

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
3	ISA01	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03		00	
4	ISA02	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Authorization Information				Spaces	
5	ISA03	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01			
6	ISA04	R	10	10	AN	R	1		INTERCHANGE CONTROL HEADER			Security Information					
7	ISA05	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ		ZZ	
8	ISA06	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Sender ID				State of TN Vendor Number	
9	ISA07	R	2	2	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ		30	
10	ISA08	R	15	15	AN	R	1		INTERCHANGE CONTROL HEADER			Interchange Receiver ID				626001445	State of TN Tax ID
11	ISA09	R	6	6	DT	R	1		INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			This is the date when the file/batch was created by provider.
12	ISA10	R	4	4	TM	R	1		INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	NO	R	1		INTERCHANGE CONTROL HEADER			Interchange Control Number		=IEA02			
16	ISA14	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R	1		INTERCHANGE CONTROL HEADER			Usage Indicator		P, T	P - Production, T - Test.		Use T for Test Transactions and P for Production Transactions.
18	ISA16	R	1	1		R	1		INTERCHANGE CONTROL HEADER			Component Element Separator					
19	GS01	R	2	2	ID	R	1		FUNCTIONAL GROUP HEADER			Functional Identifier Code		HC			
20	GS02	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Sender's Code				State of TN Vendor Code	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
21	GS03	R	2	15	AN	R	1		FUNCTIONAL GROUP HEADER			Application Receiver's Code				626001445	State of TN Tax ID
22	GS04	R	8	8	DT	R	1		FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			Date file/batch was created
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time					
24	GS06	R	1	9	N0	R	1		FUNCTIONAL GROUP HEADER			Group Control Number		=GE02			
25	GS07	R	1	2	ID	R	1		FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R	1		FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X096A1	HIPAA 4010 + Addenda A1.		
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code			837		
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number		=SE02			
29	BHT02	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Set Purpose Code		00, 18			
30	BHT03	R	1	30	AN	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Reference Identification	Originator Application Transaction Identifier				Batch Control #
31	BHT04	R	8	8	DT	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Date	Transaction Set Creation Date				
32	BHT05	R	4	8	TM	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Time	Transaction Set Creation Time				
33	BHT06	R	2	2	ID	R	1		BEGINNING OF HIERARCHICAL TRANSACTION			Transaction Type Code	Claim or Encounter Identifier	CH - Encounter RP - FFS Claims			
34	NM101	R	2	3	ID	R	1	1000A	SUBMITTER NAME	10		Entity Identifier Code		41			
35	NM102	R	1	1	ID	R	1	1000A	SUBMITTER NAME	1		Entity Type Qualifier		1, 2			
36	NM103	R	1	35	AN	R	1	1000A	SUBMITTER NAME	1		Name Last or Organization Name	Submitter Last or Organization Name				
37	NM104	S	1	25	AN	R	1	1000A	SUBMITTER NAME	1		Name First	Submitter First Name		Required if NM102 = 1 (Person)		
38	NM105	S	1	25	AN	R	1	1000A	SUBMITTER NAME	1		Name Middle	Submitter Middle Name		Required if NM102 = 1 and the middle name/initial of the person is known.		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
39	NM108	R	1	2	ID	R	1	1000A	SUBMITTER NAME	1		Identification Code Qualifier		46	Electronic Transmitter Identification Number (ETIN) established by trading partner agreement		
40	NM109	R	2	80	AN	R	1	1000A	SUBMITTER NAME	1		Identification Code	Submitter Identifier			State of TN Vendor ID	
41	PER01	R	2	2	ID	R	2	1000A	SUBMITTER NAME	1		Contact Function Code		IC			
42	PER02	R	1	60	AN	R	2	1000A	SUBMITTER NAME	1		Name	Submitter Contact Name				
43	PER03	R	2	2	ID	R	2	1000A	SUBMITTER NAME	1		Communication Number Qualifier		ED, EM, FX, TE		TE	
44	PER04	R	1	80	AN	R	2	1000A	SUBMITTER NAME	1		Communication Number	Submitter Telephone Number				
45	NM101	R	2	3	ID	S	1	1000B	RECEIVER NAME	1		Entity Identifier Code		40			
46	NM102	R	1	1	ID	R	1	1000B	RECEIVER NAME	1		Entity Type Qualifier		2			
47	NM103	R	1	35	AN	R	1	1000B	RECEIVER NAME	1		Name Last or Organization Name	Receiver Name			TDH	
48	NM108	R	1	2	ID	R	1	1000B	RECEIVER NAME	1		Identification Code Qualifier	Information Receiver Identification Number	46	Electronic Transmitter Identification Number (ETIN)		
49	NM109	R	2	80	AN	R	1	1000B	RECEIVER NAME	1		Identification Code	Receiver Primary Identifier				For the Bureau of Alcohol & Drug: AD. For the Bureau of Health Services use the correct region code: East Tennessee = ET, Upper Cumberland = UC, Mid-Cumberland = MC, West Tennessee = WT, Southeast = SE, South Central = SC, Northeast = NE, Sullivan County = SU, Knox County = KN, Shelby County = SH, Davidson County = DA, Hamilton County = HA, Madison County = MA and Central Office = CO.
50	HL01	R	1	12	AN	R	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			Hierarchical Identification Number					
51	HL03	R	1	2	ID	R	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			Hierarchical Level Code		20			
52	HL04	R	1	1	ID	R	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			Hierarchical Child Code		1			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
53	PRV01	R	1	3	ID	S	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	>1		Provider Code		BI, PT			
54	PRV02	R	2	3	ID	S	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	>1		Reference Identification Qualifier		ZZ	ZZ is used to indicate the 'Health Care Provider Taxonomy' code list (provider specialty code). Found on the WA Pub. Web site.		
55	PRV03	R	1	30	AN	S	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	>1		Reference Identification	Provider Taxonomy Code or Provider Specialty Code				Taxonomy Code is required on Encounters and FFS claims.
56	NM101	R	2	3	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Entity Identifier Code		85			
57	NM102	R	1	1	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Entity Type Qualifier		2			
58	NM103	R	1	35	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Name Last or Organization Name	Billing Provider Last or Organization Name				
59	NM108	R	1	2	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Identification Code Qualifier		24, 34, XX	24 - EIN 34 - SSN XX - Health Care Financing Admin National Provider Id	24	
60	NM109	R	2	80	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Identification Code	Billing Provider Identifier				Tax Id Number
61	N301	R	1	55	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Address Information	Billing Provider Address Line				
62	N302	S	1	55	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Address Information	Billing Provider Address Line				
63	N401	R	2	30	AN	R	1	2010AA	BILLING PROVIDER NAME	1		City Name	Billing Provider City Name				
64	N402	R	2	2	ID	R	1	2010AA	BILLING PROVIDER NAME	1		State or Province Code	Billing Provider State or Province Code				
65	N403	R	3	15	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Postal Code	Billing Provider Postal Zone or Zip Code				
66	REF01	R	2	3	ID	S	8	2010AA	BILLING PROVIDER NAME	1		Reference Identification Qualifier		0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5		IC, ID, EI	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
67	REF02	R	1	30	AN	S	8	2010AA	BILLING PROVIDER NAME	1		Reference Identification	Billing Provider Additional Identifier				
68	PER01	R	2	2		S	1	2010AA	BILLING PROVIDER NAME	1		Contact Function Code					
69	PER02	R	1	60		S	1	2010AA	BILLING PROVIDER NAME	1		Name	Billing Provider Contact Name				
70	PER03	R	2	2		S	1	2010AA	BILLING PROVIDER NAME	1		Communication Number Qualifier		ED, EM, EX, FX, TE		TE	
71	PER04	S	1	80		S	1	2010AA	BILLING PROVIDER NAME	1		Communication Number					Telephone number with area code. No parentheses or hyphens
72	PER05	S	2	2		S	1	2010AA	BILLING PROVIDER NAME	1		Communication Number Qualifier		ED, EM, EX, FX, TE		EM	
73	PER06	S	1	80		S	1	2010AA	BILLING PROVIDER NAME	1		Communication Number					Email address
74	HL01	R	1	12	AN	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL			Hierarchical Identification Number					
75	HL02	R	1	12	AN	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL								
76	HL03	R	1	2	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL			Hierarchical Level Code		22			
77	HL04	R	1	1	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL			Hierarchical Child Code		0, 1			
78	SBR01	R	1	1	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Payer Responsibility Sequence Number Code	Sequence Number	P, S, T	P - Primary, S - Secondary, T - Tertiary.		
79	SBR02	S	2	2	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Individual Relationship Code	Patient's Relationship to Insured	18			
80	SBR09	R	1	2	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Source of Pay Code	09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	MC - Medicaid.	OF, TV		
81	NM101	R	2	3	ID	S	1	2010BA	SUBSCRIBER NAME	1		Entity Identifier Code		IL			
82	NM102	R	1	1	ID	R	1	2010BA	SUBSCRIBER NAME	1		Entity Type Qualifier		1, 2		1	
83	NM103	R	1	35	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name Last or Organization Name	Subscriber Last Name				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
84	NM104	S	1	25	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name First	Subscriber First Name				
85	NM105	S	1	25	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name Middle	Subscriber Middle Name				
86	NM108	S	1	2	ID	R	1	2010BA	SUBSCRIBER NAME	1		Identification Code Qualifier	Identification Code Qualifier	MI, ZZ		MI	
87	NM109	S	2	80	AN	R	1	2010BA	SUBSCRIBER NAME	1		Identification Code	Subscriber Primary Identifier				
88	N301	R	1	55	AN	S	1	2010BA	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line				
89	N302	S	1	55	AN	S	1	2010BA	SUBSCRIBER NAME	1		Address Information	Subscriber Address Line				
90	N401	R	2	30	AN	S	1	2010BA	SUBSCRIBER NAME	1		City Name	Subscriber City Name				
91	N402	R	2	2	ID	S	1	2010BA	SUBSCRIBER NAME	1		State or Province Code	Subscriber State or Province Code				
92	N403	R	3	15	ID	S	1	2010BA	SUBSCRIBER NAME	1		Postal Code	Subscriber Postal Zone or Zip Code				
93	DMG01	R	2	3	ID	S	1	2010BA	SUBSCRIBER NAME	1		Date/Time Period Format Qualifier		D8			
94	DMG02	R	1	35	AN	S	1	2010BA	SUBSCRIBER NAME	1		Date Time Period	Subscriber Birth Date or Patient Birth date				
95	DMG03	R	1	1	ID	S	1	2010BA	SUBSCRIBER NAME	1		Gender Code	Subscriber or Patient Gender Code	F, M, U			
96	NM101	R	2	3	ID	S	1	2010BB	PAYER NAME	1		Entity Identifier Code					
97	NM102	R	1	1	ID	S	1	2010BB	PAYER NAME	1		Entity Type Qualifier					
98	NM103	R	1	35	AN	S	1	2010BB	PAYER NAME	1		Name Last or Organization Name					
99	NM108	R	1	2	ID	S	1	2010BB	PAYER NAME	1		Identification Code Qualifier		PI, XV		PI	
100	NM109	R	2	80	AN	S	1	2010BB	PAYER NAME	1		Identification Code				CSS, BCS, RENAL, HEMOPHILIA, RYAN WHITE, AD	Bureau of Health Services: CSS program = CSS, Breast & Cervical Cancer program = BCS, Renal program = RENAL, Hemophilia program = HEMOPHILIA, Ryan White program = RYAN WHITE. For the Bureau of Alcohol and Drugs use AD.
101	CLM01	R	1	38	AN	R	1	2300	CLAIM INFORMATION	100		Subscriber Identifier	Patient Account Number or Patient Control Number		HIPAA supports max num of 20 of chars and returns on 835 and/or 277 transactions.		
102	CLM02	R	1	10	R	R	1	2300	CLAIM INFORMATION	100		Monetary Amount	Total Claim Charge Amt				
103	CLM05	R	1	2	AN	R	1	2300	CLAIM INFORMATION	100	CLM05-1	Facility Code Value	Facility Type Code		The 1st position of TOB.		
104	CLM05	R	1	2	ID	R	1	2300	CLAIM INFORMATION	100	CLM05-2	Facility Code Qualifier		A			

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
105	CLM05	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100	CLM05-3	Claim Frequency Type code	Claim Frequency Code		The 3rd position of TOB.		
106	CLM06	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Yes/No condition of Response Code	Provider or Supplier Signature Indicator or Signature on file code.	N, Y			
107	CLM08	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Yes/No Condition or Response Code	Benefits Assignment Certification Indicator or Assignment of Benefits Code	N, Y			
108	CLM09	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Release of Information Code	Release of Information Certification Indicator	A, I, M, N, O, Y			
109	CLM18	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Yes/No condition of Response Code	Explanation of Benefits (EOB) Indicator	N, Y		N	
110	DTP01	R	3	3	ID	R	1	2300	CLAIM INFORMATION	100		Date/Time Qualifier	Date Time Qualifier	434			
111	DTP02	R	2	3	ID	R	1	2300	CLAIM INFORMATION	100		Date Time Period Format Qualifier		D8, RD8	Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.		
112	DTP03	R	1	35	AN	R	1	2300	CLAIM INFORMATION	100		Date Time Period	Statement From or To Date		DTP01=434. When DTP02=D8, format=CCYYMMDD, DTP02=RD8, format = CCYYMMDD-CCYYMMDD.		
113	HI01	R	1	3	ID	R	1	2300	CLAIM INFORMATION	100	HI01-1	Code List Qualifier Code		BK			
114	HI01	R	1	30	AN	R	1	2300	CLAIM INFORMATION	100	HI01-2	Industry Code	Principal Diagnosis Code				
115	NM101	R	2	3	ID	S	1	2310B	OPERATING PHYSICIAN NAME	1		Entity Identifier Code		72			
116	NM102	R	1	1	ID	S	1	2310B	OPERATING PHYSICIAN NAME	1		Entity Type Qualifier		1			
117	NM103	R	1	35	AN	S	1	2310B	OPERATING PHYSICIAN NAME	1		Name Last or Organization Name	Operating Physician Last Name				
118	NM104	R	1	25	AN	S	1	2310B	OPERATING PHYSICIAN NAME	1		Name First	Operating Physician First Name				
119	NM105	S	1	25	AN	S	1	2310B	OPERATING PHYSICIAN NAME	1		Name Middle	Operating Physician Middle Name				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
120	NM108	R	1	2	ID	S	1	2310B	OPERATING PHYSICIAN NAME	1		Identification Code Qualifier		24, 34, XX		24, 34	
121	NM109	R	2	80	AN	S	1	2310B	OPERATING PHYSICIAN NAME	1		Identification Code	Operating Physician Primary Identifier				
122	NM101	R	2	3	ID	S	1	2310C	OTHER PROVIDER NAME	1		Entity Identifier Code		73			
123	NM102	R	1	1	ID	S	1	2310C	OTHER PROVIDER NAME	1		Entity Type Qualifier		1, 2		1	
124	NM103	R	1	35	AN	S	1	2310C	OTHER PROVIDER NAME	1		Name Last or Organization Name	Other Physician Last Name				
125	NM104	S	1	25	AN	S	1	2310C	OTHER PROVIDER NAME	1		Name First	Other Physician First Name				
126	NM105	S	1	25	AN	S	1	2310C	OTHER PROVIDER NAME	1		Name Middle	Other Physician Middle Name				
127	NM108	R	1	2	ID	S	1	2310C	OTHER PROVIDER NAME	1		Identification Code Qualifier		24, 34, XX			
128	NM109	R	2	80	AN	S	1	2310C	OTHER PROVIDER NAME	1		Identification Code	Other Physician Primary Identifier				
129	NM101	R	2	3	ID	S	1	2310D	REFERRING PROVIDER NAME	1		Entity Identifier Code		DN, P3		DN	
130	NM102	R	1	1	ID	S	1	2310D	REFERRING PROVIDER NAME	1		Entity Type Qualifier		1, 2		1	
131	NM103	R	1	35	AN	S	1	2310D	REFERRING PROVIDER NAME	1		Name Last or Organization Name					
132	NM104	S	1	25	AN	S	1	2310D	REFERRING PROVIDER NAME	1		Name First					
133	NM105	S	1	25	AN	S	1	2310D	REFERRING PROVIDER NAME	1		Name Middle					
134	NM108	S	1	2	ID	S	1	2310D	REFERRING PROVIDER NAME	1		Identification Code Qualifier		24, 34, XX		24, 34	
135	NM109	S	2	80	AN	S	1	2310D	REFERRING PROVIDER NAME	1		Identification Code					
136	LX01	R	1	6	N0	R	1	2400	SERVICE LINE	999		Assigned Number					
137	SV201	R	1	48	AN	R	1	2400	SERVICE LINE	999		Product/Service ID	Service Line Revenue Code	{See Code Source 132 - NUBC Codes}			
138	SV202	R	2	2	ID	R	1	2400	SERVICE LINE	999	SV202-1	Product/Service ID Qualifier	Product/Service ID Qualifier	HC, IV, ZZ	Refer to page 426 for use of 'ZZ' Code	HC	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
139	SV202	R	1	48	AN	R	1	2400	SERVICE LINE	999	SV202-2	Product/Service ID	Procedure Code				
140	SV202	S	2	2	AN	R	1	2400	SERVICE LINE	999	SV202-3	Procedure Modifier	HCPCS Modifier 1				
141	SV203	R	1	10	R	R	1	2400	SERVICE LINE	999		Monetary Amount	Line Item Charge Amount				Billed Amount
142	SV204	R	2	2	ID	R	1	2400	SERVICE LINE	999		Unit or Basis for Measurement Code		DA, F2, UN		DA, UN	
143	SV205	R	1	15	R	R	1	2400	SERVICE LINE	999		Quantity	Service Line Unit Count				
144	SV206	S	1	10	R	R	1	2400	SERVICE LINE	999		Unit Rate	Service Line Rate or Amount				
145	DTP01	R	3	3	ID	S	1	2400	SERVICE LINE	999		Date Time Qualifier	Date/Time Qualifier	472			
146	DTP02	R	2	3	ID	S	1	2400	SERVICE LINE	999		Date Time Period Format Qualifier		D8, RD8			
147	DTP03	R	1	35	AN	S	1	2400	SERVICE LINE	999		Date Time Period	Service Date				
148	DTP01	R	3	3	ID	S	1	2400	SERVICE LINE	999		Date Time Qualifier	Date/Time Qualifier	866			
149	DTP02	R	2	3	ID	S	1	2400	SERVICE LINE	999		Date Time Period Format Qualifier		D8			
150	DTP03	R	1	35	AN	S	1	2400	SERVICE LINE	999		Date Time Period	Assessment Date				
151	LIN02	R	2	2	ID	S	1	2410	SERVICE LINE	25		Product or Service ID Qualifier		N4			Used if drugs are billed on 837I
152	LIN03	R	1	48	AN	S	1	2410	SERVICE LINE	25		Product/Service ID	ALIAS: National Drug Code				11 byte for NDC code.
153	CTP03	R	1	17	R	S	1	2410	SERVICE LINE	25		Unit Price	INDUSTRY: Drug Unit Price ALIAS: Drug Unit Price				
154	CTP04	R	1	15	R	S	1	2410	SERVICE LINE	25		Quantity	INDUSTRY: National Drug Unit Count ALIAS: National Drug Unit Count				
155	CTP05	R	2	2	ID	S	1	2410	SERVICE LINE	25	CTP05-1	Unit or Basis for measurement Code	ALIAS: Code qualifier	F2, GR, ML, UN		GR, ML, UN	
156	REF01	R	2	3	ID	S	1	2410	SERVICE LINE	25		Reference Identification Qualifier	ALIAS: Code qualifier	XZ			
157	REF02	R	1	30	AN	S	1	2410	SERVICE LINE	25		Reference Identification	INDUSTRY: Prescription Number ALIAS: Prescription Number				
158	SE01	R	1	10	NO	R			TRANSACTION SET TRAILER			Number of Included Segments					
159	SE02	R	4	9	AN	R			TRANSACTION SET TRAILER			Transaction Set Control Number					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	837 Institutional Claim - 4010X096A1 HIPAA Implementation Guide															<i>TDH Specific Values</i>	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TDH Valid Values	TDH Notes
160	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
161	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number	= GS06			= GS06	
162	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
163	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number	= ISA13			= ISA13	