

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<b>837 Professional - 4010X098A1 HIPAA Implementation Guide</b>													
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Compos Seq ID</b>	<b>DEDName</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>
3	ISA01	R	2	2	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Authorization Information Qualifier		00, 03
4	ISA02	R	10	10	AN	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Authorization Information		
5	ISA03	R	2	2	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Security Information Qualifier		00, 01
6	ISA04	R	10	10	AN	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Security Information		
7	ISA05	R	2	2	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ
8	ISA06	R	15	15	AN	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Sender ID		
9	ISA07	R	2	2	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ
10	ISA08	R	15	15	AN	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Receiver ID		
11	ISA09	R	6	6	DT	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Date		Format: YYMMDD
12	ISA10	R	4	4	TM	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Time		Format: HHMM
13	ISA11	R	1	1	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Control Standards ID		U
14	ISA12	R	5	5	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Control Version Number		00401
15	ISA13	R	9	9	N0	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Interchange Control Number		=IEA02
16	ISA14	R	1	1	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Acknowledgment Requested		0, 1
17	ISA15	R	1	1	ID	R	1		<b>INTERCHANGE CONTROL HEADER</b>			Usage Indicator		P, T
18	ISA16	R	1	1		R	1		<b>INTERCHANGE CONTROL HEADER</b>			Component Element Separator		
19	GS01	R	2	2	ID	R	1		<b>FUNCTIONAL GROUP HEADER</b>			Functional Identifier Code		HC
20	GS02	R	2	15	AN	R	1		<b>FUNCTIONAL GROUP HEADER</b>			Application Sender's Code		
21	GS03	R	2	15	AN	R	1		<b>FUNCTIONAL GROUP HEADER</b>			Application Receiver's Code		
22	GS04	R	8	8	DT	R	1		<b>FUNCTIONAL GROUP HEADER</b>			Date		Format: CCYYMMDD

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<b>837 Professional - 4010X098A1 HIPAA Implementation Guide</b>													
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
23	GS05	R	4	8	TM	R	1		FUNCTIONAL GROUP HEADER			Time		HHMM
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		004010X098A1
27	ST01	R	3	3	ID	R	1					Transaction Set Identifier Code		837
28	ST02	R	4	9	AN	R	1					Transaction Set Control Number	ALIAS: Transaction Set Purpose Code	=SE02
29	BHT01	R	4	4	ID	R	1					Hierarchical Structure Code		0019
30	BHT02	R	2	2	ID	R	1					Transaction Set Purpose Code		00, 18
31	BHT03	R	1	30	AN	R	1					Reference Identification	INDUSTRY: Originator Application Transaction Identifier	
32	BHT04	R	8	8	DT	R	1					Date	INDUSTRY: Transaction Set Creation Date	
33	BHT05	R	4	8	TM	R	1					Time	INDUSTRY: Transaction Set Creation Time	
34	BHT06	R	2	2	ID	R	1					Transaction Type Code	INDUSTRY: Claim or Encounter Identifier ALIAS: Claim or Encounter Indicator	CH, RP
35	REF01	R	2	3	ID	R	1					Reference Identification Qualifier		87
36	REF02	R	1	30	AN	R	1					Reference Identification		
37	NM101	R	2	3	ID	R	1	1000A	SUBMITTER NAME	1		Entity Identifier Code		41
38	NM102	R	1	1	ID	R	1	1000A	SUBMITTER NAME	1		Entity Type Qualifier		1, 2
39	NM103	R	1	35	AN	R	1	1000A	SUBMITTER NAME	1		Name Last or Organization Name	INDUSTRY: Submitter Last or Organization Name	
40	NM104	S	1	25	AN	R	1	1000A	SUBMITTER NAME	1		Name First	INDUSTRY: Submitter First Name ALIAS: Submitter Name	
41	NM105	S	1	25	AN	R	1	1000A	SUBMITTER NAME	1		Name Middle	INDUSTRY: Submitter Middle Name ALIAS: Submitter Name	
42	NM108	R	1	2	ID	R	1	1000A	SUBMITTER NAME	1		Identification Code Qualifier		46

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1	<b>837 Professional - 4010X098A1 HIPAA Implementation Guide</b>													
2	<b>Element ID</b>	<b>Elem Use</b>	<b>Min Len</b>	<b>Max Len</b>	<b>Data Type</b>	<b>Seg Use</b>	<b>Seg Rep</b>	<b>Loop ID</b>	<b>Loop Name</b>	<b>Loop Rep</b>	<b>Compos Seq ID</b>	<b>DEDName</b>	<b>Industry Name or Alias</b>	<b>HIPAA Valid Values</b>
43	NM109	R	2	80	AN	R	1	1000A	SUBMITTER NAME	1		Identification Code	INDUSTRY: Submitter Identifier ALIAS: Submitter Primary Identification Number	
44	PER01	R	2	2	ID	R	2	1000A	SUBMITTER NAME	1		Contact Function Code		IC
45	PER02	R	1	60	AN	R	2	1000A	SUBMITTER NAME	1		Name	INDUSTRY: Submitter Contact Name	
46	PER03	R	2	2	ID	R	2	1000A	SUBMITTER NAME	1		Communication Number Qualifier		ED, EM, EX, FX, TE
47	PER04	R	1	80	AN	R	2	1000A	SUBMITTER NAME	1		Communication Number		
48	PER05	S	2	2	ID	R	2	1000A	SUBMITTER NAME	1		Communication Number Qualifier		ED, EM, EX, FX, TE
49	PER06	S	1	80	AN	R	2	1000A	SUBMITTER NAME	1		Communication Number		
50	NM101	R	2	3	ID	R	1	1000B	RECEIVER NAME	1		Entity Identifier Code		40
51	NM102	R	1	1	ID	R	1	1000B	RECEIVER NAME	1		Entity Type Qualifier		2
52	NM103	R	1	35	AN	R	1	1000B	RECEIVER NAME	1		Name Last or Organization Name		
53	NM108	R	1	2	ID	R	1	1000B	RECEIVER NAME	1		Identification Code Qualifier		46
54	NM109	R	2	80	AN	R	1	1000B	RECEIVER NAME	1		Identification Code		
55	HL01	R	1	12	AN	R	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	1		Hierarchical ID Number		
56	HL03	R	1	2	ID	R	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	1		Hierarchical Level Code		20
57	HL04	R	1	1	ID	R	1	2000A	BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	1		Hierarchical Child Code		1
58	NM101	R	2	3	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Entity Identifier Code		85
59	NM102	R	1	1	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Entity Type Qualifier		1, 2
60	NM103	R	1	35	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Name Last or Organization Name	INDUSTRY: Billing Provider Last or Organizational Name ALIAS: Billing Provider Name	

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1	<b>837 Professional - 4010X098A1 HIPAA Implementation Guide</b>													
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
61	NM104	S	1	25	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Name First	INDUSTRY: Billing Provider First Name ALIAS: Billing Provider Name	
62	NM105	S	1	25	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Name Middle	INDUSTRY: Billing Provider Middle Name ALIAS: Billing Provider Name	
63	NM107	S	1	10	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Name Suffix	INDUSTRY: Billing Provider Name Suffix ALIAS: Billing Provider Name	
64	NM108	R	1	2	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Identification Code Qualifier		24, 34, XX
65	NM109	R	2	80	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Identification Code	INDUSTRY: Billing Provider Identifier ALIAS: Billing Provider Primary Identification Number	
66	N301	R	1	55	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Address Information	INDUSTRY: Billing Provider Address Line ALIAS: Billing Provider Address 1	
67	N302	S	1	55	AN	R	1	2010AA	BILLING PROVIDER NAME	1		Address Information	INDUSTRY: Billing Provider Address Line ALIAS: Billing Provider Address 2	
68	N401	R	2	30	AN	R	1	2010AA	BILLING PROVIDER NAME	1		City Name	INDUSTRY: Billing Provider City Name ALIAS: Billing Provider's City	
69	N402	R	2	2	ID	R	1	2010AA	BILLING PROVIDER NAME	1		State or Province Code	INDUSTRY: Billing Provider State or Province Code ALIAS: Billing Provider's State	
70	N403	R	3	15	ID	R	1	2010AA	BILLING PROVIDER NAME	1		Postal Code	INDUSTRY: Billing Provider Postal Zone or ZIP Code ALIAS: Billing Provider's Zip Code	
71	REF01	R	2	3	ID	S	8	2010AA	BILLING PROVIDER NAME	1		Reference Identification Qualifier	INDUSTRY: Billing Provider Additional Identifier ALIAS: Billing Provider Secondary Identification Number	0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5
72	REF02	R	1	30	AN	S	8	2010AA	BILLING PROVIDER NAME	1		Reference Identification	INDUSTRY: Billing Provider Additional Identifier ALIAS: Billing Provider Secondary Identification Number	
73	HL01	R	1	12	AN	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Hierarchical ID Number		
74	HL02	R	1	12	AN	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Hierarchical Parent ID Number		
75	HL03	R	1	2	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Hierarchical Level Code		22

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1	<b>837 Professional - 4010X098A1 HIPAA Implementation Guide</b>													
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
76	HI04	R	1	1	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Hierarchical Child Code		0, 1
77	SBR01	R	1	1	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Payer Responsibility Sequence Number Code	ALIAS: Payer Responsibility Sequence Number Code	P, S, T
78	SBR02	S	2	2	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Individual Relationship Code	ALIAS: Relationship Code	18
79	SBR03	S	1	30	AN	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Reference Identification	INDUSTRY: Insured Group or Policy Number ALIAS: Group or Policy Number	
80	SBR04	S	1	60	AN	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Name	INDUSTRY: Insured Group Name ALIAS: Group or Plan Name	
81	SBR05	S	1	3	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Insurance Type Code	ALIAS: Insurance type code	12, 13, 14, 15, 16, 41, 42, 43, 47
82	SBR09	S	1	2	ID	R	1	2000B	SUBSCRIBER HIERARCHICAL LEVEL	>1		Claim Filing Indicator Code	ALIAS: Claim Filing Indicator Code	09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, ZZ
83	NM101	R	2	3	ID	R	1	2010BA	SUBSCRIBER NAME	1		Entity Identifier Code		IL
84	NM102	R	1	1	ID	R	1	2010BA	SUBSCRIBER NAME	1		Entity Type Qualifier		1, 2
85	NM103	R	1	35	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name Last or Organization Name	INDUSTRY: Subscriber Last Name	
86	NM104	S	1	25	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name First	INDUSTRY: Subscriber First Name	
87	NM105	S	1	25	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name Middle	INDUSTRY: Subscriber Middle Name	
88	NM107	S	1	10	AN	R	1	2010BA	SUBSCRIBER NAME	1		Name Suffix	INDUSTRY: Subscriber Name Suffix ALIAS: Subscriber Generation	
89	NM108	S	1	2	ID	R	1	2010BA	SUBSCRIBER NAME	1		Identification Code Qualifier		MI, ZZ
90	NM109	S	2	80	AN	R	1	2010BA	SUBSCRIBER NAME	1		Identification Code	INDUSTRY: Subscriber Primary Identifier	
91	N301	R	1	55	AN	S	1	2010BA	SUBSCRIBER NAME	1		Address Information	INDUSTRY: Subscriber Address Line ALIAS: Subscriber Address 1	
92	N302	S	1	55	AN	S	1	2010BA	SUBSCRIBER NAME	1		Address Information	INDUSTRY: Subscriber Address Line ALIAS: Subscriber Address 2	
93	N401	R	2	30	AN	S	1	2010BA	SUBSCRIBER NAME	1		City Name	INDUSTRY: Subscriber City Name	

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
94	N402	R	2	2	ID	S	1	2010BA	SUBSCRIBER NAME	1		State or Province Code	INDUSTRY: Subscriber State Code	
95	N403	R	3	15	ID	S	1	2010BA	SUBSCRIBER NAME	1		Postal Code	INDUSTRY: Subscriber Postal Zone or ZIP Code ALIAS: Subscriber Zip Code	
96	DMG01	R	2	3	ID	S	1	2010BA	SUBSCRIBER NAME	1		Date/Time Period Format Qualifier		D8
97	DMG02	R	1	35	AN	S	1	2010BA	SUBSCRIBER NAME	1		Date Time Period	INDUSTRY: Subscriber Birth Date ALIAS: Date of Birth - Patient	
98	DMG03	R	1	1	ID	S	1	2010BA	SUBSCRIBER NAME	1		Gender Code	INDUSTRY: Subscriber Gender Code ALIAS: Gender - Patient	F, M, U
99	NM101	R	2	3	ID	S	1	2010BB	PAYER NAME	10		Entity Identifier Code		PR
100	NM102	R	1	1	ID	S	1	2010BB	PAYER NAME	10		Entity Type Qualifier		2
101	NM103	R	1	35	AN	S	1	2010BB	PAYER NAME	10		Name Last or Organization Name		
102	NM108	R	1	2	ID	S	1	2010BB	PAYER NAME	10		Identification Code Qualifier		PI, XV
103	NM109	R	2	80	AN	S	1	2010BB	PAYER NAME	10		Identification Code		
104	CLM01	R	1	38	AN	R	1	2300	CLAIM INFORMATION	100		Subscriber Identifier	INDUSTRY: Patient Account Number	
105	CLM02	R	1	10	R	R	1	2300	CLAIM INFORMATION	100		Monetary Amount	INDUSTRY: Total Claim Charge Amount ALIAS: Total Submitted Charges	
106	CLM05	R	1	2	AN	R	1	2300	CLAIM INFORMATION	100	CLM05-1	Facility Code Value	INDUSTRY: Facility Type Code	External Code Source 237
107	CLM05	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100	CLM05-3	Claim Frequency Type code	INDUSTRY: Claim Frequency Code ALIAS: Claim Submission Reason Code	
108	CLM06	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Yes/No condition or Response Code	INDUSTRY: Provider or Supplier Signature Indicator ALIAS: Provider Signature on File	N, Y
109	CLM07	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Provider Accept Assignment Code	INDUSTRY: Medicare Assignment Code	A, B, C, P
110	CLM08	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Yes/No Condition or Response Code	INDUSTRY: Benefits Assignment Certification Indicator ALIAS: Assignment of Benefits Indicator	N, Y
111	CLM09	R	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Release of Information Code	ALIAS: Release of Information Code	I, Y, A, M, N, O
112	CLM10	S	1	1	ID	R	1	2300	CLAIM INFORMATION	100		Patient Signature Source Code	ALIAS: Patient Signature Source Code	B, C, M, P, S
113	NTE01	R	3	3	ID	S	1	2300	CLAIM INFORMATION	100		Note Ref Code		ADD, CER, DCP, DGN, PMT, TPO

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
114	NTE02	R	1	80	AN	S	1	2300	CLAIM INFORMATION	100		Description	INDUSTRY: Claim Note Text	
115	HI01	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI01-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BK
116	HI01	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI01-2	Industry Code	INDUSTRY: Diagnosis Code	
117	HI02	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI02-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
118	HI02	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI02-2	Industry Code	INDUSTRY: Diagnosis Code	
119	HI03	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI03-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
120	HI03	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI03-2	Industry Code	INDUSTRY: Diagnosis Code	
121	HI04	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI04-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
122	HI04	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI04-2	Industry Code	INDUSTRY: Diagnosis Code	
123	HI05	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI05-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
124	HI05	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI05-2	Industry Code	INDUSTRY: Diagnosis Code	
125	HI06	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI06-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
126	HI06	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI06-2	Industry Code	INDUSTRY: Diagnosis Code	
127	HI07	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI07-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
128	HI07	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI07-2	Industry Code	INDUSTRY: Diagnosis Code	
129	HI08	R	1	3	ID	S	1	2300	CLAIM INFORMATION	100	HI08-1	Code List Qualifier Code	INDUSTRY: Diagnosis Type Code	BF
130	HI08	R	1	30	AN	S	1	2300	CLAIM INFORMATION	100	HI08-2	Industry Code	INDUSTRY: Diagnosis Code	
131	LX01	R	1	1	N0	R	1	2400	SERVICE LINE	50		Assigned Number	ALIAS: Line Counter	The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim.
132	SV101	R	2	2	ID	R	1	2400	SERVICE LINE	50	SV101-1	Product/Service ID Qualifier	INDUSTRY: Product or Service ID Qualifier	HC, ZZ
133	SV101	R	1	48	AN	R	1	2400	SERVICE LINE	50	SV101-2	Product/Service ID	INDUSTRY: Procedure Code	External Code Source 130
134	SV101	S	2	2	AN	R	1	2400	SERVICE LINE	50	SV101-3	Procedure Modifier	ALIAS: Procedure Modifier 1	
135	SV101	S	2	2	AN	R	1	2400	SERVICE LINE	50	SV101-4	Procedure Modifier	ALIAS: Procedure Modifier 2	
136	SV101	S	2	2	AN	R	1	2400	SERVICE LINE	50	SV101-5	Procedure Modifier	ALIAS: Procedure Modifier 3	
137	SV101	S	2	2	AN	R	1	2400	SERVICE LINE	50	SV101-6	Procedure Modifier	ALIAS: Procedure Modifier 4	
138	SV102	R	1	10	R	R	1	2400	SERVICE LINE	50		Monetary Amount	INDUSTRY: Line Item Charge Amount ALIAS: Submitted charge amount	

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
139	SV103	R	2	2	ID	R	1	2400	SERVICE LINE	50		Unit or Basis for Measurement Code		F2, MJ, UN
140	SV104	R	1	15	R	R	1	2400	SERVICE LINE	50		Quantity	INDUSTRY: Service Unit Count ALIAS: Units or Minutes	
141	SV105	S	1	2	AN	R	1	2400	SERVICE LINE	50		Facility Code Value	INDUSTRY: Place of Service Code ALIAS: Place of Service Code	External Code Source 237
142	SV107	R	1	2	N0	R	1	2400	SERVICE LINE	50	SV107-1	Diagnosis Code Pointer		1 - 8
143	SV107	S	1	2	N0	R	1	2400	SERVICE LINE	50	SV107-2	Diagnosis Code Pointer		1 - 8
144	SV107	S	1	2	N0	R	1	2400	SERVICE LINE	50	SV107-3	Diagnosis Code Pointer		1 - 8
145	SV107	S	1	2	N0	R	1	2400	SERVICE LINE	50	SV107-4	Diagnosis Code Pointer		1 - 8
146	DTP01	R	3	3	ID	R	1	2400	SERVICE LINE	50		Date Time Qualifier	INDUSTRY: Date Time Qualifier	472
147	DTP02	R	2	3	ID	R	1	2400	SERVICE LINE	50		Date Time Period Format Qualifier		D8, RD8
148	DTP03	R	1	35	AN	R	1	2400	SERVICE LINE	50		Date Time Period	INDUSTRY: Service Date	
149	REF01	R	2	3	ID	S	1	2400	SERVICE LINE	50		Reference Identification Qualifier		6R
150	REF02	R	1	30	AN	S	1	2400	SERVICE LINE	50		Reference Identification	INDUSTRY: Line Item Control Number	
151	NM101	R	2	3	ID	S	1	2420A	RENDERING PROVIDER NAME	1		Entity Identifier Code		82
152	NM102	R	1	1	ID	S	1	2420A	RENDERING PROVIDER NAME	1		Entity Type Qualifier		1, 2
153	NM103	R	1	35	AN	S	1	2420A	RENDERING PROVIDER NAME	1		Name Last or Organization Name	INDUSTRY: Rendering Provider Last or Organization Name ALIAS: Rendering Provider Last Name	
154	NM104	S	1	25	AN	S	1	2420A	RENDERING PROVIDER NAME	1		Name First	INDUSTRY: Rendering Provider First Name	
155	NM105	S	1	25	AN	S	1	2420A	RENDERING PROVIDER NAME	1		Name Middle	INDUSTRY: Rendering Provider Middle Name	
156	NM107	S	1	10	AN	S	1	2420A	RENDERING PROVIDER NAME	1		Name Suffix	INDUSTRY: Rendering Provider Name Suffix ALIAS: Rendering Provider Generation	
157	NM108	R	1	2	ID	S	1	2420A	RENDERING PROVIDER NAME	1		Identification Code Qualifier		24, 34, XX
158	NM109	R	2	80	AN	S	1	2420A	RENDERING PROVIDER NAME	1		Identification Code	INDUSTRY: Rendering Provider Identifier ALIAS: Rendering Provider Primary Identifier	
159	ST01	R	1	10	N0	R			TRANSACTION SET TRAILER			Number of Included Segments		
160	ST02	R	4	9	AN	R			TRANSACTION SET TRAILER			Transaction Set Control Number		= ST02
161	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included		
162	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	<b>837 Professional - 4010X098A1 HIPAA Implementation Guide</b>													
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Compos Seq ID	DEDName	Industry Name or Alias	HIPAA Valid Values
163	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups		
164	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13

	O	P	Q
1		<b>TDH Specific Values</b>	
2	HIPAA Notes	TDH Valid Values	TDH Notes
3		00	
4		Spaces	
5			
6			
7		ZZ	
8		State of TN Vendor Number	
9		30	
10		626001445	State of TN Tax ID
11			This is the date when the file/batch was created by provider.
12			
13			
14			
15			
16			
17			Use T for Test Transactions and P for Production Transactions.
18			Pipe symbol
19			
20			This value will be the provider's State of TN Vendor Code.
21		626001445	State of TN Tax ID
22			Date file/batch created

	O	P	Q
1		<i>TDH Specific Values</i>	
2	HIPAA Notes	<i>TDH Valid Values</i>	<i>TDH Notes</i>
23			
24			
25			
26			
27			
28			
29			
30			
31			Batch Control #
32			CCYYMMDD
33			
34			FFS: CH Unit Rate Reimbursement: CH Cost Reimbursement: RP
35		87	
36			004010X098A1 if production. 004010X098DA1 if test
37			
38			
39			
40	Required if NM102=1 (person).		
41	Required if NM102=1 and the middle name/initial of the person is known.		
42			

	O	P	Q
1		<b>TDH Specific Values</b>	
2	HIPAA Notes	TDH Valid Values	TDH Notes
43			State of TN Vendor ID
44			
45	Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).		
46		TE	
47			Telephone number with area code. No parentheses or hyphens.
48		EM	
49			Email address
50			
51			
52	INDUSTRY: Receiver Name	TDH	
53			
54	INDUSTRY:Receiver Primary Identifier ALIAS: Receiver Primary Identification Number		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.
55	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction.		
56			
57			
58			
59			
60			

	O	P	Q
1		<b>TDH Specific Values</b>	
2	<b>HIPAA Notes</b>	<b>TDH Valid Values</b>	<b>TDH Notes</b>
61	Required if NM102=1 (person).		
62	Required if NM102=1 and the middle name/initial of the person is known.		
63	Required if known.		
64	If "XX - NPI" is used, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.	24	
65			Vendor Tax ID
66			This is the submitter's address.
67			
68			
69			
70			
71		E1	
72			EIN
73			
74			
75			

	O	P	Q
1		<b>TDH Specific Values</b>	
2	<b>HIPAA Notes</b>	<b>TDH Valid Values</b>	<b>TDH Notes</b>
76			
77			For Receiver Code AD: P For Receiver Code HSA: P/S/T
78	Required when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.		
79	Required if the subscriber's payer identification includes Group or Plan Number. This data element is intended to carry the subscriber's Group Number, not the number that uniquely identifies the subscriber (Subscriber ID, Loop 2010BA-NM109).		For Receiver Code AD: ADAT, BG, MM. Not used for Receiver Code HSA.
80	Required if the subscriber's payer identification includes a Group or Plan Name.		If SBR03 = ADAT then = DUI FUND. If SBR03 = BG then = BLOCK GRANT. If SBR03 = MM then = MEDICALLY MANAGED DETOX
81	Required when the destination payer (Loop 2010BB) is Medicare and Medicare is not the primary payer (SBR01 equals "S" or "T").		
82	Required prior to mandated used of PlanID. Not used after PlanID is	11	
83			
84		1	
85			
86	Required if NM102=1 (person).		
87	Required if NM102=1 and the middle name/initial of the person is known.		
88			
89		ZZ	
90	Required if the Subscriber is the patient. If the subscriber is not the patient, use if known. An identifier must be present in either the subscriber or the patient loop.	SSN	
91			
92			
93			

	O	P	Q
1		<b>TDH Specific Values</b>	
2	HIPAA Notes	TDH Valid Values	TDH Notes
94			
95			
96			
97			
98			
99			
100			
101		AD, HSA	
102		PI	
103		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.
104			Can be zero for encounters
105			
106			
107	Code 8 may only be used where permitted by state law (e.g. New York Medicaid). See the NUBC UB92 manual for definitions of these codes.		
108			
109	CLM07 indicates whether the provider accepts Medicare assignment.	A	
110			
111		A, I, M, Y	
112	CLM10 is required except in cases where code "N" is used in CLM09.		
113		ADD	For Receiver Code AD Only.

	O	P	Q
1		<b>TDH Specific Values</b>	
2	HIPAA Notes	TDH Valid Values	TDH Notes
114			For Receiver Code AD Only. Admission Program Level of Care.
115			
116			For Receiver Code HSA this should be the Primary Diagnosis
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131	The service line number incremented by 1 for each service line.		
132		HC	
133			
134	Use this modifier for the first procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.		
135	Use this modifier for the second procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.		For Receiver Code AD only.
136	Use this modifier for the third procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.		For Receiver Code AD only.
137	Use this modifier for the fourth procedure code modifier. Required when a modifier clarifies/improves the reporting accuracy of the associated procedure code.		For Receiver Code AD only.
138	For encounter transmissions, zero (0) may be a valid amount.		Billed Amount



	O	P	Q
1		<b>TDH Specific Values</b>	
2	HIPAA Notes	TDH Valid Values	TDH Notes
139		UN	
140	Note: If a decimal is needed to report units, include it in this element, e.g., "15.6".		Decimals are not allowed, must be reported in whole numbers.
141			
142			
143			
144			
145			
146			
147		D8	
148			
149			For Receiver Code AD only.
150			For Receiver Code AD only.
151	The entity identifier in NM101 applies to all segments in this iteration of Loop ID-2420.		
152		1	
153			
154	Required if NM102=1 (person).		
155	Required if NM102=1 and the middle name/initial of the person is known.		
156	Required if known.		
157			For Receiver Code HSA, only 24 and 34 are valid. For Receiver Code AD, use XX.
158			If NM108 is XX then NM109 is Receiver Code AD assigned staff id.
159			
160			
161			
162			

	O	P	Q
1		<i>TDH Specific Values</i>	
2	HIPAA Notes	<i>TDH Valid Values</i>	<i>TDH Notes</i>
163			
164			