

Health Care Service Corporation (HCSC) 837 Companion Document

ASC X12N

Health Care Claim (Professional)

Version 4010A1 October 2002

Purpose of This Document

This companion guide has been written to assist those who will be implementing the ASC X12N 837 professional Healthcare Claims Set. HCSC's recommendations are noted in the comments section of the companion document, otherwise please refer to the ASC X12N 837 (004010X098A1) Implementation Guide dated October 2002 for field requirements.

Please note that this guide is intended only as a supplement to and NOT a replacement for the ASC X12N 837 Professional Healthcare Claims Implementation Guide as mandated under HIPAA. The implementation specifications for the ASC X12N 837 Standard may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD, 20852-2116; telephone 301-949-9740; and FAX: 301-949-9742. They are also available through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

EDI System vendors and submitters including individual providers who have programmed their own systems will be required to complete a testing phase before production status can be granted to ensure accurate format and claims data quality. Once the vendor or submitter is granted production status, providers can be enrolled without additional testing. We do however, allow and recommend all submitters to submit a test file to ensure format and syntax standards are maintained. We must be notified so that the submitter identification number can be activated on the testing facility.

Test File Requirements

Test files should consist of a variety of at least 25 claims that represent the type of claims the vendor/submitter will be submitting once production status is achieved. Test claims will not be processed for payment but will be validated against production files in Phase II testing, so they must contain valid patient, procedure, diagnosis and provider information. Since test claims will not be processed for payment, claims previously submitted for payment or claims which have not yet been submitted may be used.

For example, if a vendor or submitter has a provider whose specialty is ophthalmology and he performs eye exams and cataract surgery routinely, the test claims from this provider should include claims for eye exams and cataract surgery, office services and ambulatory surgical center services. If only eye exams are submitted on the test, production status may not be achieved.

Field Definitions

- R (Required):** This field must always be included in the transmission.
- S (Situational):** This field is necessary in certain situations. Please review the ASC X12N Implementation Guide for instructions on when this is required.
- N/U (Not Used):** These data elements should not be included in transmissions. These segments and/or
- Addenda Changes:** These segments and/or data elements are shaded for easy identification.
- Comments:** This provides requirements/recommendations for some fields.

Important Items to Note:

With the implementation of the National Provider Identifier – either the Tax ID or Social Security number of any provider included in the transaction is Required.

All dates are 8 character dates in the format CCYYMMDD. The only date data element that is in YYMMDD is the Interchange date data element in the ISA segment.

We recommend the use of the following delimiters in all transactions:

CHARACTER	NAME	DELIMITER
*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator
~	Tilde	Segment Terminator

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4010 Segment/ Data Element	Description	X12 Page No.	ID	4010Mi n. Max.	4010 Usage Reg.	Loop	Loop Repeat	Valid Values	Comments
ISA	INTERCHANGE CONTROL HEADER	B.3			R	—	1		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	
ISA02	Authorization Information		AN	10-10	R				
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	Value 01 is recommended
ISA04	Security Information		AN	10-10	R				Must equal 6 or 8 A/N characters. This is the password assigned by HCSC.
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Must equal ZZ.
ISA06	Interchange Sender ID		AN	15-15	R				Required for all submissions. This must be the same value as GS02.
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Must equal ZZ
ISA08	Interchange Receiver ID		AN	15-15	R				First position must equal C, G or Z. Enter Cxxxxx, Gxxxxx or ZMIXED. If the file contains only Blue Medicare PPO enter C along with the payer id. If the file only contains Blue Shield claims, enter G along with the payer id. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPO. ZMIXED is used if the file contains multiple payers. ISA08, GS03 and Loop 1000B NM109 must match.
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Cannot be greater than current system date
ISA10	Interchange Time		TM	4-4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1-1	R			U	
ISA12	Interchange Control Version Number		ID	5-5	R			401	
ISA13	Interchange Control Number		N0	9-9	R				Must match IEA02
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	
ISA15	Usage Indicator		ID	1-1	R			P, T	All files (whether flagged with T or P) submitted to the test facility are not forwarded to payers for processing.
ISA16	Component Element Separator		AN	1-1	R				Preferred values are * : ~
GS	FUNCTIONAL GROUP HEADER	B.8			R	—	1		
GS01	Functional Identifier Code		ID	2-2	R			HC	
GS02	Application Sender Code		AN	2-15	R				Must equal 6 to 10 A/N values and should match data element ISA06 and GE02.

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GS03	Application Receiver Code		AN	2-15	R				First position must equal C, G or Z. Enter Cxxxxx, Gxxxxx or ZMIXED. If the file contains only Blue Medicare PPO enter C along with the payer id. If the file only contains Blue Shield claims, enter G along with the payer id. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPO. ZMIXED is used if the file contains multiple payers. ISA08, GS03 and Loop 1000B NM109 must match.
GS04	Date		DT	8-8	R			CCYYMMDD	Date cannot be greater than current system date
GS05	Time		TM	4-8	R			HHMMSSDD	
GS06	Group Control Number		N0	1-9	R				
GS07	Responsible Agency Code		ID	1-2	R			X	
GS08	Version Identifier Code		AN	1-12	R			004010X098A1	
ST	TRANSACTION SET HEADER	62			R	___		1	
ST01	Transaction Set Identifier Code		ID	3-3	R			837	
ST02	Transaction Set Control Number		AN	4-9	R				Must match SE02
BHT	BEGINNING OF HIERARCHICAL TRANSACTION	63			R	___		1	
BHT01	Hierarchical Structure Code		ID	4-4	R			0019	
BHT02	Transaction Set Purpose Code		ID	2-2	R			00 = Original, 18 = Reissue	
BHT03	Originator Application Transaction ID (File ID)		AN	1-30	R				Duplicate file ID's submitted within twelve months will be rejected.
BHT04	Transaction Set Creation Date		DT	8-8	R			CCYYMMDD	Must not be greater than current system date.
BHT05	Transaction Set Creation Time		TM	4-8	R			HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
BHT06	Claim or Encounter ID		ID	2-2	R			CH, RP	
REF	TRANSMISSION TYPE IDENTIFICATION	66			R	___		1	
REF01	Reference Identification Qualifier		ID	2-3	R			87	
REF02	Transmission Type Code		AN	1-30	R			004010X098DA1 004010X098A1	
REF03	Description		AN	1-80	N/U				

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REF04	REFERENCE IDENTIFIER				N/U				
NM1	SUBMITTER NAME	67			R	1000A	1		
NM101	Entity Identifier Code		ID	2-3	R			41	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Submitter Last or Organization Name		AN	1-35	R				Only the first 33 bytes will be used.
NM104	Submitter First Name		AN	1-25	S				Required when NM102 = 1
NM105	Submitter Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Submitter Identifier		AN	2-80	R				Submitter id numbers can be 6 to 10 alpha numeric values. For the correct submitter identification number contact the EDI Hotline at 877/334-8446
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL SUBMITTER NAME INFORMATION	70			N/U	1000A	1		Segment defined as deleted.
N201	Additional Submitter Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
PER	SUBMITTER EDI CONTACT INFORMATION	71			R	1000A	2		
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Submitter Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				

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PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	RECEIVER NAME	74			R	1000B	1		
NM101	Entity Identifier Code		ID	2-3	R			40	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Receiver Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Receiver Primary Identifier		AN	2-80	R				First position must equal C, G or Z. Enter Cxxxxx, Gxxxxx or ZMIXED. If the file contains only Blue Medicare PPO enter C along with the payer id. If the file only contains Blue Shield claims, enter G along with the payer id. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPO. ZMIXED is used if the file contains multiple payers. ISA08, GS03 and Loop 1000B NM109 must match.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	RECEIVER ADDITIONAL NAME INFORMATION	76			N/U	1000B	1		Segment defined as deleted.
N201	Receiver Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
HL	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	77			R	2000A	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	N/U				

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HL03	Hierarchical Level Code		ID	1-2	R			20	
HL04	Hierarchical Child Code		ID	1-1	R			1	
PRV	BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	79			S	2000A	1		When present, loop 2310B should not be sent.
PRV01	Provider Code		ID	1-3	R			BI, PT	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code. For a list of the taxonomy codes visit web site www.wpc-edi.com
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
CUR	FOREIGN CURRENCY INFORMATION	81			S	2000A	1		Not used by Blue Shield.
CUR01	Entity Identifier Code		ID	2-3	R			85	
CUR02	Currency Code		ID	3-3	R				
CUR03	Exchange Rate		R	4-10	N/U				
CUR04	Entity Identifier Code		ID	2-3	N/U				
CUR05	Currency Code		ID	3-3	N/U				
CUR06	Currency Market/Exchange Code		ID	3-3	N/U				
CUR07	Date/Time Qualifier		ID	3-3	N/U				
CUR08	Date		DT	8-8	N/U				
CUR09	Time		TM	4-8	N/U				
CUR10	Date/Time Qualifier		ID	3-3	N/U				
CUR11	Date		DT	8-8	N/U				
CUR12	Time		TM	4-8	N/U				
CUR13	Date/Time Qualifier		ID	3-3	N/U				
CUR14	Date		DT	8-8	N/U				

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CUR15	Time		TM	4-8	N/U				
CUR16	Date/Time Qualifier		ID	3-3	N/U				
CUR17	Date		DT	8-8	N/U				
CUR18	Time		TM	4-8	N/U				
CUR19	Date/Time Qualifier		ID	3-3	N/U				
CUR20	Date		DT	8-8	N/U				
CUR21	Time		TM	4-8	N/U				
NM1	Billing Provider Name	84			R	2010AA	1		
NM101	Entity Identifier Code		ID	2-3	R			85	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Billing Provider Last or Organizational Name		AN	1-35	R				The first 33 bytes of the organization name will be used and the first 20 bytes of the provider last name will be used.
NM104	Billing Provider First Name		AN	1-25	S				Required when NM102 = 1. Only the first 12 bytes will be used.
NM105	Billing Provider Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Billing Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Billing Provider Identifier		AN	2-80	R				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL BILLING PROVIDER NAME INFORMATION	87			N/U	2010AA	1		Segment defined as deleted.
N201	Billing Provider Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				

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N3	BILLING PROVIDER ADDRESS	88			R	2010AA	1		
N301	Billing Provider Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Billing Provider Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	BILLING PROVIDER CITY/STATE/ZIP CODE	89			R	2010AA	1		
N401	Billing Provider City Name		AN	2-30	R				The first 20 bytes will be used.
N402	Billing Provider State or Province Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Billing Provider Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	BILLING PROVIDER SECONDARY IDENTIFICATION	91			S	2010AA	8		At least one REF segment is required.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Billing Provider Additional Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id with qualifier EI or the social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CREDIT/DEBIT CARD BILLING INFORMATION	94			S	2010AA	8		Not used by Blue Shield.
REF01	Reference Identification Qualifier		ID	2-3	R			06, 8U, EM, IJ, LU, RB, ST, TT	
REF02	Billing Provider Credit Card Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				

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REF04	REFERENCE IDENTIFIER				N/U				
PER	BILLING PROVIDER CONTACT INFORMATION	96			S	2010AA	2		
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Billing Provider Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	PAY-TO PROVIDER NAME	99			S	2010AB	1		Required if the Pay-To-Provider is different from the Billing Provider.
NM101	Entity Identifier Code		ID	2-3	R			87	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Pay-to Provider Last or Organization Name		AN	1-35	R				The first 33 bytes of the organization name will be used and the first 20 bytes of the provider last name will be used.
NM104	Pay-to Provider First Name		AN	1-25	S				Required when NM102 = 1. Only the first 12 bytes will be used.
NM105	Pay-to Provider Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Pay-to Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Pay-to Provider Identifier		AN	2-80	R				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or Social Security number with qualifier SY is required in REF02. The NPI is 10 numeric bytes with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

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N2	ADDITIONAL PAY-TO PROVIDER NAME INFORMATION	102			N/U	2010AB	1		Segment defined as deleted.
N201	Pay-to Provider Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	PAY-TO PROVIDER ADDRESS	103			R	2010AB	1		
N301	Pay-to Provider Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Pay-to Provider Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	PAY-TO PROVIDER CITY/STATE/ZIP CODE	104			R	2010AB	1		
N401	Pay-to Provider City Name		AN	2-30	R				The first 20 bytes will be used.
N402	Pay-to Provider State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Pay-to Provider Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Pay-to Provider Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	PAY-TO PROVIDER SECONDARY IDENTIFICATION	106			S	2010AB	5		Use when different from the billing provider number in REF02, Loop 2010AA.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	Use when different from REF01 2010AA.
REF02	Pay-to Provider Identifier		AN	1-30	R				Use when different from REF02 2010AA.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
HL	SUBSCRIBER HIERARCHICAL LEVEL	108			R	2000B	>1		

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HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			22	
HL04	Hierarchical Child Code		ID	1-1	R			0, 1	
SBR	SUBSCRIBER INFORMATION	110			R	2000B	1		This segment is used to record information specific to the primary insured and the insurance carrier for the insured.
SBR01	Payer Responsibility Sequence Number Code		ID	1-1	R			P, S, T	
SBR02	Individual Relationship Code		ID	2-2	S			18 = Self	
SBR03	Insured Group or Policy Number		AN	1-30	S				Required. Enter the group number from the subscriber's ID card.
SBR04	Insured Group Name		AN	1-60	S				
SBR05	Insurance Type Code		ID	1-3	S			12, 13, 14, 15, 16, 41, 42, 43, 47	
SBR06	Coordination of Benefits Code		ID	1-1	N/U				
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U				
SBR08	Employment Status Code		ID	2-2	N/U				
SBR09	Claim Filing Indicator Code		ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	Preferred values are BL and MB.
PAT	PATIENT INFORMATION	114			S	2000B	1		
PAT01	Individual Relationship Code		ID	2-2	N/U				
PAT02	Patient Location Code		ID	1-1	N/U				
PAT03	Employment Status Code		ID	2-2	N/U				
PAT04	Student Status Code		ID	1-1	N/U				
PAT05	Date Time Period Format Qualifier		ID	2-3	S			D8	
PAT06	Insured Individual Death Date		AN	1-35	S			CCYYMMDD	
PAT07	Unit or Basis for Measurement Code		ID	2-2	S			GR	

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PAT08	Patient Weight		R	1-10	S				
PAT09	Pregnancy Indicator		ID	1-1	S			Y	
NM1	SUBSCRIBER NAME	117			R	2010BA	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Subscriber Last Name		AN	1-35	R				Only the first 20 bytes of the last name will be used.
NM104	Subscriber First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Subscriber Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Subscriber Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	ZZ is not valid at this time.
NM109	Subscriber Primary Identifier		AN	2-80	S				Required for adjudication. Enter the member/patient policy number as indicated on the ID Card including any alpha characters. The field length will be from nine to fourteen digits.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	SUBSCRIBER ADDRESS	121			S	2010BA	1		Required if the patient is the same person as the subscriber.
N301	Subscriber Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Subscriber Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	SUBSCRIBER CITY/STATE/ZIP CODE	122			S	2010BA	1		Required if the patient is the same person as the subscriber.
N401	Subscriber City Name		AN	2-30	R				The first 20 bytes will be used.
N402	Subscriber State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Subscriber Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Subscriber Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				

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N406	Location Identifier		AN	1-30	N/U				
DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	124			S	2010BA	1		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Subscriber Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Subscriber Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
REF	SUBSCRIBER SECONDARY IDENTIFICATION	126			S	2010BA	4		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Subscriber Supplemental Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PROPERTY AND CASUALTY CLAIM NUMBER	128			S	2010BA	1		Not used by Blue Shield.
REF01	Reference Identification Qualifier		ID	2-3	R			Y4	
REF02	Reference Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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NM1	PAYER NAME	130			R	2010BB	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Payer Name		AN	1-35	R				The first 33 bytes will be used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Payer Identifier		AN	2-80	R				First position must equal C or G. Enter Cxxxxx or Gxxxxx. HCSC Receiver IDs: TX G84980, IL G00621, NM G00790, OK G00840, Blue Medicare PPO TX CTXPPO, Blue Medicare PPO NM CNMPPPO.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL PAYER NAME INFORMATION	133			N/U	2010BB	1		Segment defined as deleted.
N201	Payer Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	PAYER ADDRESS	134			S	2010BB	1		
N301	Payer Address Line		AN	1-55	R				
N302	Payer Address Line		AN	1-55	S				
N4	PAYER CITY/STATE/ZIP CODE	135			S	2010BB	1		
N401	Payer City Name		AN	2-30	R				
N402	Payer State Code		ID	2-2	R				
N403	Payer Postal Zone or ZIP Code		ID	3-15	R				

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N404	Payer Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	PAYER SECONDARY IDENTIFICATION	137			S	2010BB	3		
REF01	Reference Identification Qualifier		ID	2-3	R			2U, FY, NF, TJ	
REF02	Payer Additional Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	RESPONSIBLE PARTY NAME	139			S	2010BC	1		The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
NM101	Entity Identifier Code		ID	2-3	R			QD	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Responsible Party Last or Organization Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Responsible Party First Name		AN	1-25	S				Required when NM102 = 1. The first 12 bytes will be used.
NM105	Responsible Party Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Responsible Party Suffix Name		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL RESPONSIBLE PARTY NAME INFORMATION	142			N/U	2010BC	1		Segment defined as deleted.
N201	Responsible Party Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				

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N3	RESPONSIBLE PARTY ADDRESS	143			R	2010BC	1		
N301	Responsible Party Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Responsible Party Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	RESPONSIBLE PARTY CITY/STATE/ZIP CODE	144			R	2010BC	1		
N401	Responsible Party City Name		AN	2-30	R				The first 20 bytes will be used.
N402	Responsible Party State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Responsible Party Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Responsible Party Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
NM1	CREDIT/DEBIT CARD HOLDER NAME	146			S	2010BD	1		
NM101	Entity Identifier Code		ID	2-3	R			AO	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Credit or Debit Card Holder Last or Organizational Name		AN	1-35	R				
NM104	Credit or Debit Card Holder First Name		AN	1-25	S				
NM105	Credit or Debit Card Holder Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Credit or Debit Card Holder Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI	
NM109	Credit or Debit Card Number		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

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N2	ADDITIONAL CREDIT/DEBIT CARD HOLDER NAME INFORMATION	149			N/U	2010BD	1		Segment defined as deleted.
N201	Credit or Debit Card Holder Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
REF	CREDIT/DEBIT CARD INFORMATION	150			S	2010BD	2		Not used by Blue Shield.
REF01	Reference Identification Qualifier		ID	2-3	R			AB, BB	
REF02	Credit or Debit Card Authorization Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
HL	PATIENT HIERARCHICAL LEVEL	152			S	2000C	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			23	
HL04	Hierarchical Child Code		ID	1-1	R			0	
PAT	PATIENT INFORMATION	154			R	2000C	1		
PAT01	Individual Relationship Code		ID	2-2	R			01, 04, 05, 07, 09, 10, 15, 17, 19, 20, 21, 22, 23, 24, 29, 32, 33, 34, 36, 39, 40, 41, 43, 53, G 8	
PAT02	Patient Location Code		ID	1-1	N/U				
PAT03	Employment Status Code		ID	2-2	N/U				
PAT04	Student Status Code		ID	1-1	N/U				
PAT05	Date Time Period Format Qualifier		ID	2-3	S			D8	
PAT06	Patient Death Date		AN	1-35	S			CCYYMMDD	
PAT07	Unit or Basis for Measurement Code		ID	2-2	S			01	New code 01 was added. Code GR has been deleted.

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PAT08	Patient Weight		R	1-10	S				
PAT09	Pregnancy Indicator		ID	1-1	S			Y	
NM1	PATIENT NAME	157			R	2010CA	1		
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Patient First Name		AN	1-25	R				The first 12 bytes will be used.
NM105	Patient Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Patient Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			MI, ZZ	ZZ qualifier is not used at this time
NM109	Patient Primary Identifier		AN	2-80	S				Required if the patient identifier is different than the subscriber identifier. Enter the member/patient policy number as indicated on the ID Card including any alpha characters. The field length will be from nine to fourteen digits.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL PATIENT NAME INFORMATION	160			N/U	2010CA	1		Segment defined as deleted.
N201	Patient Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	PATIENT ADDRESS	161			R	2010CA	1		
N301	Patient Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Patient Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	PATIENT CITY/STATE/ZIP CODE	162			R	2010CA	1		
N401	Patient City Name		AN	2-30	R				The first 20 bytes will be used.

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N402	Patient State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Patient Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Patient Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
DMG	PATIENT DEMOGRAPHIC INFORMATION	164			R	2010CA	1		
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Patient Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Patient Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
REF	PATIENT SECONDARY IDENTIFICATION	166			S	2010CA	5		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Patient Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PROPERTY AND CASUALTY CLAIM NUMBER	168			S	2010CA	1		Not used by Blue Shield.
REF01	Reference Identification Qualifier		ID	2-3	R			Y4	
REF02	Property Casualty Claim Number		AN	1-30	R				

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REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
CLM	CLAIM INFORMATION	170			R	2300	100		
CLM01	Patient Account Number		AN	1-38	R				Only the first 17 bytes will be used.
CLM02	Total Claim Charge Amount		R	1-18	R				Negative values are invalid. Cannot exceed 9 bytes.
CLM03	Claim Filing Indicator Code		ID	1-2	N/U				
CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U				
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R				
CLM05-1	Facility Type Code (Place of Service)		AN	1-2	R			11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 53, 54, 55, 56, 50, 60, 61, 62, 65, 71, 72, 81, 99	
CLM05-2	Facility Code Qualifier		ID	1-2	N/U				
CLM05-3	Claim Frequency Code		ID	1-1	R			1 - Original, 7 - Replacement, 8 - Void	Electronic adjustments are not applicable. Claims submitted with values 7 or 8 will be processed as originals.
CLM06	Provider or Supplier Signature Indicator		ID	1-1	R			N, Y	
CLM07	Provider Accept Assignment Code (Medicare Assignment Code)		ID	1-1	R			A, B, C, P	
CLM08	Benefits Assignment Certification Indicator		ID	1-1	R			Y, N	
CLM09	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
CLM10	Patient Signature Source Code		ID	1-1	S			B, C, M, P, S	Required when CLM09 does not equal N.
CLM11	RELATED CAUSES INFORMATION				S				
CLM11-1	Related Causes Code		ID	2-3	R			AA, AP, EM, OA	Code AB was deleted.
CLM11-2	Related Causes Code		ID	2-3	S			AA, AP, EM, OA	Code AB was deleted.
CLM11-3	Related Causes Code		ID	2-3	S			AA, AP, EM, OA	Code AB was deleted.
CLM11-4	Auto Accident State or Province Code		ID	2-2	S				
CLM11-5	Country Code		ID	2-3	S			See Source code 5 for ANSI values	

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CLM12	Special Program Indicator		ID	2-3	S			01, 02, 03, 05, 07, 08, 09	
CLM13	Yes/No Condition or Response Code		ID	1-1	N/U				
CLM14	Level of Service Code		ID	1-3	N/U				
CLM15	Yes/No Condition or Response Code		ID	1-1	N/U				
CLM16	Participation Agreement		ID	1-1	S			P	
CLM17	Claim Status Code		ID	1-2	N/U				
CLM18	Yes/No Condition or Response Code		ID	1-1	N/U				
CLM19	Claim Submission Reason Code		ID	2-2	N/U				
CLM20	Delay Reason Code		ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	
DTP	DATE - ORDER DATE	180			N/U	2300	1		Segment is defined as deleted.
DTP01	Date Time Qualifier		ID	3-3	N/U			938	
DTP02	Date Time Period Format Qualifier		ID	2-3	N/U			D8	
DTP03	Order Date		AN	1-35	N/U			CCYYMMDD	
DTP	DATE - INITIAL TREATMENT	182			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			454	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Initial Treatment Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - REFERRAL DATE	184			N/U	2300	1		Segment is defined as deleted.
DTP01	Date Time Qualifier		ID	3-3	N/U			330	
DTP02	Date Time Period Format Qualifier		ID	2-3	N/U			D8	
DTP03	Referral Date		AN	1-35	N/U			CCYYMMDD	
DTP	DATE - DATE LAST SEEN	186			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			304	

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DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Seen Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ONSET OF CURRENT ILLNESS/SYMP TOM	188			S	2300	1		Required for adjudication
DTP01	Date Time Qualifier		ID	3-3	R			431	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Onset of Current Illness or Injury Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ACUTE MANIFESTATION	190			S	2300	5		
DTP01	Date Time Qualifier		ID	3-3	R			453	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Acute Manifestation Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - SIMILAR ILLNESS/SYMP TOM ONSET	192			S	2300	10		Required for adjudication.
DTP01	Date Time Qualifier		ID	3-3	R			438	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Similar Illness or Symptom Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ACCIDENT	194			S	2300	10		Required when CLM11-1, 2 or 3 = AA, AB, AP, or OA
DTP01	Date Time Qualifier		ID	3-3	R			439	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, DT	
DTP03	Accident Date		AN	1-35	R			CCYYMMDD, CCYYMMDDHHMM	
DTP	DATE - LAST MENSTRUAL PERIOD	196			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			484	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	

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DTP03	Last Menstrual Period Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - LAST X-RAY	197			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			455	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last X-Ray Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ESTIMATED DATE OF BIRTH	199			N/U	2300	1		Segment is defined as deleted.
DTP01	Date Time Qualifier		ID	3-3	N/U			ABC	
DTP02	Date Time Period Format Qualifier		ID	2-3	N/U			D8	
DTP03	Estimated Birth Date		AN	1-35	N/U			CCYYMMDD	
DTP	DATE - HEARING AND VISION PRESCRIPTION DATE	200			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			471	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Prescription Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DISABILITY BEGIN	201			S	2300	5		
DTP01	Date Time Qualifier		ID	3-3	R			360	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Disability From Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DISABILITY END	203			S	2300	5		
DTP01	Date Time Qualifier		ID	3-3	R			361	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Disability To Date		AN	1-35	R			CCYYMMDD	

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DTP	DATE - LAST WORKED	205			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			297	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Worked Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - AUTHORIZED RETURN TO WORK	206			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			296	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Work Return Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ADMISSION	208			S	2300	1		Required when place of service in CLM05-1 = 21, 31, 51, 52, or 61. Admission date must not be after the condition date.
DTP01	Date Time Qualifier		ID	3-3	R			435	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Related Hospitalization Admission Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DISCHARGE	210			S	2300	1		
DTP01	Date Time Qualifier		ID	3-3	R			096	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Related Hospitalization Discharge Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ASSUMED AND RELINQUISHED CARE DATES	212			S	2300	2		
DTP01	Date Time Qualifier		ID	3-3	R			090, 091	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Assumed or Relinquished Care Date		AN	1-35	R			CCYYMMDD	

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PWK	CLAIM SUPPLEMENTAL INFORMATION	214			S	2300	10		This segment is Not used by Blue Shield. To indicate additional documentation has been mailed or faxed use the NTE segment.
PWK01	Attachment Report Type Code		ID	2-2	R			77, AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT	
PWK02	Attachment Transmission Code		ID	1-2	R			AA, BM, EL, EM, FX	
PWK03	Report Copies Needed		N0	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	S			AC	
PWK06	Attachment Control Number		AN	2-80	S				
PWK07	Description		AN	1-80	N/U				
PWK08	ACTIONS INDICATED				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
CN1	CONTRACT INFORMATION	217			S	2300	1		
CN101	Contract Type Code		ID	2-2	R			02, 03, 04, 05, 06, 09	
CN102	Contract Amount		R	1-18	S				
CN103	Contract Percentage		R	1-6	S				
CN104	Contract Code		AN	1-30	S				
CN105	Terms Discount Percent		R	1-6	S				
CN106	Contract Version Identifier		AN	1-30	S				
AMT	CREDIT/DEBIT CARD MAXIMUM AMOUNT	219			S	2300	1		Not used by Blue Shield.
AMT01	Amount Qualifier Code		ID	1-3	R				
AMT02	Credit or Debit Card Maximum Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				

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AMT	PATIENT AMOUNT PAID	220			S	2300	1		Negative values are invalid. Cannot be greater than 9 bytes.
AMT01	Amount Qualifier Code		ID	1-3	R			F5	
AMT02	Patient Amount Paid		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	TOTAL PURCHASED SERVICE AMOUNT	221			S	2300	1		
AMT01	Amount Qualifier Code		ID	1-3	R			NE	
AMT02	Total Purchased Service Amount		R	1-18	R				Max Length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
REF	SERVICE AUTHORIZATION EXCEPTION CODE	222			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			4N	
REF02	Service Authorization Exception Code		AN	1-30	R			1, 2, 3, 4, 5, 6, 7	
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR	224			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			F5	
REF02	Medicare Section 4081 Indicator		AN	1-30	R			Y,N	
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	MAMMOGRAPHY CERTIFICATION NUMBER	226			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			EW	
REF02	Mammography Certification Number		AN	1-30	R				

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REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER	227			S	2300	2		Use as required by Payer.
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Prior Authorization or Referral Number		AN	1-30	R				HCSC does not use the submitted referral number. At the time the referral is given, it is maintained in a data base.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	ORIGINAL REFERENCE NUMBER (ICN/DCN)	229			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			F8	
REF02	Claim Original Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	231			S	2300	3		
REF01	Reference Identification Qualifier		ID	2-3	R			X4	
REF02	Clinical Laboratory Improvement Amendment Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	REPRICED CLAIM NUMBER	233			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9A	
REF02	Repriced Claim Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				

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REF04	REFERENCE IDENTIFIER				N/U				
REF	ADJUSTED REPRICED CLAIM NUMBER	235			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9C	
REF02	Adjusted Repriced Claim Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	INVESTIGATIONAL DEVICE EXEMPTION NUMBER	236			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			LX	
REF02	Investigational Device Exemption Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES	238			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			D9	
REF02	Clearinghouse Trace Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	AMBULATORY PATIENT GROUP (APG)	240			S	2300	4		
REF01	Reference Identification Qualifier		ID	2-3	R			1S	
REF02	Ambulatory Patient Group Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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REF	MEDICAL RECORD NUMBER	241			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			EA	
REF02	Medical Record Number		AN	1-30	R				Only the first 17 bytes will be used.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	DEMONSTRATION PROJECT IDENTIFIER	242			S	2300	1		
REF01	Reference Identification Qualifier		ID	2-3	R			P4	
REF02	Demonstration Project Identifier		AN	1-30	R				Only the first two bytes will be used.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
K3	FILE INFORMATION	244			S	2300	10		Not supported at this time
K301	Fixed Format Information		AN	1-80	R				
K302	Record Format Code		ID	1-2	N/U				
K303	COMPOSITE UNIT OF MEASURE				N/U				
NTE	CLAIM NOTE	246			S	2300	1		Required when the procedure code is "NOT OTHERWISE CLASSIFIED" . Use when additional documentation that is required for claims processing can be faxed or mailed. The method of submission (i.e., faxed or mailed) and the postmark or fax transmission date should be entered in the following format: F-MMDDYY or M-MMDDYY
NTE01	Note Reference Code		ID	3-3	R			ADD, CER, DCP,DGN,PMT,TPO	
NTE02	Claim Note Text		AN	1-80	R				
CR1	AMBULANCE TRANSPORT INFORMATION	248			S	2300	1		
CR101	Unit or Basis for Measurement Code		ID	2-2	S			LB	

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CR102	Patient Weight		R	1-10	S				Must not be greater than three bytes.
CR103	Ambulance Transport Code		ID	1-1	R			I, R, T, X	
CR104	Ambulance Transport Reason Code		ID	1-1	R			A, B, C, D, E	
CR105	Unit or Basis for Measurement Code		ID	2-2	R			DH	
CR106	Transport Distance		R	1-15	R				Must not be greater than four bytes.
CR107	Address Information		AN	1-55	N/U				
CR108	Address Information		AN	1-55	N/U				
CR109	Round Trip Purpose Description		AN	1-80	S				
CR110	Stretcher Purpose Description		AN	1-80	S				
CR2	SPINAL MANIPULATION SERVICE INFORMATION	251			S	2300	1		
CR201	Treatment Series Number 9(3)		NO	1-9	NU				Data element re-defined as not used.
CR202	Treatment Count 9(3)		R	1-15	NU				Data element re-defined as not used.
CR203	Subluxation Level Code		ID	2-3	NU				Data element re-defined as not used.
CR204	Subluxation Level Code		ID	2-3	NU				Data element re-defined as not used.
CR205	Unit or Basis for Measurement Code		ID	2-2	NU				Data element re-defined as not used.
CR206	Treatment Period Count 9(3)		R	1-15	NU				Data element re-defined as not used.
CR207	Monthly Treatment Count 9(2)		R	1-15	NU				Data element re-defined as not used.
CR208	Patient Condition Code		ID	1-1	R			A, C, D, E, F, G, M	
CR209	Complication Indicator		ID	1-1	NU				Data element re-defined as not used.
CR210	Patient Condition Description		AN	1-80	S				
CR211	Patient Condition Description		AN	1-80	S				
CR212	X-ray Availability Indicator		ID	1-1	S			N, Y	Changed from required to situational
CRC	AMBULANCE CERTIFICATION	257			S	2300	3		
CRC01	Code Category		ID	2-2	R			7	

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CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC04	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC05	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC06	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC07	Condition Code		ID	2-2	S			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC	PATIENT CONDITION INFORMATION: VISION	260			S	2300	3		
CRC01	Code Category		ID	2-2	R			E1, E2, E3	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Code		ID	2-2	R			L1, L2, L3, L4, L5	
CRC04	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC05	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC06	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC07	Condition Code		ID	2-2	S			L1, L2, L3, L4, L5	
CRC	HOMEBOUND INDICATOR	263			S	2300	1		
CRC01	Code Category		ID	2-2	R			75	
CRC02	Certification Condition Indicator		ID	1-1	R			Y	
CRC03	Homebound Indicator		ID	2-2	R			IH	
CRC04	Condition Indicator		ID	2-2	N/U				
CRC05	Condition Indicator		ID	2-2	N/U				
CRC06	Condition Indicator		ID	2-2	N/U				
CRC07	Condition Indicator		ID	2-2	N/U				

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CRC	EPSDT REFERRAL	Addenda page 37.			S	2300	1		New Segment. Not used by Blue Shield.
CRC01	Code Category		ID	2-2	R			ZZ	
CRC02	Yes/No Condition		ID	1-1	R			N, Y	
CRC03	Condition Indicator		ID	2-2	R			AV, NU, S2, ST	
CRC04	Condition Indicator		ID	2-2	S				
CRC05	Condition Indicator		ID	2-2	S				
CRC06	Condition Indicator		ID	2-2	S				
CRC07	Condition Indicator		ID	2-2	S				
CRC	EPSDT REFERRAL	Addenda 263 36		1	S	2300			
CRC02	Yes/No Condition		ID	1-1	R			N, Y	
CRC03	Condition Indicator		ID	2-2	R			AV, NU, S2, ST	
CRC04	Condition Indicator		ID	2-2	S				
CRC05	Condition Indicator		ID	2-2	S				
CRC06	Condition Indicator		ID	2-2	S				
HI	HEALTH CARE DIAGNOSIS CODE	265			S	2300	1		Diagnosis codes must be coded to the highest level of specificity, i.e., coding to the fourth or fifth digit.
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Diagnosis Type Code		ID	1-3	R			BK	
HI01-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				

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HI02-1	Diagnosis Type Code		ID	1-3	R			BF	
HI02-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Diagnosis Type Code		ID	1-3	R			BF	
HI03-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Diagnosis Type Code		ID	1-3	R			BF	
HI04-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				

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HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Diagnosis Type Code		ID	1-3	R			BF	
HI05-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Diagnosis Type Code		ID	1-3	R			BF	
HI06-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Diagnosis Type Code		ID	1-3	R			BF	
HI07-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				

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HI08	HEALTH CARE CODE INFORMATION			S					
HI08-1	Diagnosis Type Code		ID	1-3	R			BF	
HI08-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM diagnosis code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				
HCP	CLAIM PRICING/REPRICING INFORMATION	271			S	2300	1		
HCP01	Pricing Methodology		ID	2-2	R			07, 08, 09, 10, 11, 12, 13, 14	
HCP02	Repriced Allowed Amount		R	1-18	R				
HCP03	Repriced Saving Amount		R	1-18	S				
HCP04	Repricing Organization Identifier		AN	1-30	S				
HCP05	Repricing Per Diem or Flat Rate Amount		R	1-9	S				
HCP06	Repriced Approved Ambulatory Patient Group Code		AN	1-30	S				
HCP07	Repriced Approved Ambulatory Patient Group Amount		R	1-18	S				
HCP08	Product/Service ID		AN	1-48	N/U				
HCP09	Product/Service ID Qualifier		ID	2-2	N/U				
HCP10	Product/Service ID		AN	1-48	N/U				
HCP11	Unit or Basis for Measurement Code		ID	2-2	N/U				

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HCP12	Quantity		R	1-15	N/U				
HCP13	Reject Reason Code		ID	2-2	S			T1, T2, T3, T4, T5, T6	
HCP14	Policy Compliance Code		ID	1-2	S			1, 2, 3, 4, 5	
HCP15	Exception Code		ID	1-2	S			1, 2, 3, 4, 5, 6	
CR7	HOME HEALTH CARE PLAN INFORMATION	276			S	2305	6		
CR701	Discipline Type Code		ID	2-2	R			AI, MS, OT, PT, SN, ST	
CR702	Total Visits Rendered Count		N0	1-9	R				
CR703	Certification Period Projected Visit Count		N0	1-9	R				
HSD	HEALTH CARE SERVICES DELIVERY	278			S	2305	3		
HSD01	Visits		ID	2-2	S			VS	
HSD02	Number of Visits		R	1-15	S				
HSD03	Frequency Period		ID	2-2	S			DA, MO, Q1, WK	
HSD04	Frequency Count		R	1-6	S				
HSD05	Duration of Visits Units		ID	1-2	S			7, 35	
HSD06	Duration of Visits, Number of Units		N0	1-3	S				
HSD07	Ship, Delivery or Calendar Pattern Code		ID	1-2	S			SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W	
HSD08	Delivery Pattern Time Code		ID	1-1	S			D, E, F	
NM1	REFERRING PROVIDER NAME	282			S	2310A	2		
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Referring Provider Last Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Referring Provider First Name		AN	1-25	S				Required when NM102 = 1. The first 12 bytes will be used.
NM105	Referring Provider Middle Name		AN	1-25	S				Only the first initial will be used.

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NM106	Name Prefix		AN	1-10	N/U				
NM107	Referring Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S		XX		When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Referring Provider Identifier		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02 . The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	REFERRING PROVIDER SPECIALTY INFORMATION	285			S	2310A	1		Not used by Blue Shield.
PRV01	Provider Code		ID	1-3	R		RF		
PRV02	Reference Identification Qualifier		ID	2-3	R		ZZ		
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code. For a list of the taxonomy codes, visit web site www.wpc-edi.com
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
N2	ADDITIONAL REFERRING PROVIDER NAME INFORMATION	287			N/U	2310A	1		Segment defined as deleted.
N201	Referring Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	288			S	2310A	5		Referring provider id numbers are to be supplied as specified by the payers.
REF01	Reference Identification Qualifier		ID	2-3	R		EI, SY		
REF02	Referring Provider Secondary Identifier		AN	1-30	R				When NPI is present in the NM109, the tax id number with qualifier EI or social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-80	N/U				

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REF04	REFERENCE IDENTIFIER				N/U				
NM1	RENDERING PROVIDER NAME	290			S	2310B	1		When loop 2000A PRV is present then loop 2310B cannot be used. If the provider is part of a group practice, this loop is required and Loop 2000A should be used. Both 2000A and 2310B are not allowed.
NM101	Entity Identifier Code		ID	2-3	R			82	
NM102	Entity Type Qualifier		ID	1-1	R			1 = Person 2 = Non-Person Entity	
NM103	Rendering Provider Last or Organization Name		AN	1-35	R				Only the first 20 bytes will be used.
NM104	Rendering Provider First Name		AN	1-25	S				Required when NM102 = 1. The first 12 bytes will be used.
NM105	Rendering Provider Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Rendering Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Rendering Provider Identifier		AN	2-80	R				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	RENDERING PROVIDER SPECIALTY INFORMATION	293			S	2310B	1		Usage changed from required to situational.
PRV01	Provider Code		ID	1-3	R			PE	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code. For a list of the taxonomy codes, visit web site www.wpc-edi.com
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
N2	ADDITIONAL RENDERING PROVIDER NAME INFORMATION	295			N/U	2310B	1		Segment defined as deleted.

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N201	Rendering Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	296			S	2310B	5		Required when provider is part of a group practice.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Rendering Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id with qualifier EI or the social security number with qualifier SY is required is required in the REF02.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	PURCHASED SERVICE PROVIDER NAME	298			S	2310C	1		
NM101	Entity Identifier Code		ID	2-3	R			QB	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	R				Usage changed from not used.
NM104	Name First		AN	1-25	S				Usage changed from not used.
NM105	Name Middle		AN	1-25	S				Usage changed from not used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 numeric NPI is required in NM109.
NM109	Purchased Service Provider Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	301			S	2310C	5		

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REF01	Reference Identification Qualifier		ID	2-3	R			EI,SY	
REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id number with qualifier EI or social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SERVICE FACILITY LOCATION	303			S	2310D	1		
NM101	Entity Identifier Code		ID	2-3	R			77, FA, LI, TL	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Laboratory or Facility Name		AN	1-35	S				Required for HMO Blue. The first 33 bytes will be used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109, if known.
NM109	Laboratory or Facility Primary Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109, if known. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL SERVICE FACILITY LOCATION NAME INFORMATION	306			N/U	2310D	1		Segment defined as deleted.
N201	Laboratory or Facility Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	SERVICE FACILITY LOCATION ADDRESS	307			R	2310D	1		

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N301	Laboratory or Facility Address Line		AN	1-55	R				Required for HMO Blue. The first 30 bytes will be used.
N302	Laboratory or Facility Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	308			R	2310D	1		Required for HMO Blue.
N401	Laboratory or Facility City Name		AN	2-30	R				The first 20 bytes will be used.
N402	Laboratory or Facility State or Province Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Laboratory or Facility Postal Zone ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Laboratory/Facility Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	310			S	2310D	5		
REF01	Reference Identification Qualifier		ID	2-3	R			TJ	
REF02	Laboratory or Facility Secondary Identifier		AN	1-30	R				Enter the Laboratory or Facility Federal Taxpayer's Identification Number
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SUPERVISING PROVIDER NAME	312			S	2310E	1		
NM101	Entity Identifier Code		ID	2-3	R			DQ	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Supervising Provider Last Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Supervising Provider First Name		AN	1-25	R				The first 12 bytes will be used.
NM105	Supervising Provider Middle Name		AN	1-25	S				Only the first initial of the middle name will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Supervising Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109.

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NM109	Supervising Provider Identifier		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or social security number with qualifier SY is required in REF02. The NPI is 10 numeric bytes with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL SUPERVISING PROVIDER NAME INFORMATION	315			N/U	2310E	1		Segment defined as deleted.
N201	Supervising Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
REF	SUPERVISING PROVIDER SECONDARY IDENTIFIER	316			S	2310E	5		
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Supervising Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id number with qualifier EI or social security number with qualifier SY is required in the REF02.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
SBR	OTHER SUBSCRIBER INFORMATION	318			S	2320	10		
SBR01	Payer Responsibility Sequence Number Code		ID	1-1	R			P, S, T	Cannot equal SBR01, Loop 2000B.
SBR02	Individual Relationship Code		ID	2-2	R			17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36,	
SBR03	Insured Group or Policy Number		AN	1-30	S				Required. Enter the group number from the subscriber's ID card.
SBR04	Other Insured Group Name		AN	1-60	S				
SBR05	Insurance Type Code		ID	1-3	R			AP, C1, CP, GP, HM, IP, LD, LT, MB, MC, MI, MP, OT, PP, SP	
SBR06	Coordination of Benefits Code		ID	1-1	N/U				
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U				
SBR08	Employment Status Code		ID	2-2	N/U				

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SBR09	Claim Filing Indicator Code		ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ	Preferred values are 09, BL, CH, CI, MB, MC, OF, WC, ZZ
CAS	CLAIM LEVEL ADJUSTMENTS	323			S	2320	5		Required when Blue Shield is the secondary payer.
CAS01	Claim Adjustment Group Code		ID	1-2	R			CO, CR, OA, PI, PR	
CAS02	Adjustment Reason Code		ID	1-5	R				
CAS03	Adjustment Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
CAS04	Adjustment Quantity		R	1-15	S				
CAS05	Adjustment Reason Code		ID	1-5	S				
CAS06	Adjustment Amount		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
CAS07	Adjustment Quantity		R	1-15	S				
CAS08	Adjustment Reason Code		ID	1-5	S				
CAS09	Adjustment Amount		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
CAS10	Adjustment Quantity		R	1-15	S				
CAS11	Adjustment Reason Code		ID	1-5	S				
CAS12	Adjustment Amount		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
CAS13	Adjustment Quantity		R	1-15	S				
CAS14	Adjustment Reason Code		ID	1-5	S				
CAS15	Adjustment Amount		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
CAS16	Adjustment Quantity		R	1-15	S				
CAS17	Adjustment Reason Code		ID	1-5	S				
CAS18	Adjustment Amount		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
CAS19	Adjustment Quantity		R	1-15	S				
AMT	COB PAYER PAID AMOUNT	332			S	2320	1		Required when Blue Shield is the secondary payer.

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AMT01	Amount Qualifier Code		ID	1-3	R			D	
AMT02	Payer Paid Amount		R	1-18	R				Must be positive, unsigned numeric values. Max length is 10 bytes. But cannot be greater than 7 bytes for Blue Shield.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB APPROVED AMOUNT	333			S	2320	1		Required when Blue Shield is the secondary payer.
AMT01	Amount Qualifier Code		ID	1-3	R			AAE	
AMT02	Approved Amount		R	1-18	R				Max length is 10 bytes. But cannot be greater than 7 bytes for Blue Shield.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB ALLOWED AMOUNT	334			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			B6	
AMT02	Allowed Amount		R	1-18	R				Max length is 10 bytes. But cannot be greater than 7 bytes for Blue Shield.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB PATIENT RESPONSIBILITY AMOUNT	335			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			F2	
AMT02	Other Payer Patient Responsibility Amount		R	1-18	R				Max length is 10 bytes. But cannot be greater than 7 bytes for Blue Shield.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB COVERED AMOUNT	336			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			AU	
AMT02	Other Payer Covered Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB DISCOUNT AMOUNT	337			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			D8	
AMT02	Other Payer Discount Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.

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AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB PER DAY LIMIT AMOUNT	338			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			DY	
AMT02	Other Payer Per Day Limit Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB PATIENT PAID AMOUNT	339			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			F5	
AMT02	Other Payer Patient Paid Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB TAX AMOUNT	340			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			T	
AMT02	Other Payer Tax Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	COB TOTAL CLAIM BEFORE TAXES AMOUNT	341			S	2320	1		
AMT01	Amount Qualifier Code		ID	1-3	R			T2	
AMT02	Other Payer Pre-Tax Claim Total Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
DMG	OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION	342			S	2320	1		Required when 2330A NM102 equal 1 (person).
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Other Insured Birth Date		AN	1-35	R			CCYYMMDD	

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DMG03	Other Insured Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
OI	OTHER INSURANCE COVERAGE INFORMATION	344			R	2320	1		
OI01	Claim Filing Indicator Code		ID	1-2	N/U				
OI02	Claim Submission Reason Code		ID	2-2	N/U				
OI03	Benefits Assignment Certification Indicator		ID	1-1	R			N, Y	
OI04	Patient Signature Source Code		ID	1-1	S			B, C, M, P, S	
OI05	Provider Agreement Code		ID	1-1	N/U				
OI06	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
MOA	MEDICARE OUTPATIENT ADJUDICATION INFORMATION	347			S	2320	1		
MOA01	Reimbursement Rate		R	1-10	S				
MOA02	HCPCS Payable Amount		R	1-18	S				
MOA03	Remark Code		AN	1-30	S				
MOA04	Remark Code		AN	1-30	S				
MOA05	Remark Code		AN	1-30	S				
MOA06	Remark Code		AN	1-30	S				
MOA07	Remark Code		AN	1-30	S				
MOA08	End Stage Renal Disease Payment Amount		R	1-18	S				
MOA09	Non-Payable Professional Component Billed Amount		R	1-18	S				

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NM1	OTHER SUBSCRIBER NAME	350			R	2330A	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Other Insured Last Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Other Insured First Name		AN	1-25	S				When NM102 = 1, subscriber first name is required. The first 12 bytes will be used.
NM105	Other Insured Middle Name		AN	1-25	S				The first initial of the middle name will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Other Insured Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI, ZZ	Value ZZ not valid at this time
NM109	Other Insured Identifier		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL OTHER SUBSCRIBER NAME INFORMATION	353			N/U	2330A	1		Segment defined as deleted.
N201	Other Insured Additional Name		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	OTHER SUBSCRIBER ADDRESS	354			S	2330A	1		
N301	Other Insured Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Other Insured Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	OTHER SUBSCRIBER CITY/STATE/ZIP CODE	355			S	2330A	1		
N401	Other Insured City Name		AN	2-30	S				The first 20 bytes will be used.
N402	Other Insured State Code		ID	2-2	S				Must be valid US Postal Service abbreviation
N403	Other Insured Postal Zone or ZIP Code		ID	3-15	S				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.

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N404	Subscriber Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	OTHER SUBSCRIBER SECONDARY IDENTIFICATION	357			S	2330A	3		
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Other Insured Additional Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER NAME	359			R	2330B	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Other Payer Last or Organization Name		AN	1-35	R				The first 33 bytes will be used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Other Payer Primary Identifier		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL OTHER PAYER NAME INFORMATION	362			N/U	2330B	1		Segment defined as deleted.
N201	Other Payer Additional Name Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				

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PER	OTHER PAYER CONTACT INFORMATION	363			S	2330B	2		
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Other Payer Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			ED, EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			ED, EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
DTP	CLAIM ADJUDICATION DATE	366			S	2330B	1		Required when Blue Shield is the secondary payer.
DTP01	Date Time Qualifier		ID	3-3	R			573	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Adjudication or Payment Date		AN	1-35	R			CCYYMMDD	
REF	OTHER PAYER SECONDARY IDENTIFIER	368			S	2330B	2		Required when BCBS is the secondary payer to Medicare.
REF01	Reference Identification Qualifier		ID	2-3	R			2U, F8, FY, NF, TJ	Preferred value is 2U.
REF02	Other Payer Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	370			S	2330B	2		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Other Payer Prior Authorization or Referral Number		AN	1-30	R				

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REF03	Description		AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER				N/U			
REF	OTHER PAYER CLAIM ADJUSTMENT INDICATOR	372			S	2330B	2	
REF01	Reference Identification Qualifier		ID	2-3	R			T4
REF02	Other Payer Claim Adjustment Indicator		AN	1-30	R			Y
REF03	Description		AN	1-80	N/U			
REF04	REFERENCE IDENTIFIER				N/U			
NM1	OTHER PAYER PATIENT INFORMATION	374			S	2330C	1	
NM101	Entity Identifier Code		ID	2-3	R			QC
NM102	Entity Type Qualifier		ID	1-1	R			1
NM103	Patient Last Name		AN	1-35	N/U			Usage changed to not used.
NM104	Name First		AN	1-25	N/U			
NM105	Name Middle		AN	1-25	N/U			
NM106	Name Prefix		AN	1-10	N/U			
NM107	Name Suffix		AN	1-10	N/U			
NM108	Identification Code Qualifier		ID	1-2	R			MI
NM109	Other Payer Patient Primary Identifier		AN	2-80	R			
NM110	Entity Relationship Code		ID	2-2	N/U			
NM111	Entity Identifier Code		ID	2-3	N/U			
REF	OTHER PAYER PATIENT IDENTIFICATION	376			S	2330C	3	
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY
REF02	Other Payer Patient Secondary Identifier		AN	1-30	R			
REF03	Description		AN	1-80	N/U			

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REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER REFERRING PROVIDER	378			S	2330D	2		
NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Referring Provider Last Name		AN	1-35	N/U				Usage changed to not used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER REFERRING PROVIDER IDENTIFICATION	380			R	2330D	3		
REF01	Reference Identification Qualifier		ID	2-3	R			EI	
REF02	Other Payer Referring Provider Identification		AN	1-30	R				Enter Other Payer Referring Provider Identifier
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER RENDERING PROVIDER	382			S	2330E	1		
NM101	Entity Identifier Code		ID	2-3	R			82	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Rendering Provider Last or Organization Name		AN	1-35	N/U				Usage changed to not used.
NM104	Name First		AN	1-25	N/U				

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NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION	384			R	2330E	3		
REF01	Reference Identification Qualifier		ID	2-3	R			EI	
REF02	Other Payer Rendering Provider Secondary Identifier		AN	1-30	R				Enter Other Payer Rendering Provider Identifier
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER PURCHASED SERVICE PROVIDER	386			S	2330F	1		
NM101	Entity Identifier Code		ID	2-3	R			QB	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Purchased Service Provider Name		AN	1-35	N/U				Usage changed to not used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				

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REF	OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION	388			R	2330F	3		
REF01	Reference Identification Qualifier		ID	2-3	R			EI	
REF02	Other Payer Purchased Service Provider Identifier		AN	1-30	R				Enter Other Payer Purchased Service Provider Identifier
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER SERVICE FACILITY LOCATION	390			S	2330G	1		
NM101	Entity Identifier Code		ID	2-3	R			77, FA, LI, TL	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Service Facility Name		AN	1-35	N/U				Usage changed to not used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION	392			R	2330G	3		
REF01	Reference Identification Qualifier		ID	2-3	R			LU	
REF02	Other Payer Service Facility Location Identifier		AN	1-30	R				Enter Other Payer Service Facility Location Identifier
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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NM1	OTHER PAYER SUPERVISING PROVIDER	394			S	2330H	1		
NM101	Entity Identifier Code		ID	2-3	R			DQ	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Supervising Provider Last Name		AN	1-35	N/U				Usage changed to not used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION	396			R	2330H	3		
REF01	Reference Identification Qualifier		ID	2-3	R			EI	
REF02	Other Payer Supervising Provider Identifier		AN	1-30	R				Other Payer Supervising Provider Identifier
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
LX	SERVICE LINE	398			R	2400	50		
LX01	Assigned Number		N0	1-6	R				
SV1	PROFESSIONAL SERVICE	400			R	2400	1		
SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R				
SV101-1	Product or Service ID Qualifier		ID	2-2	R			HC, IV, ZZ	Qualifier HC preferred for Blue Shield. Codes N1, N2, N3 and N4 deleted.

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SV101-2	Procedure Code		AN	1-48	R				
SV101-3	Procedure Modifier		AN	2-2	S				
SV101-4	Procedure Modifier		AN	2-2	S				
SV101-5	Procedure Modifier		AN	2-2	S				Not used by Blue Shield at this time.
SV101-6	Procedure Modifier		AN	2-2	S				Not used by Blue Shield at this time
SV101-7	Description		AN	1-80	N/U				
SV102	Line Item Charge Amount		R	1-18	R				Negative values are invalid. Max length is 10 bytes. But only 7 bytes will be used at this time.
SV103	Unit or Basis for Measurement Code		ID	2-2	R			F2,MJ,UN	
SV104	Service Unit Count		R	1-15	R				
SV105	Place of Service Code		AN	1-2	S			11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99	
SV106	Service Type Code		ID	1-2	N/U				
SV107	COMPOSITE DIAGNOSIS CODE POINTER				S				
SV107-1	Diagnosis Code Pointer		N0	1-2	R				
SV107-2	Diagnosis Code Pointer		N0	1-2	S				
SV107-3	Diagnosis Code Pointer		N0	1-2	S				
SV107-4	Diagnosis Code Pointer		N0	1-2	S				
SV108	Monetary Amount		R	1-18	N/U				
SV109	Emergency Indicator		ID	1-1	S			N, Y	Usage changed from required to situational.
SV110	Multiple Procedure Code		ID	1-2	N/U				
SV111	EPSDT Indicator		ID	1-1	S			Y	
SV112	Family Planning Indicator		ID	1-1	S			Y	
SV113	Review Code		ID	1-2	N/U				
SV114	National or Local Assigned Review Value		AN	1-2	N/U				
SV115	Co-Pay Status Code		ID	1-1	S			0	

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SV116	Health Care Professional Shortage Area Code		ID	1-1	N/U				
SV117	Reference Identification		AN	1-30	N/U				
SV118	Postal Code		ID	3-15	N/U				
SV119	Monetary Amount		R	1-18	N/U				
SV120	Level of Care Code		ID	1-1	N/U				
SV121	Provider Agreement Code		ID	1-1	N/U				
SV4	PRESCRIPTION NUMBER	408		0		2400			Segment defined as deleted.
SV401	Prescription Number		AN	1-30					
SV402	COMPOSITE MEDICAL PROCEDURE								
SV403	Reference Identification		AN	1-30					
SV404	Yes/No Condition Response Code		ID	1-1					
SV405	Dispense as Written Code		ID	1-1					
SV406	Level of Service Code		ID	1-3					
SV407	Prescription Origin Code		ID	1-1					
SV408	Description		AN	1-80					
SV409	Yes/No Condition or Response Code		ID	1-1					
SV410	Yes/No Condition or Response Code		ID	1-1					
SV411	Unit Dose Code		ID	1-1					
SV412	Basis of Cost Determination Code		ID	1-2					
SV413	Basis of Days Supply Determination Code		ID	1-1					
SV414	Dosage Form Code		ID	2-2					
SV415	Copay Status Code		ID	1-1					
SV416	Patient Location Code		ID	1-1					
SV417	Level of Care Code		ID	1-1					
SV418	Prior Authorization Type Code		ID	1-1					

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SV5	DURABLE MEDICAL EQUIPMENT SERVICE	Addenda Page 58		1	S	2400			New Segment.
SV501	Composite Medical Procedure Identifier								
SV501-1	Product/Service Id Qualifier		ID	2-2	R			HC	
SV501-2	Product/Service Id		AN	1-48	R				
SV501-3	Procedure Modifier		AN	2-2	N/U				
SV501-4	Procedure Modifier		AN	2-2	N/U				
SV501-5	Procedure Modifier		AN	2-2	N/U				
SV501-6	Procedure Modifier		AN	2-2	N/U				
SV501-7	Description		AN	1-80	N/U				
SV502	Unit or Basis for Measurement Code		ID	2-2	R			DA	
SV503	Quantity		R	1-15	R				
SV504	Monetary Amount (DME rental price)		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
SV505	Monetary Amount DME Purchase Price		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.
SV506	Frequency Code		ID	1-1	S			1 - Weekly 4 - Monthly 6 - Daily	
SV507	Prognosis Code		ID	1-1	N/U				
PWK	DMERC CMN INDICATOR	410			S	2400	1		This segment is not used by Blue Shield.
PWK01	Attachment Report Type Code		ID	2-2	R			CT	
PWK02	Attachment Transmission Code		ID	1-2	R			AB, AD, AF, AG, NS	
PWK03	Report Copies Needed		N0	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	N/U				
PWK06	Identification Code		AN	2-80	N/U				
PWK07	Description		AN	1-80	N/U				
PWK08	ACTIONS INDICATED				N/U				

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PWK09	Request Category Code		ID	1-2	N/U				
CR1	AMBULANCE TRANSPORT INFORMATION	412			S	2400	1		
CR101	Unit or Basis for Measurement Code		ID	2-2	S			LB	
CR102	Patient Weight 9(3)		R	1-10	S				Cannot be greater than 3 bytes.
CR103	Ambulance Transport Code		ID	1-1	R			I, R, T, X	
CR104	Ambulance Transport Reason Code		ID	1-1	R			A, B, C, D, E	
CR105	Unit or Basis for Measurement Code		ID	2-2	R			DH	
CR106	Transport Distance 9(4)		R	1-15	R				
CR107	Address Information		AN	1-55	N/U				
CR108	Address Information		AN	1-55	N/U				
CR109	Round Trip Purpose Description		AN	1-80	S				
CR110	Stretcher Purpose Description		AN	1-80	S				
CR2	SPINAL MANIPULATION SERVICE INFORMATION	415			S	2400	5		
CR201	Treatment Series Number 9(3)		N0	1-9	N/U				Usage changed to not used.
CR202	Treatment Count 9(3)		R	1-15	N/U				Usage changed to not used.
CR203	Subluxation Level Code		ID	2-3	N/U				Usage changed to not used.
CR204	Subluxation Level Code		ID	2-3	N/U				Usage changed to not used.
CR205	Unit or Basis for Measurement Code		ID	2-2	N/U				Usage changed to not used.
CR206	Treatment Period Count 9(3)		R	1-15	N/U				Usage changed to not used.
CR207	Monthly Treatment Count 9(2)		R	1-15	N/U				Usage changed to not used.

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CR208	Patient Condition Code		ID	1-1	R			A, C, D, E, F, G, M	
CR209	Complication Indicator		ID	1-1	N/U				Usage changed to not used.
CR210	Patient Condition Description		AN	1-80	S				
CR211	Patient Condition Description		AN	1-80	S				
CR212	X-ray Availability Indicator		ID	1-1	S			N, Y	Usage changed from required to situational
CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION	421			S	2400	1		
CR301	Certification Type Code		ID	1-1	R			I,R,S	
CR302	Unit or Basis for Measurement Code		ID	2-2	R			MO	
CR303	Durable Medical Equipment Duration 9(2)		R	1-15	R				
CR304	Insulin Dependent Code		ID	1-1	N/U				
CR305	Description		AN	1-80	N/U				
CR5	HOME OXYGEN THERAPY INFORMATION	423			S	2400	1		
CR501	Certification Type Code		ID	1-1	R			I,R,S	
CR502	Treatment Period Count 9(2)		R	1-15	R				
CR503	Oxygen Equipment Type Code		ID	1-1	N/U				
CR504	Oxygen Equipment Type Code		ID	1-1	N/U				
CR505	Description		AN	1-80	N/U				
CR506	Quantity		R	1-15	N/U				
CR507	Quantity		R	1-15	N/U				
CR508	Quantity		R	1-15	N/U				
CR509	Description		AN	1-80	N/U				
CR510	Arterial Blood Gas Quantity 9(2)V9		R	1-15	S				
CR511	Oxygen Saturation Quantity 9(2)V9		R	1-15	S				
CR512	Oxygen Test Condition Code		ID	1-1	R			E,R,S	

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CR513	Oxygen Test Findings Code		ID	1-1	S			1	
CR514	Oxygen Test Findings Code		ID	1-1	S			2	
CR515	Oxygen Test Findings Code		ID	1-1	S			3	
CR516	Quantity		R	1-15	N/U				
CR517	Oxygen Delivery System code		ID	1-1	N/U				
CR518	Oxygen Equipment Type Code		ID	1-1	N/U				
CRC	AMBULANCE CERTIFICATION	427			S	2400	3		
CRC01	Code Category		ID	2-2	R			7	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 07, 08, 09, 60	
CRC04	Condition Code		ID	2-2	S			Same as above	
CRC05	Condition Code		ID	2-2	S			Same as above	
CRC06	Condition Code		ID	2-2	S			Same as above	
CRC07	Condition Code		ID	2-2	S			Same as above	
CRC	HOSPICE EMPLOYEE INDICATOR	430			S	2400	1		
CRC01	Code Category		ID	2-2	R			70	
CRC02	Hospice Employed Provider Indicator		ID	1-1	R			N, Y	
CRC03	Condition Indicator		ID	2-2	R			65	
CRC04	Condition Indicator		ID	2-2	N/U				
CRC05	Condition Indicator		ID	2-2	N/U				
CRC06	Condition Indicator		ID	2-2	N/U				
CRC07	Condition Indicator		ID	2-2	N/U				
CRC	DMERC CONDITION INDICATOR	432			S	2400	2		

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CRC01	Code Category		ID	2-2	R			09,11	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Condition Indicator		ID	2-2	R			37,38,AL,P1, ZV	
CRC04	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
CRC05	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
CRC06	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
CRC07	Condition Indicator		ID	2-2	S			37,38,AL,P1, ZV	
DTP	DATE - SERVICE DATE	435			R	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	
DTP03	Service Date		AN	1-35	R			CCYYMMDD- CCYYMMDD	
DTP	DATE - CERTIFICATION REVISION DATE	437			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			607	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Certification Revision Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - REFERRAL DATE	439			S	2400	0		Segment defined as deleted
DTP01	Date Time Qualifier		ID	3-3	R			330	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Referral Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - BEGIN THERAPY DATE	440			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			463	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	

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DTP03	Begin Therapy Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - LAST CERTIFICATION DATE	442			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			461	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Certification Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ORDER DATE	444			S	2400	0		Segment defined as deleted.
DTP01	Date Time Qualifier		ID	3-3	R			938	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Order Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - DATE LAST SEEN	445			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			304	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last Seen Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - TEST	447			S	2400	2		
DTP01	Date Time Qualifier		ID	3-3	R			738, 739	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Test Performed Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST	449			S	2400	3		
DTP01	Date Time Qualifier		ID	3-3	R			119, 480, 481	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Oxygen Saturation Test Date		AN	1-35	R			CCYYMMDD	

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DTP	DATE - SHIPPED	451			S	2400	1		
DTP01	Date Time Qualifier		ID	3-3	R			011	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Shipped Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ONSET OF CURRENT SYMPTOM/ILLNESS	452			S	2400	1		Only use when different from the date entered at claim level (Loop 2300). For Blue Shield, this date will overwrite the date given in Loop 2300.
DTP01	Date Time Qualifier		ID	3-3	R			431	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Onset Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - LAST X-RAY	454			S	2400	1		Not used by Blue Shield.
DTP01	Date Time Qualifier		ID	3-3	R			455	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Last X-Ray Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - ACUTE MANIFESTATION	456			S	2400	1		Not used by Blue Shield.
DTP01	Date Time Qualifier		ID	3-3	R			453	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Acute Manifestation Date		AN	1-35	R			CCYYMMDD	
DTP	DATE - INITIAL TREATMENT	458			S	2400	1		Not used by Blue Shield.
DTP01	Date Time Qualifier		ID	3-3	R			454	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Initial Treatment Date		AN	1-35	R			CCYYMMDD	

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DTP	DATE - SIMILAR ILLNESS/SYMPTOM ONSET	460			S	2400	1		Only use when different from the date entered at claim level (Loop 2300). For Blue Shield, this date will overwrite the date given in Loop 2300.
DTP01	Date Time Qualifier		ID	3-3	R			438	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Similar Illness or Symptom Date		AN	1-35	R			CCYYMMDD	
QTY	ANESTHESIA MODIFYING UNITS	462			N/U	2400	0		Segment defined as deleted.
QTY01	Quantity Qualifier		ID	2-2	N/U			BF, EC, EM, HM, HO, HP, P3, P4, P5, SG	
QTY02	Anesthesia Modifying Units 9(2)		R	1-15	N/U				
QTY03	COMPOSITE UNIT OF MEASURE				N/U				
QTY04	Fee-Form Message		AN	1-30	N/U				
MEA	TEST RESULTS	464			S	2400	20		
MEA01	Measurement Reference Identification Code		ID	2-2	R			OG, TR	
MEA02	Measurement Qualifier		ID	1-3	R			GRA, HT, R1, R2, R3, R4, ZO	Code CON was deleted
MEA03	Test Result		R	1-20	R				
MEA04	COMPOSITE UNIT OF MEASURE				N/U				
MEA05	Range Minimum		R	1-20	N/U				
MEA06	Range Maximum		R	1-20	N/U				
MEA07	Measurement Significance Code		ID	2-2	N/U				
MEA08	Measurement Attribute Code		ID	2-2	N/U				
MEA09	Surface/Layer/Position Code		ID	2-2	N/U				
MEA10	Measurement Method or Device		ID	2-4	N/U				
CN1	CONTRACT INFORMATION	466			S	2400	1		
CN101	Contract Type Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 09	
CN102	Contract Amount		R	1-18	S				Max length is 10 bytes. But only 7 bytes will be used at this time.

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CN103	Contract Percentage		R	1-6	S				
CN104	Contract Code		AN	1-30	S				
CN105	Terms Discount Percent		R	1-6	S				
CN106	Contract Version Identifier		AN	1-30	S				
REF	REPRICED LINE ITEM REFERENCE NUMBER	468			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9B	
REF02	Repriced Line Item Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	469			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			9D	
REF02	Adjusted Repriced Line Item Reference Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	PRIOR AUTHORIZATION OR REFERRAL NUMBER	470			S	2400	2		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	For Blue Shield the authorization number in this Loop will overwrite the number entered in Loop 2300. Blue Shield does not use the submitted referral number. At the time the referral is given, it is maintained in a data base.
REF02	Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	LINE ITEM CONTROL NUMBER	472			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			6R	

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REF02	Line Item Control Number		AN	1-30	R				Only the first 17 bytes will be used.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	MAMMOGRAPHY CERTIFICATION NUMBER	474			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			EW	
REF02	Mammography Certification Number		AN	1-30	R				Only the first 10 bytes will be used.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION	475			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			X4	
REF02	Clinical Laboratory Improvement Amendment Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION	477			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			F4	
REF02	Referring CLIA Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	IMMUNIZATION BATCH NUMBER	478			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			BT	
REF02	Immunization Batch Number		AN	1-30	R				

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REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	AMBULATORY PATIENT GROUP (APG)	479			S	2400	4		
REF01	Reference Identification Qualifier		ID	2-3	R			1S	
REF02	Ambulatory Patient Group Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	OXYGEN FLOW RATE	480			S	2400	1		
REF01	Reference Identification Qualifier		ID	2-3	R			TP	
REF02	Oxygen Flow Rate		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	UNIVERSAL PRODUCT NUMBER (UPN)	482			S	2400	1		Not used by Blue Shield.
REF01	Reference Identification Qualifier		ID	2-3	R			OZ, VP	
REF02	Universal Product Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
AMT	SALES TAX AMOUNT	484			S	2400	1		Not used by Blue Shield.
AMT01	Amount Qualifier Code		ID	1-3	R			T	
AMT02	Sales Tax Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				

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AMT	APPROVED AMOUNT	485			S	2400	1		This is the other payer approved amount at the service line level.
AMT01	Amount Qualifier Code		ID	1-3	R			AAE	
AMT02	Approved Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	POSTAGE CLAIMED AMOUNT	486			S	2400	1		Not used by Blue Shield.
AMT01	Amount Qualifier Code		ID	1-3	R			F4	
AMT02	Postage Claimed Amount		R	1-18	R				Max length is 10 bytes. But only 7 bytes will be used at this time.
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
K3	FILE INFORMATION	487			S	2400	10		Not used by Blue Shield.
K301	Fixed Format Information		AN	1-80	R				
K302	Record Format Code		ID	1-2	N/U				
K303	COMPOSITE UNIT OF MEASURE				N/U				
NTE	LINE NOTE	488			S	2400	1		The use of this segment will overwrite the NTE at Loop 2300. Required when procedure code used is 'Not Otherwise Classified' or as directed by payer.
NTE01	Note Reference Code		ID	3-3	R			ADD, DCP, PMT, TPO	
NTE02	Line Note Text		AN	1-80	R				
PS1	PURCHASED SERVICE INFORMATION	489			S	2400	1		
PS101	Purchased Service Provider Identifier		AN	1-30	R				
PS102	Purchased Service Charge Amount		R	1-18	R				Max Length is 10 bytes. But only 7 bytes will be used at this time.
PS103	State or Province Code		ID	2-2	N/U				
HSD	HEALTH CARE SERVICES DELIVERY	491			S	2400	1		Not used by Blue Shield.
HSD01	Visits		ID	2-2	S			VS	

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HSD02	Number of Visits		R	1-15	S			
HSD03	Frequency Period		ID	2-2	S		DA, MO, Q1, WK	
HSD04	Frequency Count		R	1-6	S			
HSD05	Duration of Visits Units		ID	1-2	S		7, 34, 35	
HSD06	Duration of Visits, Number of Units		N0	1-3	S			
HSD07	Ship, Delivery or Calendar Pattern Code		ID	1-2	S		1, 2, 3, 4, 5, 6, 7, A, B, C, D, E, F, G, H, J, K, L, N, O, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W	
HSD08	Delivery Pattern Time Code		ID	1-1	S		D, E, F	
HCP	LINE PRICING/REPRICING INFORMATION	495			S	2400	1	
HCP01	Pricing Methodology		ID	2-2	R		00, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14	
HCP02	Repriced Allowed Amount		R	1-18	R			Max length is 10 bytes. But only 7 bytes will be used at this time.
HCP03	Repriced Saving Amount		R	1-18	S			Max length is 10 bytes. But only 7 bytes will be used at this time.
HCP04	Repricing Organization Identifier		AN	1-30	S			
HCP05	Repricing Per Diem or Flat Rate Amount		R	1-9	S			Max length is 10 bytes. But only 7 bytes will be used at this time.
HCP06	Repriced Approved Ambulatory Patient Group Code		AN	1-30	S			
HCP07	Repriced Approved Ambulatory Patient Group Amount		R	1-18	S			Max length is 10 bytes. But only 7 bytes will be used at this time.
HCP08	Product/Service ID		AN	1-48	N/U			
HCP09	Product or Service ID Qualifier		ID	2-2	S		HC, IV, ZZ	
HCP10	Procedure Code		AN	1-48	S			
HCP11	Unit or Basis for Measurement Code		ID	2-2	S		DA, UN	
HCP12	Repriced Approved Service Unit Count "DA" = 9(3) "UN" = 9(3)V9		R	1-15	S			
HCP13	Reject Reason Code		ID	2-2	S		T1, T2, T3, T4, T5, T6	
HCP14	Policy Compliance Code		ID	1-2	S		1, 2, 3, 4, 5	
HCP15	Exception Code		ID	1-2	S		1, 2, 3, 4, 5, 6	

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LIN	DRUG IDENTIFICATION	Addenda Page 71	1	S	2410	1	New Segment
LIN01	Assigned Identification		AN	1-20	N/U		
LIN02	Product/Service ID Qualifier		ID	2-2	R		N4
LIN03	Product/Service ID		AN	1-48	R		
LIN04	Product/Service ID Qualifier		ID	2-2	N/U		
LIN05	Product/Service ID		AN	1-48	N/U		
LIN06	Product/Service ID Qualifier		ID	2-2	N/U		
LIN07	Product/Service ID		AN	1-48	N/U		
LIN08	Product/Service ID Qualifier		ID	2-2	N/U		
LIN09	Product/Service ID		AN	1-48	N/U		
LIN10	Product/Service ID Qualifier		ID	2-2	N/U		
LIN11	Product/Service ID		AN	1-48	N/U		
LIN12	Product/Service ID Qualifier		ID	2-2	N/U		
LIN13	Product/Service ID		AN	1-48	N/U		
LIN14	Product/Service ID Qualifier		ID	2-2	N/U		
LIN15	Product/Service ID		AN	1-48	N/U		
LIN16	Product/Service ID Qualifier		ID	2-2	N/U		
LIN17	Product/Service ID		AN	1-48	N/U		
LIN18	Product/Service ID Qualifier		ID	2-2	N/U		
LIN19	Product/Service ID		AN	1-48	N/U		
LIN20	Product/Service ID Qualifier		ID	2-2	N/U		
LIN21	Product/Service ID		AN	1-48	N/U		
LIN22	Product/Service ID Qualifier		ID	2-2	N/U		
LIN23	Product/Service ID		AN	1-48	N/U		
LIN24	Product/Service ID Qualifier		ID	2-2	N/U		

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LIN25	Product/Service ID		AN	1-48	N/U				
LIN26	Product/Service ID Qualifier		ID	2-2	N/U				
LIN27	Product/Service ID		AN	1-48	N/U				
LIN28	Product/Service ID Qualifier		ID	2-2	N/U				
LIN29	Product/Service ID		AN	1-48	N/U				
LIN30	Product/Service ID Qualifier		ID	2-2	N/U				
LIN31	Product/Service ID		AN	1-48	N/U				
CTP	DRUG PRICING	Addenda Page 74		1	S	2410	1		New Segment.
CTP01	Class of Trade Code		ID	2-2	N/U				
CTP02	Price Identifier Code		ID	3-3	N/U				
CTP03	Unit Price		R	1-17	R				
CTP04	Quantity		R	1-15	R				
CTP05	Composite Unit Of Measure				R				
CTP05-1	Unit or Basis for Measurement Code		ID	2-2	R			GR, ME, ML, UN	
CTP05-2	1018 Exponent		R	1-15	N/U				
CTP05-3	Multiplier		R	1-10	N/U				
CTP05-4	Unit or Basis for Measurement Code		ID	2-2	N/U				
CTP05-5	Exponent		R	1-15	N/U				
CTP05-6	Multiplier		R	1-10	N/U				
CTP05-7	Unit or Basis for Measurement Code		ID	2-2	N/U				
CTP05-8	Exponent		R	1-15	N/U				
CTP05-9	Multiplier		R	1-10	N/U				
CTP05-10	Unit or Basis for Measurement Code		ID	2-2	N/U				
CTP05-11	Exponent		R	1-15	N/U				
CTP05-12	Multiplier		R	1-10	N/U				

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CTP05-13	Unit or Basis for Measurement Code		ID	2-2	N/U				
CTP05-14	Exponent		R	1-15	N/U				
CTP05-15	Multiplier		R	1-10	N/U				
CTP06	Price Multiplier Qualifier		ID	3-3	N/U				
CTP07	Multiplier		R	1-10	N/U				
CTP08	Monetary Amount		R	1-18	N/U				
CTP09	Basis of Unit Price Code		ID	2-2	N/U				
CTP10	Condition Value		AN	1-10	N/U				
CTP11	Multiple Price Quantity		NO	1-1	N/U				
REF	PRESCRIPTION NUMBER	Addenda Page 77		1	S	2410			New Segment
REF01	Reference Identification Qualifier		ID	2-3	R			XZ	
REF02	Reference Identification		AN	1-30	R				
NM1	RENDERING PROVIDER NAME	501			S	2420A	1		Use this segment when different from the rendering provider data in Loop 2310B. For Blue Shield, data entered in this Loop will overwrite data in Loop 2310B.
NM101	Entity Identifier Code		ID	2-3	R			82	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Rendering Provider Last or Organization Name		AN	1-35	R				Only the first 20 bytes will be used.
NM104	Rendering Provider First Name		AN	1-25	S				Required when NM102 = 1. Only the first 12 bytes will be used.
NM105	Rendering Provider Middle Name		AN	1-25	S				Only the first initial of the middle name will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Rendering Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	When XX is present, the 10 byte numeric NPI is required in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM109	Rendering Provider Identifier		AN	2-80	R				NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with the qualifier SY is required in the REF02. The NPI is 10 numerics with the 10th position being a check digit.

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NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	RENDERING PROVIDER SPECIALTY INFORMATION	504			S	2420A	1		Usage changed from required to situational.
PRV01	Provider Code		ID	1-3	R			PE	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This is a 10-byte taxonomy code. For a list of the taxonomy codes visit web site www.wpc-edi.com .
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
N2	ADDITIONAL RENDERING PROVIDER NAME INFORMATION	506			N/U	2420A	1		Segment defined as deleted.
N201	Rendering Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
REF	RENDERING PROVIDER SECONDARY IDENTIFICATION	507			S	2420A	5		Use this segment when different from the rendering provider data in Loop 2310B. For Blue Shield, data entered in this Loop will overwrite data in Loop 2310B.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Rendering Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id with qualifier EI or the social security number with qualifier SY is required.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	PURCHASED SERVICE PROVIDER NAME	509			S	2420B	1		
NM101	Entity Identifier Code		ID	2-3	R			QB	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	

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NM103	Name Last or Organization Name		AN	1-35	S				The first 33 bytes will be used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109.
NM109	Purchased Service Provider Identifier		AN	2-80	S				When NM108 = XX, the NPI must be present in NM109 and the tax id number with qualifier EI or the social security number with qualifier SY is required in the REF02. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	512			S	2420B	5		
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id number with qualifier EI or the social security number with qualifier SY is required.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SERVICE FACILITY LOCATION	514			S	2420C	1		Only use if different from facility data in Loop 2310D. Any data entered in this Loop will overwrite data from Loop 2310D.
NM101	Entity Identifier Code		ID	2-3	R			77, FA, LI, TL	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Laboratory or Facility Name		AN	1-35	S				Required for HMO Blue. The first 33 bytes will be used.
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				

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NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109, if known.
NM109	Laboratory or Facility Primary Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109, if known. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL SERVICE FACILITY LOCATION NAME INFORMATION	517			N/U	2420C	1		Segment defined as deleted.
N201	Laboratory or Facility Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	SERVICE FACILITY LOCATION ADDRESS	518			R	2420C	1		
N301	Laboratory or Facility Address Line		AN	1-55	R				The first 30 bytes will be used.
N302	Laboratory or Facility Address Line		AN	1-55	S				The first 30 bytes will be used.
N4	SERVICE FACILITY LOCATION CITY/STATE/ZIP	519		1	R	2420C			
N401	Laboratory or Facility City Name		AN	2-30	R				The first 20 bytes will be used.
N402	Laboratory or Facility State or Province Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Laboratory or Facility Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		ID	1-30	N/U				
REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	521			S	2420C	5		
REF01	Reference Identification Qualifier		ID	2-3	R			TJ	
REF02	Service Facility Location Secondary Identifier		AN	1-30	R				Enter the Laboratory or Facility Federal Taxpayer's Identification Number

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REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	SUPERVISING PROVIDER NAME	523			S	2420D	1		Use if different from supervising provider data in Loop 2310E.
NM101	Entity Identifier Code		ID	2-3	R			DQ	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Supervising Provider Last Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Supervising Provider First Name		AN	1-25	R				The first 12 bytes will be used.
NM105	Supervising Provider Middle Name		AN	1-25	S				The first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Supervising Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109.
NM109	Supervising Provider Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL SUPERVISING PROVIDER NAME INFORMATION	526			N/U	2420D	1		Segment defined as deleted.
N201	Supervising Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION	527			S	2420D	5		Use if different from supervising provider data in Loop 2310E.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Supervising Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id with qualifier EI or social security number with qualifier SY is required.
REF03	Description		AN	1-80	N/U				

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REF04	REFERENCE IDENTIFIER				N/U				
NM1	ORDERING PROVIDER NAME	529			S	2420E	1		
NM101	Entity Identifier Code		ID	2-3	R			DK	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Ordering Provider Last Name		AN	1-35	R				Only the first 20 bytes will be used.
NM104	Ordering Provider First Name		AN	1-25	R				Only the first 12 bytes will be used.
NM105	Ordering Provider Middle Name		AN	1-25	S				Only the first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Ordering Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109.
NM109	Ordering Provider Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N2	ADDITIONAL ORDERING PROVIDER NAME INFORMATION	532			N/U	2420E	1		Segment defined as deleted.
N201	Ordering Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				
N3	ORDERING PROVIDER ADDRESS	533			S	2420E	1		
N301	Ordering Provider Address Line		AN	1-55	R				
N302	Ordering Provider Address Line		AN	1-55	S				
N4	ORDERING PROVIDER CITY/STATE/ZIP CODE	534			S	2420E	1		

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N401	Ordering Provider City Name		AN	2-30	R				
N402	Ordering Provider State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Ordering Provider Postal Zone or ZIP Code		ID	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	ORDERING PROVIDER SECONDARY IDENTIFICATION	536			S	2420E	5		
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Ordering Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM109, the tax id with qualifier EI or social security number with qualifier SY is required.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
PER	ORDERING PROVIDER CONTACT INFORMATION	538			S	2420E	1		
PER01	Contact Function Code		ID	2-2	R			1C	
PER02	Ordering Provider Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			EM, FX, TE	
PER04	Communication Number		AN	1-80	R				
PER05	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				
PER07	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	REFERRING PROVIDER NAME	541			S	2420F	2		Use this segment when the number is different from the rendering provider number in Loop 2310A. When present this data will overwrite the data in Loop 2310A.

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NM101	Entity Identifier Code		ID	2-3	R			DN, P3	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Referring Provider Last Name		AN	1-35	R				The first 20 bytes will be used.
NM104	Referring Provider First Name		AN	1-25	R				The first 12 bytes will be used.
NM105	Referring Provider Middle Name		AN	1-25	S				The first initial will be used.
NM106	Name Prefix		AN	1-10	N/U				
NM107	Referring Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	When XX is present, the 10 byte numeric NPI is required in NM109.
NM109	Referring Provider Identifier		AN	2-80	S				When XX is present in NM108, the NPI must be present in NM109. The NPI is 10 numerics with the 10th position being a check digit.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	REFERRING PROVIDER SPECIALTY INFORMATION	544			S	2420F	1		Use this segment when different from the referring provider data in Loop 2310A.
PRV01	Provider Code		ID	1-3	R			RF	
PRV02	Reference Identification Code		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
N2	ADDITIONAL REFERRING PROVIDER NAME INFORMATION	546			N/U	2420F	1		Segment defined as deleted.
N201	Referring Provider Name Additional Text		AN	1-60	N/U				
N202	Name		AN	1-60	N/U				

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REF	REFERRING PROVIDER SECONDARY IDENTIFICATION	547			S	2420F	5		Use this segment when the number is different from the referring provider data in Loop 2310A.
REF01	Reference Identification Qualifier		ID	2-3	R			EI, SY	
REF02	Referring Provider Secondary Identifier		AN	1-30	R				When NPI is present in NM10-9, The tax id with qualifier EI or Social Security Number with qualifier SY is required.
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
NM1	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	549			S	2420G	4		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Payer Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.
NM109	Other Payer Identification Number		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	552			R	2420G	2		
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Other Payer Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				

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CAS11	Adjustment Reason Code		ID	1-5	S				
CAS12	Adjustment Amount		R	1-18	S				
CAS13	Adjustment Quantity		R	1-15	S				
CAS14	Adjustment Reason Code		ID	1-5	S				
CAS15	Adjustment Amount		R	1-18	S				
CAS16	Adjustment Quantity		R	1-15	S				
CAS17	Adjustment Reason Code		ID	1-5	S				
CAS18	Adjustment Amount		R	1-18	S				
CAS19	Adjustment Quantity		R	1-15	S				
DTP	LINE ADJUDICATION DATE	566			R	2430	1		Not used by Blue Shield.
DTP01	Date Time Qualifier		ID	3-3	R			573	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Adjudication or Payment Date		AN	1-35	R			CCYYMMDD	
LQ	FORM IDENTIFICATION CODE	567			S	2440	5		Not used by Blue Shield.
LQ01	Code List Qualifier Code		ID	1-3	R			AS, UT	
LQ02	Form Identifier		AN	1-30	R				
FRM	SUPPORTING DOCUMENTATION	569			S	2440	99		Not used by Blue Shield.
FRM01	Question Number/Letter		AN	1-20	R				
FRM02	Question Response		ID	1-1	S			N, W, Y	
FRM03	Question Response		AN	1-30	S				
FRM04	Question Response		DT	8-8	S			CCYYMMDD	
FRM05	Question Response		R	1-6	S				

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SE	TRANSACTION SET TRAILER	572			R	___	1		
SE01	Transaction Segment Count		N0	1-10	R				Must match ST02
SE02	Transaction Set Control Number		AN	4-9	R				
GE	FUNCTION GROUP TRAILER	B.10			R	___	1		
GE01	Number of Transaction Sets Included		N0	1-6	R				
GE02	Group Control Number		N0	1-9	R				Must match GS06
IEA	INTERCHANGE CONTROL TRAILER	B.7			R	___	1		
IEA01	Number of Included Functional Groups		N0	1-5	R				
IEA02	Interchange Control Number		N0	9-9	R				Must match ISA13