State of New Hampshire
Department of Health and Human Services
Division of Public Health Services
Health Statistics and Data Management

New Hampshire Uniform Health Facility
Discharge Data Set
5010 Companion Guide

Version 4
May 20, 2015
## Revision Log

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04/14/2015</td>
<td>Original Version</td>
</tr>
<tr>
<td>2</td>
<td>04/15/2015</td>
<td>Removed A11.6</td>
</tr>
<tr>
<td>3</td>
<td>05/07/2015</td>
<td>Corrected Numbering</td>
</tr>
<tr>
<td>4</td>
<td>05/14/2015</td>
<td>Inserted Note: Avoid using &quot;&amp;&quot; and &quot;,&quot; within segments</td>
</tr>
<tr>
<td>5</td>
<td>05/26/2015</td>
<td>Updated footers, added more information to Introduction, and re-named document</td>
</tr>
</tbody>
</table>
Contents
Introduction.........................................................................................................................5
Segment Review and Submission Requirements.............................................................7
A11.2 ISA Interchange Control Header (Header) - Required............................................ 7
A11.3 GS Functional Group Header (Header) - Required .................................................. 8
A11.4 ST Transaction Set Header (Header) - Required ...................................................... 8
A11.5 BHT Beginning of Hierarchical Transaction (Header) - Required ......................... 8
A11.6 NM1 Submitter Name (1000A) - Required............................................................. 8
A11.7 PER Submitter EDI Contact Information (1000A) - Required ............................ 8
A11.8 NM1 Receiver Name (1000B) - Required.............................................................. 8
A11.9 HL Billing/Service Provider Hierarchical Level (2000A) – Required ......... 9
A11.10 Billing Provider Name (2010AA) - Required ....................................................... 9
A11.11 Billing Provider Address (2010AA) - Required .................................................... 9
A11.12 Billing Provider/City/State/Zip (2010AA) - Required .......................................... 9
A11.14 PER Billing Provider Contact Information (2010AA) - Situational ..................... 9
A11.15 NM1 Pay-To Address Name (2010AB) - Situational ........................................ 9
A11.16 N3 Pay-To Provider Address (2010AB) - Required ............................................ 10
A11.17 N4 Pay-To Provider City/State/Zip (2010AB) - Required ................................ 10
A11.18 HL Subscriber Hierarchical Level (2000B) – Required .................................... 10
A11.19 SBR Subscriber Information (2000B) - Required .............................................. 10
A11.20 NM1 Subscriber Name (2010BA) – Required if subscriber IS the patient ........ 10
A11.21 N3 Subscriber Address (2010BA) – Required if subscriber IS the patient ......... 10
A11.22 N4 Subscriber City/State/Zip (2010BA) – Required if subscriber IS the patient ... 11
A11.23 DMG Subscriber Demographic Information (2010BA) - Required if subscriber IS the patient 11
A11.24 NM1 Payer Name (2010BB) - Required ............................................................. 11
A11.25 HL Patient Hierarchical Level (2000C) - Required if subscriber IS NOT the patient 11
A11.26 PAT Patient Information (2000C) - Required if subscriber IS NOT the patient ... 11
A11.27 NM1 Patient Name (2010CA) - Required if subscriber IS NOT the patient ...... 12
A11.28 N3 Patient Address (2010CA) - Required if subscriber IS NOT the patient ....... 12
A11.29 N4 Patient City/State/Zip Code (2010CA) - Required if subscriber IS NOT the patient 12
A11.30 DMG Patient Demographic Information (2010CA) - Required if subscriber IS NOT the patient 12
A11.31 CLM Claim Information (2300) - Required....................................................... 13
A11.32 DTP Date-Discharge Hour (2300) – Situational (Inpatient) ............................... 13
A11.33 DTP Statement Dates (2300) - Required............................................................. 13
A11.34 DTP Admission Date/Hour (2300) – Situational (Inpatient) ............................. 13
A11.35 CL1 Institutional Claim Code (2300) – Situational ............................................. 13
A11.36a REF Payer Claim Control Number (2300) - Optional .................................... 13
A11.36b REF Medical Record Number (2300) - Required .......................................... 13
A11.37 NTE Claim Note (2300) – Situational with note ............................................... 14
A11.38a HI Principal Diagnosis (2300) - Required ......................................................... 14
A11.38b HI Admitting Diagnosis (2300) - Required ....................................................... 14
A11.38c HI Patient Reason For Visit (2300) - Required ................................................ 14
A11.38d HI External Cause of Injury (2300) - Situational ............................................. 14
A11.39 HI Other Diagnosis Information (2300) - Situational .................................... 15
A11.40 HI Principal Procedure Information (2300) - Situational ................................. 15
A11.41 HI Other Procedure Information (2300) - Situational .................................... 15
A11.42 HI Occurrence Span Information (2300) - Situational .................................... 16
A11.43 HI Occurrence Information (2300) - Situational .............................................. 16
A11.44 HI Value Information (2300) - Situational .................................................. 16
A11.45 HI Condition Information (2300) - Situational ............................................. 17
A11.46 NM1 Attending Provider Name (2310A) – Required (on Inpatient) .............. 17
A11.47 REF Attending Provider Secondary Identification (2310A) – Situational (on
Inpatient) 17
A11.48 NM1 Operating Physician Name (2310B) – Required (on Surgical) .......... 18
A11.49 REF Operating Physician Secondary Identification (2310B) – Situational (on
Surgical) 18
A11.50 NM1 Other Operating Physician Name (2310C) – Required if Other declared... 18
A11.51 REF Other Operating Physician Secondary Identification (2310C) – Situational (if
Other declared) ........................................................................................................ 18
A11.52 LX Service Line (2400) - Required ................................................................. 18
A11.53 SV2 Institutional Service Line (2400) - Required ........................................ 18
A11.54 DTP Date - Service Date (2400) – Situational ................................................... 19
A11.55 SE Transaction Set Trailer (Trailer) - Required ............................................. 19
A11.56 GE Functional Group Trailer (Trailer) - Required ........................................ 19
A11.57 IEA Interchange Control Trailer (Trailer) - Required ..................................... 19
A12 Self Pay Claims ..................................................................................................... 19
Introduction

This document is an addendum to Version 7 (6/30/2011) of the New Hampshire Health Care Facility Discharge Data Submission Manual prepared by Onpoint Health Data. It provides guidelines for creating an ANSI ASC X12-837 Version 5010 file as it is implemented for the New Hampshire CHAPTER He-C 1500 Data Submission and Release of Health Care Facility Discharge Data. The guidelines are based on the "Institutional Side by Side 4010A1 to 5010" document found on the following Centers for Medicare & Medicaid Services (CMS) website:

http://www.cms.gov/site-search/search-results.html?q=837%204010%205010

A prior addendum for migrating to 5010 format was released to reporting facilities in early 2014, which can be found on the NH UHFDDS Publications page at: http://www.dhhs.nh.gov/dphs/hsdm/hospital/documents/addendum-submissionmanual.pdf. This updated addendum has been changed to more accurately and easily reference it as the 5010 Companion Guide, but the current addendum may also be utilized if needed.

ICD-10 Implementation

The State will follow the CMS guidelines and schedule for implementation of ICD-10 on October 1, 2015. Hospitals will need to migrate to the 5010 file format in order to submit diagnosis and procedure codes in ICD-10. Please note that ICD-9 codes are still accepted in the 5010 formatted file. New qualifier codes are used to distinguish between an ICD-9 code and an ICD-10 code. Detailed information on the coding of each relevant segment is included in this document.

Previously Submitted 5010 Files

For those hospitals who have been submitting their monthly/quarterly discharge data in 5010 formatted files, every effort will be made to process those files successfully. However, it is expected that these hospitals will review the guidelines in this addendum and compare them with the 5010 format that the hospital is currently using. Please note the discrepancies and then discuss them with the State. In some cases, the State may require a modification for your future submissions. The State will also use previously submitted 5010 files for test purposes and will then convey the results to you.

Contact Information

Questions and feedback regarding the contents of this addendum may be sent to the following contacts:

Patty Thibeault
UHFDDS QC Coordinator
Bureau of Public Health Statistics and Informatics
NH Division of Public Health Services
(603) 271-0584
pthibeault@dhhs.state.nh.us

Denise Towle  
Business Systems Analyst  
NH Department of Information Technology  
(603) 230-3418  
Denise.Towle@doit.nh.gov
Segment Review and Submission Requirements

The Segment Review Section lists segments in the order they must appear in the X12-837 submission file. The segment section includes instructions on how to implement the data elements that will make up the segment. The data element instructions will either:

* Demonstrate how to implement the segment data elements as indicated in the ANSI ASC X12 Implementation Guides

* Display with format (length/type) and/or data values specific to the data elements required for the New Hampshire Health Care Facility Discharge Data Submission implementation.

Note: The Data Type column will be an AN, N, R, ID, DT, or TM (Alpha Numeric, Numeric, Decimal, Identifier, Date, or Time) and carry the following meanings.

* AN data type allows all alpha numeric characters and is left justified
* N data type allows only numeric characters (no decimals) and is right justified
* R data type allows only numeric characters (with decimals) and is right justified
* ID data type allows all alpha numeric characters and is left justified
* DT data type allows only eight (8) digital dates as CCYYMMDD
* TM data type allows only four (4) digital times as HHMM

Note: Avoid using “&” (ampersand) and “,” (comma) within segments.

Generic Segment Note: This document does not list all data elements in each segment if they are not required for X12 syntax or for this submission. Any data reported in unlisted data elements will not be processed or stored.

A11.2 ISA Interchange Control Header (Header) - Required

<table>
<thead>
<tr>
<th>ISA01</th>
<th>ID</th>
<th>2/2</th>
<th>Must equal &quot;00&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISA03</td>
<td>ID</td>
<td>2/2</td>
<td>Must equal &quot;00&quot;</td>
</tr>
<tr>
<td>ISA05</td>
<td>ID</td>
<td>2/2</td>
<td>Must equal &quot;ZZ&quot;</td>
</tr>
<tr>
<td>ISA06</td>
<td>AN</td>
<td>15/15</td>
<td>Must equal facility federal Tax ID (with no leading zeros)</td>
</tr>
<tr>
<td>ISA07</td>
<td>ID</td>
<td>2/2</td>
<td>Must equal &quot;ZZ&quot;</td>
</tr>
<tr>
<td>ISA08</td>
<td>AN</td>
<td>15/15</td>
<td>Must equal &quot;DHHS-NHHDD&quot;</td>
</tr>
<tr>
<td>ISA09</td>
<td>DT</td>
<td>6/6</td>
<td>Must equal Submission Date - YYMMDD format</td>
</tr>
<tr>
<td>ISA13</td>
<td>AN</td>
<td>9/9</td>
<td>Must equal Interchange Control Number (same value as Interchange Control Trailer, IEA02, and Functional Group Header, GS06, and Functional Group Trailer, GE02)</td>
</tr>
<tr>
<td>ISA16</td>
<td>AN</td>
<td>1/1</td>
<td>Must equal Component Element Separator, &quot;:&quot;</td>
</tr>
</tbody>
</table>
A11.3 GS Functional Group Header (Header) - Required

- GS01 ID 2/2 Must equal "HC"
- GS02 AN 2/15 Must equal Medicare Provider Number (with no leading zeros)
- GS03 AN 2/15 Must equal "DHHS-NHHDD"
- GS04 DT 8/8 Must equal “CCYYMMDD”
- GS05 TM 4/8 Must equal “HHMM”
- GS06 AN 1/9 Must equal Interchange Control Number (same value as Functional Group Trailer, GE02 and Interchange Control Number, ISA13)
- GS07 ID 1/2 Must equal "X"
- GS08 AN 1/12 Must equal 005010X223

A11.4 ST Transaction Set Header (Header) - Required

- ST01 ID 3/3 Must equal "837"
- ST02 AN 4/9 Must equal Transaction Set Control Number (same value as SE02)

A11.5 BHT Beginning of Hierarchical Transaction (Header) - Required

- BHT01 ID 4/4 Must equal "0019"
- BHT02 ID 2/2 Must equal "00" or "18"
- BHT03 AN 1/50 Must equal File Sequence and Serial Number
- BHT04 DT 8/8 Must equal Processing Date - CCYYMMDD format
- BHT05 TM 4/8 Must equal Processing Time “HHMM”
- BHT06 ID 2/2 Must equal “31, CH or RP”

A11.6 NM1 Submitter Name (1000A) - Required

- NM101 ID 2/3 Must equal "41"
- NM102 ID 1/1 Must equal "2"
- NM103 AN 1/60 Must equal Submitter/Facility Organization Name
- NM108 ID 1/2 Must equal "46"
- NM109 AN 2/80 Must equal facility federal Tax ID

A11.7 PER Submitter EDI Contact Information (1000A) - Required

Data elements below are required for X12 syntax.

- PER01 ID 2/2 Must equal "IC"
- PER02 AN 1/60 Must equal Submitter Contact Person Name
- PER03 ID 2/2 Must equal "TE"
- PER04 AN 1/256 Must equal Submitter Contact Person Telephone Number
- PER05 ID 2/2 Must equal "EM" or "FX"
- PER06 AN 1/256 Must equal Submitter Contact Person Email Address or Fax #

A11.8 NM1 Receiver Name (1000B) - Required

- NM101 ID 2/3 Must equal "40"
- NM102 ID 1/1 Must equal "2"
- NM103 AN 1/60 Must equal "DHHS-NHHDD"
- NM108 ID 1/2 Must equal "46"
- NM109 AN 2/80 Must equal Receiver Primary ID
A11.9 HL Billing/Service Provider Hierarchical Level (2000A) – Required
HL01 N 1/12 Must begin with 1 for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction. Only numeric values are allowed in HL01. The same value should also be reported in every subordinate Subscriber Hierarchical Level HL02.
HL03 ID 1/2 Must equal "20"
HL04 ID 1/1 Must equal "1"

A11.10 Billing Provider Name (2010AA) - Required
NM101 ID 2/3 Must equal "85"
NM102 ID 1/1 Must equal "2"
NM103 AN 1/60 Must equal Billing/Service Provider Organization Name
NM108 ID 1/2 Must equal "XX"
NM109 AN 2/80 Must equal National Provider Identification (when available)

A11.11 Billing Provider Address (2010AA) - Required
N301 AN 1/55 Address Line 1
N302 AN 1/55 Address Line 2

A11.12 Billing Provider/City/State/Zip (2010AA) - Required
N401 AN 2/30 City
N402 ID 2/2 State
N403 ID 3/15 Zip Code
N404 ID 2/3 Country Code

A11.13 Billing Provider Tax ID (2010AA) – Required
REF01 ID 2/3 Must equal "EI"
REF02 AN 1/50 Must equal corresponding Identification Number

A11.14 PER Billing Provider Contact Information (2010AA) - Situational
PER01 ID 2/2 Must equal "IC"
PER03 ID 2/2 Must equal "TE"
PER04 AN 1/256 Billing Provider Telephone Number

A11.15 NM1 Pay-To Address Name (2010AB) - Situational
NM101 ID 2/3 Must equal "87"
NM102 ID 1/1 Must equal "2"
NM103 AN 1/60 Must equal Pay-To Provider Organization Name
A11.16 N3 Pay-To Provider Address (2010AB) - Required
N301 AN 1/55 Address Line 1
N302 AN 1/55 Address Line 2

A11.17 N4 Pay-To Provider City/State/Zip (2010AB) - Required
N401 AN 2/30 City Name
N402 ID 2/2 State
N403 ID 3/15 Zip Code
N404 ID 2/3 Country Code

A11.18 HL Subscriber Hierarchical Level (2000B) – Required
Note: If the subscriber is not the same as the patient, Loop 2000C must be used for the patient information. If the subscriber is the same as the patient, Loop 2000C is not sent.

HL01 AN 1/12 Must begin with 1 for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction. Only numeric values are allowed in HL01. The same value should also be reported in every subordinate Patient Hierarchical Level HL02.
HL02 AN 1/12 Must contain the same value as the parent Service Provider Hierarchical Level HL01
HL03 ID 1/2 Must equal "22"
HL04 ID 1/1 Must equal "0" for subscriber as patient or "1" patient different than subscriber

A11.19 SBR Subscriber Information (2000B) - Required
Note: Will only process and store the subscriber information when the subscriber IS the patient.

SBR01 ID 1/1 Must equal "P"
SBR02 ID 2/2 Must equal "18" if the subscriber IS the patient, otherwise not required.

A11.20 NM1 Subscriber Name (2010BA) – Required if subscriber IS the patient
The following are data values for this segment if the subscriber IS the patient.

NM101 ID 2/3 Must equal "IL"
NM102 ID 1/1 Must equal "1"
NM103 AN 1/60 Must equal Subscriber’s Last Name (encrypted)
NM104 AN 1/35 Must equal Subscriber’s First Name (encrypted)
NM105 AN 1/25 Must equal Subscriber’s Middle Name (encrypted)

A11.21 N3 Subscriber Address (2010BA) – Required if subscriber IS the patient
N301 AN 1/55 Must equal Subscriber’s Street Address
N302 AN 1/55 Must equal Subscriber’s Street Address Line 2, if applicable
A11.22 N4 Subscriber City/State/Zip (2010BA) – Required if subscriber IS the patient
N401 AN 2/30 Must equal Subscriber’s City
N402 ID 2/2 Must equal Subscriber’s State or Province if in U.S. or Canada. If outside the U.S. or Canada, must equal “XX”.
N403 ID 3/15 Must equal Subscriber’s Postal Code. If no fixed residence, must equal “XXXXX”.
N404 ID 2/3 Must equal Subscriber’s Country Code if outside the U.S.

A11.23 DMG Subscriber Demographic Information (2010BA) - Required if subscriber IS the patient
DMG01 ID 2/3 Must equal "D8"
DMG02 AN 1/35 Must equal Birth Date in “CCYYMMDD” format
DMG03 ID 1/1 Must equal Patient Sex (“F”, “M”, or "U")
DMG05 is a composite data element. The Component Element Separator (ISA16) must be used before and after the composite data element DMG05-2, “RET”. Below is a DMG segment example.
DMG05-2 ID 1/3 Must equal "RET"
DMG05-3 ID 1/30 Must equal all defined Race and Ethnicity ("R1", "R2", "R3", "R4", "R5", "R9", "E1", or "E2")

Example: DMG*D8*19880208*F**:RET:R5^:RET:E2~

A11.24 NM1 Payer Name (2010BB) - Required
NM101 ID 2/3 Must equal "PR"
NM102 ID 1/1 Must equal "2"
NM103 AN 1/60 Must equal Payer Name or “SELF PAY” for Self Pay claims
NM108 ID 1/2 Must equal "PI" or "XV", must be “PI” for Self Pay claims
NM109 AN 2/80 Must equal National Plan ID when available, or “009” for Self Pay claims

A11.25 HL Patient Hierarchical Level (2000C) - Required if subscriber IS NOT the patient
Note: If the subscriber is not the same as the patient, Loop 2000C must be used for the patient information. If the subscriber is the same as the patient, Loop 2000C is not sent.
HL01 AN 1/12 Must begin with 1 for the first HL01 in the transaction and be incremented by 1 each time an HL is used within the transaction. Only numeric values are allowed in HL01.
HL02 AN 1/12 Must contain the same value as the parent Subscriber Hierarchical Level HL01
HL03 ID 1/2 Must equal "23"
HL04 ID 1/1 Must equal "0"

A11.26 PAT Patient Information (2000C) - Required if subscriber IS NOT the patient
The following are data values for this segment if the subscriber IS NOT the patient.

PAT01 ID 2/2 Must equal Individual Relationship Code
A11.27 NM1 Patient Name (2010CA) - Required if subscriber IS NOT the patient

The following are data values for this segment if the subscriber IS NOT the patient.

<table>
<thead>
<tr>
<th>Code</th>
<th>ID</th>
<th>Must equal</th>
</tr>
</thead>
<tbody>
<tr>
<td>NM101</td>
<td>2/3</td>
<td>&quot;QC&quot;</td>
</tr>
<tr>
<td>NM102</td>
<td>1/1</td>
<td>&quot;1&quot;</td>
</tr>
<tr>
<td>NM103</td>
<td>1/60</td>
<td>Patient's Last Name (encrypted)</td>
</tr>
<tr>
<td>NM104</td>
<td>1/35</td>
<td>Patient's First Name (encrypted)</td>
</tr>
<tr>
<td>NM105</td>
<td>1/25</td>
<td>Patient's Middle Name (encrypted)</td>
</tr>
</tbody>
</table>

A11.28 N3 Patient Address (2010CA) - Required if subscriber IS NOT the patient

<table>
<thead>
<tr>
<th>Code</th>
<th>AN</th>
<th>Must equal</th>
</tr>
</thead>
<tbody>
<tr>
<td>N301</td>
<td>1/55</td>
<td>Patient's Street Address</td>
</tr>
<tr>
<td>N302</td>
<td>1/55</td>
<td>Patient's Street Address Line 2, if applicable</td>
</tr>
</tbody>
</table>

A11.29 N4 Patient City/State/Zip Code (2010CA) - Required if subscriber IS NOT the patient

<table>
<thead>
<tr>
<th>Code</th>
<th>ID</th>
<th>Must equal</th>
</tr>
</thead>
<tbody>
<tr>
<td>N401</td>
<td>2/30</td>
<td>Patient's City</td>
</tr>
<tr>
<td>N402</td>
<td>2/2</td>
<td>Patient's State or Province if in U.S. or Canada. If outside the U.S. or Canada, must equal &quot;XX&quot;.</td>
</tr>
<tr>
<td>N403</td>
<td>3/15</td>
<td>Patient's Postal Code. <strong>If no fixed residence, must equal &quot;XXXXX&quot;.</strong></td>
</tr>
<tr>
<td>N404</td>
<td>2/3</td>
<td>Patient's Country Code if outside the U.S.</td>
</tr>
</tbody>
</table>

A11.30 DMG Patient Demographic Information (2010CA) - Required if subscriber IS NOT the patient

<table>
<thead>
<tr>
<th>Code</th>
<th>ID</th>
<th>Must equal</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMG01</td>
<td>2/3</td>
<td>&quot;D8&quot;</td>
</tr>
<tr>
<td>DMG02</td>
<td>1/35</td>
<td>Birth Date in CCYYMMDD format</td>
</tr>
<tr>
<td>DMG03</td>
<td>1/1</td>
<td>Patient Sex (&quot;F&quot;, &quot;M&quot;, or &quot;U&quot;)</td>
</tr>
</tbody>
</table>

DMG05 is a composite data element. The Component Element Separator (ISA16) must be used before and after the composite data element DMG05-2, "RET". Below is a DMG segment example.

<table>
<thead>
<tr>
<th>Code</th>
<th>ID</th>
<th>Must equal</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMG05-2</td>
<td>1/3</td>
<td>&quot;RET&quot;</td>
</tr>
<tr>
<td>DMG05-3</td>
<td>1/30</td>
<td>all defined Race and Ethnicity (&quot;R1&quot;, &quot;R2&quot;, &quot;R3&quot;, &quot;R4&quot;, &quot;R5&quot;, &quot;R9&quot;, &quot;E1&quot;, or &quot;E2&quot;)</td>
</tr>
</tbody>
</table>

Example: DMG*D8*19880208*F**:RET:*R5*:RET:*E2~
A11.31 CLM Claim Information (2300) - Required
CLM01 AN 1/38 Must equal Patient Control Number
CLM02 R 1/18 Must equal Total Claim Charges

CLM05 is a composite data element. The Component Element Separator (ISA16) must be used before and after the composite data element, below is a CLM segment example.

CLM05-1 AN 1/2 Must equal Bill Type Facility Code Value
CLM05-2 ID 1/2 Must equal Uniform Billing Claim Form Bill Type
CLM05-3 ID 1/1 Must equal Bill Type Claim Frequency Code
CLM07 ID 1/1 Must equal “A”, “B”, or “C”
CLM08 ID 1/1 Must equal Assignment of Benefits Indicator, Yes “Y” or No “N”
CLM09 ID 1/1 Must equal Release of Information Code

Example : CLM*01319300001*500***11:A:1***Y*Y~

A11.32 DTP Date-Discharge Hour (2300) – Situational (Inpatient)
DTP01 ID 3/3 Must equal "096"
DTP02 ID 2/3 Must equal "TM"
DTP03 AN 1/35 Must equal Discharge Time “HHMM”

A11.33 DTP Statement Dates (2300) - Required
DTP01 ID 3/3 Must equal "434"
DTP02 ID 2/3 Must equal "RD8"
DTP03 AN 1/35 Must equal Statement Period From and Through Dates “CCYYMMDD-CCYYMMDD format”

A11.34 DTP Admission Date/Hour (2300) – Situational (Inpatient)
DTP01 ID 3/3 Must equal "435"
DTP02 ID 2/3 Must equal "DT"
DTP03 AN 1/35 Must equal Admission Date/Hour “CCYYMMDDHHMM” format

A11.35 CL1 Institutional Claim Code (2300) – Situational
CL101 ID 1/1 Must equal Type of Admission Code
CL102 ID 1/1 Must equal Source of Admission Code
CL103 ID 1/2 Must equal Patient Status / Disposition Code

A11.36a REF Payer Claim Control Number (2300) - Optional
REF01 ID 2/3 Must equal "F8"
REF02 AN 1/50 Must equal Document Control Number

A11.36b REF Medical Record Number (2300) - Required
REF01 ID 2/3 Must equal "EA"
REF02 AN 1/50 Must equal Medical Record Number
A11.37 NTE Claim Note (2300) – Situational with note
NTE01   ID    3/3   Must equal "UPI"
NTE02   AN    1/30  See below for NTE requirements

Note: Spaces equaling the data element length must be used if a data element cannot be supplied. Below are NTE segments examples:

Example: NTE*UPI*FRENCH~

A11.38a HI Principal Diagnosis (2300) - Required
HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1   ID    1/3   Must equal "BK" or "ABK"
HI01-2   AN    1/30  Must equal Principal Diagnosis Code
HI01-9   ID    1/1   Must equal Present on Admission Indicator Yes “Y”, No “N”, Unknown/No information on the Record “U”, Clinically Undetermined “W” or Diagnosis code exempt from POA reporting “1”

Example of ICD-9 Principal Diagnosis Code: HI*BK:63491::::::Y~

A11.38b HI Admitting Diagnosis (2300) - Required
HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1   ID    1/3   Must equal "BJ" or "ABJ"
HI01-2   AN    1/30  Must equal Admitting Diagnosis Code (ICD Code)

Example of ICD-9 Admitting Diagnosis Code: HI*BJ:30000~

A11.38c HI Patient Reason For Visit (2300) - Required
HI01 - HI03 are composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1   ID    1/3   Must equal "PR" or "APR"
HI01-2   AN    1/30  Must equal Patient Reason for Visit Code (ICD Code)
HI02-1   ID    1/3   Must equal "PR" or "APR"
HI02-2   AN    1/30  Must equal Patient Reason for Visit Code (ICD Code)
HI03-1   ID    1/3   Must equal "PR" or "APR"
HI03-2   AN    1/30  Must equal Patient Reason for Visit Code (ICD Code)

Example of two ICD-9 Reason for Visit Codes: HI*PR:29420*PR:29622~

A11.38d HI External Cause of Injury (2300) - Situational
HI01 - HI03 are composite data elements. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.
HI01-1  ID  1/3  Must equal "BN" or "ABN"
HI01-2  AN  1/30 Must equal External Cause of Injury Code (E-Code)

HI02-1  ID  1/3  Must equal "BN" or "ABN"
HI02-2  AN  1/30 Must equal External Cause of Injury Code (E-Code)

HI03-1  ID  1/3  Must equal "BN" or "ABN"
HI03-2  AN  1/30 Must equal External Cause of Injury Code (E-Code)

Example of three ICD-9 ECodes: HI*BN:E8786*BN:E8800*BN:E9586~

A11.39 HI Other Diagnosis Information (2300) - Situational

HI01-HI12 are required composite data elements that have a first through twelfth Other Diagnosis Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1  ID  1/3  Must equal "BF" or "ABF"
HI01-2  AN  1/30 Must equal Other Diagnosis Code
HI01-9  ID  1/1  Must equal Present on Admission Indicator Yes “Y”, No “No”, Unknown/No information on the Record “U” or Clinically Undetermined “W” or Diagnosis code exempt from POA reporting “1”

HI02-1 thru HI12-1  ID  1/3  Must equal "BF" or "ABF"
HI02-2 thru HI12-2  AN  1/30 Must equal Other Diagnosis Code
HI02-9 thru HI12-9  ID  1/1  Must equal Present on Admission Indicator Yes “Y”, No “N”, Unknown/No information on the Record “U” or Clinically Undetermined “W” or Diagnosis code exempt from POA reporting “1”

Note: A second repeat of these segments may be used to report Other Diagnosis Codes 13 through 24.

Example reporting five other ICD-9 diagnosis codes: HI01 thru HI05:

A11.40 HI Principal Procedure Information (2300) - Situational

HI01 is a required composite data element. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1  ID  1/3  Must equal "BR" or "BBR"
HI01-2  AN  1/30 Must equal Principal Procedure Code

Example: HI*BR:3614~

A11.41 HI Other Procedure Information (2300) - Situational

HI01-HI12 are used for claims that have a first through twelfth Other Procedure Code, respectively. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1 thru HI12-1  ID  1/3  Must equal "BQ" or "BBQ"
HI01-2 thru HI12-2 AN 1/30 Must equal Other Procedure Code
HI01-3 thru HI12-3 ID 2/3 Must equal "D8"
HI01-4 thru HI12-4 AN 1/35 Must equal Other Procedure Date “CCYYMMDD”

Example of two ICD-9 Other Procedure Codes:
HI*BQ:3963:D8:20060413*BQ:3964:D8:20060413~

A11.42 HI Occurrence Span Information (2300) - Situational
Required when occurrence span information applies to the claim or encounter.

HI01-1 thru HI12-1 ID 1/3 Must equal "BI"
HI01-2 thru HI12-2 AN 1/30 Must equal Occurrence Span Code
HI01-3 thru HI12-3 ID 2/3 Must equal "RD8"
HI01-4 thru HI12-4 AN 1/35 Must equal Occurrence Span Period From and Through Dates “CCYYMMDD-CCYYMMDD format”

Example: HI*BI:70:RD8:19981202-19981212~

A11.43 HI Occurrence Information (2300) - Situational
HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Occurrence Code conditions. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1 ID 1/3 Must equal "BH"
HI01-2 AN 1/30 Must equal valid UB-04 occurrence codes; sample values are as follows: "01", "02", "03", "04", "05", or "06"
HI01-3 ID 2/3 Must equal "D8"
HI01-4 AN 1/35 Must equal Occurrence Associated Date “CCYYMMDD”

HI02-1 thru HI12-1 ID 1/3 Must equal "BH"
HI02-2 thru HI12-2 AN 1/30 Must equal valid UB-04 occurrence codes; sample values are as follows: "01", "02", "03", "04", "05", or "06"
HI02-3 thru HI12-3 ID 2/3 Must equal "D8"
HI02-4 thru HI12-4 AN 1/35 Must equal Occurrence Associated Date “CCYYMMDD”

Note: Reportable Occurrence Code conditions may be reported multiple times.

Example of two Occurrence Codes: HI*BH:01:D8:20130914*BH:17:D8:20130921~

A11.44 HI Value Information (2300) - Situational
HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Value Code conditions. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1 ID 1/3 Must equal "BE"
HI01-2 AN 1/30 Must equal valid UB-04 value codes sample values are as follows: "14", "15", "21", "22", "23", "37", "45", "54" or "P0"
HI01-5 R 1/18 Must equal Value Information

HI02-1 thru HI12-1 ID 1/3 Must equal "BE"
HI02-2 thru HI12-2 AN 1/30 Must equal valid UB-04 value codes sample values are as follows: "14", "15", "21", "22", "23", "37", "45", "54" or "P0"
HI02-5 thru HI12-5 R 1/18 Must equal Value Information

Note: Reportable Value Code conditions may be reported multiple times. Example of a value code of 45 and a value amount of $6.00: HI*BE:45:::6.00~

A11.45 HI Condition Information (2300) - Situational
HI01-HI12 are required composite data elements. HI02-HI12 are used for claims that have additional reportable Condition Codes. Component Element Separator (ISA16) must be used between segment data elements. See HI segment example below.

HI01-1 ID 1/3 Must equal "BG"
HI01-2 AN 1/30 Must equal valid UB-04 condition codes sample values are as follows: "02", "P1", "17", "25", "A2", "A3", "A4", or "A5"

HI02-1 thru HI12-1 ID 1/3 Must equal "BG"
HI02-2 thru HI12-2 AN 1/30 Must equal valid UB-04 condition codes sample values are as follows: "02", "P1", "17", "25", "A2", "A3", "A4", or "A5"

Note: Condition Codes may be reported multiple times. Example: HI*BG:17~

A11.46 NM1 Attending Provider Name (2310A) – Required (on Inpatient)
NM101 ID 2/3 Must equal "71"
NM102 ID 1/1 Must equal "1"
NM103 AN 1/60 Must equal Attending Provider Last Name
NM104 AN 1/35 Must equal Attending Provider First Name
NM105 AN 1/25 Must equal Attending Provider Middle Name
NM108 ID 2/2 Must equal "XX"
NM109 AN 2/80 Must equal Attending Provider National Provider ID

A11.47 REF Attending Provider Secondary Identification (2310A) – Situational (on Inpatient)
REF01 ID 2/3 Must equal "0B", "1G", or "G2"
REF02 AN 1/50 Must equal Attending Provider Secondary Identifier
A11.48 NM1 Operating Physician Name (2310B) – Required (on Surgical)
NM101 ID 2/3 Must equal "72"
NM102 ID 1/1 Must equal "1"
NM103 AN 1/60 Must equal Operating Physician Last Name
NM104 AN 1/35 Must equal Operating Physician First Name
NM105 AN 1/25 Must equal Operating Physician Middle Name
NM108 ID 2/2 Must equal "XX"
NM109 AN 2/80 Must equal Operating Physician National Provider ID

A11.49 REF Operating Physician Secondary Identification (2310B) – Situational (on Surgical)
REF01 ID 2/3 Must equal "0B", "1G", or "G2"
REF02 AN 1/50 Must equal Operating Physician Secondary Identifier

A11.50 NM1 Other Operating Physician Name (2310C) – Required if Other declared
NM101 ID 2/3 Must equal "ZZ"
NM102 ID 1/1 Must equal "1"
NM103 AN 1/60 Must equal Other Operating Physician Last Name
NM104 AN 1/35 Must equal Other Operating Physician First Name
NM105 AN 1/25 Must equal Other Operating Physician Middle Name
NM108 ID 2/2 Must equal "XX"
NM109 AN 2/80 Must equal Other Operating Physician National Provider ID

A11.51 REF Other Operating Physician Secondary Identification (2310C) – Situational (if Other declared)
REF01 ID 2/3 Must equal "0B", "1G", or "G2"
REF02 AN 1/50 Must equal Other Operating Physician Secondary Identifier

A11.52 LX Service Line (2400) - Required
LX01 N 1/6 This is the service line number. Begin with 1 and increment by 1 for each new LX segment within a claim.

A11.53 SV2 Institutional Service Line (2400) - Required
SV201 AN 1/48 Must equal UB Revenue Code
SV202-1 ID 2/2 Must equal "HC", "IV", "ER", "HP", or "WK"
SV202-2 AN 1/48 Must equal HCPCS/CPT Procedure Code
SV202-3 AN 2/2 Must equal Modifier 1
SV202-4 AN 2/2 Must equal Modifier 2
SV202-5 AN 2/2 Must equal Modifier 3
SV202-6 AN 2/2 Must equal Modifier 4
SV203 R 1/18 Must equal Total Line Item Charge Amount
SV204 ID 2/2 Must equal "DA" or "UN"
SV205 R 1/15 Must equal Service Units/Days

Example of a revenue code 0202; HCPCS code 77052; modifiers XX and YY; total charge 154, and service units 2: SV2*0202*HC:77052:XX:YY*154*UN*2~
A11.54 DTP Date - Service Date (2400) – Situational
DTP01  ID  3/3  Must equal “472”
DTP02  ID  2/3  Must equal “D8” for format CCYMMDD or “RD8” for
format CCYMMDD-CCYMMDD
DTP03  AN  1/35  Must equal Service Date(s)

A11.55 SE Transaction Set Trailer (Trailer) - Required
SE01  N  1/10  Must equal Total number of segments included in a transaction
set including ST and SE segments
SE02  AN  4/9  Must equal Transaction Set Control Number (same value as
ST02)

A11.56 GE Functional Group Trailer (Trailer) - Required
GE01  AN  1/6  Must equal Number of Transaction Sets
GE02  AN  1/9  Must equal Interchange Control Number (same value as
Functional Group Header, GS06, ISA13 and IEA02)

A11.57 IEA Interchange Control Trailer (Trailer) - Required
IEA01  AN  1/5  Must equal Number of Included Functional Groups
IEA02  AN  9/9  Must equal Interchange Control Number (same value as
Interchange Control Header, ISA13, GS06 and GE02)

A12 Self Pay Claims

Self Pay claims will be handled by treating the patient as the Subscriber, although some
data elements have specific values. The SBR segment of the 2000B loop for Self Pay
claims is defined below. Note that SBR09 is no longer required:

SBR01  Must equal “P”
SBR02  Must equal “18” for self

Example: SBR*P*18~

The additional sections of the 2010BA loop, NM1, N3, N4, and DMG, will be submitted
as usual for a Subscriber as patient situation.

Payer Information (NM1 segment in the 2010BB loop) for Self Pay claims is defined
below:

NM101  Must equal “PR”
NM102  Must equal “2”
NM103  Must equal “SELF PAY”
NM108  Must equal “PI”
NM109  Must equal “009” for Self Pay claims

Example: NM1*PR*2*SELF PAY*****PI*009~

All additional loops required for a Subscriber remain required for Self Pay claims.