ARIZONA

DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF DEVELOPMENTAL DISABILITIES

Companion Document and

Transaction Specifications for

HIPAA 837P Claim Transactions

This page intentionally left blank.

Table of Contents

Introduction: 1

837P files 2

File Naming Convention 2

Initial Transaction Insight (TI) validation 2

Type 1: EDI syntax integrity 2

Type 2: HIPAA syntactical requirement 2

Type 3: Balancing 2

Type 4: Situation 2

Type 5: External code set 2

Type 6: Product types or line of services 3

Type 7: Implementation Guide-Specific Trading Partners 3

837 Professional Health Care Claim 9

Loops/Segments Overview 9

Segment: ST Transaction Set Header 11

Segment: BHT Beginning of Hierarchical Trans 12

Segment: NM1 Submitter Name 13

Segment: PER Submitter EDI Contact Name 14

Segment: NM1 Receiver Name 16

Segment: HL Billing Provider Hierarchical Level 17

Segment: NM1 Billing Provider Name 18

Segment: N3 Billing Provider Address 19

Segment: N4 Billing Provider City, State, ZIP Code 20

Segment: REF Billing Provider Tax Identification 21

Segment: HL Consumer Hierarchical Level 22

Segment: SBR Consumer Information 24

Segment: NM1 Consumer Name 26
Segment: N3 Consumer Address 27
Segment: N4 Consumer City, State, ZIP Code 28
Segment: DMG Consumer Demographic Information 29
Segment: NM1 Payer Name 30
Segment: REF Billing Provider Secondary Identification 31
Segment: CLM Claim Information 32
Segment: DTP Date - Initial Treatment Date 34
Segment: HI Health Care Diagnosis Code 35
Segment: NM1 Provider of Service 36
Segment: REF Provider of Service Secondary Identification 38
Segment: NM1 Service Facility Location Name 39
Segment: N3 Service Facility Location Address 40
Segment: N4 Service Facility Location City, State, ZIP Code 41
Segment: REF Service Facility Location Secondary Identification 42
Segment: SBR Consumer Other Insurance Information 43
Segment: AMT Coordination of Benefits (COB) Payer Paid Amount 45
Segment: OI Other Insurance Coverage Information 46
Segment: NM1 Other Insurance Policy Holder Name 47
Segment: N3 Other Insurance Policy Holder Address 48
Segment: N4 Other Subscriber City, State, ZIP Code 49
Segment: NM1 Other Payer Name 50
Segment: N4 Other Payer City, State, ZIP Code 51
Segment: LX Service Line Number 52
Segment: SV1 Professional Service 53
Segment: DTP Date - Service Date 55
Segment: REF Line Item Control Number 56

Segment: SVD Line Adjudication Information 57
Segment: CAS Line Adjustment 59
Segment: DTP Line Check or Remittance Date 61
Segment: SE Transaction Set Trailer 62
Addendum A 63
HCPCS to DDD Service Code Crosswalk 63
Addendum B 64
Service Code to Place of Service Relationship 64
Response Files 68
TA1 Interchange Acknowledgement: 68
999 Implementation Acknowledgement: 68
277CA 68
277 Health Care claim Status Notification: 68
835 Health Care Claim Payment/Advice 68
Addendum C 76
TA1 Companion Guide 76
Addendum D 79
999 Companion Guide 79
Addendum E 87
277CA Companion Guide 87
Addendum F 96
277 Companion Guide 96
Addendum G 102
835 Companion Guide 102

Introduction:

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

This Companion Guide tells claim submitters how to prepare and maintain a HIPAA compliant claim submission, including detailed information on populating claim data elements for submission to AZDES-DDD. The Companion Guide supplements the HIPAA Implementation Guide for each transaction type with information specific to AZDES-DDD and its trading partners.

Companion Documents are intended for the technical staffs of all types of providers and billing agents that are responsible for electronic transaction exchanges. They also offer a statement of HIPAA Transaction and Code Set Requirements from an AZDES-DDD perspective. Only providers that submit claims to AZDES-DDD electronically are subject to HIPAA Transaction and Code Set requirements.

837P files

File Naming Convention

Files named according to the naming convention will be processed. If a file does not meet the naming convention, it will be ignored.

Each 837P claim file submitted to AZDES-DDD should be named to match the following format:

Naming convention:

- The first four (4) characters must be the PBS Code (matches the folder name for each provider).
- The next two (2) digits represent the year.
- The next two (2) digits represent the month.
- Next there is a period "."
- The last three (3) digits are a counter (000 - 999)

Example: ACME1107.001

Initial Transaction Insight (TI) validation

Files will first be processed through TI portal for initial validation. The records that pass validation will be forwarded to FOCUS for further processing. Note that AZDES-DDD currently processes a maximum of 5000 claims per file. Anything above that will result in a file being rejected.

The following types of validation are performed against each submitted claim file:

Type 1: EDI syntax integrity – Checks the EDI file for valid segments, segment order, element attributes, and checks for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules. This will validate the basic syntactical integrity of the EDI submission.

Type 2: HIPAA syntactical requirement – Checks for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. Also included in this type are checks for HIPAA required or intra-segment situational data elements, checks for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

Type 3: Balancing – Checks for balancing of field totals, financial balancing of claims or remittance advice, and balancing of summary fields. An example of this includes items such as all claim line item amounts equal the total claim amount. (See pages 19-22, *Healthcare Claim Payment/Advice – 835 Implementation Guide for balancing requirements of the 835 transaction*.)

Type 4: Situation – Checks for specific inter-segment situations described in the HIPAA Implementation Guides, such that: If A occurs then B must be populated. This is considered to include the validation of situational fields given values or situations present elsewhere in the file. Example: if the claim is for an accident, the accident date must be present.

Type 5: External code set – Checks for valid Implementation Guide-specific code set values and other code sets adopted as HIPAA standards. This level of checks will not only validate the code sets but also make sure the

usage is appropriate for any particular transaction and appropriate with the coding guidelines that apply to the specific code set.

Type 6: Product types or line of services – These types of checks are required to ensure that the segments/records of data that differ based on certain healthcare services are properly created and processed into claims data formats. These specific requirements are described in the Implementation Guides (below) for the different product types or lines of service.

Type 7: Implementation Guide-Specific Trading Partners - The Implementation Guide contains some HIPAA requirements that are specific to Medicare, and Medicaid. Compliance with these payer specific requirements is not required from all trading partners. If the trading partner candidate intends to exchange transactions with one of these Implementation Guide special payers, these types of checks are required.

837 Professional Health Care Claim

Loops/Segments Overview

Functional Group ID=HC

Header:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Req	DES Req.	Max.Use	Loop Repeat	Notes and Comments
11	0050	ST	Transaction Set Header	M	M	1		
12	0100	BHT	Beginning of Hierarchical Transaction	M	M	1		
			LOOP ID - 1000A				1	
13	0200	NM1	Submitter Name	O	Must Use	1		n1
14	0450	PER	Submitter EDI Contact Name	O	Must Use	2		
			LOOP ID - 1000B				1	
16	0200	NM1	Receiver Name	O	Must Use	1		

Detail:

Page No.	Pos. No.	Seg. ID	Name	HIPAA Req	DES Req.	Max.Use	Loop Repeat	Notes and Comments
			LOOP ID - 2000A				>1	
17	0010	HL	Billing Provider Hierarchical Level	M	M	1		
			LOOP ID - 2010AA				1	
18	0150	NM1	Billing Provider Name	M	M	1		n2
19	0250	N3	Billing Provider Address	O	Must Use	1		
20	0300	N4	Billing Provider City, State, ZIP Code	O	Must Use	1		
21	0350	REF	Billing Provider Tax Identification	O	Must Use	1		
			LOOP ID - 2000B				>1	
22	0010	HL	Consumer Hierarchical Level	M	M	1		
24	0050	SBR	Consumer Information	O	Must Use	1		
			LOOP ID - 2010BA				>1	
26	0150	NM1	Consumer Name	O	Must Use	1		
27	0250	N3	Consumer Address	O	Must Use	1		
28	0300	N4	Consumer City, State, ZIP Code	O	D	1		
29	0320	DMG	Consumer Demographic Information	O	Must Use	1		
			LOOP ID - 2010BB				1	
30	0150	NM1	Payer Name	O	Must Use	1		
31	0350	REF	Billing Provider Secondary Identification	O		2		
			LOOP ID - 2300				100	
32	1300	CLM	Claim Information	O	D	1		
34	1350	DTP	Date - Initial Treatment Date	O		1		
35	2310	HI	Health Care Diagnosis Code	O	Must Use	1		
			LOOP ID - 2310B				1	
36	2500	NM1	Provider of Service	O		1		

38	2710	REF	Provider of Service Secondary Identification	O		1	
			LOOP ID - 2310C				1
39	2500	NM1	Service Facility Location Name	O	Must Use	1	
40	2650	N3	Service Facility Location Address	O		1	
41	2700	N4	Service Facility Location City, State, ZIP Code	O		1	
42	2710	REF	Service Facility Location Secondary Identification	O	Must Use	3	
			LOOP ID - 2320				10
43	2900	SBR	Consumer Other Insurance Information	O		1	
45	3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	O		1	
46	3100	OI	Other Insurance Coverage Information	O	Must Use	1	
			LOOP ID - 2330A				1
47	3250	NM1	Other Insurance Policy Holder Name	O	Must Use	1	
48	3320	N3	Other Insurance Policy Holder Address	O		1	
49	3400	N4	Other Subscriber City, State, ZIP Code	O		1	
			LOOP ID - 2330B				1
50	3250	NM1	Other Payer Name	O	Must Use	1	
51	3400	N4	Other Payer City, State, ZIP Code	O		1	
			LOOP ID - 2400				50
52	3650	LX	Service Line Number	O	Must Use	1	
53	3700	SV1	Professional Service	O	Must Use	1	
55	4550	DTP	Date - Service Date	O	Must Use	1	
56	4700	REF	Line Item Control Number	O		1	
			LOOP ID - 2430				15
57	5400	SVD	Line Adjudication Information	O		1	
59	5450	CAS	Line Adjustment	O		5	
61	5500	DTP	Line Check or Remittance Date	O	Must Use	1	
62	5550	SE	Transaction Set Trailer	M	M	1	

Transaction Set Notes

1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

2. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Segment: ST Transaction Set Header

Position: 0050
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the start of a transaction set and to assign a control number
Comments:
Notes: **Segment Examples:**

Example: ST{837{987654{005010X222A1~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
ST01	**143**	**Transaction Set Identifier Code** Code uniquely identifying a Transaction Set **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): 837 Health Care Claim	**M**	**1**	**ID 3/3**	**M**
ST02	**329**	**Transaction Set Control Number** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **AZDES-DDD Notes:** Reference number assigned by the sender. Must match SE02 exactly. SE is the last segment.	**M**	**1**	**AN 4/9**	**M**
ST03	**1705**	**Implementation Convention Reference** Reference assigned to identify Implementation Convention **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): 005010X222A1 - Standards Approved for Publication	**O**	**1**	**AN 1/35**	**Must Use**

Segment: BHT Beginning of Hierarchical Trans

Position: 0100
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time
Comments:
Notes: **Segment Examples:**

Example: BHT{0019{00{0123{20100923{0915{CH~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
BHT01	**1005**	**Hierarchical Structure Code**	**M**	**1**	**ID 4/4**	**M**	
		Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): 0019 Information Source, Subscriber, Dependent					
BHT02	**353**	**Transaction Set Purpose Code**	**M**	**1**	**ID 2/2**	**M**	
		Code identifying purpose of transaction set **AZDES-DDD Notes:** Original transmissions are transmissions which have never been sent to the receiver. AZDES-DDD Accepted Value (s): 00 Original					
BHT03	**127**	**Reference Identification**	**O**	**1**	**AN 1/50**	**Must Use**	**AN 1/30**
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **AZDES-DDD Notes:** This is a unique batch control number assigned by the sender. Similar to a Provider Control Number.					
BHT04	**373**	**Date**	**O**	**1**	**DT 8/8**	**Must Use**	
		Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year **AZDES-DDD Notes:** AZDES-DDD Accepted Format (s): CCYYMMDD (Create Date of this file)					
BHT05	**337**	**Time**	**O**	**1**	**TM 4/8**	**Must Use**	
		Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) **AZDES-DDD Notes:** AZDES-DDD Accepted Format (s): HHMM, HHMMSS, HHMMSSD, HHMMSSDD (Create time of this file)					
BHT06	**640**	**Transaction Type Code**	**O**	**1**	**ID 2/2**	**Must Use**	
		Code specifying the type of transaction **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): CH Chargeable					

Segment: NM1 Submitter Name

Position: 0200
Loop: 1000A Optional (Must Use)
Level: Heading
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example: NM1{41{2{Submitter Organization{46{1234~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		Qualifier indicating that the following information will be about the submitter. AZDES-DDD Accepted Value (s):					
		41 Submitter					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		2 Non-Person Entity					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					
		AZDES-DDD Notes:					
		Submitter Last or Organization Name.					
NM108	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**	**Must Use**	**ID 2/2**
		Code designating the system/method of code structure used for Identification Code (67)					
		AZDES-DDD Notes:					
		Qualifier that indicates the submitter will be entering their Electronic Transmitter Identification number in the next data element. AZDES-DDD Accepted Value (s):					
		46 Electronic Transmitter Identification Number (ETIN)					
NM109	**67**	**Identification Code**	**X**	**1**	**AN 2/80**	**Must Use**	**AN 4/15**
		Code identifying a party or other code					
		AZDES-DDD Notes:					
		This will be the 4 -letter/character PBS Code assigned to the Submitter by AZDES-DDD.					

Segment: PER Submitter EDI Contact Name

Position: 0450
Loop: 1000A Optional (Must Use)
Level: Heading
Usage: Optional (Must Use)
Max Use: 2
Purpose: To identify a person or office to whom administrative communications should be directed
Comments:
Notes: **Segment Examples:**

Example: PER{IC{JANE DOE{AT {JDoe@AZDES.gov{TE{6025551111~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
PER01	**366**	**Contact Function Code** Code identifying the major duty or responsibility of the person or group named **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): IC Information Contact	**M**	**1**	**ID 2/2**	**M**
PER02	**93**	**Name** Free-form name **AZDES-DDD Notes:** Name of person or entity that is submitting the 837 transaction.	**O**	**1**	**AN 1/60**	
PER03	**365**	**Communication Number Qualifier / Attestation Qualifier** Code identifying the type of communication number **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): AT Attestation Qualifier	**X**	**1**	**ID 2/2**	**Must Use**
PER04	**364**	**Communication Number/Attestation Statement** Complete communications number including country or area code when applicable **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): TOMYKNOWLEDGEINFORMATIONANDBELIEFTHEDATAINTHISFILEISACCURATECOMPLETEANDTRUE	**X**	**1**	**AN 1/256**	**Must Use**
PER05	**365**	**Communication Number Qualifier** Code identifying the type of communication number **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s):	**X**	**1**	**ID 2/2**	**D**
PER06	**364**	**Communication Number** Complete communications number including country or area code when applicable **AZDES-DDD Notes:** AZDES-DDD Accepted Format (s): Contact Email: (someone@email.com)	**X**	**1**	**AN 1/256**	**Must Use**
PER07	**365**	**Communication Number Qualifier** Code identifying the type of communication number **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s):	**X**	**1**	**ID 2/2**	

		TE Telephone			
PER08	**364**	**Communication Number**	**X**	**1**	**AN 1/256**
		Complete communications number including country or area code when applicable			
		AZDES-DDD Notes:			
		AZDES-DDD Accepted Format (s): Contact Telephone: 1112223456			

Segment: NM1 Receiver Name

Position: 0200
Loop: 1000B Optional (Must Use)
Level: Heading
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.

Notes: **AZDES-DDD Notes:**

Required to identify the party that is to receive the 837 transaction.

Segment Examples:

Example: NM1{40{2{AZDESDDD{46{DDD866004791~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
NM101	**98**	**Entity Identifier Code**	**M 1 ID 2/3**	**M ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Value (s):		
		40 Receiver		
NM102	**1065**	**Entity Type Qualifier**	**M 1 ID 1/1**	**M**
		Code qualifying the type of entity		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Value (s):		
		2 Non-Person Entity		
NM103	**1035**	**Name Last or Organization Name**	**X 1 AN 1/60**	**Must Use AN 8/8**
		Individual last name or organizational name		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Value (s):		
		AZDESDDD		
NM108	**66**	**Identification Code Qualifier**	**X 1 ID 1/2**	**Must Use ID 2/2**
		Code designating the system/method of code structure used for Identification Code (67)		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Value (s):		
		46 Electronic Transmitter Identification Number (ETIN)		
NM109	**67**	**Identification Code**	**X 1 AN 2/80**	**Must Use**
		Code identifying a party or other code		
		AZDES-DDD Notes:		
		This is the electronic transmitter identification number (ETIN) for AZDESDDD.		
		AZDES-DDD Accepted Value (s):		
		DDD866004791 AZDES-DDD ID		

Segment: HL Billing Provider Hierarchical Level

Position: 0010
Loop: 2000A Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments
Comments:
1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes: **Segment Examples:**
Example: HL{1{{20{1~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
HL01	**628**	**Hierarchical ID Number**	**M 1 AN 1/12**	**M**
		A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **AZDES-DDD Notes:** The first HL01 within each ST-SE envelope must begin with "1", and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.		
HL03	**735**	**Hierarchical Level Code**	**M 1 ID 1/2**	**M**
		Code defining the characteristic of a level in a hierarchical structure **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): 20 Information Source		
HL04	**736**	**Hierarchical Child Code**	**O 1 ID 1/1**	**Must Use**
		Code indicating if there are hierarchical child data segments subordinate to the level being described **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.		

Segment: NM1 Billing Provider Name

Position: 0150
Loop: 2010AA Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example:
NM1{85{2{ABC Group{{{{XX{1234567890~ - For Providers w/ NPI
NM1{85{2{ABC Group{{{{{~ - For Providers w/o NPI

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		85 Billing Provider					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		2 Non-Person Entity					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					
NM107	**1039**	**Name Suffix**	**O**	**1**	**AN 1/10**		
		Suffix to individual name					
NM108	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**		**ID 2/2**
		Code designating the system/method of code structure used for Identification Code (67)					
		AZDES-DDD Notes:					
		Situational - If you have an NPI you will use the value XX here followed by your NPI number in the next field. If you do not have an NPI leave this data element and the next blank, and enter your EIN/SSN in the appropriate data element in loop 2010B					
		XX Centers for Medicare and Medicaid Services National Provider Identifier					
NM109	**67**	**Identification Code**	**X**	**1**	**AN 2/80**		**AN 1/15**
		Code identifying a party or other code					
		AZDES-DDD Notes:					
		If you entered the qualifier XX in NM108 above please provide your NPI in this data element.					

Segment: N3 Billing Provider Address

Position: 0250
Loop: 2010AA Mandatory
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the location of the named party
Comments:
Notes: **Segment Examples:**

Example: N3{123 MAIN STREET~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
N301	**166**	**Address Information** Address information **AZDES-DDD Notes:** Billing Provider Primary Address.	**M**	**1**	**AN 1/55**	**M**
N302	**166**	**Address Information** Address information	**O**	**1**	**AN 1/55**	

Segment: N4 Billing Provider City, State, ZIP Code

Position: 0300
Loop: 2010AA Mandatory
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the geographic place of the named party
Comments:
1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes: **Segment Examples:**

Example:
N4{PHX{AZ{85005~
N4{Phoenix{AZ{850050031~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
N401	**19**	**City Name**	**O**	**1**	**AN 2/30**	**Must Use**
		Free-form text for city name				
N402	**156**	**State or Province Code**	**X**	**1**	**ID 2/2**	**D**
		Code (Standard State/Province) as defined by appropriate government agency				
N403	**116**	**Postal Code**	**O**	**1**	**ID 3/15**	**D**
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				

AZDES-DDD Notes:

AZDES-DDD Accepted Format (s):
5-digits (85012) or 9-digits (850121234) No dashes or spaces.

Segment: REF Billing Provider Tax Identification

Position: 0350
Loop: 2010AA Mandatory
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify identifying information
Comments:
Notes: **Segment Examples:**

Example: REF{EI{111223333~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
REF01	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): EI Employer's Identification Number	**M 1 ID 2/3**	**M ID 2/2**
REF02	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **AZDES-DDD Notes:** AZDES-DDD Accepted Format (s): TAX ID (or) EI # must be in the Format 111223333, dashes are not allowed.	**X 1 AN 1/50**	**Must Use AN 9/9**

Segment: HL Consumer Hierarchical Level

Position: 0010
Loop: 2000B Mandatory
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To identify dependencies among and the content of hierarchically related groups of data segments
Comments:
1 The HL segment is used to identify levels of detail information using a hierarchical structure, such as relating line-item data to shipment data, and packaging data to line-item data.
The HL segment defines a top-down/left-right ordered structure.
2 HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.
3 HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.
4 HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.
5 HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.
Notes: **Segment Examples:**
Example: HL{2{1{22{0~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
HL01	**628**	**Hierarchical ID Number**	**M**	**1**	**AN 1/12**	**M**	
		A unique number assigned by the sender to identify a particular data segment in a hierarchical structure **AZDES-DDD Notes::** Each occurrence of this HL segment gets a unique ID beginning with 2 and incrementing by one for each new consumer.					
HL02	**734**	**Hierarchical Parent ID Number**	**O**	**1**	**AN 1/12**	**Must Use**	
		Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to **AZDES-DDD Notes::** AZDES-DDD Accepted Value (s): 1 Indicates that this hierarchal section is subordinate to the HL01.					
HL03	**735**	**Hierarchical Level Code**	**M**	**1**	**ID 1/2**	**M**	**ID 2/2**
		Code defining the characteristic of a level in a hierarchical structure **AZDES-DDD Notes::** AZDES-DDD Accepted Value (s): 22 Subscriber					
HL04	**736**	**Hierarchical Child Code**	**O**	**1**	**ID 1/1**	**Must Use**	
		Code indicating if there are hierarchical child data segments subordinate to the level being described **AZDES-DDD Notes::** AZDES-DDD Accepted Value (s):					

0	No Subordinate HL Segment in This Hierarchical Structure.

Segment: SBR Consumer Information

Position: 0050
Loop: 2000B Mandatory
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To record information specific to the primary insured and the insurance carrier for that insured
Comments:
Notes: **Segment Examples:**

Example: SBR{T{18{{{{{{{MC~

Data Element Summary

Ref. Des.	Data Element	Name		Base Attributes		User Attributes
SBR01	**1138**	**Payer Responsibility Sequence Number Code**	**M**	**1**	**ID 1/1**	**M**
		Code identifying the insurance carrier's level of responsibility for a payment of a claim				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		A Payer Responsibility Four				
		B Payer Responsibility Five				
		C Payer Responsibility Six				
		D Payer Responsibility Seven				
		E Payer Responsibility Eight				
		F Payer Responsibility Nine				
		G Payer Responsibility Ten				
		H Payer Responsibility Eleven				
		P Primary				
		S Secondary				
		T Tertiary				
SBR02	**1069**	**Individual Relationship Code**	**O**	**1**	**ID 2/2**	**Must Use**
		Code indicating the relationship between two individuals or entities				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		18 Self				
SBR04	**93**	**Name**	**O**	**1**	**AN 1/60**	
		Free-form name				
SBR05	**1336**	**Insurance Type Code**	**O**	**1**	**ID 1/3**	**ID 2/2**
		Code identifying the type of insurance policy within a specific insurance program				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan				
		13 Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan				
		14 Medicare Secondary, No-fault Insurance including Auto is Primary				
		15 Medicare Secondary Worker's Compensation				
		16 Medicare Secondary Public Health Service (PHS)or Other Federal Agency				
		41 Medicare Secondary Black Lung				
		42 Medicare Secondary Veteran's Administration				

		43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)				
		47	Medicare Secondary, Other Liability Insurance is Primary				
SBR09	**1032**	**Claim Filing Indicator Code**		**O**	**1**	**ID 1/2**	**Must Use** **ID 2/2**
		Code identifying type of claim					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		11	Other Non-Federal Programs				
		MC	Medicaid				
		OF	Other Federal Program				

Segment: NM1 Consumer Name

Position: 0150
Loop: 2010BA Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example: NM1{IL{1{Rodriguez{Jason{{{{MI{0001234567~

Data Element Summary

Ref. Des. Attributes	Data Element	Name		Base Attributes		User	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		AZDES-DDD Acceptable Value (s):					
		IL Insured or Subscriber					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		1 Person					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					
		AZDES-DDD Notes:					
		Consumers Last Name.					
NM104	**1036**	**Name First**	**O**	**1**	**AN 1/35**		
		Individual first name					
NM105	**1037**	**Name Middle**	**O**	**1**	**AN 1/25**		
		Individual middle name or initial					
NM108	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**	**D**	**ID 2/8**
		Code designating the system/method of code structure used for Identification Code (67)					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		MI Member Identification Number					
NM109	**67**	**Identification Code**	**X**	**1**	**AN 2/80**	**Must Use**	**AN 1/15**
		Code identifying a party or other code					
		AZDES-DDD Notes:					
		High Level Client Index (HLCI) - formerly called the Assists ID.					

Segment: N3 Consumer Address

Position: 0250
Loop: 2010BA Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the location of the named party
Comments:
Notes: **AZDES-DDD Notes:**

Required when the patient is the consumer or considered to be the consumer.

Segment Examples:

Example: N3{1117 N Sunset Drive~

Data Element Summary

Ref. Des.	Data Element	Name		Base Attributes		User Attributes
N301	**166**	**Address Information** Address information **AZDES-DDD Notes:** Consumer primary address.	**M**	**1 AN 1/55**	**M**	
N302	**166**	**Address Information** Address information **AZDES-DDD Notes:** Use if additional lines are required to send address information such as Apartment Number.	**O**	**1 AN 1/55**		

Segment: N4 Consumer City, State, ZIP Code

Position: 0300
Loop: 2010BA Optional (Must Use)
Level: Detail
Usage: Optional (Dependent)
Max Use: 1
Purpose: To specify the geographic place of the named party
Comments:
1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes: **Segment Examples:**

Example:
N4{Phoenix{AZ{85005~
N4{Phoenix{AZ{850050031~

Data Element Summary

Ref. Des.	Data Element	Name		Base Attributes		User Attributes
N401	**19**	**City Name**	**O**	**1**	**AN 2/30**	**Must Use**
		Free-form text for city name				
N402	**156**	**State or Province Code**	**X**	**1**	**ID 2/2**	**D**
		Code (Standard State/Province) as defined by appropriate government agency				
N403	**116**	**Postal Code**	**O**	**1**	**ID 3/15**	**D**
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)				

AZDES-DDD Notes:

AZDES-DDD Accepted Format (s):
5-digits (85012) or 9-digits (850121234) No dashes or spaces.

Segment: DMG Consumer Demographic Information

Position: 0320
Loop: 2010BA Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply demographic information
Comments:
Notes: **Segment Examples:**

Example: DMG{D8{19280405{M~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
DMG01	**1250**	**Date Time Period Format Qualifier**	**X 1 ID 2/3**	**Must Use**
		Code indicating the date format, time format, or date and time format		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Value (s):		
		D8 Date Expressed in Format CCYYMMDD		
DMG02	**1251**	**Date Time Period**	**X 1 AN 1/35**	**Must Use**
		Expression of a date, a time, or range of dates, times or dates and times		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Format (s): CCYYMMDD		
DMG03	**1068**	**Gender Code**	**O 1 ID 1/1**	**Must Use**
		Code indicating the sex of the individual		
		AZDES-DDD Notes:		
		AZDES-DDD Accepted Value (s):		
		F Female		
		M Male		
		U Unknown		

Segment: NM1 Payer Name

Position: 0150
Loop: 2010BB Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example: NM1{PR{2{AZDESDDD{{{{{PI{866004791~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		PR Payer					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		2 Non-Person Entity					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s): AZDESDDD					
NM108	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**	**Must Use**	**ID 2/2**
		Code designating the system/method of code structure used for Identification Code (67)					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		PI Payer Identification					
NM109	**67**	**Identification Code**	**X**	**1**	**AN 2/80**	**Must Use**	**AN 1/15**
		Code identifying a party or other code					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s): DDD866004791 - DDD-DES ID					

Segment: REF Billing Provider Secondary Identification

Position: 0350
Loop: 2010BB Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 2
Purpose: To specify identifying information
Comments:
Notes: **AZDES-DDD Notes:**

Must be used if NM1 does not have a NPI.

Segment Examples:

Example: REF{G2{12345~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
REF01	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): G2 Provider Commercial Number	**M 1 ID 2/3**	**M**
REF02	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	**X 1 AN 1/50**	

Segment: CLM Claim Information

Position: 1300
Loop: 2300 Optional (Dependent)
Level: Detail
Usage: Optional (Dependent)
Max Use: 1
Purpose: To specify basic data about the claim
Comments:
Notes: **Segment Examples:**

Example: CLM{867246{500{{{11:B:1{Y{A{Y{Y{~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
CLM01	**1028**	**Claim Submitter's Identifier**	**M**	**1**	**AN 1/38**	**M**	**AN 1/20**
		Identifier used to track a claim from creation by the health care provider through payment **AZDES-DDD Notes:** This will be the Patient Account Number. Only alphanumeric and decimal values are allowed. No miscellaneous characters or spaces are accepted.					
CLM02	**782**	**Monetary Amount**	**O**	**1**	**R 1/18**	**Must Use**	
		Monetary amount **AZDES-DDD Notes:** This is the total amount of all submitted charges of service (LX) segments for this claim. AZDES-DDD only accepts one claim line per claim.					
CLM05	**C023**	**Health Care Service Location Information**	**O**	**1**		**Must Use**	
		To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered					
C02301	**1331**	**Facility Code Value**	**M**		**AN 1/2**	**M**	
		Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services. **AZDES-DDD Notes:** See Addendum B - "Service Code to Place of Service Relationship" for the list of allowed place of service values for each service code. AZDES-DDD Accepted Value (s):					
		04 Homeless Shelter 11 Office 12 Home 13 Assisted Living Facility 32 Nursing 33 Custodial Care Facility 99 Other Facility					
C02302	**1332**	**Facility Code Qualifier**	**O**		**ID 1/2**	**Must Use**	
		Code identifying the type of facility referenced **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s):					
		B Place of Service Codes for Professional or Dental Services					
C02303	**1325**	**Claim Frequency Type Code**	**O**		**ID 1/1**	**Must Use**	
		Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type **AZDES-DDD Notes:**					

AZDES-DDD Accepted Value (s):

1	New Claim

CLM06 **1073** **Yes/No Condition or Response Code** **O** **1** **ID 1/1** **Must Use**

Code indicating a Yes or No condition or response for Provider or Supplier Signature

AZDES-DDD Notes:

AZDES-DDD Acceptable Value (s):

Y	Yes

CLM07 **1359** **Provider Accept Assignment Code** **O** **1** **ID 1/1** **Must Use**

Code indicating whether the provider accepts assignment

AZDES-DDD Notes:

AZDES-DDD Acceptable Value (s):

A	Assigned

CLM08 **1073** **Yes/No Condition or Response Code** **O** **1** **ID 1/1** **Must Use**

Code indicating a Yes or No condition or response for Benefits Assignment Certification

AZDES-DDD Notes:

AZDES-DDD Acceptable Value (s):

Y	Yes

CLM09 **1363** **Release of Information Code** **O** **1** **ID 1/1** **Must Use**

Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations

AZDES-DDD Notes:

AZDES-DDD Acceptable Value (s):

Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Segment: DTP Date - Initial Treatment Date

Position: 1350
Loop: 2300 Optional (Dependent)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Comments:
Notes: **Segment Examples:**

Example: DTP{454{D8{20110831~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
DTP01	**374**	**Date/Time Qualifier**	**M**	**1**	**ID 3/3**	**M**
		Code specifying type of date or time, or both date and time				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		454 Initial Treatment				
DTP02	**1250**	**Date Time Period Format Qualifier**	**M**	**1**	**ID 2/3**	**M**
		Code indicating the date format, time format, or date and time format				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		D8 Date Expressed in Format CCYYMMDD				
DTP03	**1251**	**Date Time Period**	**M**	**1**	**AN 1/35**	**M**
		Expression of a date, a time, or range of dates, times or dates and times				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Format (s): CCYYMMDD				

Segment: HI Health Care Diagnosis Code

Position: 2310
Loop: 2300 Optional (Dependent)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply information related to the delivery of health care
Comments:
Notes: **Segment Examples:**

Example: HI{BK|319~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes		User Attributes
HI01	**C022**	**Health Care Code Information**	**M**	**1**	**M**
		To send health care codes and their associated dates, amounts and quantities			
C02201	**1270**	**Code List Qualifier Code**	**M**	**ID 1/3**	**M**
		Code identifying a specific industry code list			
		AZDES-DDD Notes:			
		AZDES-DDD Accepted Value (s):			
		BK — International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Diagnosis			
C02202	**1271**	**Industry Code**	**M**	**AN 1/30**	**M**
		Code indicating a code from a specific industry code list			
		AZDES-DDD Notes:			
		AZDES-DDD Accepted Value (s):			
		319 — COGNITIVE DISABILITY			
		2990 — AUTISIM			
		3439 — CEREBRAL PALSY			
		7834 — AT RISK			
		34590 — EPILEPSY NOS			

Segment: NM1 Provider of Service

Position: 2500
Loop: 2310B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.

Notes: **AZDES-DDD Notes:**

Required when the Rendering Provider information is different than that carried in Loop ID-2010AA REF - Billing Provider.

Segment Examples:

Example:
NM1{82{1{Clark{Sally{R{{{XX{1234567890~ - For Providers w/ NPI
NM1{82{1{Clark{Sally{R{{{{~ - For Providers w/o NPI

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		82 Rendering Provider					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		1 Person					
		2 Non-Person Entity					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					
		AZDES-DDD Notes:					
		If NM102 equals 1 enter Provider of Service last name. If NM012 equals 2 enter Provider of Service Organization Name.					
NM104	**1036**	**Name First**	**O**	**1**	**AN 1/35**		
		Individual first name					
		AZDES-DDD Notes:					
		If NM102 is a 1 - Enter individual's first name.					
NM105	**1037**	**Name Middle**	**O**	**1**	**AN 1/25**		
		Individual middle name or initial					
		AZDES-DDD Notes:					
		If NM102 is 1 enter individual's middle initial or name.					
NM108	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**		**ID 2/2**
		Code designating the system/method of code structure used for Identification Code (67)					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		XX Centers for Medicare and Medicaid Services National Provider Identifier					
NM109	**67**	**Identification Code**	**X**	**1**	**AN 2/80**		**AN 1/15**

Code identifying a party or other code

AZDES-DDD Notes:

Provider of Service NPI, Provider of Service without and NPI will be identified in Loop 2310B - REF segment.

Segment: REF Provider of Service Secondary Identification

Position: 2710
Loop: 2310B Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Comments:
Notes: **Segment Examples:**

Example: REF{G2{195322~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes	User Attributes
REF01	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): G2 Provider Commercial Number	**M 1 ID 2/3**	**M**
REF02	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **AZDES-DDD Notes:** Enter Provider of Service AHCCCS ID.	**X 1 AN 1/50**	**Must Use**

Segment: NM1 Service Facility Location Name

Position: 2500
Loop: 2310C Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example: NM1{77{2{Location{{{{{~

Data Element Summary

Ref. Des.	Data Element	Name		Base Attributes		User Attributes	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		77 Service Location					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		2 Non-Person Entity					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					

Segment: N3 Service Facility Location Address

Position: 2650
Loop: 2310C Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Comments:
Notes: **Segment Examples:**

Example:
N3{SAME~ - If the address is the same as the Billing Provider Address (Loop 2010AA NM301)
N3{123 Main Street~ - If the address is different than the Billing Provider Address (Loop 2010AA NM301)

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
N301	**166**	**Address Information** Address information	**M**	**1**	**AN 1/55**	**M**
		AZDES-DDD Notes: If NM103 is the same as the Billing Provider (Loop 2010AA NM1-03) then enter “SAME” value.				
N302	**166**	**Address Information** Address information	**O**	**1**	**AN 1/55**	

Segment: N4 Service Facility Location City, State, ZIP Code

Position: 2700
Loop: 2310C Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Comments:
1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the U.S. or Canada.

Notes: **Segment Examples:**

Example:
N4{SAME{AZ{85005~ - If the address is the same as the Billing Provider Address (Loop 2010AA NM401)
N4{Phoenix{AZ{85005~ - If the address is different than the Billing Provider Address (Loop 2010AA NM401)

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
N401	**19**	**City Name**	**O**	**1**	**AN 2/30**	**Must Use**
		Free-form text for city name **AZDES-DDD Notes:** If NM401 is the same as the Billing Provider (Loop 2010AA NM401) then enter "SAME" value.				
N402	**156**	**State or Province Code**	**X**	**1**	**ID 2/2**	
		Code (Standard State/Province) as defined by appropriate government agency				
N403	**116**	**Postal Code**	**O**	**1**	**ID 3/15**	**ID 5/9**
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **AZDES-DDD Notes:** AZDES-DDD Accepted Format (s): 5-digits (85012) or 9-digits (850121234) No dashes or spaces.				
N404	**26**	**Country Code**	**X**	**1**	**ID 2/3**	
		Code identifying the country				

Segment: REF Service Facility Location Secondary Identification

Position: 2710
Loop: 2310C Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 3
Purpose: To specify identifying information
Comments:
Notes: **Segment Examples:**

Example: REF{LU{AA~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
REF01	**128**	**Reference Identification Qualifier** Code qualifying the Reference Identification **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): LU Location Number	**M**	**1**	**ID 2/3**	**M**
REF02	**127**	**Reference Identification** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier **AZDES-DDD Notes:** This is the Provider Service Location code.	**X**	**1**	**AN 1/50**	**Must Use**

Segment: SBR Consumer Other Insurance Information

Position: 2900
Loop: 2320 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To record information specific to the primary insured and the insurance carrier for that insured
Comments:
Notes: **AZDES-DDD Notes:**

Required when other payers are known to potentially be involved in paying on this claim.

Segment Examples:

Example: SBR{P{20{{{12{{{{MB~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
SBR01	**1138**	**Payer Responsibility Sequence Number Code**	**M**	**1**	**ID 1/1**	**M**
		Code identifying the insurance carrier's level of responsibility for a payment of a claim				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		A Payer Responsibility Four				
		B Payer Responsibility Five				
		C Payer Responsibility Six				
		D Payer Responsibility Seven				
		E Payer Responsibility Eight				
		F Payer Responsibility Nine				
		G Payer Responsibility Ten				
		H Payer Responsibility Eleven				
		P Primary				
		S Secondary				
		T Tertiary				
		U Unknown				
SBR02	**1069**	**Individual Relationship Code**	**O**	**1**	**ID 2/2**	**Must Use**
		Code indicating the relationship between two individuals or entities				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		01 Spouse				
		18 Self				
		19 Child				
		20 Employee				
		21 Unknown				
		39 Organ Donor				
		40 Cadaver Donor				
		53 Life Partner				
		G8 Other Relationship				
SBR05	**1336**	**Insurance Type Code**	**O**	**1**	**ID 1/3**	**ID 2/2**

Code identifying the type of insurance policy within a specific insurance program

AZDES-DDD Notes:

AZDES-DDD Accepted Value (s):

12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated Coordination Period with an Employer's Group Health Plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

SBR09 1032 Claim Filing Indicator Code O 1 ID 1/2 ID 2/2

Code identifying type of claim

AZDES-DDD Notes:

AZDES-DDD Accepted Value (s):

11	Other Non-Federal Programs
CI	Commercial Insurance Co.
MA	Medicare Part A
MB	Medicare Part B

Segment: AMT Coordination of Benefits (COB) Payer Paid Amount

Position: 3000
Loop: 2320 Optional
Level: Detail
Usage: Optional

Max Use: 1
Purpose: To indicate the total monetary amount
Comments:
Notes: **Segment Examples:**

Example: AMT{D{100~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
AMT01	**522**	**Amount Qualifier Code** Code to qualify amount **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): D Payer Amount Paid	**M**	**1**	**ID 1/3**	**M**
AMT02	**782**	**Monetary Amount** Monetary amount **AZDES-DDD Notes:** Amount paid by the payer listed in Loop 2330B on this claim.	**M**	**1**	**R 1/18**	**M**

Segment: OI Other Insurance Coverage Information

Position: 3100
Loop: 2320 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify information associated with other health insurance coverage
Comments:
Notes: **AZDES-DDD Notes:**

When LOOP 2320 exists, this segment is mandatory.

Segment Examples:

Example: OI{{{Y{{{Y~

Data Element Summary

Ref. Des.	Data Element	Name		Base Attributes	User Attributes
OI03	**1073**	**Yes/No Condition or Response Code**	**O**	**1 ID 1/1**	**Must Use**
		Code indicating a Yes or No condition or response for Benefits Assignment Certification			
		AZDES-DDD Notes:			
		AZDES-DDD Accepted Value (s):			
		Y Yes			
OI06	**1363**	**Release of Information Code**	**O**	**1 ID 1/1**	**Must Use**
		Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations			
		AZDES-DDD Notes:			
		AZDES-DDD Accepted Value (s):			
		Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim			

Segment: NM1 Other Insurance Policy Holder Name

Position: 3250
Loop: 2330A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example: NM1{IL{1{Rodriguez{Jason{A{MI{0221898~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
NM101	**98**	**Entity Identifier Code**	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
		Code identifying an organizational entity, a physical location, property or an individual					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		IL Insured or Subscriber					
NM102	**1065**	**Entity Type Qualifier**	**M**	**1**	**ID 1/1**	**M**	
		Code qualifying the type of entity					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		1 Person					
NM103	**1035**	**Name Last or Organization Name**	**X**	**1**	**AN 1/60**	**Must Use**	
		Individual last name or organizational name					
		AZDES-DDD Notes:					
		Last Name of other insurance policy holder.					
NM104	**1036**	**Name First**	**O**	**1**	**AN 1/35**		
		Individual first name					
NM105	**1037**	**Name Middle**	**O**	**1**	**AN 1/25**		
		Individual middle name or initial					
NM108	**66**	**Identification Code Qualifier**	**X**	**1**	**ID 1/2**	**Must Use**	**ID 2/2**
		Code designating the system/method of code structure used for Identification Code (67)					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		MI Member Identification Number					
NM109	**67**	**Identification Code**	**X**	**1**	**AN 2/80**	**Must Use**	**AN 1/15**
		Code identifying a party or other code					
		AZDES-DDD Notes:					
		This is the unique Member Identification number that the Payer in Loop 2330B below uses to identify this individual.					

Segment: N3 Other Insurance Policy Holder Address

Position: 3320
Loop: 2330A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the location of the named party
Comments:
Notes: **Segment Examples:**

Example: N3{1117 N Sunset Dr~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes				User Attributes
N301	**166**	**Address Information** Address information	**M**	**1**	**AN**	**1/55**	**M**
N302	**166**	**Address Information** Address information	**O**	**1**	**AN**	**1/55**	

Segment: N4 Other Subscriber City, State, ZIP Code

Position: 3400
Loop: 2330A Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Comments:
1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes: **Segment Examples:**

Example:
N4{Phoenix{AZ{85005~
N4{Phoenix{AZ{850050031~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
N401	**19**	**City Name** Free-form text for city name	**O**	**1**	**AN 2/30**	**Must Use**
N402	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency	**X**	**1**	**ID 2/2**	
N403	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	**O**	**1**	**ID 3/15**	

AZDES-DDD Notes:

AZDES-DDD Accepted Format (s):
5-digits (85012) or 9-digits (850121234) No dashes or spaces.

Segment: NM1 Other Payer Name

Position: 3250
Loop: 2330B Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Comments:
1 NM110 and NM111 further define the type of entity in NM101.
2 NM112 can identify a second surname.
Notes: **Segment Examples:**

Example: NM1{PR{2{ABC INSURANCE CO{{{{{PI{K30005559416~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
NM101	**98**	**Entity Identifier Code** Code identifying an organizational entity, a physical location, property or an individual **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): PR Payer	**M**	**1**	**ID 2/3**	**M**	**ID 2/2**
NM102	**1065**	**Entity Type Qualifier** Code qualifying the type of entity **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): 2 Non-Person Entity	**M**	**1**	**ID 1/1**	**M**	
NM103	**1035**	**Name Last or Organization Name** Individual last name or organizational name **AZDES-DDD Notes:** Name of the payer responsible for paying this portion of the claim.	**X**	**1**	**AN 1/60**	**Must Use**	
NM108	**66**	**Identification Code Qualifier** Code designating the system/method of code structure used for Identification Code (67) **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): PI Payer Identification	**X**	**1**	**ID 1/2**	**Must Use**	**ID 2/2**
NM109	**67**	**Identification Code** Code identifying a party or other code **AZDES-DDD Notes:** Enter other insurance company's Master Carrier ID here.	**X**	**1**	**AN 2/80**	**Must Use**	**AN 1/15**

Segment: N4 Other Payer City, State, ZIP Code

Position: 3400
Loop: 2330B Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify the geographic place of the named party
Comments:
1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes: **Segment Examples:**

Example:
N4{Phoenix{AZ{85005~
N4{Phoenix{AZ{850050031~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
N401	**19**	**City Name** Free-form text for city name	**O**	**1**	**AN 2/30**	**Must Use**	**AN 1/50**
N402	**156**	**State or Province Code** Code (Standard State/Province) as defined by appropriate government agency	**X**	**1**	**ID 2/2**	**Must Use**	
N403	**116**	**Postal Code** Code defining international postal zone code excluding punctuation and blanks (zip code for United States) **AZDES-DDD Notes:** AZDES-DDD Accepted Format (s): 5-digits (85012) or 9-digits (850121234) No dashes or spaces.	**O**	**1**	**ID 3/15**	**Must Use**	

Segment: LX Service Line Number

Position: 3650
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To reference a line number in a transaction set
Comments:
Notes: **Segment Examples:**

Example: LX{1~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes				User Attributes
LX01	**554**	**Assigned Number**	**M**	**1**	**N0 1/6**		**M**
		Number assigned for differentiation within a transaction set					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s): 1 - Service Line per claim					

Segment: SV1 Professional Service

Position: 3700
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the service line item detail for a health care professional
Comments: **1** If SV113 is equal to "L" or "N", then SV114 is required.
Notes: **Segment Examples:**

Example: SV1{HC:97535-OCL:EY{66.64{UN{1{{{1

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
SV101	**C003**	**Composite Medical Procedure Identifier**	**M**	**1**		**M**
		To identify a medical procedure by its standardized codes and applicable modifiers				
		AZDES-DDD Notes:				
		Certain HCPCS no longer require a procedure modifier in order to identify its associated DDD Service Codes. The DDD Service code is now put into the SV1 after Product/Service ID following a '-'. See SV101-2				
SV101-1	**235**	**Product/Service ID Qualifier**	**M**		**ID 2/2**	**M**
		Code identifying the type/source of the descriptive number used in Product/Service ID (234)				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes				
SV101-2	**234**	**Product/Service ID**	**M**		**AN 1/48**	**M**
		Identifying number for a product or service				
		AZDES-DDD Notes:				
		The DDD Service code is now put into the SV1 after Product/Service ID following a '-'.				
SV101-3	**1339**	**Procedure Modifier**	**O**		**AN 2/2**	
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
		AZDES-DDD Notes:				
		This will be the procedure code associated with this service line.				
SV101-4	**1339**	**Procedure Modifier**	**O**		**AN 2/2**	
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
		AZDES-DDD Notes:				
		NA				
SV101-5	**1339**	**Procedure Modifier**	**O**		**AN 2/2**	
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
SV101-6	**1339**	**Procedure Modifier**	**O**		**AN 2/2**	
		This identifies special circumstances related to the performance of the service, as defined by trading partners				
SV102	**782**	**Monetary Amount**	**O**	**1**	**R 1/18**	**Must Use**
		Monetary amount				
SV103	**355**	**Unit or Basis for Measurement Code**	**X**	**1**	**ID 2/2**	**Must Use**
		Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken				
		AZDES-DDD Notes:				

AZDES-DDD Accepted Value (s):

UN	Unit

SV104	**380**	**Quantity**	**X**	**1**	**R 1/15**	**Must Use**

Numeric value of quantity

AZDES-DDD Notes:

Total number of units delivered for this service line. If these are Absent units for Service not delivered, add a Code Value of AU to 2400 - SV1 - C101-03 or C101-04. DDD allows .5 as a quantity for Absent Units.

SV105	**1331**	**Facility Code Value**	**O**	**1**	**AN 1/2**

Code identifying where services were, or may be, performed; the first and second positions of the Uniform Bill Type Code for Institutional Services or the Place of Service Codes for Professional or Dental Services.

AZDES-DDD Notes:

See Addendum B - "Service Code to Place of Service Relationship" for the list of allowed place of service values for each service code.

AZDES-DDD Accepted Value (s):

04	Homeless Shelter
11	Office
12	Home
13	Assisted Living Facility
32	Nursing
33	Custodial Care Facility
99	Other Facility

SV107	**C004**	**Composite Diagnosis Code Pointer**	**O**	**1**		

To identify one or more diagnosis code pointers

C00401	**1328**	**Diagnosis code importance**	**M**		**N0 1/2**	**M**

A pointer to the diagnosis code in the order of importance to this service

AZDES-DDD Notes:

AZDES-DDD Accepted Value (s):

1	Diagnosis Code importance

Segment: DTP Date - Service Date

Position: 4550
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Comments:
Notes: **Segment Examples:**

Example: DTP{472{D8{20100314

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes				User Attributes
DTP01	**374**	**Date/Time Qualifier**	**M**	**1**	**ID 3/3**	**M**	
		Code specifying type of date or time, or both date and time					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		472 Service					
DTP02	**1250**	**Date Time Period Format Qualifier**	**M**	**1**	**ID 2/3**	**M**	
		Code indicating the date format, time format, or date and time format					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		D8 Date Expressed in Format CCYYMMDD					
DTP03	**1251**	**Date Time Period**	**M**	**1**	**AN 1/35**	**M**	
		Expression of a date, a time, or range of dates, times or dates and times					
		AZDES-DDD Notes:					
		AZDES Accepted Format (s): CCYYMMDD					

Segment: REF Line Item Control Number

Position: 4700
Loop: 2400 Optional (Must Use)
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To specify identifying information
Comments:
Notes: **Segment Examples:**

Example: REF{6R{111~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes	
REF01	**128**	**Reference Identification Qualifier**	**M**	**1**	**ID 2/3**	**M**	
		Code qualifying the Reference Identification					
		AZDES-DDD Notes:					
		AZDES-DDD Accepted Value (s):					
		6R Provider Control Number					
REF02	**127**	**Reference Identification**	**X**	**1**	**AN 1/50**	**Must Use**	**AN 1/30**
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier					

Segment: SVD Line Adjudication Information

Position: 5400
Loop: 2430 Optional
Level: Detail
Usage: Optional
Max Use: 1
Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers
Comments:
1 SVD03 represents the medical procedure code upon which adjudication of this service line was based. This may be different than the submitted medical procedure code.
2 SVD06 is only used for bundling of service lines. It references the LX Assigned Number of the service line into which this service line was bundled.
Notes: **Segment Examples:**

Example: SVD{43{55{HC:84550{{3~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
SVD01	**67**	**Identification Code** Code identifying a party or other code **AZDES-DDD Notes:** DDD expects the Master Carrier ID in this element. This can be found in the Universal Billing Document.	**M**	**1**	**AN 2/80**	**M**
SVD02	**782**	**Monetary Amount** Monetary amount **AZDES-DDD Notes:** DDD expects the Amount Paid information in this element. This can be found in the Universal Billing Document.	**M**	**1**	**R 1/18**	**M**
SVD03	**C003**	**Composite Medical Procedure Identifier** To identify a medical procedure by its standardized codes and applicable modifiers	**O**	**1**		**Must Use**
C00301	**235**	**Product/Service ID Qualifier** Code identifying the type/source of the descriptive number used in Product/Service ID (234) **AZDES-DDD Notes:** AZDES-DDD Accepted Value (s): HC — Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes	**M**		**ID 2/2**	**M**
C00302	**234**	**Product/Service ID** Identifying number for a product or service	**M**		**AN 1/48**	**M**
C00303	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners **AZDES-DDD Notes:** DDD expects the Reason Code in this element. This can be found in the Universal Billing Document.	**O**		**AN 2/2**	
C00304	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners	**O**		**AN 2/2**	
C00305	**1339**	**Procedure Modifier** This identifies special circumstances related to the performance of the service, as defined by trading partners	**O**		**AN 2/2**	
C00306	**1339**	**Procedure Modifier**	**O**		**AN 2/2**	

		This identifies special circumstances related to the performance of the service, as defined by trading partners					
C00307	**352**	**Description**	**O**		**AN 1/80**		
		A free-form description to clarify the related data elements and their content					
SVD05	**380**	**Quantity**	**O**	**1**	**R 1/15**	**Must Use**	**R 1/1**
		Numeric value of quantity					
SVD06	**554**	**Assigned Number**	**O**	**1**	**N0 1/6**		
		Number assigned for differentiation within a transaction set					

Segment: CAS Line Adjustment

Position: 5450
Loop: 2430 Optional
Level: Detail
Usage: Optional
Max Use: 5
Purpose: To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid
Comments: **1** Adjustment information is intended to help the provider balance the remittance information. Adjustment amounts should fully explain the difference between submitted charges and the amount paid.
Notes: **Segment Examples:**

Example:
CAS{PR{1{7.93~
CAS{OA{93{15.06~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
CAS01	**1033**	**Claim Adjustment Group Code** Code identifying the general category of payment adjustment	**M**	**1**	**ID 1/2**	**M**
		AZDES-DDD Notes: AZDES-DDD Accepted Value (s): CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payer Initiated Reductions PR Patient Responsibility				
CAS02	**1034**	**Claim Adjustment Reason Code** Code identifying the detailed reason the adjustment was made	**M**	**1**	**ID 1/5**	**M**
CAS03	**782**	**Monetary Amount** Monetary amount	**M**	**1**	**R 1/18**	**M**
CAS04	**380**	**Quantity** Numeric value of quantity	**O**	**1**	**R 1/15**	
CAS05	**1034**	**Claim Adjustment Reason Code** Code identifying the detailed reason the adjustment was made	**X**	**1**	**ID 1/5**	
CAS06	**782**	**Monetary Amount** Monetary amount	**X**	**1**	**R 1/18**	
CAS07	**380**	**Quantity** Numeric value of quantity	**X**	**1**	**R 1/15**	
CAS08	**1034**	**Claim Adjustment Reason Code** Code identifying the detailed reason the adjustment was made	**X**	**1**	**ID 1/5**	
CAS09	**782**	**Monetary Amount** Monetary amount	**X**	**1**	**R 1/18**	
CAS10	**380**	**Quantity** Numeric value of quantity	**X**	**1**	**R 1/15**	
CAS11	**1034**	**Claim Adjustment Reason Code** Code identifying the detailed reason the adjustment was made	**X**	**1**	**ID 1/5**	
CAS12	**782**	**Monetary Amount** Monetary amount	**X**	**1**	**R 1/18**	

CAS13	**380**	**Quantity** Numeric value of quantity	**X**	**1**	**R 1/15**
CAS14	**1034**	**Claim Adjustment Reason Code** Code identifying the detailed reason the adjustment was made	**X**	**1**	**ID 1/5**
CAS15	**782**	**Monetary Amount** Monetary amount	**X**	**1**	**R 1/18**
CAS16	**380**	**Quantity** Numeric value of quantity	**X**	**1**	**R 1/15**
CAS17	**1034**	**Claim Adjustment Reason Code** Code identifying the detailed reason the adjustment was made	**X**	**1**	**ID 1/5**
CAS18	**782**	**Monetary Amount** Monetary amount	**X**	**1**	**R 1/18**
CAS19	**380**	**Quantity** Numeric value of quantity	**X**	**1**	**R 1/15**

Segment: DTP Line Check or Remittance Date

Position: 5500
Loop: 2430 Optional
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify any or all of a date, a time, or a time period
Comments:
Notes: **Segment Examples:**

Example: DTP{573{D8{CCYYMMDD~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes			User Attributes
DTP01	**374**	**Date/Time Qualifier**	**M**	**1**	**ID 3/3**	**M**
		Code specifying type of date or time, or both date and time				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		573 Date Claim Paid				
DTP02	**1250**	**Date Time Period Format Qualifier**	**M**	**1**	**ID 2/3**	**M**
		Code indicating the date format, time format, or date and time format				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Value (s):				
		D8 Date Expressed in Format CCYYMMDD				
DTP03	**1251**	**Date Time Period**	**M**	**1**	**AN 1/35**	**M**
		Expression of a date, a time, or range of dates, times or dates and times				
		AZDES-DDD Notes:				
		AZDES-DDD Accepted Format (s): CCYYMMDD				

Segment: SE Transaction Set Trailer

Position: 5550
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)
Comments: **1** SE is the last segment of each transaction set.
Notes: **Segment Examples:**

Example: SE{1230{987654~

Data Element Summary

Ref. Des.	Data Element	Name	Base Attributes				User Attributes
SE01	**96**	**Number of Included Segments**	**M**	**1**	**N0 1/10**	**M**	
		Total number of segments included in a transaction set including ST and SE segments **AZDES-DDD Notes:** This will be the number of segments included in this 837 transaction.					
SE02	**329**	**Transaction Set Control Number**	**M**	**1**	**AN 4/9**	**M**	
		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set **AZDES-DDD Notes:** This value has to match the number in ST02 segment at beginning of transaction					

Addendum A

HCPCS to DDD Service Code Crosswalk

No longer in use as of July 1, 2013

Addendum B

Service Code to Place of Service Relationship

DDD CODE	HCPC CODE	DESCRIPTION	PLACE OF SERVICE							
			04	11	12	13	21	32	33	99
PSY	90804	PHYSICIAN SVC-PSYCHIATRIS	x	x						x
SEA	92506	SPEECH THERAPY EVAL 3+		x	x					
SPV	92506	SPEECH THERAPY EARLY INTERVENTION EVAL		x	x					
SPL	92507	SPEECH THERAPY EARLY INTERVENTION		x	x					
STA	92507	SPEECH THERAPY 3+		x	x					
PEA	97001	PHYSICAL THERAPY EVAL 3+		x	x					
PHV	97001	PHYSICAL THERAPY EARLY INTERVENTION EVAL		x	x					
OCV	97004	OCCUPATIONAL THERAPY EARLY INTERVENTION EVAL		x	x					
OEA	97004	OCCUPATIONAL THERAPY EVAL 3+		x	x					
PHL	97530	PHYSICAL THERAPY EARLY INTERVENTION		x	x					
PTA	97530	PHYSICAL THERAPY 3+		x	x					
OCL	97535	OCCUPATIONAL THERAPY EARLY INTERVENTION		x	x					
OTA	97535	OCCUPATIONAL THERAPY 3+		x	x					
TRI	A0090	TRANSP-INDIV INDEP PROV I								x
TRA	A0120	TRANSPORTATION- DAY PROG								x
TRE	A0120	TRANSPORTATION, EMPLOYMENT RELATED								x
TRO	A0120	TRANSPORTATION-- NON SCHED								x
DES	D0120	DENTAL SERVICES								
ATF	DD001	ASSISTANCE TO FAMILIES			x					x
ATP	DD002	AZ TRAINING PROG TRUST FU			x					x
CLS	DD003	COMMUNITY LIVING SVC (109								x
CMG	DD004	CASE MANAGEMENT		x	x					
ZBT	DD005	FC BOOKS/TUITION			x					
ZCA	DD006	FC EMERG SPEC CLOTHNG COU			x					
ZFO	DD007	FC FORMULA			x					
ZIA	DD008	FC DIAPERS COURT ADJUDICA			x					
ZLO	DD009	FC CLOTHING			x					
ZMS	DD010	FC MEDICAL SUPPLIES COURT			x					
ZRC	DD011	FC OVERNIGHT RESID. CAMP			x					

DDD CODE	HCPC CODE	DESCRIPTION	PLACE OF SERVICE							
			04	11	12	13	21	32	33	99
ZSN	DD012	FC SPECIAL NEEDS PAYMENT			x					
SPP	DD013	SPP HOUSEKEEPING			x					
SAL	DD014	STIPENDS AND ALLOWANCES			x					
ZAL	DD015	FC PERSONAL ALLOWANCE COU			x					
GUA	DD016	GUARDIANSHIP, QUALIFIED VENDOR (ST. DT. 10/06) INITIAL ESTAB			x					
GUM	DD017	GUARDIANSHIP, QUALIFIED VENDOR (ST. DT. 10/06) ONGOING MONTHLY			x					
HFC	DD018	HAC-FC STIPENDS			x					
RRB	DD030	ROOM & BOARD, ALL GROUP HOMES			x					
RBD	DD031	ROOM & BOARD, VENDOR DEVELOPMENTAL HOME (HBA, HBC)			x					
RBS	DD032	ROOM AND BOARD, STATE DIR DEV HOME (HAA, HAC) (NO 1099)			x					
CMS	DD033	SUPPORT COORDINATION (CASE MANAGEMENT) QV		x	x					
CON	DD034	CONSULTATION (WAS CN1)		x						
COU	DD035	COUNSELING (WAS CO1)		x						
GRD	DD037	GUARDIANSHIP		x	x					
HRS	DD040	HOME RECRUIT/STUDY (ACYF)			x					
IFP	DD049	INTENSIVE FAMILY PRESERVA			x					
NAM	DD050	NON-ACUTE MED CLT SPEC-ST								x
NEI	DD051	NUTRITION SERVICES			x					
PAS	DD052	PARENT AIDE SERVICE			x					
PCP	DD053	PERSON CENTERED PLAN		x	x					
PSS	DD055	PROF SPECIALITY SVCS		x						
RBF	DD056	ACYF FILLED BED								x
RLD	DD057	RESID LIVING AND DEVELOPM								x
SHL	DD059	SHELTR CARE/SUPERVSN ACYF								x
ZLB	DD060	FC BLOOD/DRUG TESTING								x
PAM	DD061	PARENT AIDE SERVICE-MILEAGE								x
PI1	DD062	PSYCHIATRIC, CONSULTATION		x						
PI2	DD063	PSYCHIATRIC, ASSESSMENT		x						
PI3	DD064	PSYCHIATRIC, MED REV		x						
PI4	DD065	PSYCHIATRIC, PHYS ASST MED REV		x						
P01	DD066	PSYCHOLOGY, CONSULTATION		x	x					
P02	DD067	PSYCHOLOGY, EVAL- ASSMT		x	x					
P03	DD068	PSYCHOLOGY, IND-FAMILY COUNSEL		x	x					

DDD CODE	HCPC CODE	DESCRIPTION	PLACE OF SERVICE							
			04	11	12	13	21	32	33	99
P04	DD069	PSYCHOLOGY, HOME BASED COUNSEL			x					
P05	DD070	PSYCHOLOGY, GRP COUNSEL		x						
CU1	DD071	BEH HEALTH, CONSULTATION		x	x					
CU2	DD072	BEH HEALTH, EVAL- ASSMT		x	x					
CU3	DD073	BEH HEALTH, IND-FAMILY COUNSEL		x	x					
CU4	DD074	BEH HEALTH, HOME BASED COUNSEL		x	x					
CU5	DD075	BEH HEALTH, GRP COUNSEL		x	x					
CLR	DD076	COMMUNITY LIVING ROOM AND BOARD SVC (109			x					
AAD	E1399	ADAPTIVE AIDS & DEVICES		x						
AAR	E1399	ADAPTIVE AIDS & DEVICES REPAIR		x						
HN9	G0154	NURSING - Intermittent, = or < 4 hr per day			x					
ASA	H0031	ASSESSMENT - AGENCY		x	x					
ASI	H0031	POS BEH SUP - CONSULTATION		x	x					
AST	H0031	POS BEH SUP - ASSESSMENT		x	x					
ATC	S5125	ATTENDANT CARE			x					
HSK	S5130	HOUSEKEEPING - CHORE/HOMEMAKER			x					
RSP	S5150	RESPITE HOURLY			x					
RSD	S5151	RESPITE DAILY			x					
MOD	S5165	ENVIRONMENTAL MODIFICATIO			x					
RP1	S5181	RESPIRATORY SERVICES			x					
HN1	S9123	NURSING - Continuous, > 4 hr per day			x					
HNR	S9123	NURSING RESPITE			x					
HHA	T1021	HOME HEALTH AIDE			x					
ASM	T1023	ASSESSMENT - COURT ADJUD								x
HAA	T2016	HAB-DEV HM INDEP ADULT (No Agency)			x					
HAB	T2016	HABILITATION SERVICES - GROUP HOME			x					
HAC	T2016	HAB-DEV HM-INDEP CHILD (No Agency)			x					
HAN	T2016	HABILITATION SERVICES - NURSING SUPPORTED GROUP HOME			x					
HBA	T2016	VEND SUPP DEV HM HABILITATION ADULT			x					
HBC	T2016	VEND SUPP DEV HM HABILITATION CHILD			x					
HIA	T2016	HAB SERVICES - SPEC D3 INDIVIDUAL DESIGNED LIVING ARRANGEMENTS DAILY			x					

DDD CODE	HCPC CODE	DESCRIPTION	PLACE OF SERVICE							
			04	11	12	13	21	32	33	99
HID	T2016	HAB SERVICES - INDIVIDUAL DESIGNED LIVING ARRANGEMENTS DAILY			x					
HPD	T2016	HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT GROUP HOME			x					
HAH	T2017	HABILITATION SERVICES - SUPPORT - HOURLY			x					
HAI	T2017	HAB SERVICES - INDIVIDUAL DESIGNED LIVING ARRANGEMENTS HOURLY			x					
HAM	T2017	HABILITATION SERVICES - MUSIC			x					
HBB	T2017	HABILITATION, HOURLY, SPECIALIZED BEHAVIOR, BACHELOR			x					
HBM	T2017	HABILITATION, HOURLY, SPECIALIZED BEHAVIOR, MASTER			x					
HCH	T2017	HABILITATION, HOURLY, SPECIALIZED COMMUNICATION			x					
HPH	T2017	HABILITATION SERVICES - COMMUNITY PROTECTION/TREATMENT PROGRAM HOURLY			x					
CBE	T2019	CENTER BASED EMPLOYMENT			x					
ESA	T2019	EMPLOYMENT SUPPORT AIDE			x					
GSE	T2019	GROUP SUPPORTED EMPLOYMENT			x					
ISE	T2019	INDIVIDUAL SUPPORTED EMPLOYMENT			x					
DH1	T2021	DTT HOME BASED (CHILD 0-3) D2								x
DSI	T2021	DTT-SPEC INSTR CHILD 0-3								x
DTA	T2021	DAY TREATMENT & TRAINING - ADULT								x
DTS	T2021	DAY TREATMENT & TRAINING - CHILDREN SUMMER PROGRAM								x
DTT	T2021	DAY TREATMENT & TRAINING - CHILDREN AFTER SCHOOL								x
ALC	T2031	ASSISTED LIVING CENTER				x				
ALH	T2031	ASSISTED LIVING HOME				x				
FIM	T2040	FISCAL INTERMEDIARY MONTHLY FEE								x
EYE	V2799	EYE DOCTOR - STATE OP		x						
AUD	V5008	AUDIOLOGY		x						

Response Files

All 837 files submitted to DDD are subject to validation by DDD. The initial validation is Transaction Insight (TI) validation described in Initial Transaction Insight (TI) validation section above. The records that successfully pass this validation are translated into file formats to be processed by FOCUS payment processing system. Response files generated as a result of Transaction Insight validation are TA1, 999, 277CA. Response files generated as a result of FOCUS payment processing are 277 and 835.

TA1 Interchange Acknowledgement:

The TA1 Acknowledgement is used by DDD to notify trading partners of problems found in the interchange control structure. The TA1 verifies X12 envelopes only. See Attachment C for TA1 Companion Guide.

999 Implementation Acknowledgement:

The 999 is a functional acknowledgement of the receipt of the 837 file. This file also reports syntactical errors and implementation guide conformance errors. See Attachment D for 999 Companion Guide.

277CA

The 277CA will report the syntactical or data structure errors found in the TI validation phase of processing. See Attachment E for 277CA Companion Guide.

277 Health Care claim Status Notification:

The 277 status file is produced at the conclusion of payment processing to inform trading partners of the processing outcome. The status' reported are paid, denied, or voided. See Attachment F for 277 Companion Guide.

835 Health Care Claim Payment/Advice

The 835 Remittance advice including the status of a claim, Paid, Pend/Deny, or Void. If the claim status is pend/deny the pend/deny reason code will also be included in this file. See Attachment G for 835 Companion Guide.

Addendum C

TA1 Companion Guide

Loop	Element	Description	Min/Max	Expected Values	Notes
	ISA	**INTERCHANGE CONTROL HEADER**	**1**		
	ISA01	Authorization Information Qualifier	2-2	00	
	ISA02	Authorization Information	10-10	10 spaces	
	ISA03	Security Information Qualifier	2-2	00	
	ISA04	Security Information	10-10	10 spaces	
	ISA05	Interchange ID Qualifier	2-2	ZZ	
	ISA06	Interchange Sender ID	15-15	DDD866004791+ 3 spaces	
	ISA07	Interchange ID Qualifier	2-2	ZZ	
	ISA08	Interchange Receiver ID	15-15	4 digit Vendor Code + FEI + ZZ	
	ISA09	Interchange Date	6-6		YYMMDD
	ISA10	Interchange Time	4-4		HHMM
	ISA11	Interchange Control Standards ID	1-1	^	caret
	ISA12	Interchange Control Version Number	5-5	00501	
	ISA13	Interchange Control Number	9-9		
	ISA14	Acknowledgement Requested	1-1	0	
	ISA15	Usage Indicator	1-1	P	T in Test Environment
	ISA16	Component Element Separator	1-1	:	Colon
	TA1	**INTERCHANGE CONTROL HEADER**	**1**		
	TA101	Interchange control number	9-9		
	TA102	Interchange Date	6-6		YYMMDD
	TA103	Interchange Time	4-4		HHMM
	TA104	Interchange Acknowledgement Code	1-1	A - Accepted R - Rejected E - Accepted but contains errors	

Loop	Element	Description	Min/Max	Expected Values	Notes
	TA105	Interchange Note Code	3-3	000 No Errors 001 The Interchange Control Number in the Header and Trailer do not match. The value in the header is used as an acknowledgement. 002 The Standard as noted in the Control Standards Identifier is not supported. 003 The version of the controls is not supported. 004 The segment terminator is not valid. 005 Invalid interchange ID qualifier for sender. 006 Invalid interchange ID for sender. 007 Invalid interchange ID qualifier for recipient. 008 Invalid interchange ID for recipient. 009 Unknown interchange receiver ID. 010 Invalid Authorization Information Qualifier Value. 011 Invalid Authorization Information Value. 012 Invalid Security Information Qualifier Value. 013 Invalid Security Information Value. 014 Invalid Interchange Date Value. 015 Invalid Interchange Time Value. 016 Invalid Interchange Standards ID Value. 017 Invalid Interchange Version ID number. 018 Invalid Interchange Control Number. 019 Invalid Acknowledgement Request Value. 020 Invalid Test Indicator value. 021 Invalid Number of Included Group Value. 022 Invalid control structure. 023 Improper end of file. 024 Invalid Interchange content. 025 Duplicate Interchange Control Number. 026 Invalid Data Element Separator. 027 Invalid Component element Separator. 028 Invalid Delivery date in the Deferred Delivery Request. 029 Invalid Delivery time in the Deferred Delivery Request. 030 Invalid Delivery time code in the Deferred Delivery Request. 031 Invalid grade of service code.	
	IEA	**INTERCHANGE CONTROL FOOTER**	**1**		
	IEA01	Number of Included Functional groups	1-5		Number of functional groups

Loop	Element	Description	Min/Max	Expected Values	Notes
	IEA02	Interchange Control Number	9-9		Same as ISA13

Addendum D

999 Companion Guide

Loop	Element	Description	Min/Max	Expected Values	Notes
	ISA	**INTERCHANGE CONTROL HEADER**	**1**		
	ISA01	Authorization Information Qualifier	2-2	00	
	ISA02	Authorization Information	10-10	10 spaces	
	ISA03	Security Information Qualifier	2-2	00	
	ISA04	Security Information	10-10	10 spaces	
	ISA05	Interchange ID Qualifier	2-2	ZZ	
	ISA06	Interchange Sender ID	15-15	DDD866004791+ 3 spaces	
	ISA07	Interchange ID Qualifier	2-2	ZZ	
	ISA08	Interchange Receiver ID	15-15	4 digit Vendor Code + FEI + ZZ	
	ISA09	Interchange Date	6-6		YYMMDD
	ISA10	Interchange Time	4-4		HHMM
	ISA11	Interchange Control Standards ID	1-1	^	caret
	ISA12	Interchange Control Version Number	5-5	00501	
	ISA13	Interchange Control Number	9-9		
	ISA14	Acknowledgement Requested	1-1	0	
	ISA15	Usage Indicator	1-1	P	T in Test Environment
	ISA16	Component Element Separator	1-1	:	Semi colon
	GS	**FUNCTIONAL GROUP HEADER**	**1**		
	GS01	Functional Identifier Code	2-2	FA	
	GS02	Application Sender Code	2-15	DDD866004791	
	GS03	Application Receiver Code	2-15	4 digit Vendor Code + FEI + ZZ	
	GS04	Date	8-8		YYYYMMDD
	GS05	Time	4-8		HHMMSS
	GS06	Group Control Number	1-9		Assigned by submitter. Same as GE02
	GS07	Responsible Agency Code	1-2	X	
	GS08	Version Identifier Code	1-12	005010X231A1	
	ST	**TRANSACTION SET HEADER**	**1**		
	ST01	Transaction Set Identifier Code	3-3	999	
	ST02	Transaction Set Control Number	4-9		Assigned by submitter
	ST03	Implementation Convention Reference	1-35	005010X231A1	

Loop	Element	Description	Min/Max	Expected Values	Notes
	AK1	**FUNCTIONAL GROUP RESPONSE HEADER**	**1**		
	AK101	Functional Identifier Code	2-2	HC	GS01 from the functional group to which this 999 transaction set is responding
	AK102	Group Control Number	1-9		GS06 from the functional group to which this 999 transaction set is responding.
	AK103	Version / Release / Industry Identifier Code	1-12	005010X223A2 in response for 837I 005010X222A1 in response for 837P	GS08 from the functional group to which this 999 transaction set is responding
2000	**AK2**	**TRANSACTION SET RESPONSE HEADER**	**>1**		
	AK201	Transaction Set Identifier Code	3-3	837	ST01 from the transaction set to which this 999 transaction set is responding.
	AK202	Transaction Set Control Number	4-9		ST02 from the transaction set to which this 999 transaction set is responding.
	AK203	Implementation Convention Reference	1-35	005010X223A2 in response for 837I 005010X222A1 in response for 837P	ST03 from the transaction set to which this 999 transaction set is responding.
2100	**IK3**	**ERROR IDENTIFICATION**	**>1**		
	IK301	Segment ID Code	2-3		Code for segment ID defining the data segment in error
	IK302	Segment Position in Transaction Set	1-10		The numerical count position of this data segment from the start of the transaction set (ST is position 1)
	IK303	Loop Identifier Code	1-4		Loop ID for the data segment in error

Loop	Element	Description	Min/Max	Expected Values	Notes
	IK304	Implementation Segment Syntax Error Code	1-3	1 - Unrecognized segment ID 2 - Unexpected segment 3 - Required Segment Missing 4 - Loop Occurs Over Maximum Times 5 - Segment Exceeds Maximum Use 6 - Segment Not in Defined Transaction Set 7 - Segment Not in Proper Sequence 8 - Segment Has Data Element Errors I4 - Implementation "Not Used" Segment Present I6 - Implementation Dependent Segment Missing I7 - Implementation Loop Occurs Under Minimum Times I8 - Implementation Segment Below Minimum Use I9 - Implementation Dependent "Not Used" Segment Present	
2110	**IK4**	**IMPLEMENTATION DATA ELEMENT NOTE**	**>1**		
	IK401 - 1	Element Position in Segment	1-2		Relative position in segment
	IK401 - 2	Component Data Element Position in Composite	1-2		
	IK402	Data Element Reference Number	1-4		
	IK403	Implementation Data Element Syntax Error Code	1-3	1 - Required Data Element Missing 2 - Conditional Required Data Element Missing 3 - Too Many Data Elements 4 - Data Element Too Short 5 - Data Element Too Long 6 - Invalid Character In Data Element 7 - Invalid Code Value 8 - Invalid Date 9 - Invalid Time 10 - Exclusion Condition Violated 12 - Too Many Repetitions 13 - Too Many Components I10 - Implementation "Not Used" Data Element Present I11 - Implementation Too Few Repetitions I12 - Implementation Pattern Match Failure I13 - Implementation Dependent "Not Used" Data Element Present I6 - Code Value Not Used in Implementation I9 - Implementation Dependent Data Element	

Loop	Element	Description	Min/Max	Expected Values	Notes
				Missing	
	IK404	Copy of Bad Data Element	1-99		Copy of the data element in error
2000	**IK5**	**TRANSACTION SET RESPONSE TRAILER**	**>1**		
	IK501	Transaction Set Acknowledgment Code	1-1	A - Accepted E - Accepted But Errors Were Noted M - Rejected, Message Authentication Code (MAC) Failed R - Rejected W - Rejected, Assurance Failed Validity Tests X - Rejected, Content After Decryption Could Not Be Analyzed	

Loop	Element	Description	Min/Max	Expected Values	Notes
	IK502	Implementation Transaction Set Syntax Error Code	1-3	1 - Transaction Set Not Supported 2 - Transaction Set Trailer Missing 3 - Transaction Set Control Number in Header and Trailer Do Not Match 4 - Number of Included Segments Does Not Match Actual Count 5 - One or More Segments in Error 6 - Missing or Invalid Transaction Set Identifier 7 - Missing or Invalid Transaction Set Control Number 8 - Authentication Key Name Unknown 9 - Encryption Key Name Unknown 10 - Requested Service (Authentication or Encrypted) Not Available 11 - Unknown Security Recipient 12 - Incorrect Message Length (Encryption Only) 13 - Message Authentication Code Failed 15 - Unknown Security Originator 16 - Syntax Error in Decrypted Text 17 - Security Not Supported 18 - Transaction Set not in Functional Group 19 - Invalid Transaction Set Implementation Convention Reference 23 - Transaction Set Control Number Not Unique within the Functional Group 24 - S3E Security End Segment Missing for S3S Security Start Segment 25 - S3S Security Start Segment Missing for S3E Security End Segment 26 - S4E Security End Segment Missing for S4S Security Start Segment 27 - S4S Security Start Segment Missing for S4E Security End Segment I6 - Implementation Convention Not Supported	Required when IK501 = E or R
	IK503	Implementation Transaction Set Syntax Error Code	1-3		Used if there are additional error codes to report in IK5. Expect same code values as IK502.
	IK504	Implementation Transaction Set Syntax Error Code	1-3		Used if there are additional error codes to report in IK5. Expect same code values as

Loop	Element	Description	Min/Max	Expected Values	Notes
					IK502.
	IK505	Implementation Transaction Set Syntax Error Code	1-3		Used if there are additional error codes to report in IK5. Expect same code values as IK502.
	IK506	Implementation Transaction Set Syntax Error Code	1-3		Used if there are additional error codes to report in IK5. Expect same code values as IK502.
	AK9	**FUNCTIONAL GROUP RESPONSE TRAILER**	**1**		
	AK901	Functional Group Acknowledge Code	1-1	A - Accepted E - Accepted, But Errors Were Noted. M - Rejected, Message Authentication Code (MAC) Failed P - Partially Accepted, At Least One Transaction Set Was Rejected R - Rejected W - Rejected, Assurance Failed Validity Tests X - Rejected, Content After Decryption Could Not Be Analyzed	
	AK902	Number of Transaction Sets Included	1-6		Total number of ST segments
	AK903	Number of Received Transaction Sets	1-6		Number of ST segments received
	AK904	Number of Accepted Transaction Sets	1-6		Number of ST segments accepted

Loop	Element	Description	Min/Max	Expected Values	Notes
	AK905	Functional Group Syntax Error Code	1-3	1 - Functional Group Not Supported 2 - Functional Group Version Not Supported 3 - Functional Group Trailer Missing 4 - Group Control Number in the Functional Group Header and Trailer Do Not Agree 5 - Number of Included Transaction Sets Does Not Match Actual Count 6 - Group Control Number Violates Syntax 10 - Authentication Key Name Unknown 11 - Encryption Key Name Unknown 12 - Requested Service (Authentication or Encryption) Not Available 13 - Unknown Security Recipient 14 - Unknown Security Originator 15 - Syntax Error in Decrypted Text 16 - Security Not Supported 17 - Incorrect Message Length (Encryption Only) 18 - Message Authentication Code Failed 19 - Functional Group Control Number not Unique within Interchange 23 - S3E Security End Segment Missing for S3S Security Start Segment 24 - S3S Security Start Segment Missing for S3E End Segment 25 - S4E Security End Segment Missing for S4S Security Start Segment 26 - S4S Security Start Segment Missing for S4E Security End Segment	
	AK906	Functional Group Syntax Error Code	1-3		Used if there are additional error codes to report in AK9. Expect same code values as AK905.
	AK907	Functional Group Syntax Error Code	1-3		Used if there are additional error codes to report in AK9. Expect same code values as AK905.
	AK908	Functional Group Syntax Error Code	1-3		Used if there are additional error codes to report in AK9. Expect same code values as AK905.

Loop	Element	Description	Min/Max	Expected Values	Notes
	AK909	Functional Group Syntax Error Code	1-3		Used if there are additional error codes to report in AK9. Expect same code values as AK905.
	SE	**TRANSACTION SET TRAILER**	**1**		
	SE01	Transaction Segment Count	1-10		Total number of segments included in a transaction set including ST and SE segments.
	SE02	Transaction Set Control Number	4-9		Same as ST02
	GE	**FUNCTIONAL GROUP TRAILER**	**1**		
	GE01	Number of Transaction Sets Included	1-6		Number of ST segments
	GE02	Group Control Number	1-9		Same as GS06
	IEA	**INTERCHANGE CONTROL TRAILER**	**1**		
	IEA01	Number of Included Functional Groups	1-5		Number of GS segments included in an interchange
	IEA02	Interchange Control Number	9-9		Same as ISA13

Addendum E

277CA Companion Guide

Loop	Element	Description	Min/Max	Expected Values	Notes
	ISA	**INTERCHANGE CONTROL HEADER**	**1**		
	ISA01	Authorization Information Qualifier	2-2	00	
	ISA02	Authorization Information	10-10	10 spaces	
	ISA03	Security Information Qualifier	2-2	00	
	ISA04	Security Information	10-10	10 spaces	
	ISA05	Interchange ID Qualifier	2-2	ZZ	
	ISA06	Interchange Sender ID	15-15	DDD866004791+ 3 spaces	
	ISA07	Interchange ID Qualifier	2-2	ZZ	
	ISA08	Interchange Receiver ID	15-15	4 digit Vendor Code + FEI + ZZ	eg: ABCD123456789ZZ
	ISA09	Interchange Date	6-6	YYMMDD	
	ISA10	Interchange Time	4-4	HHMM	
	ISA11	Interchange Control Standards ID	1-1	^	Carot
	ISA12	Interchange Control Version Number	5-5	00501	
	ISA13	Interchange Control Number	9-9	Assigned by DDD	
	ISA14	Acknowledgement Requested	1-1	0	
	ISA15	Usage Indicator	1-1	P	T in Test Environment
	ISA16	Component Element Separator	1-1	:	Pipe
	GS	**FUNCTIONAL GROUP HEADER**	**1**		
	GS01	Functional Identifier Code	2-2	HN	
	GS02	Application Sender Code	2-15	DDD866004791	
	GS03	Application Receiver Code	2-15	4 digit Vendor Code + FEI + ZZ	eg: ABCD123456789ZZ
	GS04	Date	8-8	YYMMDD	
	GS05	Time	4-8	HHMMSS	
	GS06	Group Control Number	1-9		Assigned by DDD. Same as GE02
	GS07	Responsible Agency Code	1-2	X	X- Accredited Standards Committee X12
	GS08	Version Identifier Code	1-12	005010X214	
	ST	**TRANSACTION SET HEADER**	**1**		

Loop	Element	Description	Min/Max	Expected Values	Notes
	ST01	Transaction Set Identifier Code	3-3	277	
	ST02	Transaction Set Control Number	4-9		Assigned by DDD
	ST03	Implementation Convention Reference	1-35	005010X214	
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**	**1**		
	BHT01	Hierarchical Structure Code	4-4	0085	
	BHT02	Transaction Set Purpose Code	2-2	08	
	BHT03	Originator Application Transaction Identifier	1-50	250000	
	BHT04	Transaction Set Creation Date	8-8		Transaction Creation Date. yyyyMMdd
	BHT05	Transaction Set Creation Time	4-8		Transaction Creation Date. HHMM
	BHT06	Transaction Type Code	2-2	TH	
2000A	**HL**	**INFORMATION SOURCE LEVEL**	**1**		
	HL01	HierarchicalID Number	1-2	1	
	HL03	Hierarchical Level Code	1-2	20	20 - Information Source
	HL04	HierarchicalChildCode	1-1	1	1 - Additional Subordinate HL Data Segment in this Hierarchical Structure.
2100A	**NM1**	**INFORMATION SOURCE NAME**	**1**		
	NM101	Entity Identifier Code	2-3	PR	PR - Payer
	NM102	Entity Type Qualifier	1-1	2	2 - Non-Person Entity
	NM103	Information Source Name	1-60	AZDESDDD	
	NM108	Identification Code Qualifier	1-2	46	46 - Electronic Transmitter Identification No
	NM109	Information Source Identifier	2-80	DDD866004791	
2200A	**TRN**	**TRANSMISSION RECEIPT CONTROL IDENTIFIER**	**1**		
	TRN01	Trace Type Code	1-2	1	1 - Current Transaction Trace Numbers
	TRN02	Reference Identification	1-50	Assigned by DDD	Unique No : CCYYMMDDHHMMSS
2200A	**DTP**	**INFORMATION SOURCE RECEIPT DATE**	**1**		
	DTP01	Date Time Qualifier	3-3	050	050 - Received

Loop	Element	Description	Min/Max	Expected Values	Notes
	DTP02	Date Time Period Format Qualifier	2-3	D8	D8 - Date in CCYYMMDD format
	DTP03	Date Time Period	1-35		
2200A	**DTP**	**INFORMATION SOURCE PROCESS DATE**	**1**		
	DTP01	Date Time Qualifier	3-3	009	009 - Process
	DTP02	Date Time Period Format Qualifier	2-3	D8	D8 - Date in CCYYMMDD format
	DTP03	Date Time Period	1-35		
2000B	**HL**	**INFORMATION RECEIVER LEVEL**	**1**		
	HL01	Hierarchical ID Number	1-12		
	HL02	Hierarchical Parent ID Number	1-12		
	HL03	Hierarchical Level Code	1-2	21	21 - Information Receiver
	HL04	Hierarchical Child Code	1-1	1	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100B	**NM1**	**INFORMATION RECEIVER NAME**	**1**		
	NM101	Entity Identifier Code	2-3	41	41 - Submitter
	NM102	Entity Type Qualifier	1-1	2	2 - Non-Person Entity
	NM103	Information Receiver Name	1-60		Billing Provider Organization Name
	NM108	Identification Code Qualifier	1-2	46	46 - Electronic Transmitter Identification No
	NM109	Information Receiver Identifier	2-80		Billing Provider NPI
2200B	**TRN**	**TRANSMISSION RECEIPT CONTROL IDENTIFIER**	**1**		
	TRN01	Trace Type Code	1-2	2	2 - Referenced Transaction Trace Numbers
	TRN02	Reference Identification	1-50	250000	
2200B	**STC**	**INFORMATION RECEIVER STATUS INFO**	**>1**		
	STC01 -1	Health Care Claim Status Category Code	1-30		Check this site for most revised list of category codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/**

Loop	Element	Description	Min/Max	Expected Values	Notes
	STC01 -2	Health Care Claim Status Code	1-30		Check this site for most revised list of status codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/**
	STC02	Status Information Effective Date	1-55		date in CCYYMMDD format
	STC03	Action Code	1-55	WQ	WQ - Accept
	STC04	Monetary Amount	1-55		This will be the sum of all CLM02 values (claim charge) for the claims being acknowledged.
2200B	**QTY**	**TOTAL ACCEPTED QUANTITY**	**1**		
	QTY01	Quantity Qualifier	2-2	90	90 - Acknowledged Quantity
	QTY02	Quantity	1-15		Total Accepted Quantity
2200B	**QTY**	**TOTAL REJECTED QUANTITY**			
	QTY01	Quantity Qualifier	2-2	AA	AA - Unacknowledged Quantity
	QTY02	Quantity	1-15		Total Rejected Quantity
2200B	**AMT**	**TOTAL ACCEPTED AMOUNT**			
	AMT01	Amount Qualifier Code	1-3	YU	YU - In Process
	AMT02	Facility Type Code	1-18		Total Accepted Amount
2200B	**AMT**	**TOTAL REJECTED AMOUNT**	**1**		
	AMT01	Amount Qualifier Code	1-3	YY	YY - Returned
	AMT02	Facility Type Code	1-18		Total Rejected Amount
2000C	**HL**	**BILLING PROVIDER OF SERVICE LEVEL**	**1**		
	HL01	Hierarchical ID Number	1-12		
	HL02	Hierarchical Parent ID Number	1-12		
	HL03	Hierarchical Level Code	1-2	19	19 - Provider of Service
	HL04	Hierarchical Child Code	1-1	1	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
2100C	**NM1**	**BILLING PROVIDER NAME**	**1**		

Loop	Element	Description	Min/Max	Expected Values	Notes
	NM101	Entity Identifier Code	2-3	85	85 - Billing Provider
	NM102	Entity Type Qualifier	1-1	2	2 - Non-Person Entity
	NM103	Provider Last or Organization Name	1-60		Billing Provider Organization Name
	NM108	Identification Code Qualifier	1-2	XX	XX - Billing Provider NPI
	NM109	Billing Provider Identifier	2-80		Billing Provider NPI
2200C	**TRN**	**PROVIDER OF SERVICE INFO TRACE IDENTIFIER**	**1**		
	TRN01	Trace Type Code	1-2	1	1 - Current Transaction Trace Numbers
	TRN02	Reference Identification	1-50	0	
2200C	**STC**	**BILLING PROVIDER STATUS INFO**	**>1**		
	STC01 -1	Health Care Claim Status Category Code	1-30		Check this site for most revised list of category codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/**
	STC01 -2	Health Care Claim Status Code	1-30		Check this site for most revised list of status codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/**
	STC02	Status Information Effective Date	1-55		date in CCYYMMDD format
	STC03	Action Code	1-55	WQ	WQ - Accept
	STC04	Monetary Amount	1-55		This will be the sum of all CLM02 values (claim charge) for the claims being acknowledged.
2200C	**REF**	**PROVIDER SECONDARY IDENTIFIER**	**1**		
	REF01	Reference Identification Qualifier	2-3	TJ	TJ - Federal Taxpayer's Identification Number
	REF02	Billing Provider Additional Identifier	1-1		
2200C	**QTY**	**TOTAL ACCEPTED QUANTITY**	**1**		
	QTY01	Quantity Qualifier	2-2	QA	QA - Acknowledged

Loop	Element	Description	Min/Max	Expected Values	Notes
					Quantity
	QTY02	Quantity	1-15		Total Accepted Quantity
2200C	**QTY**	**TOTAL REJECTED QUANTITY**			
	QTY01	Quantity Qualifier	2-2	QC	QC - Unacknowledged Quantity
	QTY02	Quantity	1-15		Total Rejected Quantity
2200C	**AMT**	**TOTAL ACCEPTED AMOUNT**			
	AMT01	Amount Qualifier Code	1-3	YU	YU - In Process
	AMT02	Facility Type Code	1-18		Total Accepted Amount
2200C	**AMT**	**TOTAL REJECTED AMOUNT**	**1**		
	AMT01	Amount Qualifier Code	1-3	YY	YY - Returned
	AMT02	Facility Type Code	1-18		Total Rejected Amount
2000D	**HL**	**PATIENT LEVEL**	**1**		
	HL01	Hierarchical ID Number	1-12		
	HL02	Hierarchical Parent ID Number	1-12		
	HL03	Hierarchical Level Code	1-2	PT	PT - Patient
2100D	**NM1**	**PATIENT NAME**	**1**		
	NM101	Entity Identifier Code	2-3	QC	QC - Patient
	NM102	Entity Type Qualifier	1-1	1	1 - Person
	NM103	Provider Last or Organization Name	1-60		Patient Last Name
	NM108	Identification Code Qualifier	1-2	MI	MI - Member Identification Number
	NM109	Billing Provider Identifier	2-80		Patient Identification Number
2200D	**TRN**	**CLAIM STATUS TRACKING NUMBER**	**1**		
	TRN01	Trace Type Code	1-2	2	2 - Referenced Transaction Trace Numbers
	TRN02	Reference Identification	1-50	0	Patient Control Number
2200D	**STC**	**CLAIM LEVEL STATUS INFORMATION**	**>1**		
	STC01 -1	Health Care Claim Status Category Code	1-30		Check this site for most revised list of category codes. **http://www.wpc-edi.com/reference/codelists**

Loop	Element	Description	Min/Max	Expected Values	Notes
					/healthcare/claim-status-category-codes/
	STC01 -2	Health Care Claim Status Code	1-30		Check this site for most revised list of status codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/**
	STC02	Status Information Effective Date	1-55		date in CCYYMMDD format
	STC03	Action Code	1-55	WQ	WQ - Accept
	STC04	Monetary Amount	1-55		This will be the sum of all CLM02 values (claim charge) for the claims being acknowledged.
2200D	**REF**	**PAYER CLAIM CONTROL NUMBER**	**1**		
	REF01	Reference Identification Qualifier	2-3	1K	1K - Payer's Claim Number
	REF02	Payer Claim Control Number	1-1		Payer Claim Control Number
2200D	**REF**	**CLAIM IDENTIFIER NUMBER FOR CLEARINGHOUSE AND OTHER TRANSMISSION INTERMEDIARIES**	**1**		
	REF01	Reference Identification Qualifier	2-3	D9	D9 - Claim Number
	REF02	Reference Identification	1-1		Claim number
2200D	**REF**	**INSTITUTIONAL BILL TYPE IDENTIFICATION**	**1**		
	REF01	Reference Identification Qualifier	2-3	BLT	BLT - Billing Type
	REF02	Reference Identification	1-1		Claim number
2200D	**DTP**	**CLAIM LEVEL SERVICE DATE**	**1**		
	DTP01	Date Time Qualifier	3-3	472	472 - Service
	DTP02	Date Time Period Format Qualifier	2-3	RD8	RD8 - Format CCYYMMDD-CCYYMMDD
	DTP03	Date Time Period	1-35		Claim Service Period
2220D	**SVC**	**SERVICE LINE INFORMATION**	**>1**		
	SVC01 - 1	Product/Service ID Qualifier	2-2	HC	HC - HCPC

Loop	Element	Description	Min/Max	Expected Values	Notes
	SVC01 - 2	Product/Service ID	1-48		Procedure Code
	SVC01 - 3	Procedure Modifier	2-2		
	SVC01 - 4	Procedure Modifier	2-2		
	SVC01 - 5	Procedure Modifier	2-2		
	SVC01 - 6	Procedure Modifier	2-2		
	SVC02	Line Item Charge Amount	1-18		Line Item Charge Amount
	SVC04	Revenue Code	1-48		Revenue Code
	SVC07	Quantity	1-15		Original Units of Service Count
2220D	**STC**	**SERVICE LINE LEVEL STATUS INFO**	**>1**		
	STC01 -1	Health Care Claim Status Category Code	1-30		Check this site for most revised list of category codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-category-codes/**
	STC01 -2	Health Care Claim Status Code	1-30		Check this site for most revised list of status codes. **http://www.wpc-edi.com/reference/codelists/healthcare/claim-status-codes/**
	STC02	Status Information Effective Date	1-55		date in CCYYMMDD format
	STC03	Action Code	1-55	WQ	WQ - Accept
	STC04	Monetary Amount	1-55		This will be the sum of all CLM02 values (claim charge) for the claims being acknowledged.
2220D	**REF**	**SERVICE LINE ITEM IDENTIFICATION**	**1**		
	REF01	Reference Identification Qualifier	2-3	FJ	FJ - Line Item Control Number
	REF02	Line Item Control Number	1-1		Line Item Control Number
2220D	**DTP**	**SERVICE LINE DATE**	**1**		
	DTP01	Date Time Qualifier	3-3	472	472 - Service
	DTP02	Date Time Period Format Qualifier	2-3	RD8	RD8 - Format CCYYMMDD -

Loop	Element	Description	Min/Max	Expected Values	Notes
					CCYYMMDD
	DTP03	Date Time Period	1-35		Service Line Date
	SE	**TRANSACTION SET TRAILER**	**1**		
	SE01	Number of Included Segments	1-10		Total number of segments included in a transaction set
	SE02	Transaction Set Control Number	4-9		Same as ST02
	GE	**FUNCTIONAL GROUP TRAILER**	**1**		
	GE01	Number of Transaction Sets Included	1-6		
	GE02	Group Control Number	1-9		Same as GS06
	IEA	**INTERCHANGE CONTROL TRAILER**	**1**		
	IEA01	Number of Included Functional Groups	1-5		Number of functional groups included in an interchange
	IEA02	Interchange Control Number	9-9		Same as ISA13

Current List of Health Care Claim Status Category Codes
A0 - Acknowledgement/Forwarded-The claim/encounter has been forwarded to another entity.
A1 - Acknowledgement/Receipt-The claim/encounter has been received. This does not mean that the claim has been accepted for adjudication.
A2 - Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system.
A3 - Acknowledgement/Returned as un-processable claim-The claim/encounter has been rejected and has not been entered into the adjudication system.
A4 - Acknowledgement/Not Found-The claim/encounter cannot be found in the adjudication system.
A5 - Acknowledgement/Split Claim-The claim/encounter has been split upon acceptance into the adjudication system.
A6 - Acknowledgement/Rejected for Missing Information - The claim/encounter is missing the information specified in the Status details and has been rejected.
A7 - Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.
A8 - Acknowledgement / Rejected for relational field in error.

Addendum F

277 Companion Guide

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	ISA	**INTERCHANGE CONTROL HEADER**	**1**		
	ISA01	Authorization Information Qualifier	2-2	00	
	ISA02	Authorization Information	10-10	10 spaces	
	ISA03	Security Information Qualifier	2-2	00	
	ISA04	Security Information	10-10	10 spaces	
	ISA05	Interchange ID Qualifier	2-2	ZZ	
	ISA06	Interchange Sender ID	15-15	4 digit Vendor Code + FEI + ZZ	
	ISA07	Interchange ID Qualifier	2-2	ZZ	
	ISA08	Interchange Receiver ID	15-15	DDD866004791+ 3 spaces	
	ISA09	Interchange Date	6-6		YYMMDD
	ISA10	Interchange Time	4-4		HHMM
	ISA11	Interchange Control Standards ID	1-1	^	caret
	ISA12	Interchange Control Version Number	5-5	00501	
	ISA13	Interchange Control Number	9-9		
	ISA14	Acknowledgement Requested	1-1	0	
	ISA15	Usage Indicator	1-1	P	T in Test Environment
	ISA16	Component Element Separator	1-1	|	Pipe
	GS	**FUNCTIONAL GROUP HEADER**	**1**		
	GS01	Functional Identifier Code	2-2	HN	
	GS02	Application Sender Code	2-15	4 digit Vendor Code + FEI + ZZ	
	GS03	Application Receiver Code	2-15	DDD866004791	
	GS04	Date	8-8		YYMMDD
	GS05	Time	4-8		HHMM

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	GS06	Group Control Number	1-9		Assigned by submitter. Same as GE02
	GS07	Responsible Agency Code	1-2	X	
	GS08	Version Identifier Code	1-12	005010X212	
	ST	**TRANSACTION SET HEADER**	**1**		
	ST01	Transaction Set Identifier Code	3-3	277	
	ST02	Transaction Set Control Number	4-9		Assigned by submitter
	ST03	Implementation Convention Reference	1-35	005010X212	
	BHT	**BEGINNING OF HIERARCHICAL TRANSACTION**	**1**		
	BHT01	Hierarchical Structure Code	1-1	0010	
	BHT02	Transaction Set Purpose Code	1-1	08	
	BHT03	Originator Application Transaction Identifier	1-1	0001	
	BHT04	Transaction Set Creation Date	1-1		CCYYMMDD
	BHT05	Transaction Set Creation Time	1-1		HHMMSS. Time expressed in 24-hour clock time
	BHT06	Transaction Type Code	1-1	DG	
2000A	**HL**	**INFORMATION SOURCE LEVEL**	**1**		
	HL01	Hierarchical ID Number	1-1	1	
	HL03	Hierarchical Level Code	1-1	20	
	HL04	Hierarchical Child Code	1-1	1	
2100A	**NM1**	**PAYER NAME**	**1**		
	NM101	Entity Identifier Code	2-3	PR	
	NM102	Entity Type Qualifier	1-1	2	
	NM103	Name Last or Organization Name	1-60	DDD	
	NM108	Identification Code Qualifier	1-2	PI	
	NM109	Identification Code	2-80	866004791	
2000B	**HL**	**INFORMATION RECEIVER LEVEL**	**>1**		
	HL01	Hierarchical ID Number	1-12	2	Since we create only 1 277 per vendor
	HL02	Hierarchical Parent ID Number	1-12	1	Since we create only 1 277 per vendor

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	HL03	Hierarchical Level Code	1-2	21	
	HL04	Hierarchical Child Code	1-1	1	
2100B	**NM1**	**INFORMATION RECEIVER NAME**	**1**		
	NM101	Entity Identifier Code	2-3	41	
	NM102	Entity Type Qualifier	1-1	2	
	NM103	Name Last or Organization Name	1-60		Name of the vendor
	NM108	Identification Code Qualifier	1-2	46	
	NM109	Identification Code	2-80		Assists Provider Id / Vendor FEI
2000C	**HL**	**SERVICE PROVIDER LEVEL**	**>1**		
	HL01	Hierarchical ID Number	1-12		
	HL02	Hierarchical Parent ID Number	1-12	2	
	HL03	Hierarchical Level Code	1-2	19	
	HL04	Hierarchical Child Code	1-1	1	
2100C	**NM1**	**PROVIDER NAME**	**2**		
	NM101	Entity Identifier Code	2-3	1P	
	NM102	Entity Type Qualifier	1-1	2	
	NM103	Name Last or Organization Name	1-60		Name of the vendor
	NM108	Identification Code Qualifier	1-2	**FI -** Federal Taxpayer's Identification Number **SV -** Service Provider Number **XX -** Centers for Medicare and Medicaid Services NPI	
	NM109	Identification Code	2-80		Vendor FEI (When NM108 is FI) Vendor NPI (When NM108 is XX) Vendor AHCCCS ID (When NM108 is SV)
2000D	**HL**	**SERVICE PROVIDER LEVEL**	**1**		
	HL01	Hierarchical ID Number	1-12		
	HL02	Hierarchical Parent ID Number	1-12		
	HL03	Hierarchical Level Code	1-2	22	
	HL04	Hierarchical Child Code	1-1	0	

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
2100D	**NM1**	**SUBSCRIBER NAME**	**2**		
	NM101	Entity Identifier Code	2-3	1L	
	NM102	Entity Type Qualifier	1-1	1	
	NM103	Subscriber Last Name	1-60		Last name of the subscriber
	NM104	Subscriber First Name	1-60		First name of the subscriber
	NM108	Identification Code Qualifier	1-2	MI	
	NM109	Identification Code	2-80		Subscriber AHCCCS ID
2200D	**TRN**	**CLAIM STATUS TRACKING NUMBER**	**>1**		
	TRN01	Trace Type Code	1-2	2	
	TRN02	Reference Identification	1-50		Vendor Control Number
	STC	**CLAIM LEVEL STATUS INFORMATION**	**>1**		
	STC01-1	Health Care Claim Status Category Code	1-30	F0 - Paid P1 - Pended F2 - Deny F3 - Void	
	STC01-2	Status Code	1-30	641 - Paid 02 - Pended 23 - Deny 686 - Void	
	STC02	Status Information Effective Date	1-8		Date the response is created - CCYYMMDD
	STC04	Total Claim Charge Amount	0-18		Total amount
	STC05	Claim Payment Amount	0-18		Paid amount
	REF	**PAYER CLAIM CONTROL NUMBER**	**1**		
	REF01	Reference Identification Qualifier	2-3	1K	
	REF02	Payer Claim Control Number	1-50		
	DTP	**CLAIM SERVICE DATE**	**1**		
		Date Time Qualifier	3-3	472	
		Date Time Period Format Qualifier	2-3	D8	
		Claim Service Period	1-35		Service Date CCYYMMDD
2220D	**SVC**	**SERVICE LINE INFORMATION**	**>1**		
	SVC01-1	Product or Service ID Qualifier	2-2	HC	
	SVC01-2	Procedure Code	1-48		Procedure Code if exists
	SVC01-3	Procedure Modifier	2-2		Procedure Modifier 1 if

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
					exists
	SVC01-4	Procedure Modifier	2-2		Procedure Modifier 2 if exists
	SVC01-5	Procedure Modifier	2-2		Procedure Modifier 3 if exists
	SVC01-6	Procedure Modifier	2-2		Procedure Modifier 4 if exists
	SVC02	Line Item Charge Amount	1-18		Submitter service charge
	SVC03	Line Item Payment Amount	1-18		Amount paid for service
	SVC04	Revenue Code	1-48		UB revenue code (if exists)
	SVC07	Units of Service Count	1-15		
	STC	**SERVICE LINE INFORMATION**	**1**		
	STC01-1	Health Care Claim Status Category Code	1-30	F0 - Paid P1 - Pended F2 - Deny F3 - Void	
	STC01-2	Status Code	1-30	641 - Paid 02 - Pended 23 - Deny 686 - Void	
	STC02	Status Information Effective Date	8-8		Date the response is created - CCYYMMDD
	REF	**SERVICE LINE ITEM IDENTIFICATION**	**1**		
	REF01	Reference Identification Qualifier	2-3	FJ	
	REF02	Line Item Control Number	1-50		Claim line control number
	DTP	**SERVICE LINE DATE**	**1**		
	DTP01	Date Time Qualifier	3-3	472	
	DTP02	Date Time Period Format Qualifier	2-3	D8	
	DTP03	Service Line Date	1-35		Service Line Date CCYYMMDD
	SE	**TRANSACTION SET TRAILER**	**1**		
	SE01	Transaction Segment Count	1-10		Total number of segments included in a transaction set including ST and SE segments.
	SE02	Transaction Set Control Number	4-9		Same as ST02

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	GE	**FUNCTIONAL GROUP TRAILER**	**1**		
	GE01	Number of Transaction Sets Included	1-6		
	GE02	Group Control Number	1-9		Same as GS06
	IEA	**INTERCHANGE CONTROL TRAILER**	**1**		
	IEA01	Number of Included Functional Groups	1-5		Number of functional groups included in an interchange
	IEA02	Interchange Control Number	9-9		Same as ISA13

Addendum G

835 Companion Guide

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	ISA	**INTERCHANGE CONTROL HEADER**	**1**		
	ISA01	Authorization Information Qualifier	2-2	00	
	ISA02	Authorization Information	10-10	10 spaces	
	ISA03	Security Information Qualifier	2-2	00	
	ISA04	Security Information	10-10	10 spaces	
	ISA05	Interchange ID Qualifier	2-2	ZZ	
	ISA06	Interchange Sender ID	15-15	4 digit Vendor Code + FEI + ZZ	eg: ABCD123456789ZZ
	ISA07	Interchange ID Qualifier	2-2	ZZ	
	ISA08	Interchange Receiver ID	15-15	DDD866004791+ 3 spaces	
	ISA09	Interchange Date	6-6	YYMMDD	
	ISA10	Interchange Time	4-4	HHMM	
	ISA11	Interchange Control Standards ID	1-1	^	Caret
	ISA12	Interchange Control Version Number	5-5	00501	
	ISA13	Interchange Control Number	9-9	Assigned by DDD	
	ISA14	Acknowledgement Requested	1-1	0	
	ISA15	Usage Indicator	1-1	P	T in Test Environment
	ISA16	Component Element Separator	1-1	|	Pipe
	GS	**FUNCTIONAL GROUP HEADER**	**1**		
	GS01	Functional Identifier Code	2-2	HP	HP- Health Care Claim Payment/Advice (835)
	GS02	Application Sender Code	2-15	4 digit Vendor Code + FEI + ZZ	
	GS03	Application Receiver Code	2-15	DDD866004791	
	GS04	Date	8-8	YYMMDD	
	GS05	Time	4-8	HHMM	
	GS06	Group Control Number	1-9		Assigned by DDD. Same as GE02
	GS07	Responsible Agency Code	1-2	X	X- Accredited Standards Committee X12
	GS08	Version Identifier Code	1-12	005010X221	

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	ST	**TRANSACTION SET HEADER**	**1**		
	ST01	Transaction Set Identifier Code	3-3	835	
	ST02	Transaction Set Control Number	4-9		Assigned by DDD
	ST03	Implementation Convention Reference	1-35	005010X221	
	BPR	**FINANCIAL INFORMATION**	**1**		
	BPR01	Transaction Handling Code	1-2	I	
	BPR02	TotalActualProviderPaymentAmount	1-18		Sum of all Payment Amounts in this 835
	BPR03	Credit or Debit Flag Code	1-1	C	
	BPR04	Payment Method Code	3-3	CHK	
	BPR16	Check Issue or EFT Effective Date	8-8		Transaction Creation Date. yyyyMMdd Format
	TRN	**REASSOCIATION TRACE NUMBER**	**1**		
	TRN01	Trace Type Code	1-2	1	1- Current Transaction Trace Numbers
	TRN02	Check or EFT Trace Number	1-50		Bill ID assigned by DDD
	TRN03	Payer Identifier	10-10	1.866E+09	1 followed by Payer Identifier
1000A	**N1**	**PAYER IDENTIFICATION**	**1**		
	N101	Entity Identifier Code	2-3	PR	PR - Payer
	N102	Payer Name	2-60	AZDESDDD	
1000A	**N3**	**PAYER ADDRESS**	**1**		
	N301	Payer Address Line	1-55	3443 N Central	
	N302	Payer Address Line	1-55	Suite 1300	
1000A	**N4**	**PAYER CITY, STATE, ZIP CODE**	**1**		
	N401	Payer City Name	2-30	Phoenix	
	N402	Payer State Code	2-2	AZ	
	N403	Payer Postal Zone or ZIP Code	3-15	85012	
1000A	**PER**	**PAYER TECHNICAL CONTACT INFORMATION**	**1**		
	PER01	Contact Function Code	2-2	BL	BL - Technical Department
	PER02	Payer Technical Contact Name	1-60	Jane Murr	
	PER03	Communication Number Qualifier	2-2	EM	
	PER04	Communication Number	1-256		
	PER05	Communication Number Qualifier	2-2		

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	PER06	Communication Number	1-256	janemurr@azdes.gov	
	PER07	Communication Number Qualifier	2-2	TE	
	PER08	Communication Number	1-256	6.028E+09	
1000B	**N1**	**PAYEE IDENTIFICATION**	**1**		
	N101	Entity Identifier Code	2-3	PE	PE - Payee
	N102	Payee Name	1-60		Billing Provider Name
	N103	Identification Code Qualifier	1-2	XX (Only if a NPI exists in N104)	If no NPI then leave it blank
	N104	Identification Code	2-80	Vendor NPI	If no NPI then leave it blank
1000B	**N3**	**PAYEE ADDRESS**	**1**		
	N301	Payee Address Line	1-55		Billing Provider Address Line 1
	N302	Payee Address Line	1-55		Billing Provider Address Line 2
1000B	**N4**	**PAYEE CITY, STATE, ZIP CODE**	**1**		
	N401	Payee City Name	2-30		Billing Provider City
	N402	Payee State Code	2-2		Billing Provider State
	N403	Payee Postal Zone or ZIP Code	3-15		Billing Provider Zip
2000	**LX**	**HEADER NUMBER**			
	LX01	Assigned Number	1-6		Total number of claims in this Transaction
2000	**TS3**	**PROVIDER SUMMARY INFORMATION**			
	TS301	Provider Identifier	1-50		Billing Provider NPI or Ahcccs Id
	TS302	Facility Type Code	1-2		Claim Facility Type Code
	TS303	Fiscal Period Date	8-8	4 Digit Year + 1231	Last day of the Billing Year
	TS304	Total Claim Count	1-15		Number of claims in this Transaction
	TS305	Total Claim Charge Amount	1-18		Total Claim Amount
2100	**CLP**	**CLAIM PAYMENT INFORMATION**	**1**		
	CLP01	Patient Control Number	1-38		Claim Line Control Number
	CLP02	Claim Status Code	1-2	Claim Line Status	1 = PAID 4 = PENDED & DENY 22 = VOID
	CLP03	Total Claim Charge Amount	1-18		Claim Line Charge Amount
	CLP04	Claim Payment Amount	1-18		Claim Line Payment Amount
	CLP06	Claim Filing Indicator Code	1-2	12	

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	CLP07	Payer Claim Control Number	1-50		DDD Claim Line ID
	CLP09	Claim Frequency Code	1-1	1	1 - New Claim
2100	**CAS**	**Claim Adjustment**	**0-99**		This segment is created only when the Claim Status is Pended or Denied
	CAS01	Claim Adjustment Group Code	1-2	CO	CO - Contractual Obligations
	CAS02	Adjustment Reason Code	1-5		Reason code for Denied Claims. DDD modified this segment to give the Claim Pended/Deny Reason code in this segment . See PBS_PYMTS_ErrorCode_List doc to get the complete list of all Pended/Deny Reason Codes
	CAS03	Adjustment Amount	1-18	0	
	CAS04	Adjustment Quantity	1-15	0	
	CAS05	Adjustment Reason Code	1-5		Used only If there is a 2nd reason for Denial
	CAS06	Adjustment Amount	1-18	0	
	CAS07	Adjustment Quantity	1-15	0	
	CAS08	Adjustment Reason Code	1-5		Used only If there is a 3rd reason for Denial
	CAS09	Adjustment Amount	1-18	0	
	CAS10	Adjustment Quantity	1-15	0	
	CAS11	Adjustment Reason Code	1-5		Used only If there is a 4th reason for Denial
	CAS12	Adjustment Amount	1-18	0	
	CAS13	Adjustment Quantity	1-15	0	
	CAS14	Adjustment Reason Code	1-5		Used only If there is a 5th reason for Denial
	CAS15	Adjustment Amount	1-18	0	
	CAS16	Adjustment Quantity	1-15	0	
	CAS17	Adjustment Reason Code	1-5		Used only If there is a 6th reason for Denial
	CAS18	Adjustment Amount	1-18	0	
	CAS19	Adjustment Quantity	1-15	0	
2100	**NM1**	**Patient Name**	**1**		
	NM101	Entity Identifier Code	2-3	QC	QC - Patient

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	NM102	Entity Type Qualifier	1-1	1	1 - Person
	NM103	Patient Last Name	1-60		Client Last Name
	NM104	Patient First Name	1-35		Client First Name
	NM108	ID Code Qualifier	1-2	MI	MI - Member Identification Number
	NM109	Patient Identifier	2-80		High Level Client Index Id/ Assists Client ID
2100	**NM1**	**Service Provider Name**	**1**		This segment is created only when there is a Rendering Provider
	NM101	Entity Identifier Code	2-3	82	82 - Rendering Provider
	NM102	Entity Type Qualifier	1-1	2	2 - Non-Person Entity
	NM103	Rendering Provider Last/Org Name	1-60		Rendering Provider Last or Organization name
	NM108	ID Code Qualifier	1-2	FI or XX	
	NM109	Rendering Provider Identifier	2-80		Provider of Service FEI (when FI) or Provider of service NPI (When XX)
2110	**SVC**	**Service Payment Information**	**1**		
	SVC01-1	Product or Service ID Qualifier	2-2	HC	
	SVC01-2	Adjudicated Procedure Code	1-48		Procedure or Revenue Code
	SVC01-3	Procedure Modifier	2-2		If Procedure Modifier 1 exists
	SVC01-4	Procedure Modifier	2-2		if Procedure Modifier 2 exists
	SVC01-5	Procedure Modifier	2-2		if Procedure Modifier 3 exists
	SVC01-6	Procedure Modifier	2-2		if Procedure Modifier 4 exists
	SVC02	Line Item Charge Amount	1-18		Claim Line Item Charge Amount
	SVC03	Line Item Provider Payment	1-18		Payment Amount. This is 0 when the Claim fails Validation
2110	**DTM**	**Service Date**	**2**		
	DTM01	Date/Time Qualifier	3-3	472	
	DTM02	Service Date	8-8	Service Date	CCMMYYDD
	SE	**TRANSACTION SET TRAILER**	**1**		
	SE01	Number of Included Segments	1-10		Total number of segments included in a transaction set
	SE02	Transaction Set Control Number	4-9		Same as ST02
	GE	**FUNCTIONAL GROUP TRAILER**	**1**		

Loop	Element	Description	Min/Max	DDD Expected Values	Notes
	GE01	Number of Transaction Sets Included	1-6		
	GE02	Group Control Number	1-9		Same as GS06
	IEA	**INTERCHANGE CONTROL TRAILER**	**1**		
	IEA01	Number of Included Functional Groups	1-5		Number of functional groups included in an interchange
	IEA02	Interchange Control Number	9-9		Same as ISA13