1	NM109	Identification Code	REQ			X	AN	2/80	Other Payer Patient Primary Identifier	S						
734	**2330C**	**355**	**REF**		**Other Payer Patient Identification Number**	**SIT**	**3**						**S**						
735	2330C		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
736	2330C		REF	REF02	Reference Identification	REQ			M	AN	1/30	Other Payer Patient Primary Identifier	S						
737	**2330D**				**Loop ID 2330D - Other Payer Attending Provider**		**1**												
738	**2330D**	**325**	**NM1**		**Other Payer Attending Provider**	**SIT**	**1**												
739	2330D		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
740	2330D		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
741	**2330D**	**355**	**REF**		**Other Payer Attending Provider Identification Number**	**REQ**	**3**												
742	2330D		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
743	2330D		REF	REF02	Reference Identification	REQ			M	AN	1/30	Other Payer Attending Provider Identifier	S						
744	**2330E**				**Loop ID 2330E - Other Payer Operating Provider**		**1**												
745	**2330E**	**325**	**NM1**		**Other Payer Operating Provider**	**SIT**	**1**												
746	2330E		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
747	2330E		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
748	**2330E**	**355**	**REF**		**Other Payer Operating Provider Identification Number**	**REQ**	**3**												
749	2330E		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
750	2330E		REF	REF02	Reference Identification	REQ			M	AN	1/30		S						
751	**2330F**				**Loop ID 2330F - Other Payer Other Provider**		**1**												
752	**2330F**	**325**	**NM1**		**Other Payer Other Provider**	**SIT**	**1**												
753	2330F		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
754	2330F		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
755	**2330F**	**355**	**REF**		**Other Payer Other Provider Identification Number**	**REQ**	**3**												
756	2330F		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
757	2330F		REF	REF02	Reference Identification	REQ			M	AN	1/30		S						
758	**2330H**				**Loop ID 2330H - Other Payer Service Facility Provider**		**1**												
759	**2330H**	**325**	**NM1**		**Other Payer Service Facility Provider**	**NO**	**1**												
760	2330H		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
761	2330H		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
762	**2330H**	**355**	**REF**		**Other Payer Service Facility Provider Identification**	**REQ**	**3**												
763	2330H		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
764	2330H		REF	REF02	Reference Identification	REQ			M	AN	1/30	Other Payer Service Facility Provider Identifier	S						
765	**2400**				**Loop ID 2400 - Service Line Number**		**999**												
766	**2400**	**365**	**LX**		**Line Counter**	**REQ**	**1**												
767	2400		LX	LX01	Line Counter	REQ			M	N0	1/6		P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
768	**2400**	**375**	**SV2**		**Institutional Service Line**	**REQ**	**1**												
769	2400		SV2	SV201	Product/Service ID	REQ			X	AN	1/48	Service Line Revenue Code	P		1) Four-digit revenue code. 2) The Revenue Code on the service line is missing and invalid. It is Mandatory at line		42	Rev. Code	
770	2400		SV2	SV202	Service Line Procedure Code	SIT			X							Revenue Code			
771	2400		SV2	SV202-1	Product/Service ID Qualifier	REQ			M	ID	2/2	Product or Service ID Qualifier	P		HC				
772	2400		SV2	SV202-2	Product/Service ID	REQ			M	AN	1/48	Procedure Code	P				44	HCPCS	
773	2400		SV2	SV202-3	Procedure Modifier	SIT			O	AN	2/2	HCPCS Modifier 1	P						
774	2400		SV2	SV202-4	Procedure Modifier	SIT			O	AN	2/2	HCPCS Modifier 2	P						
775	2400		SV2	SV202-5	Procedure Modifier	SIT			O	AN	2/2	HCPCS Modifier 3	P						
776	2400		SV2	SV202-6	Procedure Modifier	SIT			O	AN	2/2	HCPCS Modifier 4	P						
777	2400		SV2	SV203	Product or Service ID Qualifier Monetary Amount	REQ			O	R	1/18	Line Item Charge Amount	P		Amount should be numeric or non negative				
778	2400		SV2	SV204	Unit or Basis for Measurement Code	REQ			X	ID	2/2				UN or DA	Service Units			
779	2400		SV2	SV205	Quantity	REQ			X	R	1/15	Service Unit Count	P		If decimal or fractional units of service are submitted, the system will round to a whole number. Claims submitted with units that are greater than 99,999 (i.e. larger than 5 digits) will be returned to the		46	Service Units	
780	2400		SV2	SV206	Unit Rate	SIT			O	R	1/10	Service Line Rate	P		Amount should be numeric or non negative		44	Rates	
781	2400		SV2	SV207	Monetary Amount	SIT						Line Item Denied Charge or Non-Covered Charge Amount	P		Amount should be numeric or non negative	Total Line Charges	48	Non-covered charges	
782	**2400**	**420**	**PWK**		**Line Supplemental Information**	**SIT**	**5**												
783	2400		PWK	PWK01	Attachment Report Type Code	REQ			M	ID	2/2	Attachment Report Type Code	S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
784	2400		PWK	PWK02	Attachment Report Transmission code	REQ			O	ID	1/2	Attachment Transmission Code	S						
785	2400		PWK	PWK05	Identification code qualifier	SIT			X	ID	1/2								
786	2400		PWK	PWK06	Identification code	SIT			X	AN	2/80	Attachment Control Number	S						
787	**2400**	**455**	**DTP**		**Service Line Date**	**SIT**	**1**												
788	2400		DTP	DTP01	Date Time Qualifier	REQ			M	ID	3/3	Date Time Qualifier							
789	2400		DTP	DTP02	Date Time Period Format Qualifier	REQ			M	ID	2/3								
790	2400		DTP	DTP03	Service Line Date Date Time Period	REQ		CCYYMMDD, CCYYMMDD-CCYYMMDD	M	AN	1/35	Service Date	P						
791	**2400**	**455**	**DTP**		**Assessment Date**	**SIT**	**1**												
792	2400		DTP	DTP01	Date Time Qualifier	REQ			M	ID	3/3								
793	2400		DTP	DTP02	Date Time Period Format Qualifier	REQ			M	ID	2/3								
794	2400		DTP	DTP03	Date Time Period	REQ		CCYYMMDD	M	AN	1/35	Assessment Date	S			Assessment Date	45	Service Date	
795	**2400**	**475**	**AMT**		**Service Tax Amount**	**SIT**	**1**												
796	2400		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
797	2400		AMT	AMT02	Monetary Amount	REQ			M	R	1/18	Sales Tax Amount	S						
798	**2400**	**475**	**AMT**		**Facility Tax Amount**	**SIT**	**1**												
799	2400		AMT	AMT01	Amount Qualifier Code	REQ			M	ID	1/3								
800	2400		AMT	AMT02	Monetary Amount	REQ			M	R	1/18	Facility Tax Amount	S						
801	**2400**	**492**	**HCP**		**Line Pricing/Repricing Information**	**SIT**	**1**												
802	2400		HCP	HCP01	Pricing Methodology	REQ			X	ID	2/2		S						
803	2400		HCP	HCP02	Monetary Amount	REQ			O	R	1/18	Repriced Allowed Amount	P						
804	2400		HCP	HCP03	Monetary Amount	SIT			O	R	1/18	Repriced Saving Amount	S						
805	2400		HCP	HCP04	Reference Identification	SIT			O	AN	1/30	Repricing Organization Identifier	S						
806	2400		HCP	HCP05	Rate	SIT			O	R	1/9	Repricing Per Diem or Flat Rate Amount	S						
807	2400		HCP	HCP06	Reference Identification	SIT			O	AN	1/30	Repriced Approved Ambulatory Patient Group Code	S						
808	2400		HCP	HCP07	Monetary Amount	SIT			O	R	1/18	Repriced Approved Ambulatory Patient Group Amount	S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
809	2400		HCP	HCP08	Product/Service ID Qualifier	SIT			X	ID	1/48	Repriced Approved Revenue Code	S						
810	2400		HCP	HCP09	Product/Service ID Qualifier	SIT			X	ID	2/2	Product or Service ID Qualifier	S						
811	2400		HCP	HCP10	Product/Service ID	SIT			X	AN	1/48	Procedure Code	S						
812	2400		HCP	HCP11	Unit/Basis of Measurement	SIT			X	ID	2/2		S						
813	2400		HCP	HCP12	Quantity	SIT			X	R	1/15	Repricing Approved Service Unit Count	S						
814	2400		HCP	HCP13	Reject Reason Code	SIT			X	ID	2/2		S						
815	2400		HCP	HCP14	Policy Compliance Code	SIT			O	ID	1/2		S						
816	2400		HCP	HCP15	Exception Code	SIT			O	ID	1/2		S						
817	**2410**				**Loop ID 2410A - Drug Identification**		**25**												
818	**2410**	**494**	**LIN**		**Drug Identification**	**SIT**	**1**												
819	2410		LIN	LIN02	Product/Service ID Qualifier	REQ			M	ID	2/2								
820	2410		LIN	LIN03	Product/Service ID	REQ			M	AN	1/48		P						
821	**2410**	**495**	**CTP**		**Drug Pricing Information**	**SIT**	**1**												
822	2410		CTP	CTP03	Drug Unit Price	REQ			X	R	1/17	Drug Unit Price	P			Drug Unit Price			
823	2410		CTP	CTP04	Quantity	REQ			X	R	1/15	National Drug Unit Count	P			National Drug Unit Count			
824	2410		CTP	CTP05	Composite Unit/Basis of Measurement of Measure	REQ			X			Unit or Basis of Measurement							
825	2410		CTP	CTP05-1	Unit or Basis for Measurement Code	REQ			M	ID	2/2		P			Unit Code			
826	**2410**	**496**	**REF**		**Prescription Number**	**SIT**	**1**												
827	2410		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3								
828	2410		REF	REF02	Reference Identification	REQ			X	AN	1/30		S						
829	**2420A**				**Loop ID 2420A - Attending Physician Name**		**1**												
830	**2420A**	**500**	**NM1**		**Attending Physician Name**	**SIT**	**1**												
831	2420A		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
832	2420A		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
833	2420A		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Attending Physician Last Name	P						
834	2420A		NM1	NM104	First Name	SIT			O	AN	1/25	Attending Physician First Name	P						
835	2420A		NM1	NM105	Name Middle	SIT			O	AN	1/25	Attending Physician Middle Name	P						
836	2420A		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Attending Physician Name Suffix	P						
837	2420A		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
838	2420A	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Attending Physician Primary Identifier	P		Provider Primary Id should be a valid NPI ID and Length 10				
839	**2420A**	**525**	**REF**		**Attending Physician Secondary Information**	**SIT**	**1**												
840	2420A		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
841	2420A		REF	REF02	Reference Identification	REQ			X	AN	1/30	Attending Physician Secondary Identifier	S						
842	**2420B**				**Loop ID 2410B - Operating Physician Name**		**1**												
843	**2420B**	**500**	**NM1**		**Operating Physician Name**	**SIT**	**1**												
844	2420B		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
845	2420B		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
846	2420B		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Operating Physician Last Name	P						
847	2420B		NM1	NM104	First Name	REQ			O	AN	1/25	Operating Physician First Name	P						
848	2420B		NM1	NM105	Name Middle	SIT			O	AN	1/25	Operating Physician Middle Name	P						
849	2420B		NM1	NM107	Name Suffix	SIT			O	AN	1/10	Operating Physician Name Suffix	P						
850	2420B		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
851	2420B	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Operating Physician Primary Identifier	P		Provider Primary Id should be a valid NPI ID and Length 10				
852	**2420B**	**525**	**REF**		**Operating Physician Secondary Information**	**SIT**	**1**												
853	2420B		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
854	2420B		REF	REF02	Reference Identification	REQ			X	AN	1/30	Operating Physician Secondary Identifier	S						
855	**2420C**				**Loop ID 2420C - Other Provider Name**		**1**												
856	**2420C**	**500**	**NM1**		**Other Provider Name**	**REQ**	**1**												
857	2420C		NM1	NM101	Entity Identifier Code	REQ			M	ID	2/3								
858	2420C		NM1	NM102	Entity Type Qualifier	REQ			M	ID	1/1								
859	2420C		NM1	NM103	Last Name or Organization Name	REQ			O	AN	1/35	Other Physician Last Name	P						
860	2420C		NM1	NM104	First Name	SIT			O	AN	1/25	Other Physician First Name	P						
861	2420C		NM1	NM105	Name Middle	SIT			O	AN	1/25	Other Physician Middle Name	P						
862	2420C		NM1	NM105	Name Suffix	SIT			O	AN	1/10	Other Provider Name Suffix	P						
863	2420C		NM1	NM108	Identification code qualifier	REQ			X	ID	1/2		P		XX				
864	2420C	X	NM1	NM109	Identification code	REQ			X	AN	2/80	Other Provider Identifier	P		Provider Primary Id should be a valid NPI ID and Length 10				
865	**2420C**	**525**	**REF**		**Other Provider Secondary Information**	**SIT**	**1**												

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
866	2420C		REF	REF01	Reference Identification Qualifier	REQ			M	ID	2/3		S						
867	2420C		REF	REF02	Reference Identification	REQ			X	AN	1/30	Other Provider Secondary Identifier	S						
868	**2430**				**Loop ID 2430 - Line Adjudication Information**		**25**												
869	**2430**	**540**	**SVD**		**Line Adjudication Information**	**SIT**	**1**												
870	2430		SVD	SVD01	Identification Code	REQ			M	AN	2/80	Payer Identifier	P		Line level Other Payer id should not be different than the Other Payer Id at Header				
871	2430		SVD	SVD02	Monetary Amount	REQ			M	R	1/18	Service Line Paid Amount	P		The Amount Paid by Medicare or Third Party Payment Amount should be numeric or cant be negative				
872	2430		SVD	SVD03	Product or Service ID Qualifier, Procedure Code, Procedure Modifier 1-4, Procedure Code Description Composite Medical Procedure Identifier	SIT			O										
873	2430		SVD	SVD03-1	Product/Service ID Qualifier	REQ			M	ID	2/2	Product or Service ID Qualifier	S						
874	2430		SVD	SVD03-2	Product/Service ID	REQ			M	AN	1/48	Procedure Code	S						
875	2430		SVD	SVD03-3	Prodecure Modifier	SIT			O	AN	2/2		S						
876	2430		SVD	SVD03-4	Prodecure Modifier	SIT			O	AN	2/2		S						
877	2430		SVD	SVD03-5	Prodecure Modifier	SIT			O	AN	2/2		S						
878	2430		SVD	SVD03-6	Prodecure Modifier	SIT			O	AN	2/2		S						
879	2430		SVD	SVD03-7	Description	SIT			O	AN	1/80	Procedure Code Description	S						
880	2430		SVD	SVD04	Product/Service ID	REQ						Service Line Revenue Code	S						
881	2430		SVD	SVD05	Quantity	REQ			O	R	1/15	Adjustment Quantity	S						
882	2430		SVD	SVD06	Assigned Number	SIT			O	N0	1/6	Bundled or Unbundled Line Number	S						
883	**2430**	**545**	**CAS**		**Line Adjustment**	**SIT**	**99**												
884	2430		CAS	CAS01	Claim Adjustment Group Code	REQ			M	ID	2/2		P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
885	2430		CAS	CAS02	Claim Adjustment Reason Code	REQ			M	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
886	2430		CAS	CAS03	Adjustment Amount Monetary Amount	REQ			M	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative and valid				
887	2430		CAS	CAS04	Adjustment Quantity	SIT			O	R	1/15	Adjustment Quantity	P						
888	2430		CAS	CAS05	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
889	2430		CAS	CAS06	Adjustment Amount Monetary Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative and valid				
890	2430		CAS	CAS07	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
891	2430		CAS	CAS08	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
892	2430		CAS	CAS09	Adjustment Amount Monetary Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative and valid				
893	2430		CAS	CAS10	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						
894	2430		CAS	CAS11	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
895	2430		CAS	CAS12	Adjustment Amount Monetary Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative and valid				
896	2430		CAS	CAS13	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
897	2430		CAS	CAS14	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
898	2430		CAS	CAS15	Adjustment Amount Monetary Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative and valid				
899	2430		CAS	CAS16	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						
900	2430		CAS	CAS17	Claim Adjustment Reason Code	SIT			X	ID	1/5	Adjustment Reason Code	P		In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS. (1,126 is medicare deductible; 2,127 for medicare co-insurance; 122 medicare psych)				
901	2430		CAS	CAS18	Adjustment Amount Monetary Amount	SIT			X	R	1/18	Adjustment Amount	P		The Adjustment Monetary Amount should be numeric or cant be negative and valid				
902	2430		CAS	CAS19	Adjustment Quantity	SIT			X	R	1/15	Adjustment Quantity	P						
903	**2430**	**550**	**DTP**		**Service Adjudication Date**	**SIT**	**1**												
904	2430		DTP	DTP01	Date/Time Qualifier	REQ			M	ID	3/3	Date Time Qualifier							
905	2430		DTP	DTP02	Dat Time Period Format Qualifier	REQ			M	ID	2/3								

	A	B	C	D	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**Loop ID**	**POS #**	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Required**	**Repeat**	**Format**	**Condition Indicator**	**Data Type**	**Min/Max**	**Industry Name**	**SD MEDX Usage (P/S)**	**Implementation Guide Code list**	**SDMMIS Claims Companion Guide Rules**	**DDE Screens elements**	**UB92 Form Locator**	**Description of UB92 Value and Notes for 837- I Equivalents**	**CNSI Remarks**
906	2430		DTP	DTP03	Date Time Period	REQ		CCYYMMDD	M	AN	1/35	Adjudication or Payment Date	P		The Line Adjudication Date should be valid date format				
907		555	SE		Transaction Set Trailer	REQ	1												
908			SE	SE01	Number of Included Segments	REQ			M	N0	1/10	Transaction Segment Count							
909			SE	SE02	Transaction Set Control Number	REQ			M	AN	4/9								
910		x	GE		FUNCTIONAL GROUP TRAILER														
911			GE	GE01	Number of Transaction Sets Included	REQ			M	N0	1/6								
912			GE	GE02	Group Control Number	REQ			M	N0	1/9								
913		x	IEA		INTERCHANGE CONTROL TRAILER														
914			IEA	IEA01	Number of Included Functional Groups	REQ			M	N0	1/5								
915			IEA	IEA02	Interchange Control Number	REQ			M	N0	9/9								