TEXAS
Health and Human Services

Texas Department of State Health Services

Texas Department of State Health Services

# 5010 Inpatient THCIC 837 Technical Specifications

Version 10.4

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# 1. Introduction

Texas Health Care Information Collection's (THCIC) primary charge is to collect data and report on the quality performance and differences in charges of hospitals and health maintenance organizations operating in Texas. The goal is to provide information that will enable consumers to have an impact on the cost and quality of health care in Texas.

The Department of State Health Service's governing legislation, which includes collecting hospital inpatient discharge data for approximately 660 Texas hospitals, is contained within Chapter 108, Texas Health & Safety Code.

The Hospital Procedures and Technical Specifications guides are available for download from the THCIC website at DSHS THCIC Hospital Reporting Requirements.

This guide is written to be complementary to the Hospital Discharge Data Collection and Release Rules:

> **TITLE - 25 Health Services**
>
> **PART - 1 Department of State Health Services CHAPTER - 421 Health Care Information**
>
> **SUBCHAPTER - A - COLLECTION AND RELEASE OF HOSPITAL DISCHARGE DATA**

Related links to the Texas Health & Safety Code and Texas Administrative Code can also be found on the THCIC Web Site.

# 2. Overview

THCIC's primary purpose is to provide data that will enable Texas consumers and health plan purchasers to make informed health care decisions.

## 2.1 General Overview

Submitters are required to use the THCIC 837 claim format (modified ANSI ASC X12N 837 Institutional claim format) to submit data on patients discharged from the hospital per Health and Safety Code Section 108.009(h) and Title 25 Texas Administrative Code, Chapter 421, Rule 421.2(b)(1-4).

System13, Inc. maintains the THCIC Health Care Data Collection System (HCDCS), hereafter referenced as "the system", "the System13/THCIC system", or similar variations. The system is accessed by providers via a website that allows providers to submit data files and manually enter, modify, delete, and report on data formatted using the requirements described in this document.

Submissions are acknowledged upon receipt into the system. When a file is received by the HCDCS (receiver process), an email receipt notification will be sent to the submitter indicating if the file was accepted or rejected for further processing. For a file to be accepted for further processing, its THCIC ID, NPI or EIN, and the first 15 characters of the facility's submission address must match the provider information THCIC has on file for each facility reported in the file.

The system pre-process checks for formatting compliance. Files failing the format audits will not be accepted into the system. If a file is not accepted for processing, the email notification includes information regarding the failed formatting audits.

The system pre-process determines if a file is a Test (T) file or a Production (P) file. Claims submitted and accepted into the system in either a Production or Test file will be subjected to THCIC data requirement audits. For claims submitted in a Production file, the results of the auditing process will be made available to the provider (facility) and the facility will be given an opportunity to correct the claims. Claims can be corrected using the system's web portal claim correction function, using the batch deletion component of the online system, or submitting corrected claims via the file submission process using the claim bill frequency type for deletion or replacement as appropriate. For claims submitted in a test file, the result of the auditing process will be made available to the submitter.

For more detail on the file submission process as well as the use of the System13/THCIC system please see: DSHS THCIC Hospital Reporting Requirements.

## 2.2 Reference Information

The THCIC 837 claim format draws from the specifications for the ANSI 837 health care claim format from the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 (005010X223), May 2006 version, and the addenda published by the Washington Publishing Company in October 2007 (ANSI 837 Institutional Guide, 005010X223A2) which can be purchased and downloaded from the following website: X12 Product Licensing Program.

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Only the sections required by THCIC or situational ANSI 837 Institutional and Professional Guide sections are reproduced in this manual.

### 2.2.1 The THCIC Business Associate - System13, Inc.

System13, Inc. provides a testing process to ensure that a hospital or vendor submits a HIPAA compatible ANSI 837 Institutional and Professional Guide formatted file with the additional required fields listed in this manual then that data file should pass the audits at System13, Inc. System13, Inc. (System13) located in Charlottesville, Virginia, is contracted to provide data collection, auditing, and warehousing of the data submitted by hospitals. System13, Inc. Contact Information:

E-mail: thcichelp@system13.com

Helpdesk Phone#: (888) 308-4953 Monday through Friday 8:00 a.m. to 5:00 p.m. (CT)

Fax: (434) 979-1047

### Data Portal Web Site

https://thcic.system13.com/

This is for uploading data files and manually entering claims online (data submission), manual claim correction, and data reports.

### THCIC Web Site

The THCIC web site contains the latest information about THCIC, the hospital discharge data reporting process, and other THCIC activities and publications. The site contains information about legislative mandates, instructions concerning the data reporting process, and THCIC staff contact information.

# 3. Definitions and Acronyms

| Term | Definition |
|---|---|
| **Accurate and Consistent Data** | Data that has been edited by DSHS and subjected to provider validation and certification. Title 25 Texas Administrative Code, Chapter 421, Rule 421.61(1) |
| **ANSI** | American National Standards Institute |
| **ANSI 837 Institutional Guide** | American National Standards Institute, Accrediting Standards Committee electronic claims format for billing health care services [specifications can be obtained via the Internet at Washington Publishing Company and Title 25 Texas Administrative Code, Chapter 421, Rule 421.61(5) |
| **Attending Physician** | The individual licensed under the Medical Practice Act (Occupations Code, Chapter 151) or the licensed health professional primarily responsible for the care of the patient during the hospital episode as reported on the claim. For Skilled Nursing Facility (SNF) services, the attending physician is the individual who certifies the SNF plan of care. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(3) |
| **Audit** | For the purposes of this manual, a methodological examination and review of data. Audits are performed during data collection to identify errors or potential errors (warnings). |
| **Certification Process** | The process by which a provider confirms the accuracy and completeness of the encounter data set required to produce the public use data file as specified in §421.7 of this title (relating to Certification of Discharge Reports). Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(4) |
| **Charge** | The amount billed by a provider for specific procedures or services provided to a patient before any adjustment for contractual allowances, government mandated fee schedules write-offs for charity care, bad debt or administrative courtesy. The term does not include co-payments charged to health maintenance organization enrollees by providers paid by capitation or salary in a health maintenance organization. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(5) |
| **CHS** | Texas Department of State Health Services, Center for Health Statistics. |

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| **CPT** | Current Procedural Terminology – HCPCS Level 1 procedure codes |
| **Comments** | The notes or explanations submitted by the hospitals, physicians or other health professionals concerning the provider quality reports or the encounter data for public use as described in the Texas Health and Safety Code, §108.010(c) and (e) and §108.011(g) respectively. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(6) |
| **Discharge** | The formal release of a patient by a hospital; that is, the termination of a period of hospitalization by death or by disposition to a residence or another health care provider. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(9) |
| **Discharge Claim** | A computer record as specified in §421.9 of this title (relating to Discharge Reports--Records, Data Fields and Codes) relating to a specific patient. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(10) |
| **Discharge Report** | A computer file as defined in §421.9 of this title periodically submitted on or on behalf of a Hospital in compliance with the provisions of this chapter. "Discharge report" corresponds to the ANSI 837 Institutional Guide terms, "Communication Envelope" or "Interchange Envelope." Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(11) |
| **DRG** | Diagnosis Related Group. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(12) |
| **EDI** | Electronic Data Interchange. A method of sending data electronically from one computer to another. EDI helps providers and payers maintain a flow of vital information by enabling the transmission of claims and managed care transactions. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(13) |
| **Edit** | An electronic standardized process developed and implemented by the THCIC to identify potential errors and mistakes in data elements by reviewing data fields for the presence or absence of data, and the accuracy and appropriateness of data. (§108.002(8) Health and Safety Code)<br>For the purposes of this manual:<br>1. To make changes to a data file. |

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| | **2.** The process of adding, deleting, or changing data. The THCIC edits the public use data file to protect the confidentiality of patients and physicians. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(14) |
| **Electronic Filling** | The submission of computer records in machine readable form by modem transfer from one computer to another (EDI) or by recording the records on a nine-track magnetic tape, computer diskette or other magnetic media acceptable to the executive director. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(15) |
| **EMC** | Electronic Media Claims (National Standard Format). |
| **Encounter** | An electronic record that contains information on all services rendered for a patient episode of care (admission through discharge) by a provider in a patient care setting (e.g., hospital, out-patient clinic, doctor's office). |
| **Error** | Data submitted in a discharge data file, which are not consistent with the format, data standards, or auditing criteria established by the director of CHS, or the failure to submit required data. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(16) |
| **Ethnicity** | The status of patients relative to Hispanic background. Facilities shall report this data element according to the following ethnic types: Hispanic or Non- Hispanic. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(17) |
| **Facility Type Indicators** | An indicator that provides information to the data user as to the type of facility or the primary health services delivered at that facility (e.g., Teaching, Acute Care, Rehabilitation, Psychiatric, Pediatric, Cancer, Skilled Nursing, or other Long Term Care Facility). A facility may have more than one indicator. Hospitals may request updates to this field. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(18) |
| **Geographic Identifiers** | A set of codes indicating the public health region and county in which the patient resides. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(19) |

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| **HCDCS** | Health Care Data Collection System |
| **HCPCS** | Healthcare Common Procedure Coding System |
| **Healthcare Facility** | A hospital, an ambulatory surgery center licensed under Chapter 243 of the Health and Safety Code, a chemical dependency treatment facility licensed under Chapter 464 of the Health and Safety Code, a renal dialysis center, a birthing center, a rural health clinic or a federally qualified health center as defined by 42 United States Code, §1396(1)(2)(B). Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(21) |
| **HIPPS** | Health Insurance Prospective Payment System. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(22) |
| **Hospital** | A public, for-profit, or nonprofit institution licensed or owned by this state that is a general or special hospital, private mental hospital, chronic disease hospital, or other type of hospital. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(23) |
| **ICD** | International Classification of Disease. The International Classification of Diseases, Clinical Modification (ICD-CM) is a system used to code and classify mortality data from death certificates. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(24) |
| **Inpatient** | A patient, including a newborn infant, who is formally admitted to the inpatient service of a hospital, and who is subsequently discharged, regardless of status or disposition. Inpatients include patients admitted to medical/surgical, intensive care, nursery, sub-acute, skilled nursing, long-term, psychiatric, substance abuse, physical rehabilitation, and all other types of hospital units. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(25) |

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| **Institutional Review Board** | The department's appointees or agent who have experience and expertise in ethics, patient confidentiality, and health care data who review and approve or disapprove requests for data or information other than the public use data as described in §421.10 of this title (relating to Institutional Review Board). The Institutional Review Board acts as the Scientific Review Panel described in the Health and Safety Code, |
| | §108.0135. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(26) |
| **Insured** | Services for which the provider expects payment from a third-party insuring Payer (e.g., Medicare, Medicaid, Blue Cross). |
| **Non-insured** | Services for which the Provider cannot bill a third-party insuring payer (e.g., self-pay, charity). |
| **Operating or Other Physician** | The "physician" licensed by the Texas Medical Board or "other health professional" licensed by the State of Texas who performed the principal procedure or performed the surgical procedure most closely related to the principal diagnosis. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(27) |
| **Other Exempted Provider** | A hospital exempt by rule Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(28) or by waiver (2014 Sunset Review Commission Waiver Recommendation) to be established in rule. |
| **Other Health Professional** | A person licensed to provide health care services other than a physician. An individual other than a physician who admits patients to hospitals, or who provides diagnostic or therapeutic procedures to inpatients. The term encompasses persons licensed under various Texas practice statutes, such as psychologists, chiropractors, dentists, nurse practitioners, nurse midwives, and podiatrists who are authorized by the hospital to admit or treat patients. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(29) |

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| **Patient Account Number** | A number assigned to each patient by the hospital, which appears on each computer record in a patient discharge claim. This number is not consistent for a given patient from one hospital to the next, or from one admission to the next in the same hospital. The department deletes or encrypts this number to protect patient confidentiality prior to release of data. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(30) |
| **Payer** | The organization that pays for medical services. Payers usually are contractually responsible for adjudication and payment of provider claims for health care services rendered. |
| **Physician** | An individual licensed under the laws of this state to practice medicine under the Medical Practice Act, Occupations Code, Chapter 151. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(31) |
| **Present on Admission (POA)** | Diagnosis present on admission. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(32) |
| **Provider** | A hospital, physician, or other health professional that provides health care services to patients. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(33) |
| **Provider Quality Data** | A report or reports authored by the department on provider quality or outcomes of care, as defined in Health and Safety Code, Chapter 108, created from data collected by the department or obtained from other sources. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(34) |
| **Public Use Data File** | A data file composed of discharge claims with risk and severity adjustment scores which have been altered by the deletion, encryption or other modification of data fields to protect patient and physician confidentiality and to satisfy other restrictions on the release of hospital discharge data imposed by statute. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(35) |
| **Race** | A division of patients according to traits that are transmissible by descent and sufficient to characterize them as distinctly human types. Hospitals shall report this data element according to the following racial types: American Indian, Eskimo, or Aleut; Asian or Pacific Islander; Black; |

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| | White; or Other. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(36) |
| **Required Minimum Data Set** | The list of data elements which hospitals are required to submit in a discharge claim for each inpatient stay in the hospital. The required minimum data set is specified in §421.9(d) of this title. This list does not include the data elements that are required by the ANSI 837 Institutional Guide to submit an acceptable discharge report. For example: Interchange Control Headers and Trailers, Functional Group Headers and Trailers, Transaction Set Headers and Trailers and Qualifying Codes (which identify which qualify as subsequent data elements). Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(37) |
| **Research Data File** | A customized data file, which includes the data elements in the public use file and may include data elements other than the required minimum data set submitted to the department, except those data elements that could reasonably identify a patient or physician. The data elements may be released to a requestor when the requirements specified in §421.8 of this title (relating to Hospital Discharge Data Release) are completed. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(38) |
| **Risk Adjustment** | A statistical method to account for a patient's severity of illness at the time of admission and the likelihood of development of a disease or outcome, prior to any medical intervention. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(39) |
| **Service Unit Indicator** | An indicator derived from submitted data (based on bill type or revenue codes), which represent the type of service unit or units (e.g., Coronary Care Unit, Detoxification Unit, Intensive Care Unit, Hospice Unit, Nursery, Obstetric Unit, Oncology Unit, Pediatric Unit, Psychiatric Unit, Rehabilitation Unit, Sub acute Care Unit, or Skilled Nursing Unit) where the patient received treatment. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(40) |
| **Severity Adjustment** | A method to stratify patient groups by degrees of illness and mortality. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(41) |

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| **Submission** | The transfer of a set of computer records as specified in §421.9 of this title that constitutes the discharge report for one or more hospitals. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(42) |
| **Submitter** | The person or organization, which physically prepares discharge reports for one or more hospitals and submits them to THCIC. A submitter may |
| | be a hospital or an agent designated by a hospital or its owner. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(43) |
| **Submitting Agent** | An organization authorized by a health care provider to submit billing claims on behalf of the provider. |
| **System13, Inc.** | System13, Inc. The contractor that collects, audits, and warehouses the inpatient and outpatient health care claim data on behalf of THCIC. |
| **THCIC** | Texas Health Care Information Collection sub-unit in the Department of State Health Services, Center for Health Statistics Unit. |
| **THCIC Identification Number** | A string of six characters assigned by THCIC to identify health care facilities for reporting and tracking purposes. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(44) |
| **Uniform Facility Identifier** | A unique number assigned by the department to each health care facility licensed in the state. For hospitals, this will include the hospital's state license number. For hospitals operating multiple facilities under one license number and duplicating services, the department will assign a distinguishable uniform facility identifier for each separate facility. The relationship between facility identifier and the name and license number of the facility is public information. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(45) |

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| **Uniform Patient Identifier** | A unique identifier assigned by the THCIC to an individual patient and composed of numeric, alpha, or alphanumeric characters, which remains constant across hospitals and inpatient admissions. The relationship of the identifier to the patient-specific data elements used to assign it is confidential. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(46) |
| **Uniform Physician Identifier** | A unique identifier assigned by the THCIC to a physician or other health professional who is reported as attending or treating a hospital inpatient and which remains constant across hospitals. The relationship of the identifier to the physician-specific data elements used to assign it is confidential. The uniform physician identifier shall consist of alphanumeric characters.<br>Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(47) |
| **User** | For the purposes of this manual, Hospital or Submitter. |
| **Validation** | The process by which a provider verifies the accuracy and completeness of data and corrects any errors identified before certification. Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(48) |

# 4. Technical Requirements Summary

## 4.1. Patient Inclusion Requirements

Hospitals must submit the required data elements for **all inpatients discharged** from the hospital. This includes patients for which the hospital may not generate an electronic claim, such as self-pay and charity (see Title 25 Texas Administrative Code, Chapter 421, Rule 421.2).

## 4.2. Communication Requirements

### 4.1.1. Data submission

Texas Administrative Code (TAC) rules require that all hospitals, in operation for any or all of the reporting periods described in Title 25 Texas Administrative Code, Chapter 421, Rule 421.1(a) and (b) relating to the Collection and release of Hospital Discharge Data, shall submit data on all discharged inpatients to the Texas Heath Care Information Collection program and are advised to reference Chapter 108, Health & Safety Code and the Texas Health Care Information Collection rules Title 25 Texas Administrative Code, Chapter 421, Rule 421.1 – 421.9 relating to data reporting.

In order to facilitate the implementation and operation of the Department of State Health Services data reporting programs under Chapter 108, Texas Health & Safety Code, it is necessary for each reporting health facility to provide the name and contact information for its designated THCIC contact person or liaison.

System13 accepts data from providers or from their submitting agents using transmission methods and protocols specified in this manual as authorized by THCIC Title 25 Texas Administrative Code, Chapter 421, Rule 421.4.

**Prior to submitting electronic claims to System13, Inc. the submitter (Facility or facility's designee, corporate office or contact vendor) must register with System13, Inc. and complete the enrollment process. For enrollment information, please visit:** System13 Enrollments

**For more information, see** THCIC Submitter and Provider Enrollment Guide.

### 4.1.2. Data corrections

Hospitals that receive error or warning codes and messages can submit corrections either by making the corrections using Claim Correction (See Claim Correction at DSHS THCIC Inpatient Data Reporting Requirements) or by resubmitting claims to System13, Inc. Claims can be corrected in one of the following ways:

1. **Replacement of Errant Claim Data** - Submit "Replacement claims" (XX7) to System13, Inc.

   "Replacement claims" are required to have the following data elements match

   exactly to replace the claim data from System13, Inc.:

   a. Patient Control Number (PCN) (can be changed in the THCIC System WebCorrect/Claims Correction [online])
   b. Medical Record Number (MRN)
   c. Admission Date
   d. Admission Hour
   e. Statement Covers Period from Date
   f. Statement Covers Period Through Date

2. **Void or Cancel Errant Claim Data and Resubmit:**

   Submit "Void/Cancel claims" (XX8) to System13, Inc., then resubmit original bill type codes (XX0, XX1, XX2, XX3, XX4 or XX5) with the corrected data included.

   "Void/Cancel claims" are required to have the following data elements match exactly to delete the claim data from System13, Inc.:

   a. Patient Control Number (PCN) (can be changed in the THCIC System WebCorrect/Claims Correction [online])
   b. Medical Record Number (MRN)
   c. Admission Date
   d. Admission Hour
   e. Statement Covers Period from Date
   f. Statement Covers Period Through Date

3. **Delete Errant Claim Data and Resubmit**

   a. The designated Facility "Data Administrator" may log into the secure website and delete errant or duplicate batches or claims using the "Batches" tab or "Data Mgmt" tab.
   b. Contact System13, Inc. and request that they delete the claims/batches with errors (a charge is associated with this process), and then resubmit

original bill type codes (XX0, XX1, XX2, XX3, XX4 or XX5) with the corrected data.

Contact the System13, Inc. Help Desk:

E-mail: thcichelp@system13.com

Helpdesk Phone#: (888) 308-4953 Monday through Friday 8:00 a.m. to 5:00 p.m. (CT)

Fax#: (434) 979-1047

## 4.3. Required Data File Formats and Data Elements Data file specifications

Claims data must be submitted in the THCIC 837 (modified ANSI X12N 837, version 5010 Institutional Claim) format. See Section 5 - THCIC 837 File Specifications of this document.

## 4.4. State required data elements

The following data elements must be submitted for each inpatient stay.

(1) Patient Name
  (A) Patient Last Name
  (B) Patient First Name
  (C) Patient Middle Initial
(2) Patient Address
  (A) Patient Address Line 1
  (B) Patient Address Line 2 (if applicable)
  (C) Patient City
  (D) Patient State
  (E) Patient ZIP
  (F) Patient Country (if address is not in United States of America, or one of its territories)
(3) Patient Birth Date
(4) Patient Sex
(5) Patient Race
(6) Patient Ethnicity
(7) Patient Social Security Number
(8) Patient Account Number
(9) Patient Medical Record Number
(10) Claim Filing Indicator Code (Payer Source – primary and secondary (if applicable for secondary payer source)
(11) Payer Name - Primary and secondary (if applicable, for both)
(12) National Plan Identifier - for primary and secondary (if applicable) payers (National Health Plan Identification

number, if applicable and when assigned by the Federal Government)
(13) Type of Bill
(14) Statement Dates (replaces Statement From and Statement Thru dates)
(15) Admission / Start of Care
  (A) Admission / Start of Care Date
  (B) Admission / Start of Care Hour
(16) Admission Type
(17) Admission Source
(18) Patient (Discharge) Status
(19) Patient Discharge Hour
(20) Principal Diagnosis
(21) Admitting Diagnosis
(22) Principle External Cause of Injury (E-Code)
(23) Other Diagnosis Codes - up to 24 occurrences (all applicable)
(24) External Cause of Injury (E-Code) - up to 9 occurrences (if applicable)
(25) Principal Procedure Code (if applicable)
(26) Principal Procedure Date (if applicable)
(27) Other Procedure Codes - up to 24 occurrences (if applicable)
(28) Other Procedure Dates - up to 24 occurrences (if applicable)
(29) Occurrence Span Code - up to 4 occurrences (if applicable)
(30) Occurrence Span Code Associated Date – up to 4 occurrences (If applicable)
(31) Occurrence Code - up to 12 occurrences (if applicable)
(32) Occurrence Code Associated Date - up to 12 occurrences (if applicable)
(33) Value Code - up to 12 occurrences (if applicable)
(34) Value Code Associated Amount - up to 12 occurrences (if applicable)
(35) Condition Code - up to 8 occurrences (if applicable)
(36) Attending Physician or Practitioner Name
  (A) Attending Physician or Practitioner Last Name
  (B) Attending Physician or Practitioner First Name
  (C) Attending Physician or Practitioner Middle Initial
(37) Attending Physician or Practitioner Primary Identifier (National Provider Identifier, when HIPAA rule is implemented)
(38) Attending Physician or Practitioner Secondary Identifier (Texas state license number)
(39) Operating Physician Name (if applicable)
  (A) Operating Physician Last Name
  (B) Operating Physician First Name
  (C) Operating Physician Middle Initial
(40) Operating Physician Primary Identifier (National Provider Identifier, when HIPAA rule is implemented)
(41) Operating Physician Secondary Identifier (Texas state license

number)
(42) Total Claim Charges
(43) Revenue Service Line Details (up to 999 service lines) (all applicable)
(A) Revenue Code
(B) Procedure Code
(C) HCPCS/HIPPS Procedure Modifier 1
(D) HCPCS/HIPPS Procedure Modifier 2
(E) HCPCS/HIPPS Procedure Modifier 3
(F) HCPCS/HIPPS Procedure Modifier 4
(G) Charge Amount
(H) Unit Code
(I) Unit Quantity
(J) Unit Rate
(K) Non-covered Charge Amount
(44) Service Provider Name
(45) Service Provider Primary Identifier - Provider Federal Tax ID (EIN) or National Provider Identifier (when HIPAA rule is implemented)
(46) Service Provider Address
(A) Service Provider Address Line 1
(B) Service Provider Address Line 2 (if applicable)
(C) Service Provider City
(D) Service Provider State
(E) Service Provider ZIP
(47) Service Provider Secondary Identifier - THCIC 6-digit Hospital ID assigned to each facility

## 4.5. Situational required data element

(48) Diagnosis Present on Admission (POA) – is required to be submitted for all hospitals which are not exempt from reporting Title 25 Texas Administrative Code, Chapter 421, Rule 421.9(e).

The following hospital types are exempt from the POA submission requirement:

(A) Critical Access Hospitals,
(B) Inpatient Rehabilitation Hospitals,
(C) Inpatient Psychiatric Hospitals,
(D) Cancer Hospitals,
(E) Children's or Pediatric Hospitals, or
(F) Long Term Care Hospitals

## 4.6. Data element locations

Data elements and their respective locations in the approved formats.

| | THCIC 837 INSTITUTIONAL LOCATION | THCIC 837 INSTITUTIONAL LOCATION |
|---|---|---|
| **DATA ELEMENT** | ***Loop*** | ***Ref. Des.*** |
| Patient Last Name | 2010BA or 2010CA | NM103 |
| Patient First Name | 2010BA or 2010CA | NM104 |
| Patient Middle Initial | 2010BA or 2010CA | NM105 |
| Patient Street Address | 2010BA or 2010CA | N301 |
| Patient City | 2010BA or 2010CA | N401 |
| Patient State | 2010BA or 2010CA | N402 |
| Patient Zip | 2010BA or 2010CA | N403 |
| Patient Country Code | 2010BA or 2010CA | N404 |
| Patient Birth Date | 2010BA or 2010CA | DMG02 |
| Patient Sex | 2010BA or 2010CA | DMG03 |
| Patient Race | 2300 | K301 |
| Patient Ethnicity | 2300 | K301 |
| Subscriber/Patient Social Security Number | 2010BA | REF02 |
| Patient Social Security Number | 2300 | K301 |
| Patient Control Number/Patient Account Number | 2300 | CLM01 |
| Medical Record Number | 2300 | REF02 |
| Source of Payment Code (Standard)/ Claim Filing Indicator Code | 2000B or 2320 | SBR09 |
| Payer Name | 2010BB (and 2330B, if secondary payer) | NM103 |
| National Plan Identifier (when implemented by Federal Government) | 2010BB (and 2330B, if secondary payer) | NM109 |
| Type of Bill | 2300 | CLM05 |
| Statement Covers Period From | 2300 | DTP03 |
| Statement Covers Period Through | 2300 | DTP03 |
| Admission/Start of Care Date | 2300 | DTP03 |

| | | |
|---|---|---|
| *Admission Hour (Required when multiple bill types are sent) | 2300 | DTP03 |
| Type of Admission (Priority (Type) of Admission) | 2300 | CL101 |
| Source of Admission (Point of Origin for Admission or Visit | 2300 | CL102 |
| Patient Status | 2300 | CL103 |
| Patient Discharge Hour | 2300 | DTP03 |
| Principal Diagnosis Code | 2300 | HI01 |
| Admitting Diagnosis | 2300 | HI02 |
| External Cause of Injury | 2300 | HI03-HI12 |
| Other Diagnosis Codes (Up to 24 codes) | 2300 | HI01-HI12, plus a second segment HI01-HI12 |
| Diagnosis Present on Admission | 2300 | HInn-9 (nn = 01-12) |
| Principal Surgical Procedure Code (If applicable) | 2300 | HI01 |
| Principal Surgical Procedure Date (If applicable) | 2300 | HI01 |
| Other Surgical Procedure Codes (Up to 24 codes) | 2300 | HI01-HI12, plus a second segment HI01-HI12 |
| Other Surgical Procedure Dates (If applicable) | 2300 | HI01-HI12, plus a second segment HI01-HI12 |
| Procedure Coding Method Used/ Code List Qualifier Code | 2300 | HInn-1 |
| Occurrence Span Code (Up to 4 codes will be used) | 2300 | HInn-2 |
| Occurrence Span Code Associated Dates (up to 4 will be collected) | 2300 | HInn-4 |
| Occurrence Code (Up to 12 codes will be used) | 2300 | HInn-2 |
| Occurrence Code Associated Dates (Up to 12 codes will be used) | 2300 | HInn-4 |
| Value Code (Up to 12 codes will be used) | 2300 | HInn-2 |
| Value Code Associated Amount (Up to 12 codes will be used) | 2300 | HInn-5 |
| Condition Code (Up to 8 codes will be used) | 2300 | HInn-2 |
| Attending Physician Name | 2310A | NM103, NM104, and NM105 |

| | | |
|---|---|---|
| Attending Physician Number | 2310A | NM109 (NPI) or REF02 (State License) |
| Operating or Other Physician Name | 2310B | NM103, NM104, and NM105 |
| Operating or Other Physician Number | 2310B | NM109 (NPI) or REF02 (State License) |
| Total Claim Charges | 2300 | CLM02 |
| Accommodations Revenue Codes or Revenue Codes | 2400 | SV201 |
| HCPCS/HIPPS Procedure Codes | 2400 | SV202-2 |
| HCPCS/HIPPS Procedure Code Modifiers | 2400 | SV202-3 to SV202-6 |
| Accommodation Total Charges or Charge Amount | 2400 | SV203 |
| Ancillary Charges Total or Charge Amount | 2400 | SV203 |
| Unit Code | 2400 | SV204 |
| Accommodations Days or Unit Quantity | 2400 | SV205 |
| Units of Service or Unit Quantity | 2400 | SV205 |
| Accommodations Rate or Unit Rate | 2400 | SV206 |
| Provider Name | 2010AA or 2310E | NM103 |
| Provider Address | 2010AA or 2310E | N301 |
| Provider City | 2010AA or 2310E | N401 |
| Provider ZIP Code | 2010AA or 2310E | N403 |
| Provider National Provider Identification Number (NPI) | 2010AA or 2310E | NM109 |
| Provider Tax Identification (EIN) | 2010AA or 2310E | REF02 |
| Provider THCIC ID Identification (6 Digit) number assigned by THCIC | 2010AA or 2010BB or 2310E | REF02 |

## 4.7. Billing Claims Validation and Acceptance

All submitted claims are audited and validated for adherence to the THCIC 837 specifications prior to being accepted for processing by System13, Inc. Audits required for validation include, at a minimum, those audits specified in the 5010 Inpatient and Outpatient Appendices found at https://www.dshs.texas.gov/texas-health-care- information-collection/facility-reporting-requirements/inpatient-data-reporting- requirements. Audits will be applied at the data element level or record level and without regard to other billing claim records previously received for a provider or a patient.

## 4.8. System Resources and Availability

The system is available to collect and accept data from submitters seven (7) days a week, twenty-four (24) hours a day.

Secured electronic mailboxes for notification are available seven (7) days a week, twenty-four (24) hours a day to the Submitter for retrieval of information.

## 4.9. System13, Inc. Technical Requirements – Enrollment and Submission

**Provider enrollment / signature requirements**

See the "THCIC Submitter and Provider Enrollment Guide".

**Submission validations and audits summary**

Format, syntax, and validation audits are performed on all claims data submitted to THCIC for processing. These audits and validations are summarized below. A list of the audits codes and descriptions of the codes can be found in the Appendices document. In general, the audits support the following rules:

Each billing claims submission must contain at least one valid file, including valid file header /trailer records.

A file/Transaction Set must contain one valid claim for the file/Transaction Set to be accepted.

Claim file numbers may not be reused within six months of acceptance of the first use of the batch number.

Claim detail charges and claim counts must balance with batch and file totals.

Claims submission may contain only valid record types/Data segments as defined in the ANSI 837 specifications.

All fields defined as number must contain numerical data.

All fields designated as required date fields must contain valid dates. Dates must be submitted in CCYYMMDD format including the patient's birth date. All other date fields may contain a valid date or may be blank or zero filled.

### Auditing of Data by System13, Inc.

Audits are listed in the 5010 Inpatient and Outpatient Appendices found on the THCIC website.

5010_Inpatient_and_Outpatient_Appendices, Latest Version contains default codes, payer source codes, audit list, race/ethnicity documents, and other helpful information.

**Table 1 Pre-Processing Audits (Format Check) (Example)**

| Audit MSG. ID | Audit Description |
|---|---|
| **Example:** | **Example:** |
| RJ001 - Missing/Invalid ISA Interchange Control Header Segment. | RJ001 - The first three characters in all 837 files are 'ISA'. This file does not start with 'ISA'. Our system has stopped processing this file. |
| RJ002 - ISA06 (Interchange Sender ID) contains invalid Submitter _ID='SUB999'. | RJ002 - Submitter Id's are six characters long, begin with 'SUB', and are followed by three numbers (e.g. SUB999). Do not put 'TH' in front of your Submitter Id. THSUB999 is a login, SUB999 is a Submitter Id. |

**Table 2 Claim Level Audit's (Example)**

| Audit | Status | Audit Message | Audit Description | Audit Severity |
|---|---|---|---|---|
| **600** | **I** | Missing Principal Procedure Date | If the Principal Procedure exists, the Principal Procedure Date must exist and contain a valid date of the format | **Error** |

# 5. THCIC 837 File Specifications

## 5.1. Reference Information

The THCIC 837 claim format draws from the specifications for the ANSI 837 health care claim format published in the American National Standards Institutes, Accredited Standards Committee X12, National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional, 837, ASC X12N 837 (005010X223), May 2006 version, and the addenda published by the Washington Publishing Company in October 2007 (ANSI 837 Institutional Guide, 005010X223A2) which can be purchased from the following website:

X12 Store ANSI 837 Institutional Guide

Only the sections and segments that are required or situational required by THCIC that are different from the ANSI 837 Institutional Guide sections are written in this manual. Following is a table of the data elements that have been modified from the ANSI 837 Institutional Guide to meet the THCIC requirements for data submission.

A rule of thumb: If a hospital or vendor submits a HIPAA compliant ANSI 837 Institutional Guide formatted file with the additional required fields listed below, that data file should pass the audits at System13, Inc.

Some data elements are listed as “Situational” or “Not Used” in the ANSI 837

Institutional Guide but are REQUIRED by THCIC, as detailed in the following table.

**Table 3 Data elements comparison**

| Data Elements | Loop | Ref. Des. | Difference from ANSI 837 Institutional Manual |
|---|---|---|---|
| National Provider Identification (NPI) number (*facility*) | 2010AA or 2310E[1] | NM109 | The Name segments in Loop 2310E are dependent upon who renders the service |
| Employer Identification Number | 2010AA or 2310E[1] | REF02 (or NM109) | The REF segment in Loop 2010AA and 2310E are SITUATIONAL and would be required if the NPI is submitted in NM109 of the same loop |

| Facility ID Number (THCIC ID #) | 2010AA or<br>2010BB[2] or<br>2310E | REF02 | REF Segment is situational for all loops. Loop is dependent upon who renders the service to patient. Loop 2010BB usage is changed to "SITUATIONAL" from "REQUIRED"<br>since this THCIC ID could be submitted in Loop 2010AA REF02 |
|---|---|---|---|
| Claim Filing Indicator Code | 2000B or<br>2320 | SBR09 | SBR09 |
| Subscriber/Patient Social Security Number | 2010BA | REF02 | REF segment |
| Data Elements | Loop | Ref. Des. | Difference from ANSI 837 Institutional Manual |
| Patient Social Security Number | 2300 | K301 | K3 segment (Required, if patient is not listed as the subscriber and SSN reported in 2010BA \| REF02. SSN moves to 3rd -11th characters with change to new contract in response<br>to HB 2641 84th Texas Legislature) |
| Patient Race | 2300 | K301 | K3 segment second character (with change to new contract in response<br>to HB 2641 84th Texas Legislature) |

| | | | |
|---|---|---|---|
| Principal and Admitting Diagnosis | 2300 | HI01–HI12 | Bill Type 4XX and 5XX in the addenda were provided exemptions in the ANSI 837 Institutional guide. |
| Patient Ethnicity | 2300 | K301 | K3 segment first character (with change to new contract in response to HB 2641 84th Texas Legislature) |
| Type of Admission (Priority (Type) of Admission) | 2300 | CL101 | CL segment |
| Source of Admission (Point of Origin for Admission or Visit) | 2300 | CL101 | CL segment |
| Patient Status | 2300 | CL101 | CL segment |
| Medical Record Number | 2300 | REF02 | REF segment |
| Attending Physician Number | 2310A | NM109 REF02 | NM1 segment REF segment |
| Attending Physician Name | 2310A | NM103 | NM segment |
| Subscriber Name | 2010BA | NM103-Last<br>NM104-First NM105-MI | Segment is situational for THCIC<br>submissions, only required if Subscriber is Patient |
| External Cause of Injury3 | 2300 | HI01–HI10 | HI11 and HI12 excluded |

1. *Dependent on which facility is indicated as rendering the services to the patient*
2. *Loop 2010BB (REF Segment) would not be used if THCIC ID reported in Loop 2010AA*
3. *Allows for up to 10 External Cause of Injury codes*

## 5.2 Basic Structure

The X12 standards define commonly used business transactions in a formal, structured manner called transaction sets. A transaction set is composed of a transaction set header control segment, one or more data segments, and a transaction set trailer control segment. Each segment is composed of: a unique segment ID; one or more logically related simple data elements or composite data structures, or both, each proceeded by a data element separator; and a segment terminator.

Composite data structures are composed of one or more logically related component data elements. Each composite data structure is followed by a component element separator with the exception of the last one element. The data segment directory entry referenced by the data segment ID defines the sequence of simple data elements and composite data structures in the segment, and any interdependencies that may exist. The composite data structure directory entry referenced by the composite data structure number defines the sequence of component data elements in the composite data structure.

A data element in the transaction set header identifies the type of transaction set. A functional group contains one or more related transaction sets preceded by a functional group header control segment and terminated by a functional group trailer control segment.

## 5.3 Control Segments

A control segment has the same structure as a data segment, but it is used for transferring control information rather than application information.

## 5.4 Delimiters

A delimiter (from Section B.1.1.2.5 of ANSI 837 Institutional Guides) is a character used to separate two data elements or component elements or to terminate a segment. The delimiters are an integral part of the data. Delimiters are specified in the interchange header segment, ISA. The ISA segment can be considered in implementations compliant with this guide to be a 105-byte fixed length record, followed by a segment terminator. The data element separator is byte number 4; the repetition separator is byte number 83; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, the delimiters are not to be used in a data element value elsewhere in the interchange. For consistency, this implementation guide uses the delimiters shown in the Delimiters Table below for all examples of EDI transmissions.

### 5.4.1 Delimiter Examples

| CHARACTER | NAME | DELIMITER |
|---|---|---|
| * | Asterisk | Data Element Separator |
| ^ | Carat | Repetition Separator |
| : | Colon | Component Element Separator |
| ~ | Tilde | Segment Terminator |

The delimiters above are for illustration purposes only and are not specific recommendations or requirements. Users of this implementation guide should be aware that an application system may use some valid delimiter characters within the application data. Occurrences of delimiter characters in transmitted data within a data element will result in errors in translation. The existence of asterisks (*) within transmitted application data is a known issue that can affect translation software.

### 5.4.2 Element Attributes

Attributes for each element include a Requirement Designator, Data Type, and Minimum Length/Maximum Length.

**Table 4 Requirement Designator**

| Designator | Description |
|---|---|
| M = Mandatory | The designation of mandatory is absolute in the sense that there is no dependency on other data elements. This designation may apply to either simple data elements or composite data structures. If the designation applies to a composite data structure, then at least one value of a component data element in that composite data structure shall be included in the data segment. |
| O = Optional | The designation of optional means that there is no requirement for a simple data element or composite data structure to be present in the segment. The presence of a value for a simple data element or the presence of value for any of the component data elements of a composite data structure is at the option of the sender. |
| X = Relational | Relational conditions may exist among two or more simple data elements within the same data segment based on the presence or absence of one of those data elements (presence means a data element must not be empty). |

### Table 5 Data Types

| Data | Type |
|---|---|
| AN | Alphanumeric |
| ID | Identifier |
| DT | Date |
| NO | Number |
| R | Decimal |
| TM | Time |

## 5.5 Control Segment Elements Breakout

### Table 6 INTERCHANGE CONTROL HEADER

**IMPLEMENTATION**

INTERCHANGE CONTROL HEADER

**Purpose** To start and identify an interchange of zero or more functional groups and interchange-related control segments

**Repeat** 1

**Notes** The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange.

**Example** Spaces in the example are represented by "." for clarity.

**ISA*00*..........*01*SECRET....*ZZ*SUBMITTERS.ID *ZZ*YTH83**

**7 *141031*1253*^*00501*000000905*1*T*:~**

**ELEMENT SUMMARY**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **ISA01 I01** | **Authorization Information Qualifier** | **M ID 2/2** |

Fixed Length Positions: Begin 5, End 6

Code to identify the type of information in the Authorization Information

THCIC will accept either code

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES |
|---|---|---|---|---|
| | **CODE DEFINITION** | | | |
| | **00** | NO AUTHORIZATION INFORMATION PRESENT | | |
| | **03** | ADDITIONAL DATA IDENTIFICATION | | |
| **REQUIRED** | **ISA02** | **I02** | **Authorization Information** | **M AN 10/10** |
| | Fixed Length Positions: Begin 8, End 17<br><br>Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) | | | |
| **REQUIRED** | **ISA03** | **I03** | **Security Information Qualifier** | **M ID 2/2** |
| | Fixed Length Positions: Begin 19, End 20<br><br>Code to identify the type of information in the Security Information<br><br>THCIC will accept either | | | |
| | **CODE DEFINITION** | | | |
| | **00** | NO SECURITY INFORMATION PRESENT | | |
| | **01** | PASSWORD | | |
| **REQUIRED** | **ISA04** | **I04** | **Security Information** | **M AN 10/10** |
| | Fixed Length Positions: Begin 22, End 31<br><br>This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) | | | |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **ISA05 I05** | **Interchange ID Qualifier** | **M ID 2/2** |

Fixed Length Positions: Begin 33, End 34

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

THIS ID QUALIFIES THE SENDER IN ISA06.

**CODE DEFINITION**

| | |
|---|---|
| **ZZ** | MUTUALLY DEFINED |

| | | | |
|---|---|---|---|
| **REQUIRED** | **ISA06 I06** | **Interchange Sender ID** | **M AN 15/15** |

Fixed Length Positions: Begin 36, End 50

Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element

**CODE DEFINITION**

| | |
|---|---|
| **SUBNNN** | SYSTEM13, INC. SUBMITTER ID NUMBER |

**(Must be obtained from System13 Inc.)**

| | | | |
|---|---|---|---|
| **REQUIRED** | **ISA07 I05** | **Interchange ID Qualifier** | **M ID 2/2** |

Fixed Length Positions: Begin 52, End 53

Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified

THIS ID QUALIFIES THE RECEIVER IN ISA08.

**CODE DEFINITION**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| | **ZZ** | MUTUALLY DEFINED | | |
| **REQUIRED** | **ISA08** | **I07** | **Interchange Receiver ID** | **M AN 15/15** |

Fixed Length Positions: Begin 55, End 69

Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them.

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **YTH837** | Required for 837 claim submissions |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **ISA09** | **I08** | **Interchange Date** | **M DT 6/6** |

Fixed Length Positions: Begin 71, End 76

Date of the interchange

The date format is YYMMDD.

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **ISA10** | **I09** | **Interchange Time** | **M TM 4/4** |

Fixed Length Positions: Begin 78, End 81

Time of the interchange.

The time format is HHMM.

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **ISA11** | **I10** | **Repetition Separator** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Fixed Length Positions: Begin 83, End 83

Type is not applicable; the repetition separator is a delimiter and not a data element; this field provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure; this value must be different than the data element separator, component element separator, and the segment terminator.

**CODE DEFINITION**

| | |
|---|---|
| **^** | REPETITION SEPARATOR |

(Carat is THCIC RECOMMENDED)

**REQUIRED** **ISA12 I11** **Interchange Control Version Number** **M ID 5/5**

Fixed Length Positions: Begin 85, End 89

This version number covers the interchange control segments

**CODE DEFINITION**

| | |
|---|---|
| **00501** | APPROVED VERSION |

**REQUIRED** **ISA13 I12** **Interchange Control Number** **M NO 9/9**

Fixed Length Positions: Begin 91, End 99

This version number covers the interchange control segments

The Interchange Control Number, ISA13, must be Identical to the associated Interchange Trailer

**REQUIRED** **ISA14 I13** **Acknowledgment Requested** **M ID 1/1**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|

Fixed Length Positions: Begin 101, End 101 Code sent by the sender to request an interchange acknowledgment (TA1)

THCIC will accept either code

**CODE DEFINITION**

| | |
|---|---|
| **0** | NO ACKNOWLEDGMENT REQUESTED |
| **1** | INTERCHANGE ACKNOWLEDGMENT REQUESTED |

Submitters will receive an Acknowledgement and a Claim Acceptance Response Report, regardless of which code is submitted

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **ISA15 I14** | **Usage Indicator** | **M** | **ID 1/1** |

Fixed Length Positions: Begin 103, End 103

Code to indicate whether data enclosed by this interchange envelope is test, production or information

**CODE DEFINITION**

**P** PRODUCTION DATA

Submitters must be on the approved Submitter List at System13, Inc. prior to submitting Production Data

**T** TEST DATA

Submitter must submit test to System13, Inc. and receive approval prior to submitting production data

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **ISA16 I15** | **Component Element Separator** | **M** | **ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Fixed Length Positions: Begin 105, End 105

Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator RECOMMENDED CODE SEPARATORS

* - STAR

: - COLON

~ - TILDE

## Table 7 INTERCHANGE CONTROL TRAILER

**IMPLEMENTATION**

INTERCHANGE CONTROL TRAILER

**Purpose** To define the end of an interchange of zero or more functional groups and interchange-related control segments

**Repeat** 1

**Example** **IEA*1*000000905~**

**ELEMENT SUMMARY**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **IEA01** | **I16** | **Number of Included Functional Groups** | **M N0 1/5** |
| | A count of the number of functional groups included in an interchange | | | |
| **REQUIRED** | **IEA02** | **I12** | **Interchange Control Number** | **M N0 9/9** |
| | A control number assigned by the interchange sender<br>NUMBER MUST MATCH NUMBER IN ISA13 | | | |

## Table 8 FUNCTIONAL GROUP HEADER

**IMPLEMENTATION**

FUNCTIONAL GROUP HEADER

**Purpose** To indicate the beginning of a functional group and to provide control information

**Repeat** 1

**Example** **GS*HC*SENDER CODE*RECEIVER CODE* 19940331* 0802* 1*X* 005010X223~**

**ELEMENT SUMMARY**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **GS01** | **479** | **Functional Identifier Code** | **M ID 2/2** |
| | | | Code identifying a group of application related transaction sets. | |
| | | | **CODE DEFINITION** | |
| | **HC** | | HEALTH CARE CLAIM (837) | |
| **REQUIRED** | **GS02** | **142** | **Application Sender's Code** | **M AN 2/15** |
| | | | Code identifying party sending transmission; codes agreed to by trading partners. | |
| | | | **CODE DEFINITION** | |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| | **SUBnnn** | SYSTEM13, INC. SUBMITTER ID NUMBER | | |
| | This is the same ID as in ISA06. The Submitter ID must | | | |
| **REQUIRED** | **GS03** | **124** | **Application Receiver's Code** | **M AN 2/15** |
| | Code identifying party receiving transmission Codes agreed to by trading partners | | | |
| | **CODE** | **DEFINITION** | | |
| | **YTH837** | REQUIRED FOR THCIC | | |
| **REQUIRED** | **GS04** | **373** | **Date** | **M DT 8/8** |
| | Date expressed as CCYYMMDD<br><br>SEMANTIC: GS04 is the group date<br><br>Use this date for the functional group creation date. | | | |
| **REQUIRED** | **GS05** | **337** | **Time** | **M TM 4/8** |
| | 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)<br><br>SEMANTIC: GS05 is the group time. | | | |
| **REQUIRED** | **GS06** | **28** | **Group Control Number** | **M N0 1/9** |
| | Assigned number originated and maintained by the sender<br><br>SEMANTIC: The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02. | | | |
| **REQUIRED** | **GS07** | **455** | **Responsible Agency Code** | **M ID 1/2** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code used in conjunction with Data Element 480 to identify the issuer of the standard | |
| | **CODE DEFINITION** | |
| | **X** ACCREDITED STANDARDS COMMITTEE X12 | |
| **REQUIRED** | **GS08 480 Version / Release / Industry Identifier Code** | **M AN 1/12** |
| | Code indicating the version, release, sub release, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and sub release, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed | |

## Table 9 FUNCTIONAL GROUP TRAILER

**IMPLEMENTATION**

FUNCTIONAL GROUP TRAILER

**Purpose** To indicate the end of a functional group and to provide control information.

**Repeat** 1

**Example** **GE*1*1~**

**ELEMENT SUMMARY**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **GE01** | **97** | **Number of Transaction Sets Included** | **M N0 1/6** |
| | Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element. | | | |
| **REQUIRED** | **GE02** | **28** | **Group Control Number** | **M N0 1/9** |
| | Assigned number originated and maintained by the sender.<br><br>SEMANTIC: The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.<br><br>MUST MATCH THE NUMBER IN GS06 | | | |

## 5.6. THCIC Transaction Set

### Table 10 Table 1 Header

| POS. | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|
| 0050 | ST | Transaction Set Header | R | 1 | |
| 0100 | BHT | Beginning of Hierarchical Transaction | R | 1 | |
| | | **LOOP ID – 1000A SUBMITTER NAME** | R | | 1 |
| 0200 | NM1 | Submitter Name | R | 1 | |

### Table 11 Table 2 Detail – Billing Provider Hierarchical Level

| POS. | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|
| | | **LOOP ID – 2000A Billing Provider HIERARCHICAL LEVEL** | R | | >1 |
| 0010 | HL | Billing/ Provider Hierarchical Level | R | | |
| | | **LOOP ID – 2010AA BILLING PROVIDER NAME** | R | | 1 |
| 0150 | NM1 | Billing Provider Name | R | 1 | |
| 0250 | N3 | Billing Provider Address | R | 1 | |
| 0300 | N4 | Billing Provider City/State/ZIP Code | R | 1 | |
| 0350 | REF | Billing Provider Tax Identification | R | 1 | |
| 0350 | REF | Billing Provider THCIC Identification | S | 1 | |
| | | **LOOP LOOP ID – 2010AB PAY-TO PROVIDER NAME** | S | | 1 |
| 0150 | NM1 | Billing Provider Name | S | 1 | |
| 0250 | N3 | Billing Provider Address | R | 1 | |
| 0300 | N4 | Billing Provider City/State/ZIP Code | R | 1 | |

## Table 12 Subscriber Hierarchical Level

| POS. SEG. ID | NAME | | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|
| | **LOOP ID – 2000B SUBSCRIBER HIERARCHICAL LEVEL** | | **R** | | **1** |
| **0010** | **HL** | Subscriber Hierarchical Level | **R** | | |
| **0050** | **SBR** | Subscriber Information | **R** | | |
| | | **LOOP ID – 2010BA SUBSCRIBER NAME** | **S** | | **1** |
| | | **"Required" if the "Subscriber" is the "Patient" otherwise "Not Used"** | | | |
| **0150** | **NM1** | Subscriber Name | **R/N** | **1** | |
| **0250** | **N3** | Subscriber Address | **R/N** | **1** | |
| **0300** | **N4** | Subscriber City/State/ZIP Code | **R/N** | **1** | |
| **0320** | **DMG** | Subscriber Demographic Information | **R/N** | **1** | |
| **0350** | **REF** | Subscriber Secondary Identification | **R/N** | **1** | |
| | | **LOOP** **LOOP ID - 2010BB PAYER NAME** | **R** | | **1** |
| **0150** | **NM1** | Billing Provider Name | **R** | **1** | |
| **0250** | **N3** | Billing Provider Address | **S** | **1** | |

## Table 13 Detail – Patient Hierarchical Level

| POS.# | SEG. ID | NAME | USAGE | REPEAT | LOOP REPEAT |
|---|---|---|---|---|---|
| | | **LOOP ID – 2000C PATIENT HIERARCHICAL LEVEL** | S | | >1 |
| 0010 | HL | Patient Hierarchical Level | S | 1 | |
| 0070 | PAT | Patient Information | R | 1 | |
| | | **LOOP ID – 2010CA PATIENT NAME** | S | | 1 |
| | | **Required" if "Subscriber" is the "Patient", otherwise "Not Used".** | | | |
| 0150 | NM1 | Patient Name | N/R | 1 | |
| 0250 | N3 | Patient Address | N/R | 1 | |
| 0300 | N4 | Patient City/State/ZIP Code | N/R | 1 | |
| 0320 | DMG | Patient Demographic Information | N/R | 1 | |
| | | **LOOP ID – 2300 CLAIM INFORMATION** | R | | 100 |
| 1300 | CLM | Claim Information | R | 1 | |
| 1350 | DTP | Discharge Hour | S | 1 | |
| 1350 | DTP | Statement Dates | R | 1 | |
| 1350 | DTP | Admission Date/Hour | R | 1 | |
| 1400 | CL1 | Institutional Claim Code | R | 1 | |
| 1800 | REF | Medical Record Number | S | 1 | |
| 1850 | K3 | State Required Data Elements (Patient Ethnicity, Race Codes and Patient SSN) File Information | S | 10 | |
| | | **SSN is "Not-Used" if "Subscriber" is the "Patient", otherwise "Required".** | S | | |
| 2310 | HI | Principal, Diagnosis | R | 1 | |
| 2310 | HI | Admitting Diagnosis | S | 1 | |
| 2310 | HI | External Cause of Injury | S | 1 | |
| 2310 | HI | Other Diagnosis Information | S | 2 | |
| 2310 | HI | Principal Procedure Information | S | 1 | |
| 2310 | HI | Other Procedure Information | S | 2 | |
| 2310 | HI | Occurrence Span Information | S | 2 | |
| 2310 | HI | Occurrence Information | S | 2 | |
| 2310 | HI | Value Information | S | 2 | |
| 2310 | HI | Condition Information | S | 2 | |
| | | **LOOP ID - 2310A ATTENDING PHYSICIAN NAME** | R | | 1 |
| 2500 | NM1 | Attending Physician Name | R | 1 | |
| 2710 | REF | Attending Physician Secondary Identification | R | 5 | |
| | | **LOOP ID - 2310B OPERATING PHYSICIAN NAME** | S | | 1 |
| 2500 | NM1 | Operating Physician Name | S | 1 | |
| 2710 | REF | Operating Physician Secondary Identification | S | 5 | |
| | | **LOOP ID - 2310E SERVICE FACILITY NAME** | S | | 1 |
| 2500 | NM1 | Service Facility Name | S | 1 | |
| 2650 | N3 | Service Facility Address | R | 1 | |
| 2700 | N4 | Service Facility City/State/Zip Code | R | 1 | |
| 2710 | REF | Service Facility Secondary Identification | S | 3 | |
| | | **LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION** | S | | 10 |
| 2900 | SBR | Other subscriber Information | S | 1 | |
| | | **LOOP ID – 2330B OTHER PAYER NAME** | S | | |

| | | | | |
|---|---|---|---|---|
| **3250** | **NM1** | Other Payer Name | **R** | **1** |
| | | **LOOP ID 2400 SERVICE LINE NUMBER** | **R** | **999** |
| **3650** | **LX** | Service Line Number | **R** | **1** |
| **3750** | **SV2** | Institutional Service Line | **R** | **1** |
| **5550** | **SE** | **Transaction Trailer** | **R** | **1** |

## Table 14 ST TRANSACTION SET HEADER

**IMPLEMENTATION**

ST TRANSACTION SET HEADER

**Usage** REQUIRED

**Repeat** 1

**Example** **ST*837*987654*005010X223A2~**

**ELEMENT SUMMARY**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **ST01** | **143** | **Transaction Set Identifier Code** | **M ID 3/3** |
| | | | Code identifying a group of application related transaction sets. | |
| | | | **CODE DEFINITION** | |
| | | | **837** HEALTH CARE CLAIM | |
| **REQUIRED** | **ST02** | **329** | **Transaction Set Control Number** | **M AN 4/9** |
| | | | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set.<br><br>The Transaction Set Control Number in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS- | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges. | |
| **REQUIRED** | **ST03 1705 Implementation Convention Reference** | **O AN 1/35** |
| | This field contains the same value as GS08. Some translator products strip off the ISA and GS segments prior to application (ST-SE) processing. Providing the information from the GS08 at this level will ensure that the appropriate application mapping is used at translation time. | |

## Table 15 BEGINNING OF HIERARCHICAL TRANSACTION

**IMPLEMENTATION**

BEGINNING OF HIERARCHICAL TRANSACTION

**Usage** REQUIRED

**Repeat** 1

**Example** **BHT*0019*00*0123*20141030*0932*CH~**

**ELEMENT SUMMARY**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **BHT01 1005 Hierarchical Structure Code** | **M ID 4/4** |
| | Code uniquely identifying a Transaction Set<br><br>SEMANTIC: The transaction set identifier (ST01) used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).<br><br>**CODE DEFINITION**<br><br>**0019** INFORMATION SOURCE, SUBSCRIBER, DEPENDENT | |
| **REQUIRED** | **BHT02 353 Transaction Set Purpose Code** | **M ID 2/2** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Code identifying purpose of transaction set BHT02 is intended to convey the electronic transmission status of the 837, batch contained in this ST-SE envelope. The terms “original” and “reissue” refer to the electronic transmission status of the 837 batch, not the billing status.

THCIC will accept either code and will treat both as an original submission.

**CODE DEFINITION**

**OO** ORIGINAL

**18** REISSUE

**REQUIRED** **BHT03 127** **Reference Identification** **O AN 1/50**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

INDUSTRY: Originator Application Transaction Identifier
SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator’s business application system.

Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter’s system.

The Reference Identification must not be duplicated or reused within 12 months.

**REQUIRED** **BHT04 373** **Date** **O DT 8/8**

Date expressed as CCYYMMDD

INDUSTRY: Transaction Set Creation Date

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

Use this date to identify the date on which the submitter created the file.

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **BHT05 337** | **Time** | **O TM 4/8** |

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)

INDUSTRY: Transaction Set Creation Time

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

Use this time to identify the time of day that the submitter created the file.

| | | | |
|---|---|---|---|
| **REQUIRED** | **BHT06 640** | **Transaction Type Code** | **O ID 2/2** |

Code specifying the type of transaction.

INDUSTRY: Claim or Encounter Identifier ALIAS: Claim or Encounter Indicator

THCIC WILL ACCEPT EITHER CODE.

**CODE DEFINITION**

**CH** CHARGEABLE

**RP** REPORTING

**31** SUBROGATION DEMAND - THE SUBROGATION DEMAND CODE IS ONLY FOR USE BY STATE MEDICAID AGENCIES PERFORMING POST PAYMENT RECOVERY CLAIMING WITH WILLING TRADING PARTNERS.

**NOTE: AT THE TIME OF THIS WRITING, SUBROGATION DEMANDS IS NOT A HIPAA MANDATED USE OF THE 837 TRANSACTION SET.**

## Table 16 SUBMITTER NAME

**IMPLEMENTATION**

SUBMITTER NAME

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**Loop** 1000A — SUBMITTER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** See ANSI 837 Institutional Claim Guide Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000.

**Example** **NM1*41*2*ABC Submitter*****46*SUB###~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **NM101 98 Entity Identifier Code** | **M ID 2/3** |
| | Code identifying an organizational entity, a physical location, property or an individual | |
| | **CODE DEFINITION** | |
| | **41** SUBMITTER | |
| **REQUIRED** | **NM102 1065 Entity Type Qualifier** | **M ID 1/1** |
| | Code qualifying the type of entity | |
| | SEMANTIC: NM102 | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **1** PERSON | |
| | **2** NON-PERSON ENTITY | |
| **REQUIRED** | **NM103 1035 Name Last or Organization** | **O AN 1/60** |
| | Individual last name or organizational name | |
| | INDUSTRY: Submitter Last or Organization Name | |
| | ALIAS: Submitter Name | |
| **SITUATIONAL** | **NM104 1035 Name First** | **O AN 1/35** |
| | Individual first name | |
| | INDUSTRY: Submitter First Name | |
| | ALIAS: Submitter Name | |
| | Required if NM102=1 (person). | |
| **SITUATIONAL** | **NM105 1037 Name Middle** | **O AN 1/25** |
| | Individual middle name or initial | |
| | INDUSTRY: Submitter Middle | |
| | Name ALIAS: Submitter Name | |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| **REQUIRED** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |
| | Code designating the system/method of code structure used for Identification Code (67) | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| | **CODE DEFINITION** | | | |
| | **46** ELECTRONIC TRANSMITTER IDENTIFICATION NUMBER (ETIN)<br><br>*Established by a trading partner agreement* | | | |
| **REQUIRED** | **NM109** | **67** | **Identification Code** | **X AN 2/80** |
| | Code identifying a party or other code.<br><br>INDUSTRY: Submitter Identifier<br><br>ALIAS: Submitter Primary Identification Number | | | |
| | **CODE DEFINITION** | | | |
| | **SUBnnn** SYSTEM13, INC. SUBMITTER ID NUMBER<br><br>*This must match ISA06 and GS02* | | | |
| **NOT USED** | **NM110** | **706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111** | **98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112** | **1035** | **Name Last or Organizational Name** | **O AN 1/60** |

### Table 17 RECEIVER NAME

**IMPLEMENTATION**

RECEIVER NAME

**Loop** 1000B — RECEIVER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** See ANSI 837 Institutional Claim Guide Section 2.4, Loop ID- 1000, Data Overview, for a detailed description about using Loop ID-1000.

**Example** **NM1*40*2*THCIC*****46*YTH837~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM101 98** | **Entity Identifier Code** | **M ID 2/3** |
| | | Code identifying an organizational entity, a physical location, property or an individual | |
| | | **CODE DEFINITION** | |
| | | **40** RECEIVER | |
| **REQUIRED** | **NM102 1065** | **Entity Type Qualifier** | **M ID 1/1** |
| | | Code qualifying the type of entity | |
| | | SEMANTIC: NM102 | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **2** NON-PERSON ENTITY | |
| **REQUIRED** | **NM103 1035 Name Last or Organization** | **O AN 1/60** |
| | Individual last name or organizational name<br>INDUSTRY: Submitter Last or Organization Name<br>ALIAS: Submitter Name | |
| | **CODE DEFINITION** | |
| | **THCIC** IDENTIFIES THCIC AS THE RECEIVER | |
| | Code designating the system/method of code structure used for Identification Code (67)<br>INDUSTRY: Information Receiver Identification Number | |
| | **46** ELECTRONIC TRANSMITTER IDENTIFICATION NUMBER (ETIN) | |
| **NOT USED** | **NM104 1035 Name First** | **O AN 1/35** |
| **NOT USED** | **NM105 1037 Name Middle** | **O AN 1/25** |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| **NOT USED** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |
| **REQUIRED** | **NM109 67 Identification Code** | **X AN 2/80** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|
| | | Code identifying a party or other code<br><br>INDUSTRY: Receiver Primary Identifier ALIAS:<br><br>Receiver Primary Identification Number<br><br>**CODE DEFINITION** | | |
| | **YTH837** | RECEIVER CODE FOR THCIC | | |
| **NOT USED** | **NM110 706** | **Entity Relationship Code** | **X ID** | **2/2** |
| **NOT USED** | **NM111 98** | **Entity Identifier Code** | **O ID** | **2/3** |
| **NOT USED** | **NM112 1035** | **Name Last or Organizational Name** | **O AN** | **1/60** |

## Table 18 BILLING PROVIDER HIERARCHICAL LEVEL

**IMPLEMENTATION**

BILLING PROVIDER HIERARCHICAL LEVEL

**Loop** 2000A - BILLING PROVIDER HIERARCHICAL LEVEL Repeat: >1

**Usage** REQUIRED

**Repeat** 1

**Notes** Use the Billing Provider HL to identify the original entity that submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BB. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider.

The Billing Provider Hierarchical Level may contain information about the Pay-to Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID- 2010AA.

If the Service Facility Provider is the same entity as the Billing or the Pay-to Provider then do not use Loop 2310E.

THCIC uses the provider HLs as base for batching claim submissions. Each set of claims for a provider HL results in one set of reports. Multiple provider HLs will result in multiple sets of reports. Thus, the number of provider HLs should be minimized where possible, to reduce the numbers of reports that must be reviewed.

**Example** **HL*1**20*1~**

**HL Hierarchical Level**

| USAGE | REF. | DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HL01** | **628** | **Hierarchical ID Number** | **M AN 1/12** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.<br><br>COMMENT: 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.<br><br>HL01 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. | | | |
| **NOT USED** | **HL02** | **734** | **Hierarchical Parent ID Number** | **M ID 1/1** |
| **REQUIRED** | **HL03** | **35** | **Hierarchical Level Code** | **M ID 1/2** |
| | Code defining the characteristic of a level in a hierarchical structure.<br><br>COMMENT: 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. | | | |
| | **CODE DEFINITION** | | | |
| | **20** | INFORMATION SOURCE | | |
| **REQUIRED** | **HL04** | **736** | **Hierarchical Child Code** | **O ID 1/1** |
| | Code indicating if there are hierarchical child data segments subordinate to the level being described.<br><br>COMMENT: HL04 indicates whether there are subordinate (or child) HL segments related to the current HL segment.<br><br>The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0). | | | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
| --- | --- | --- |
| | **1** ADDITIONAL SUBORDINATE HL DATA SEGMENT IN THIS HIERACHICAL STRUCTURE | |

## Table 19 BILLING PROVIDER NAME

**IMPLEMENTATION**

BILLING PROVIDER NAME

**Loop** 2010AA — BILLING PROVIDER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** Although the name of this loop/segment is “Billing Provider” the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

**Example** **NM1*85*2*JONES HOSPITAL*****XX*45609312~**

**HL Hierarchical Level**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **NM102 1065 Entity Identifier Code**<br>Code identifying an organizational entity, a physical location, property or an individual<br>**CODE DEFINITION**<br>**85** BILLING PROVIDER<br>Use this code to indicate billing provider. | **M ID 2/3** |
| **NOT USED** | **NM102 1065 Entity Type Qualifier** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code qualifying the type of entity.<br><br>SEMANTIC: NM102 qualifies<br><br>NM103 | |
| | **CODE DEFINITION** | |
| | **2** NON-PERSON ENTITY | |
| **REQUIRED** | **NM103 1035 Name Last or Organization Name** | **O AN 1/60** |
| | Individual last name or organizational name.<br><br>This is the name of the facility as reported to Bureau of Facility Licensing, Texas Department of Health<br><br>INDUSTRY: Billing Provider Last or Organizational Name<br><br>ALIAS: Billing Provider Name | |
| | **CODE DEFINITION** | |
| | **20** INFORMATION SOURCE | |
| **NOT USED** | **NM105 1036 Name First** | **O AN 1/35** |
| **NOT USED** | **NM105 1037 Name Middle** | **O AN 1/25** |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| **NOT USED** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |
| | Code designating the system/method of code structure used for Identification Code (67) | |
| | **CODE DEFINITION** | |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | **XX** | CMS NATIONAL PROVIDER IDENTIFIER | |
| **REQUIRED** | **NM109 67** | **Identification Code** | **X AN 2/80** |

This data element is REQUIRED by THCIC and shall be submitted here unless another facility is rendering the services in which case the information will be submitted in Loop 2310E NM109.

This data element is used in conjunction with the THCIC ID, and the 1st 15 characters of the address to identify the facility's data. The information in this field must be provided and on file with THCIC for data submissions to be identified.

INDUSTRY: Billing Provider Identifier ALIAS: Billing Provider Primary ID

**CODE DEFINITION**

**XXXXXXXXXX** NATIONAL PROVIDER

**nnnnnnnnnn** Employer Identification Number - THCIC will allow for EIN to be submitted here for facility identification purposes.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **NM110 706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111 98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112 1035** | **Name Last or Organizational Name** | **O AN 1/60** |

## Table 20 BILLING PROVIDER ADDRESS

**IMPLEMENTATION**

BILLING PROVIDER ADDRESS

**Loop** 2010AA — BILLING PROVIDER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** The first 15 characters of N301 are used to validate the billing provider.

**Example** **NM1*85*2*JONES HOSPITAL*****XX*45609312~**

**N3 Address Information**

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **N301** | **166 Address Information** | **M AN 1/40** |
| | | No Post Office Box numbers are allowed.<br>INDUSTRY: Billing Provider Address Line | |
| **SITUATIONAL** | **N301** | **166 Address Information** | **O AN 1/25** |
| | | No Post Office Box numbers are allowed.<br>INDUSTRY: Billing Provider Address Line<br>Required if a second address line exists. | |

## Table 21 BILLING PROVIDER CITY/STATE/ZIP CODE

**IMPLEMENTATION**

BILLING PROVIDER CITY/STATE/ZIP CODE

| | |
|---|---|
| **Loop** | 2010AA — BILLING PROVIDER NAME |
| **Usage** | REQUIRED |
| **Repeat** | 1 |
| **Example** | **N4*CENTERVILLE*PA*17111**~** |

**N4 Geographic Location**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **N401** | **19** | **City Name** | **O AN 2/30** |
| | Free-form text for city name<br>INDUSTRY: Billing Provider City Name, State or Province Code | | | |
| **REQUIRED** | **N402** | **156** | **State or Province Code** | **X ID 2/2** |
| | INDUSTRY: Billing Provider City Name, State or Province Code<br>CODE SOURCE 22: States and Outlying Areas of the U.S. | | | |
| **REQUIRED** | **N403** | **116** | **Postal Code** | **O ID 3/15** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code defining international postal zone code excluding punctuation and blanks (ZIP code for United States)<br><br>INDUSTRY: Billing Provider Postal Zone or ZIP Code.<br><br>CODE SOURCE 51: ZIP Code<br><br>WHEN REPORTING THE ZIP CODE FOR U.S. ADDRESSES, THE FULL NINE DIGIT ZIP CODE MUST BE PROVIDED for HIPAA compliant Claims. THCIC will not be requiring the full Nine-Digit Code. | | |
| **NOT USED** | **N404** | **26** | **Country Code** | **X ID** | **2/3** |
| **NOT USED** | **N405** | **309** | **Location Qualifier** | **X ID** | **1/2** |
| **NOT USED** | **N406** | **310** | **Location Identifier** | **O AN** | **1/30** |
| **NOT USED** | **N407** | **1715** | **Country Subdivision Code** | **X ID** | **1/3** |

## Table 22 BILLING PROVIDER TAX IDENTIFICATION

**IMPLEMENTATION**

BILLING PROVIDER TAX IDENTIFICATION

**Loop** 2010AA — BILLING PROVIDER NAME

**Usage** REQUIRED

**Repeat** 1

**Note** This is the tax identification number (TIN) of the entity to be paid for the submitted services.

This is used as part of facility identification, if NPI is not provided in NM109 of this segment (2010AA – Billing Provider Name).

**Example** **REF*EI*123456789~**

**REF Reference**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **REF01** | **128** | **Reference Identification Qualifier** | **M ID 2/3** |

Code qualifying the Reference Identification.

**CODE DEFINITION**

| | |
|---|---|
| **EI** | Employer's Identification Number |

The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **REF02 127** | **Reference Identification** | **X AN 1/50** |
| | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. | | |
| | **CODE DEFINITION** | | |
| | **nnnnnnnnn** | Employer Identification Number | |
| **NOT USED** | **REF03 352** | **Description** | **X AN 1/80** |
| **NOT USED** | **REF04 C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 23 BILLING PROVIDER THCIC IDENTIFICATION

**IMPLEMENTATION**

BILLING PROVIDER THCIC IDENTIFICATION

**Loop** 2010AA — BILLING PROVIDER NAME

**Usage** SITUATIONAL

**Segment Repeat** 1 - (THCIC will allow a second REF segment, not allowed for billing translators)

**Note** THCIC will allow for a second REF segment in Loop 2010AA. THCIC requires that the THCIC ID (6-digit number assigned by THCIC) and either NPI or whatever is placed in Loop 2010AA | NM109) and the 1st 15 characters of street address (Loop 2010AA | N301) be submitted to identify those facilities. If the Billing Provider is different than the facility rendering the services, this data is required to be submitted in Loop 2310E.

ANSI X12N removed the other seven (7) REF segments in the ANSI X12N 837 5010 Institutional Guide and moved the Billing Provider Secondary Identification to Loop 2010BB (Payer Name) in the Subscriber Hierarchical Level. THCIC allows for either location to be used.

**Example** **REF*1J*nnnnnn~**

*(nnnnnn = THCIC ID assigned by THCIC staff)*

**REF*1J*000116~**

**REF Reference**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **REF01** | **128** | **Reference Identification Qualifier** | **M ID 2/3** |
| | Code qualifying the Reference Identification. | | | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **1J** Facility ID Number (THCIC ID)<br>*Required by THCIC* | |
| | The Employer's Identification Number must be a string of exactly nine numbers with no separators. For example, "001122333" would be valid, while sending "001-12-2333" or "00-1122333" would be invalid. | |
| **REQUIRED** | **REF02 127 Reference Identification** | **X AN 1/50** |
| | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. | |
| | **CODE DEFINITION** | |
| | **nnnnnnnnnn** nnnnnn THCIC ID NUMBER (6-digit number assigned by THCIC) | |
| **NOT USED** | **REF03 352 Description** | **X AN 1/80** |
| **NOT USED** | **REF04 C040 REFERENCE IDENTIFIER** | **O** |

## Table 24 PAY-TO ADDRESS NAME

**IMPLEMENTATION**

PAY-TO ADDRESS NAME

---

**Loop** 2010AB — PAY-TO ADDRESS NAME

**Usage** SITUATIONAL

**Segment Repeat** 1 - (THCIC will allow a second REF segment, not allowed for billing translators)

**Note** Required by THCIC when the Pay-To Provider renders services for the patient.

Required if the Pay-to Provider is a different entity than the Billing Provider.

If this entity is the Service Facility Provider, it is not necessary to use the Service Facility Provider NM1 loop, loop 2310E.

**Example** **NM1*87*2*ELLIS HOSPITAL*****24*123456789~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM101 98** | **Entity Identification Qualifier** | **M ID 2/3** |
| | Code qualifying the Reference Identification | | |
| | **CODE DEFINITION** | | |
| | **87** | PAY-TO PROVIDER | |
| **REQUIRED** | **NM102 1065** | **Entity Type Qualifier** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code qualifying the type of entity.<br><br>SEMANTIC: NM102 qualifies NM103.<br><br>**CODE DEFINITION**<br><br>**2** NON-PERSON ENTITY | |
| **NOT USED** | **NM103 1035 Name Last or Organization** | **O AN 1/60** |
| **NOT USED** | **NM104 1035 Name First** | **O AN 1/35** |
| **NOT USED** | **NM105 1037 Name Middle** | **O AN 1/25** |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| **REQUIRED** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |
| **REQUIRED** | **NM109 67 Identification Code** | **X AN 2/80** |
| **NOT USED** | **NM110 706 Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111 98 Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112 1035 Name Last or Organizational Name** | **O AN 1/60** |

## Table 25 PAY-TO ADDRESS - ADDRESS

**IMPLEMENTATION**

PAY-TO ADDRESS - ADDRESS

**Loop** 2010AB — PAY-TO PROVIDER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** Required by THCIC when the Pay-To Provider renders services for the patient.

If Pay-To Provider is the service provider, the 1 N301 will be used to validate the provider.

**Example** **N3*2216 N. MAIN STREET*COLDER BUILDING~**

**N3 Address Information**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **N301** | **166 Address Information**<br>No Post Office Box numbers are allowed.<br>INDUSTRY: Pay-To Provider Address Line | **M AN 1/40** |
| **SITUATIONAL** | **N301** | **166 Address Information**<br>No Post Office Box numbers are allowed.<br>INDUSTRY: Pay-To Provider Address Line<br>Required if a second address line exists. | **O AN 1/25** |

## Table 26 PAY-TO ADDRESS CITY/STATE/ZIP CODE

**IMPLEMENTATION**

PAY-TO ADDRESS CITY/STATE/ZIP CODE

**Loop** 2010AA — BILLING PROVIDER NAME

**Usage** REQUIRED

**Repeat** 1

**Example** **N4*CENTERVILLE*PA*17111**~**

**N4 Geographic Location**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **N401** | **19** | **City Name** | **O AN 2/30** |
| | | | Free-form text for city name<br><br>INDUSTRY: Pay-to Provider City Name | |
| **REQUIRED** | **N402** | **156** | **State or Province Code** | **X ID 2/2** |
| | | | Code (Standard State/Province) as defined by appropriate government agency.<br><br>INDUSTRY: Pay-to Provider State Code<br><br>COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. | |
| **REQUIRED** | **N403** | **116** | **Postal Code** | **O ID 3/15** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code defining international postal zone code excluding punctuation and blanks (zip code for United States)<br><br>INDUSTRY: Pay-to Provider Postal Zone or ZIP Code.<br><br>CODE SOURCE 51: ZIP Code | | |
| **NOT USED** | **N404** | **26** | **Country Code** | **X ID** | **2/3** |
| **NOT USED** | **N405** | **309** | **Location Qualifier** | **X ID** | **1/2** |
| **NOT USED** | **N406** | **310** | **Location Identifier** | **O AN** | **1/30** |
| **NOT USED** | **N407** | **1715** | **Country Subdivision Code** | **X ID** | **1/3** |

## Table 27 SUBSCRIBER HIERARCHICAL LEVEL

**IMPLEMENTATION**

SUBSCRIBER HIERARCHICAL LEVEL

---

**Loop** 2000B — SUBSCRIBER HIERARCHICAL LEVEL Repeat: >1

**Usage** REQUIRED

**Repeat** 1

**Notes** If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.

The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA).

**Example** **HL*124*123*22*1~**

**HL Hierarchical Level**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HL01** | **628** | **Hierarchical ID Number** | **M AN 1/12** |

A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.

COMMENT: 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.

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HL02** | **734** | **Hierarchical Parent ID Number** | **O AN 1/12** |

Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to.

COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HL03** | **35** | **Hierarchical Level Code** | **M ID 1/2** |

Code defining the characteristic of a level in a hierarchical structure.

COMMENT: 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.

**CODE DEFINITION**

| | |
|---|---|
| **22** | SUBSCRIBER |

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HL04** | **736** | **Hierarchical Child Code** | **O ID 1/1** |

Code indicating if there are hierarchical child data segments subordinate to the level being described.

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).

In the first case (HL04 the subscriber is the patient and there are no dependent claims. The second case (HL04= 1) happens when claims/encounters for a dependent is being sent under the same billing provider HL (e.g., a father has insurance and son is in an automobile accident).

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

**CODE DEFINTION**

| | |
|---|---|
| **0** | NO SUBORDINATE HL SEGMENT IN THIS HIERARCHICAL STRUCTURE. |
| **1** | ADDITIONAL SUBORDINATE (DEPENDENT) HL DATA SEGMENT IN THIS HIERARCHICAL STRUCTURE |

## Table 28 SUBSCRIBER INFORMATION

**IMPLEMENTATION**

SUBSCRIBER INFORMATION

**Loop** 2000B — SUBSCRIBER HIERARCHICAL LEVEL

**Usage** REQUIRED

**Repeat** 1

**Example** **SBR*P**GRP01020102******CI~**

**SBR Subscriber Information**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **SBR01 1138 Payer Responsibility Sequence Number Code**<br><br>Code identifying the insurance carrier’s level of responsibility for a payment of a claim.<br><br>**CODE DEFINITION**<br><br>**P** PRIMARY | **M ID 1/1** |
| **SITUATIONAL** | **SBR02 1069 Individual Relationship Code**<br><br>Code indicating the relationship between two individuals or entities.<br><br>ALIAS: Patients Relationship to Insured | **O ID 2/2** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| | SEMANTIC: SBR02 specifies the relationship to the person insured.<br><br>SITUATIONAL RULE: Required when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send. | | | |

**CODE DEFINITION**

| | |
|---|---|
| **18** | SELF |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **SBR03** | **127** | **Reference Identification** | **O AN 1/50** |
| **NOT USED** | **SBR04** | **93** | **Name** | **O AN 1/60** |
| **NOT USED** | **SBR05** | **1336** | **Insurance Type Code** | **O ID 1/3** |
| **NOT USED** | **SBR06** | **1143** | **Coordination of Benefits Code** | **O ID 1/1** |
| **NOT USED** | **SBR07** | **1073** | **Yes/No Condition or Response Code** | **O ID 1/1** |
| **NOT USED** | **SBR08** | **584** | **Employment Status Code** | **O ID 2/2** |
| **SITUATIONAL** | **SBR09** | **1032** | **Claim Filing Indicator Code** | **O ID 1/2** |

Code identifying type of claim.

**CODE DEFINITION**

**11** OTHER NON-FEDERAL PROGRAMS

**12** PREFERRED PROVIDER ORGANIZATION (PPO)

**13** POINT OF SERVICE (POS)

**14** EXCLUSIVE PROVIDER ORGANIZATION (EPO)

**15** INDEMNITY INSURANCE

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **16** HEALTH MAINTENANCE ORGANIZATION (HMO) MEDICARE RISK | |
| | **17** DENTAL MAINTENANCE ORGANIZATION | |
| | **AM** AUTOMOBILE MEDICAL | |
| | **BL** BLUE CROSS/BLUE SHIELD | |
| | **CH** CHAMPUS | |
| | **CI** COMMERCIAL INSURANCE CO. | |
| | **DS** DISABILITY | |
| | **FI** FEDERAL EMPLOYEES PROGRAM | |
| | **HM** HEALTH MAINTENANCE ORGANIZATION | |
| | **LM** LIABILITY MEDICAL | |
| | **MA** MEDICARE PART A | |
| | **MB** MEDICARE PART B | |
| | **MC** MEDICAID | |
| | **OF** OTHER FEDERAL PROGRAM<br>USE CODE “OF” WHEN SUBMITTING MEDICARD PART D CLAIMS OR HEALTH EXCHANGE INSURANCE PLANS (UNTIL OTHERWISE DIRECTED) | |
| | **TV** TITLE V | |
| | **VA** VETERAN ADMINISTRATION PLAN | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **WC** WORKERS’ COMPENSATION HEALTH CLAIM<br><br>**ZZ** MUTUALLY DEFINED, OR SELF-PAY, OR UNKNOWN, OR CHARITY. USE CODE “ZZ” WHEN TYPE OF INSURANCE IS SELF-PAY OR UNKNOWN AT TIME OF SUBMISSION TO THCIC. | |

## Table 29 SUBSCRIBER NAME

**IMPLEMENTATION**

SUBSCRIBER NAME

**Loop** 2010BA — SUBSCRIBER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** The Subscriber Name is REQUIRED when the subscriber is the patient.

Subscriber Name data segment is "NOT USED" if Subscriber is NOT the Patient.

**Example** **NM1*IL*1*DOE*JOHN*T***MI*739004273~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **NM101 98 Entity Identifier Code** | **M ID 2/3** |
| | Code identifying an organizational entity, a physical location, property or an individual, | |
| | **CODE DEFINITION** | |
| | **IL** INSURED OR SUBSCRIBER | |
| **REQUIRED** | **NM102 1065 Entity Type Qualifier** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code qualifying the type of entity.<br><br>SEMANTIC: NM102 qualifies NM103.<br><br>**CODE DEFINITION**<br><br>**1** PERSON<br><br>**2** NON-PERSON ENTITY | |
| **REQUIRED** | **NM103 1035 Name Last or Organization** | **O AN 1/60** |
| | Individual last name or organizational name<br><br>INDUSTRY:<br><br>Subscriber Last Name<br><br>FOR PATIENTS THAT ARE COVERED BY 42 USC 290DD-2 OR 42 CFR PART2 AND FACILITIES THAT ARE PARTICIPATING WITH SAMHSA, USE THE FOLLOWING LAST NAME: DOE. | |
| **SITUATIONAL** | **NM104 1035 Name First** | **O AN 1/35** |
| | Individual first name.<br><br>FOR PATIENTS THAT ARE COVERED BY 42 USC 290DD-2 OR 42 CFR PART2 AND FACILITIES THAT ARE PARTICIPATING WITH SAMHSA, USE ONE OF THE FOLLOWING NAMES: "JANE" IF FEMALE, OR "JOHN" IF MALE. HOSPITALS MAY INCLUDE A SEQUENTIAL NUMBER, E.G., JOHN1, JOHN2, JOHN3.<br><br>INDUSTRY: Subscriber First Name<br><br>SITUATIONAL RULE: Required when NM102 = 1 (person) and the person has a first name. If not required by this implementation guide, do not send. | |
| **SITUATIONAL** | **NM105 1037 Name Middle** | **O AN 1/25** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES |
|---|---|---|---|---|
| | Individual middle name or initial<br><br>INDUSTRY: Subscriber Middle Name ALIAS: Subscriber’s Middle Initial<br><br>SITUATIONAL RULE: Required when NM102 = 1 (person) and the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | | | |
| **NOT USED** | **NM106** | **1038** | **Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107** | **1039** | **Name Suffix** | **O AN 1/10** |
| **SITUATIONAL** | **NM108** | **66** | **Identification Code Qualifier** | **X ID 1/2** |

Code designating the system/method of code structure used for Identification Code (67).

This data element is required when NM102 equals one (1).

MI is also intended to be used in claims submitted to the Indian Health Service/Contract Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02.

**CODE DEFINITION**

**II** STANDARDIZED UNIQUE HEALTH IDENTIFIER FOR EACH INDIVIDUAL IN THE UNITEDS STATES – REQUIRED IF THE HIPAA INDIVIDUAL PATIENT IDENTIFIER IS MANDATED USE. IF NOT REQUIRED, USE VALUE ‘MI’ INSTEAD.

**MI** MEMBER IDENTIFICATION NUMBER. THE CODE IS INTENDED TO BE THE SUBSCRIBER’S IDENTIFICATION NUMBER AS ASSIGNED BY THE PAYER.

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| | | | WHEN SENDING THE SOCIAL SECURITY NUMBER AS THE MEMBER ID, SUBMIT SSN ALSO IN THE LOOP 2010BA SUBSCRIBER SECONDARY IDENTIFICATION SEGMENT (REF02). IT MUST BE A STRING OF EXACTLY NINE NUMBERS WITH NO SEPARATORS. FOR EXAMPLE, SENDING "111002222" WOULD BE VALID, WHILE SENDING "111-00-2222" WOULD BE INVALID. | |
| **NOT USED** | **NM109** | **67** | **Identification Code** | **X AN 2/80** |
| **NOT USED** | **NM110** | **706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111** | **98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112** | **1035** | **Name Last or Organizational Name** | **O AN 1/60** |

## Table 30 SUBSCRIBER ADDRESS

**IMPLEMENTATION**

SUBSCRIBER ADDRESS

---

**Loop** 2010BA — SUBSCRIBER NAME

**Usage** SITUATIONAL

**Situational Rule** REQUIRED when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send. REQUIRED when Loop ID 2000B | SBR02=18 (self).

**Example** **N3*125 CITY AVENUE~**

**N3 Address Information**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **N301** | **166 Address Information**<br>No Post Office Box numbers are allowed.<br>INDUSTRY: Subscriber Address Line | **M AN 1/40** |
| **SITUATIONAL** | **N301** | **166 Address Information**<br>No Post Office Box numbers are allowed.<br>INDUSTRY: Subscriber Address Line<br>Required if a second address line exists. | **O AN 1/25** |

## Table 31 SUBSCRIBER CITY/STATE/ZIP CODE

**IMPLEMENTATION**

SUBSCRIBER CITY/STATE/ZIP CODE

| | |
|---|---|
| **Loop** | 2010BA — SUBSCRIBER NAME |
| **Usage** | SITUATIONAL |
| **Repeat** | 1 |
| **Notes** | This segment is REQUIRED when the Patient is the same person as the Subscriber. (REQUIRED when Loop ID 2000B \| SBR02=18 (self)). |
| **Example** | **N4*CENTERVILLE*PA*17111~** |

**N4 Geographic Location**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **N401** | **19** | **City Name** | **O AN 2/30** |
| | | | Free-form text for city name.<br><br>INDUSTRY: Subscriber City Name | |
| **REQUIRED** | **N402** | **156** | **State or Province Code** | **X ID 2/2** |
| | | | Code (Standard State/Province) as defined by appropriate government agency.<br><br>INDUSTRY: Subscriber State Code<br><br>COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

**CODE DEFINITION**

**aa** US STATE OR CANADIAN PROVINCE CODE (aa = state and province codes)

**FC** FOREIGN COUNTRY (DEFAULT)

**XX** FOREIGN COUNTRY

THCIC will recognize either foreign country code.

SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.

| **REQUIRED** | **N403** **116** **Postal Code** | **O ID 3/15** |
|---|---|---|

Code defining international postal zone code excluding punctuation and blanks (zip code for United States).

INDUSTRY: Subscriber Postal Zone or ZIP Code.

CODE SOURCE 51: ZIP Code

*THCIC: If the subscriber is the patient and the subscriber address and city are not in the U.S.A. or a Territory of U.S.A. the following codes should be used. Also, the Country Code in N404 will be required.*

**CODE DEFINITION**

**00** FOREIGN COUNTRY DEFAULT THCIC RECOMMENDED CODE

**XXXXX** FOREIGN COUNTRY DEFAULT

SITUATIONAL RULE: Required when the address is in the United States of America, including its territories, or Canada. If not required by this implementation guide, do not send.

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **SITUATIONAL** | **N404** | **26** | **Country Code** | **X ID** | **2/3** |
| | Code identifying the country.<br><br>CODE SOURCE 5: Countries, Currencies and Funds<br><br>SITUATIONAL RULE: Required when the address is outside the United States of America. If not required by this implementation guide, do not send. Use the alpha-2 country codes from Part 1 of ISO 3166. | | | | |
| **NOT USED** | **N405** | **309** | **Location Qualifier** | **X ID** | **1/2** |
| **NOT USED** | **N406** | **310** | **Location Identifier** | **O AN** | **1/30** |
| **NOT USED** | **N407** | **1715** | **Country Subdivision Code** | **X ID** | **1/3** |

## Table 32 SUBSCRIBER DEMOGRAPHIC INFORMATION

**IMPLEMENTATION**

SUBSCRIBER DEMOGRAPHIC INFORMATION

---

**Loop** 2010BA — SUBSCRIBER NAME

**Usage** SITUATIONAL

**Repeat** 1

**Notes** This segment is REQUIRED when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B | SBR02 = 18 (self)).

**Situational Rule** REQUIRED when the patient is the subscriber or considered to be the subscriber. If not required by this implementation guide, do not send.

**Example** **DMG*D8*19290730*M**5****~**

**DMG Demographic Information**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **DMG01 1250 Date Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD | |
| **REQUIRED** | **DMG02 1251 Date, Time, Period** | **X AN 8/8** |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | | INDUSTRY: Subscriber Birth Date<br>ALIAS: Date of Birth – Patient | |
| **REQUIRED** | **DMG03 1068** | **Sex Code** | **O ID 1/1** |

Code indicating the sex of the individual at the time of birth.

INDUSTRY: Subscriber Sex Code

ALIAS: Sex - Patient

**CODE DEFINITION**

**F** Female

**M** Male

**U** Unknown

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **DMG04 1067** | **Marital Status Code** | **O ID 1/1** |
| **NOT USED** | **DMG05 C056** | **Race Code** | **X ID 1/1** |
| **NOT USED** | **DMG06 1066** | **Citizenship Status Code** | **O ID 1/2** |
| **NOT USED** | **DMG07 26** | **Country Code** | **O ID 2/3** |
| **NOT USED** | **DMG08 659** | **Basis of Verification Code** | **O ID 1/2** |
| **NOT USED** | **DMG09 380** | **Quantity** | **O R 1 /15** |
| **NOT USED** | **DMG10 1270** | **Code List Qualifier Code** | **X ID 1/3** |
| **NOT USED** | **DMG11 1271** | **Industry Code** | **X AN 1/3** |

## Table 33 SUBSCRIBER SECONDARY IDENTIFICATION

**IMPLEMENTATION**

SUBSCRIBER SECONDARY IDENTIFICATION

| | |
|---|---|
| **Loop** | 2010BA — SUBSCRIBER NAME |
| **Usage** | SITUATIONAL |
| **Repeat** | 1 |
| **Notes** | REQUIRED by THCIC when the subscriber is the patient (Loop ID 2000B SBR02=18 (self)). |
| **Situational Rule** | REQUIRED when an additional identification number to that provided in NM109 of this loop is necessary for the claim processor to identify the entity. If not required by this implementation guide, do not send. |
| **Example** | **REF*SY*030385074~** |

**REF Reference Identification**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **REF01** | **128** | **Reference Identification Qualifier** | **M ID 2/3** |
| | Code qualifying the Reference Identification | | | |
| | **CODE DEFINITION** | | | |
| | **SY** | | **SOCIAL SECURITY NUMBER** | |
| **REQUIRED** | **REF02** | **127** | **Reference Identification** | **X AN 1/50** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. | |

**CODE DEFINITION**

**nnnnnnnnn** THE SOCIAL SECURITY NUMBER MUST BE A STRING OF EXACTLY NINE NUMBERS WITH NO SEPARATORS. FOR EXAMPLE, SENDING "111002222" WOULD BE VALID, WHILE SENDING "111-00-2222" WOULD BE INVALID.

**999999999** REQUIRED FOR:

1. NEWBORNS, WHOSE SSN IS UNKNOWN

2. FOREIGNERS WHO DO NOT HAVE A SOCIAL SECURITY NUMBER,

3. PATIENTS WHO CANNOT OR REFUSE TO PROVIDE A SOCIAL SECURITY NUMBER.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **REF03 352** | **Description** | **X AN 1/80** |
| **NOT USED** | **REF04 C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 34 PAYER NAME

**IMPLEMENTATION**

PAYER NAME

**Loop** 2010BB — PAYER NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** This is the destination payer.

For the purposes of this implementation the term payer is synonymous with several other terms, such as, reprise and third- party administrator.

This is the primary payer or only payer.

No Patient Personally Identifiable Information (PII) data should be present.

**Example** **NM1*PR*2*UNION MUTUAL OF TEXAS*****PI*43140~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **NM101** | **98** | **Entity Identifier Code** | **M ID 2/3** |

Code identifying an organizational entity, a physical location, property or an individual

**CODE DEFINITION**

| | |
|---|---|
| **PR** | PAYER |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **NM102 1065 Entity Type Qualifier** | **M ID 1/1** |
| | Code qualifying the type of entity<br>SEMANTIC: NM102 qualifies NM103.<br>**CODE DEFINITION**<br>**1** PERSON<br>**2** NON-PERSON ENTITY | |
| **REQUIRED** | **NM103 1035 Organization Name** | **O AN 1/60** |
| | Organizational name<br>INDUSTRY: Payer Name<br>**CODE DEFINITION**<br>**SELF-PAY** USE FOR SELF PAY CLAIMS (LOOP 2000B \| SBR09= ZZ).<br>**CHARITY** USE FOR CHARITY CLAIMS(LOOP 2000B SBR09 = ZZ).<br>**UNKNOWN** USE WHEN THE PAY SOURCE IS UNKNOWN (LOOP 2000B \| SBR09 =ZZ). | |
| **NOT USED** | **NM104 1035 Name First** | **O AN 1/35** |
| **NOT USED** | **NM105 1037 Name Middle** | **O AN 1/25** |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| **REQUIRED** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Code designating the system/method of code structure used for Identification Code (67)

On or after the mandated implementation date for the HIPAA National Plan Identifier (National Plan ID), XV must be sent. Prior to the mandated implementation date and prior to any phase-in period identified by Federal regulation, PI must be sent.

If a phase-in period is designated, PI must be sent unless:

1. Both the sender and receiver agree to use the National Plan ID,
2. The receiver has a National Plan ID, and
3. The sender has the capability to send the National Plan ID.

If all, of the above conditions are true, XV must be sent. In this case the Payer Identification Number that would have been sent using qualifier PI can be sent in the corresponding REF segment using qualifier 2U.

**CODE DEFINITION**

**PI** PAYER IDENTIFICATION USE FOR PAYER IDENTIFICATION CODES OTHER THAN SELF, CHARITY AND UNKNOWN

**XV** HEALTH CARE FINANCING ADMINISTRATION NATIONAL PLAN ID

REQUIRED WHEN THE NATIONAL PLAN ID IS IMPLEMENTED

**ZY** TEMPORARY IDENTIFICATION NUMBER, USE FOR SELF PAY, CHARITY, OR UNKNOWN PAYER CLAIMS

| | | |
|---|---|---|
| **SITUATIONAL** | **NM109 67 Identification Code** | **X AN 2/80** |

Code identifying a party or other code.

INDUSTRY: Payer Identifier

ALIAS: Primary Payer ID

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Situational Rule: The Identification Code is required when the payer is "Self Pay", "Charity Care" or "Unknown" at the time of data submission to THCIC | | | | |

**CODE DEFINITION**

**NNNNNNNNNN** NATIONAL PLAN IDENTIFIER (WHENIMPLEMENTED) (CMS CURRENTLY HAS DELAYED THE IMPLEMENTATION DATE FOR ALL PLANS AND PROVIDERS UNTIL FURTHER NOTICE)

**SELF** SELF-PAY CLAIMS (LOOP 2000B | SBR09 = ZZ)

**CHARITY** CHARITY CARE CLAIMS (LOOP 2000B | SBR09 = ZZ)

**UNKNOWN** PAYER SOURCE IS UNKNOWN (LOOP 2000B | SBR09 = ZZ)

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **NM110** | **706** | **Entity Relationship Code** | **X ID** | **2/2** |
| **NOT USED** | **NM111** | **98** | **Entity Identifier Code** | **O ID** | **2/3** |
| **NOT USED** | **NM112** | **1035** | **Name Last or Organizational Name** | **O AN** | **1/60** |

## Table 35 BILLING PROVIDER SECONDARY IDENTIFICATION

**IMPLEMENTATION**

BILLING PROVIDER SECONDARY IDENTIFICATION

**Loop** 2010BB — BILLING PROVIDER NAME

**Usage** SITUATIONAL

**Repeat** 1

**Notes** If the THCIC ID is not submitted in a 2010AA REF segment REF01 (with qualifier "1J" in the REF02), then it is REQUIRED to be submitted here. THCIC REQUIRES that the THCIC ID (6-digit number assigned by THCIC) and NPI or whatever is submitted in in Loop 2010AA | NM109) and the 1st 15 characters of street address (Loop 2010AA | N301) be submitted to identify those facilities. If the Billing Provider is different than the facility rendering the services, this data is required to be submitted in Loop 2310E.

**Example** **REF*1J*000116~**

**REF Reference Identification**

| USAGE | REF. | DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **REF01** | 128 | **Reference Identification Qualifier** | **M ID 2/3** |

Code qualifying the Reference Identification.

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **1J** | FACILITY ID NUMBER |

| USAGE | REF. | DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **REF02** | 127 | **Reference Identification** | **X AN 1/50** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br><br>INDUSTRY: Billing Provider Additional Identifier<br><br>**CODE DEFINITION**<br><br>**nnnnnn** THCIC ID NUMBER (6-DIGIT NUMBER ASSIGNED BY THCIC) | |
| **NOT USED** | **REF03** **352** | **Description** | **X AN 1/80** |
| **NOT USED** | **REF04** **C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 36 PATIENT HIERARCHICAL LEVEL

**IMPLEMENTATION**

PATIENT HIERARCHICAL LEVEL

| | |
|---|---|
| **Loop** | 2000C — PATIENT HIERARCHICAL LEVEL     Repeat: >1 |
| **Usage** | SITUATIONAL |
| **Repeat** | 1 |
| **Notes** | This HL is required when the patient is a different person than the subscriber. There are no HLs subordinate to the Patient HL. |
| **Situational Rule** | Required when the patient is a dependent of the subscriber identified in Loop ID-2000B and cannot be uniquely identified to the payer using the subscriber's identifier in the Subscriber Level. If not required by this implementation guide, do not send.<br><br>There are no HLs subordinate to the Patient HL.<br><br>If a patient is a dependent of a subscriber and can be uniquely identified to the payer by a unique Identification Number, then the patient is considered the subscriber and is to be identified in the Subscriber Level. |
| **Example** | **HL*125*124*23*0~** |

**HL Hierarchical Level**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HL01** | **628** | **Hierarchical ID Number** | **M AN 1/12** |
| | | | A unique number assigned by the sender to identify a particular data segment in a hierarchical structure.<br><br>COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | 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. | |
| **REQUIRED** | **HL02 734 Hierarchical Parent ID Number** | **O AN 1/12** |
| | Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to<br><br>COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate. | |
| **REQUIRED** | **HL03 35 Hierarchical Level Code** | **M ID 1/2** |
| | Code defining the characteristic of a level in a hierarchical structure.<br><br>COMMENT: 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.<br><br>**CODE DEFINITION**<br><br>**23** DEPENDENT | |
| **REQUIRED** | **HL04 736 Hierarchical Child Code** | **O ID 1/1** |
| | Code indicating if there are hierarchical child data segments subordinate to the level being described<br><br>COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.<br><br>**0** NO SUBORDINATE HL SEGMENT IN THIS HIERARCHICAL STRUCTURE | |

## Table 37 PATIENT INFORMATION

**IMPLEMENTATION**

PATIENT INFORMATION

**Loop** 2000C — PATIENT HIERARCHICAL LEVEL

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required by THCIC when the Patient is a different person than the Subscriber.

**Example** **PAT*19******01*145~**

**PAT Patient Information**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **PAT01 1069 Individual Relationship Code** | **O ID 2/2** |

Code indicating the relationship between two individuals or entities.

ALIAS: Patients Relationship to Insured

Use this code to specify the patient’s relationship to the person insured.

**CODE DEFINITION**

| | |
|---|---|
| **01** | SPOUSE |
| **18** | SELF |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **19** CHILD | |
| | **20** EMPLOYEE | |
| | **21** UNKNOWN | |
| | **39** ORGAN DONOR | |
| | **40** CADAVER DONOR | |
| | **53** LIFE PARTNER | |
| | **G8** OTHER RELATIONSHIP | |
| **NOT Used** | **PAT02 1384 Patient Location Code** | **O ID 1/1** |
| **NOT Used** | **PAT03 584 Employment Status Code** | **O ID 2/2** |
| **NOT Used** | **PAT04 1220 Student Status Code** | **O ID 1/1** |
| **NOT Used** | **PAT05 1250 Date Time Period Format Qualifier** | **O ID 2/3** |
| **NOT Used** | **PAT06 1251 Date Time Period** | **O AN 1/35** |
| **NOT Used** | **PAT07 355 Unit or Basis for Measurement Code** | **O ID 2/2** |
| **NOT Used** | **PAT08 81 Weight** | **O R 1/10** |
| **NOT Used** | **PAT09 1073 Yes/No Condition or Response Code** | **O ID 1/1** |

## Table 38 PATIENT NAME

**IMPLEMENTATION**

PATIENT NAME

**Loop** 2010CA — PATIENT NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** Required by THCIC when the Patient is a different person than the Subscriber.

**Example** **NM1*QC*1*DOE*SALLY****MI*123456789~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **NM101 98 Entity Identifier Code** | **M ID 2/3** |
| | Code identifying an organizational entity, a physical location, property or an individual | |
| | **CODE DEFINITION** | |
| | **QC** PATIENT | |
| **REQUIRED** | **NM102 1065 Entity Type Qualifier** | **M ID 1/1** |
| | Code qualifying the type of entity. | |
| | SEMANTIC: NM102 qualifies NM103. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **1** PERSON | |
| **REQUIRED** | **NM103 1035 Name Last or Organization** | **O AN 1/60** |
| | Individual last name or organizational name.<br><br>INDUSTRY: Patient Last Name<br><br>FOR PATIENTS THAT ARE COVERED BY 42 USC 290DD-2 OR 42 CFR PART2 AND FACILITIES THAT ARE PARTICIPATING WITH SAMHSA, USE THE FOLLOWING LAST NAME: DOE.<br><br>SITUATIONAL RULE: Required when the person has a first name. If not required by this implementation guide, do not send. | |
| **SITUATIONAL** | **NM104 1035 Name First** | **O AN 1/35** |
| | Individual first name.<br><br>INDUSTRY: Patient First Name<br><br>FOR PATIENTS THAT ARE COVERED BY 42 USC 290DD-2 OR 42 CFR PART2 AND FACILITIES THAT ARE PARTICIPATING WITH SAMHSA, USE ONE OF THE FOLLOWING NAMES: "JANE" IF FEMALE, OR "JOHN" IF MALE. HOSPITALS MAY INCLUDE A SEQUENTIAL NUMBER, E.G., JOHN1, JOHN2, JOHN3. | |
| **SITUATIONAL** | **NM105 1037 Name Middle** | **O AN 1/25** |
| | Individual middle name or initial.<br><br>INDUSTRY: Patient Middle Name<br><br>SITUATIONAL RULE: Required when the middle name or initial of the person is needed to identify the individual. If not required by this implementation guide, do not send. | |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **NM107** | **1039** | **Name Suffix** | **O AN 1/10** |
| **REQUIRED** | **NM108** | **66** | **Identification Code Qualifier** | **X ID 1/2** |
| **REQUIRED** | **NM109** | **67** | **Identification Code** | **X AN 2/80** |
| **NOT USED** | **NM110** | **706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111** | **98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112** | **1035** | **Name Last or Organizational Name** | **O AN 1/60** |

## Table 39 PATIENT ADDRESS

**IMPLEMENTATION**

PATIENT ADDRESS

**Loop** 2010CA — PATIENT NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** Required by THCIC when the Patient is a different person than the Subscriber.

**Example** **N3*RFD 10*100 COUNTRY LANE~**

**N3 Address Information**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **N301** | **166 Address Information**<br>Address information<br>INDUSTRY: Patient Address Line | **M AN 1/40** |
| **SITUATIONAL** | **N301** | **166 Address Information**<br>Address information<br>INDUSTRY: Patient Address Line<br>Required if a second address line exists | **O AN 1/25** |

## Table 40 PATIENT CITY/STATE/ZIP CODE

**IMPLEMENTATION**

PATIENT CITY/STATE/ZIP CODE

**Loop** 2010CA — PATIENT NAME

**Usage** REQUIRED

**Repeat** 1

**Notes** Required by THCIC when the Patient is a different person than the Subscriber.

**Example** **N4*CORNFIELD TOWNSHIP*IA*99999~**

**N4 Geographic Location**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **N401** | **19** | **City Name** | **O AN 2/30** |
| | | | Free-form text for city name<br>INDUSTRY: Patient City Name | |
| **REQUIRED** | **N402** | **156** | **State or Province Code** | **X ID 2/2** |
| | | | Code (Standard State/Province) as defined by appropriate government agency.<br>INDUSTRY: Patient State Code<br>COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada. CODE SOURCE 22: States and Outlying Areas of the U.S. | |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES |
|---|---|---|---|---|
| | THCIC will recognize either foreign country codes. | | | |

**CODE DEFINITION**

**AA** US STATE OR CANADIAN PROVINCE CODE

**FC** FOREIGN COUNTRY DEFAULT

**XX** FOREIGN COUNTRY DEFAULT (THCIC RECOMMENDED)

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **N403** | **116** | **Postal Code** | **O ID 3/15** |

Code defining international postal zone code excluding punctuation and blanks (zip code for United States)

INDUSTRY: Patient Postal Zone or ZIP Code

CODE SOURCE 51: ZIP Code

**CODE DEFINITION**

**00000** FOREIGN COUNTRY DEFAULT (THCIC RECOMMENDED CODE)

**XXXXX** FOREIGN COUNTRY DEFAULT

| | | | | |
|---|---|---|---|---|
| **SITUATIONAL** | **N404** | **26** | **Country Code** | **X ID 2/3** |

Code identifying the country.

CODE SOURCE 5: Countries, Currencies, and Funds

This data element is required when the address is outside of the U.S.

| | | | | |
|---|---|---|---|---|
| **NOT USED** | **N405** | **309** | **Location Qualifier** | **X ID 1/2** |
| **NOT USED** | **N406** | **310** | **Location Identifier** | **O AN 1/30** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **N407** | **1715** | **Country Subdivision Code** | **X ID 1/3** |

## Table 41 PATIENT DEMOGRAPHIC INFORMATION

**IMPLEMENTATION**

PATIENT DEMOGRAPHIC INFORMATION

| | |
|---|---|
| **Loop** | 2010CA — PATIENT NAME |
| **Usage** | REQUIRED |
| **Repeat** | 1 |
| **Notes** | Required by THCIC when the Patient is a different person than the Subscriber. |
| **Example** | **DMG*D8*19290730*M**5****~** |

**DMG Demographic Information**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **DMG01 1250 Date Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD | |
| **REQUIRED** | **DMG02 1251 Date Time Period** | **X AN 8/8** |
| | INDUSTRY: Patient Birth Date | |
| | ALIAS: Date of Birth – Patient | |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **DMG03 1068** | **Sex Code** | **O ID 1/1** |

Code indicating the sex of the individual at the time of birth.

INDUSTRY: Subscriber Sex Code

ALIAS: Sex - Patient

**CODE DEFINITION**

**F** Female

**M** Male

**U** Unknown

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **DMG04 1067** | **Marital Status Code** | **O ID 1/1** |
| **NOT USED** | **DMG05 C056** | **Race Code** | **X ID 1/1** |
| **NOT USED** | **DMG06 1066** | **Citizenship Status Code** | **O ID 1/2** |
| **NOT USED** | **DMG07 26** | **Country Code** | **O ID 2/3** |
| **NOT USED** | **DMG08 659** | **Basis of Verification Code** | **O ID 1/2** |
| **NOT USED** | **DMG09 380** | **Quantity** | **O R 1 /15** |
| **NOT USED** | **DMG10 1270** | **Code List Qualifier Code** | **X ID 1/3** |
| **NOT USED** | **DMG11 1271** | **Industry Code** | **X AN 1/3** |

## Table 42 CLAIM INFORMATION

**IMPLEMENTATION**

CLAIM INFORMATION

**Loop** 2300 — CLAIM INFORMATION Repeat: 100

**Usage** REQUIRED

**Repeat** 1

**Notes** For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BB in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here.

When the patient is the subscriber, loops 2000C and 2010CA are not sent.

**Example** **CLM*01319300001*500***11:A:1*Y*A*Y*Y***02******N~**

**CLM Health Claim**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
| --- | --- | --- |
| **REQUIRED** | **DMG01 1250 Date Time Period Format Qualifier** | **M AN 1/38** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Identifier used to track a claim from creation by the health care provider through payment<br><br>INDUSTRY: Patient Account Number ALIAS: Patient Control Number<br><br>The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the Patient Account Number or the Claim Number in the billing submitter's patient management system. The developers of this implementation guide strongly recommend that submitters use unique numbers for this field for each individual claim.<br><br>When Loop ID-2010AC is present, CLM01 represents the subrogated Medicaid agency's claim number (ICN/DCN) from their original 835 CLP07 - Payer Claim Control Number. See Section 1.4.1.4 of the front matter for a description of post payment recovery claims for subrogated Medicaid agencies.<br><br>The maximum number of characters to be supported for this field is '20'. Characters beyond the maximum are not required to be stored nor returned by any 837-receiving system. | |
| **REQUIRED** | **CLM02 782 Monetary Amount**<br><br>Monetary amount.<br><br>INDUSTRY: Total Claim Charge Amount<br><br>SEMANTIC: CLM02 is the total amount of all submitted charges of service segments for this claim.<br><br>The Total Claim Charge Amount must be greater than or equal to zero.<br><br>The total claim charge amount must balance to the sum of all service line charge amounts reported in the Institutional Service Line (SV2) segments for this claim. | **O R 1/18** |
| **NOT USED** | **CLM03 1032 Claim Filing Indicator Code** | **O ID 1/2** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **NOT USED** | **CLM04 1343 Non-Institutional Claim Type Code** | **O ID 1/2** |
| **REQUIRED** | **CLM05 C023 HEALTH CARE SERVICE LOCATION INFORMATION**<br>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<br>ALIAS: Type of Bill | **O** |
| **REQUIRED** | **CLM05-1 1331 Facility Code Value**<br>Code identifying the type of facility where services were performed. These are the first and second digits of the Uniform Billing Claim Form Bill Type.<br>INDUSTRY: Facility Type Code<br>The ANSI 837 Institutional Guide Code Set for Facility Codes is different than the ANSI 837 Professional Guide Code Set | **M AN 1/2** |

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **12** | HOSPITAL INPATIENT (MEDICARE PART B ONLY) |
| **13** | HOSPITAL OUTPATIENT |
| **14** | HOSPITAL LABORATORY SERVICES PROVIDED TO NON- PATIENTS |
| **22** | SKILLED NURSING-INPATIENT (MEDICARE PART B ONLY) |
| **23** | SKILLED NURSING FACILITY OUTPATIENT |
| **43** | RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS-OUTPATIENT SERVICES |
| **78** | LICENSED FREESTANDING EMERGENCY MEDICAL FACILITY |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | **82** | SPECIAL FACILITY – HOSPICE (HOSPITAL BASED) | |
| | **83** | SPECIAL FACILITY – AMBULATORY SURGICAL CENTER | |
| | **85** | SPECIAL FACILITY - CRITICAL ACCESS HOSPITAL | |
| | **89** | SPECIAL FACILITY OTHER | |
| **NOT USED** | **CLM05 - 2 1332 Facility Code Qualifier** | | **O ID 1/2** |

Code identifying the type of facility referenced.

CODE SOURCE 236: Uniform Billing Claim Form Bill Type

**CODE DEFINITION**

| | |
|---|---|
| **A** | UNIFORM BILLING CLAIM FORM BILL TYPE |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **NOT USED** | **CLM05 - 3 1325 Claim Frequency Type Code** | **O ID 1/1** |

Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type.

INDUSTRY: Claim Frequency Code

**CODE DEFINITION**

| | |
|---|---|
| **0** | NON-PAYMENT/ZERO CLAIM |
| **1** | ADMIT THROUGH DISCHARGE CLAIM |
| **2** | INTERIM - FIRST CLAIM |
| **3** | INTERIM - CONTINUING CLAIM |
| **4** | INTERIM - LAST CLAIM |
| **5** | LATE CHARGE ONLY |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **7** REPLACEMENT OF PRIOR CLAIM | |
| | **8** VOID (VOID/CANCEL OF PRIOR CLAIM) | |
| | For interim claims, code 2 is reported first, then code 3 (if necessary, for as many claims as needed), then code 4 as the last/final interim claim. Code 2 must be sent before codes 3 or 4. Code 3, if sent, must be sent before code 4. | |
| **NOT USED** | **CLM06 1073 Yes/No Condition or Response Code** | **O ID 1/1** |
| **NOT USED** | **CLM07 1359 Provider Accept Assignment Code** | |
| **NOT USED** | **CLM08 1073 Yes/No Condition or Response Code** | **O ID 1/1** |
| **NOT USED** | **CLM09 1363 Release of Information Code** | |
| **NOT USED** | **CLM10 1351 Patient Signature Source Code** | **O ID 1/1** |
| **NOT USED** | **CLM11 C024 RELATED CAUSES INFORMATION** | |
| **NOT USED** | **CLM12 1366 Special Program Code** | **O ID 1/1** |
| **NOT USED** | **CLM13 1073 Yes/No Condition or Response Code** | |
| **NOT USED** | **CLM14 1338 Level of Service Code** | **O ID 1/1** |
| **NOT USED** | **CLM15 1073 Yes/No Condition or Response Code** | **O ID 1/1** |
| **NOT USED** | **CLM16 1360 Provider Agreement Code** | **O** |
| **NOT USED** | **CLM17 1029 Claim Status Code** | **O ID 1/1** |
| **NOT USED** | **CLM18 1073 Yes/No Condition or Response Code** | **O ID 2/3** |
| **NOT USED** | **CLM19 1383 Claim Submission Reason Code** | **O ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **NOT USED** | **CLM20 1514 Delay Reason Code** | **O ID 1/1** |

## Table 43 DISCHARGE HOUR

**IMPLEMENTATION**

DISCHARGE HOUR

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required on all final inpatient claims. If not required by this implementation guide, do not send.

**Example** **DTP*096*TM*1130~**

**DTP Date or Time or Period**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **DTP01 374 Date/Time Qualifier**<br>Code specifying type of date or time, or both date and time<br>INDUSTRY: Date Time Qualifier<br>**CODE DEFINITION**<br>**096** DISCHARGE | **M ID 3/3** |
| **REQUIRED** | **DTP02 1250 Date, Time, Period Format Qualifier**<br>Code indicating the date format, time format, or date and time format. | **M ID 2/3** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. | |
| | **CODE DEFINITION** | |
| | **TM** TIME EXPRESSED IN FORMAT HHMM | |
| **REQUIRED** | **DTP03 1251 Date, Time, Period** | **M AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times. | |
| | INDUSTRY: Discharge Time | |

## Table 44 STATEMENT DATES

**IMPLEMENTATION**

STATEMENT DATES

**Loop** 2300 — CLAIM INFORMATION

**Usage** REQUIRED

**Repeat** 1

**Example** **DTP*434*RD8*19981209-19981214~**

**DTP Date or Time or Period**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **DTP01 374 Date/Time Qualifier** | **M ID 3/3** |
| | Code specifying type of date or time, or both date and time.<br><br>INDUSTRY: Date Time Qualifier<br><br>**CODE DEFINITION**<br><br>**434** STATEMENT | |
| **REQUIRED** | **DTP02 1250 Date, Time, Period Format Qualifier** | **M ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **REQUIRED** | **DTP03 1251 Date, Time, Period** | **M AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Statement From and To Date | |

## Table 45 ADMISSION DATE/HOUR

**IMPLEMENTATION**

ADMISSION DATE/HOUR

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 1

**Example** **DTP*435*DT*199610131242~**

**DTP Date or Time or Period**

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **DTP01 374** | **Date/Time Qualifier** | **M ID 3/3** |

Code specifying type of date or time, or both date and time.

INDUSTRY: Date Time Qualifier

**CODE DEFINITION**

| | |
|---|---|
| **435** | ADMISSION |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **DTP02 1250 Date, Time, Period Format Qualifier** | **M ID 2/3** |

Code indicating the date format, time format, or date and time format.

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **DT** Date and time expressed in format CCYYMMDDHHMM | |
| | **D8** Date expressed in format CCYYMMDD selection of the appropriate qualifier is designated by the NUBC billing manual. | |
| **REQUIRED** | **DTP03 1251 Date, Time, Period** | **M AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Admission date and hour. | |
| | EXAMPLES:<br><br>CCYYMMDD – 20150120 (JANUARY 20, 2015)<br><br>CCYYMMDDHHMM – 201501200830 (JANUARY 20, 2015 8:30 AM) | |

## Table 46 INSTITUTIONAL CLAIM CODE

**IMPLEMENTATION**

INSTITUTIONAL CLAIM CODE

**Loop** 2300 — CLAIM INFORMATION

**Usage** REQUIRED

**Repeat** 1

**Notes** This segment is REQUIRED when reporting hospital-based admissions.

**Example** **CL1*1*7*30~**

**CL1 Claim Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **CL101 1315 Admission Type Code**<br><br>Code indicating the priority of this admission.<br><br>CODE SOURCE: Priority (Type) of Visit, National Uniform Billing Committee UB-04 Manual<br><br>SITUATIONAL RULE: Required when patient is being admitted for inpatient services. If not required by this implementation guide, do not send. | **O ID 1/1** |
| **SITUATIONAL** | **CL102 1314 Admission Source Code**<br><br>Code indicating the source of this admission.<br><br>CODE SOURCE: Point of Origin for Admission or Visit, National Uniform Billing Committee UB–04 Manual | **O ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | SITUATIONAL RULE: Required for all inpatient and outpatient services. If not required by this implementation guide, do not send. | |
| **REQUIRED** | **CL103 1352 Patient Status Code** | **O ID 1/2** |
| | Code indicating patient status as of the "statement covers through date."<br><br>CODE SOURCE: Patient Discharge Status code, National Uniform Billing Committee UB-04 Manual<br><br>This element is required for inpatient claims/encounters. | |
| **NOT USED** | **CL104 1345 Nursing Home Residential Status Code** | **O ID 1/1** |

## Table 47 MEDICAL RECORD NUMBER

**IMPLEMENTATION**

MEDICAL RECORD NUMBER

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 1

**Notes** REQUIRED when the provider needs to identify for future inquiries, the actual medical record of the patient identified in either Loop ID- 2010BA or Loop ID- 2010CA for this episode of care. If not required by this implementation guide, do not send.

**Example** **REF*EA*1230484376R~**

**REF Reference Identification**

| USAGE | REF. | DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **REF01** | 128 | **Reference Identification Qualifier** | **M ID 2/3** |
| | | | Code qualifying the Reference Identification | |
| | | | **CODE DEFINITION** | |
| | **EA** | | MEDICAL RECORD IDENTIFICATION NUMBER | |
| **REQUIRED** | **REF02** | 127 | **Reference Identification** | **X AN 1/50** |
| | | | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier | |
| | | | INDUSTRY: Medical Record Number | |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **REF03 352** | **Description** | **X AN 1/80** |
| | | Code indicating patient status as of the "statement covers through date"<br><br>CODE SOURCE: Patient Discharge Status code, National Uniform Billing Committee UB-04 Manual<br><br>This element is required for inpatient claims/encounters. | |
| **NOT USED** | **REF04 C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 48 K3 – STATE REQUIRED DATA ELEMENTS

**IMPLEMENTATION**

### K3 – STATE REQUIRED DATA ELEMENTS

---

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 10

**Notes** Required to report PATIENT SOCIAL SECURITY NUMBER if the subscriber is not the patient and Social Security Number is not submitted in Loop 2010BA REF02.

THCIC requires that the Patient's Social Security Number be submitted to be used in conjunction with other submitted data elements to generate the uniform patient identification for longitudinal studies and epidemiological studies.

Per the requirements of Texas Government Code, Title 4, Section 531.0162, to meet national standard reporting requirements, the "Patient Ethnicity" and "Patient Race" is collected in the K3 segment. The adopted location for "Patient Ethnicity" is the 1st character of the K301 data field, the "Patient Race" is the 2nd character, and the "Patient's Social Security Number" is in the 3rd through 11th character slots.

ANSI 837 Committee removed the Patient Secondary Identification segment for the 5010 versions of the ANSI 837 Institutional and Professional Guides.

**Example**

**K3*25999999999**

*Example of a "Non- Hispanic/Latino" and "Other or multiple race", with*

*no known SSN.*

**K3*14999999999**

*Example of "Hispanic/Latino" of "White" race, with no known SSN.*

**Required Rule**

Required to report ETHNICITY code (Patient or Subscriber).

Required to report RACE code (Patient or Subscriber).

In order to obtain RACE and ETHNICITY data, the facility staff retrieves the patient's response from a written form or asks the patient, or the person speaking for the patient, to classify the patient. If the patient, or person speaking for the patient, declines to answer, the facility staff is to use its best judgment to make the correct classification based on available data.

THCIC requires that the patient's Social Security Number (SSN) be submitted to be used in conjunction with other submitted data elements to generate the uniform patient identification for longitudinal studies and epidemiological studies.

Situational to report patient SSN as "Not Used" if Subscriber is the patient since the SSN would be submitted in REF02 of the Subscriber Loop 2010BA.

**K3 State Required Data Elements**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **K301** | **449** | **Fixed Format Information** | **M AN 1/80** |

A free-form description to clarify the related data elements and their content.

**N ETHNICITY CODE POSITION (1)**

**CODE DEFINITION**

| | |
|---|---|
| **1** | **HISPANIC OR LATINO** |
| **2** | **NOT HISPANIC OR LATINO** |

**N RACE CODE POSITION (2)**

**CODE DEFINITION**

| | |
|---|---|
| **1** | AMERICAN INDIAN/ESKIMO/ALEUT |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES |
|---|---|---|---|---|
| | **2** | ASIAN OR NATIVE HAWAIIAN OR PACIFIC ISLANDER | | |
| | **3** | BLACK OR AFRICAN AMERICAN | | |
| | **4** | WHITE | | |
| | **5** | OTHER RACE OR MULTIPLE RACES | | |
| | **SOCIAL SECURITY NUMBER POSITIONS (3 - 11)** | | | |
| | **CODE DEFINITION** | | | |
| | **NNNNNNNNN** SOCIAL SECURITY NUMBER | | | |
| | **999999999** Newborn that have no social security Number, or Foreigners who do not have a social security number, or Patients who cannot or refuse to provide a social security number | | | |
| **NOT USED** | K302 | 1333 | **Record Format Code** | **O ID 1/2** |
| **NOT USED** | K303 | C001 | **COMPOSITE UNIT OF MEASURE** | **O** |

## Table 49 PRINCIPAL DIAGNOSIS

**IMPLEMENTATION**

PRINCIPAL DIAGNOSIS

---

**Loop** 2300 — CLAIM INFORMATION

**Usage** REQUIRED

**Repeat** 1

**Notes** Do not transmit the decimal point for ICD codes. The decimal point is implied.

**Example** **HI*ABK:S98141A~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br>Code identifying a specific industry code list.<br>**CODE DEFINITION**<br>**ABK** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) PRINCIPAL DIAGNOSIS | **M ID 1/3** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI01 - 2** | **1271** | **Industry Code** | **M AN** | **1/30** |

Code indicating a code from a specific industry code list.

CODE SOURCE 897: International Classification of Diseases Clinical Modification (ICD-10-CM).

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI01 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI01 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI01 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI01 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI01 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI01 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI01 - 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

(1) Critical Access Hospitals;

(2) Inpatient Rehabilitation Hospitals;

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| | (3) | Inpatient Psychiatric Hospitals; | | |
| | (4) | Cancer Hospitals; | | |
| | (5) | Children's or Pediatric Hospitals; and | | |
| | (6) | Long Term Care Hospitals | | |
| **NOT USED** | **HI02** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI03** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI04** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI05** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI06** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI07** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI08** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI09** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI010** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI011** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI012** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |

## Table 50 ADMITTING DIAGNOSIS

**IMPLEMENTATION**

ADMITTING DIAGNOSIS

| | |
|---|---|
| **Loop** | 2300 — CLAIM INFORMATION |
| **Usage** | REQUIRED |
| **Repeat** | 1 |
| **Notes** | Do not transmit the decimal point for ICD codes. The decimal point is implied. |
| **Example** | **HI*ABJ:S98141A~** |

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br>Code identifying a specific industry code list. | **M ID 1/3** |

**CODE DEFINITION**

**ABJ** INTERNATIONAL CLASSIFICATION DISEASES CLINICALMODIFICATION (ICD-10-CM)

ADMITTING DIAGNOSIS CODE

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 - 2 1271 Industry Code**<br>Code indicating a code from a specific industry code list.<br>Implementation Name: Admitting Diagnosis Code | **M AN 1/30** |
| **NOT USED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **NOT USED** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI03 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI04 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI05 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI06 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI07 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI08 C022 HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI09 C022 HEALTH CARE CODE INFORMATION** | **O** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| NOT USED | HI010 | C022 HEALTH CARE CODE INFORMATION | O |
| NOT USED | HI011 | C022 HEALTH CARE CODE INFORMATION | O |
| NOT USED | HI012 | C022 HEALTH CARE CODE INFORMATION | O |

## Table 51 EXTERNAL CAUSE OF INJURY

**IMPLEMENTATION**

EXTERNAL CAUSE OF INJURY

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Situational Rule** Required when an External Cause of Injury/Morbidity is needed to describe an injury, poisoning, or adverse effect. If not required by this implementation guide, do not send.

**Repeat** 1

**Notes** Do not transmit the decimal point for ICD codes. The decimal point is implied.

In order to fully describe an injury using ICD-10-CM, it will be necessary to report a series of 3 external cause of injury/morbidity codes. The ICD-10-CM External Cause of Morbidity codes are in the V00-Y99 code group.

**Example** **HI*ABN:V0409XA~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
| --- | --- | --- |
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **ABN** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) PRINCIPAL DIAGNOSIS | |
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br>IMPLEMENTATION NAME: External Cause of Injury Code<br>Code Source 897: International Classification of Diseases Clinical Mod. (ICD-10-CM). | |
| **NOT USED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| | Code indicating a code from a specific industry code list.<br>SITUATIONAL RULE: Required as directed by the NUBC billing manual.<br>IMPLEMENTATION NAME: Present on Admission Indicator | |
| | **CODE DEFINITION** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **N** NO | |
| | **U** UNKNOWN | |
| | **W** NOT APPLICABLE | |
| | **Y** YES | |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

(1) Critical Access Hospitals;

(2) Inpatient Rehabilitation Hospitals;

(3) Inpatient Psychiatric Hospitals;

(4) Cancer Hospitals;

(5) Children's or Pediatric Hospitals; and

(6) Long Term Care Hospitals

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |

To send health care codes and their associated dates, amounts and quantities.

SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **ABN** | INTERNATIONAL CLASSIFICATION OF |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | DISEASES CLINICAL MODIFICATION (ICD-10-<br>CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | | | | |
| **REQUIRED** | **HI02 - 2** | **1271** | **Industry Code** | **M AN** | **1/30** |
| | Code indicating a code from a specific industry code list.<br>IMPLEMENTATION NAME: External Cause of Injury Code | | | | |
| **NOT USED** | **HI02 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI02 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI02 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI02 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI02 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI02 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI02 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| | Code indicating a code from a specific industry code list.<br>SITUATIONAL RULE: Required as directed by the NUBC billing manual.<br>IMPLEMENTATION NAME: Present on Admission Indicator | | | | |

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **Y** YES | |
| | SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement: | |
| | (1) Critical Access Hospitals; | |
| | (2) Inpatient Rehabilitation Hospitals; | |
| | (3) Inpatient Psychiatric Hospitals; | |
| | (4) Cancer Hospitals; | |
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI03 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| | SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send. | |
| **REQUIRED** | **HI03 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABN** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | |
| **REQUIRED** | **HI03 -2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>IMPLEMENTATION NAME: External Cause of Injury Code | | | | |
| **NOT USED** | **HI03 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI03 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI03 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI03 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI03 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI03 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI03 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | (1) Critical Access Hospitals; | |
| | (2) Inpatient Rehabilitation Hospitals; | |
| | (3) Inpatient Psychiatric Hospitals; | |
| | (4) Cancer Hospitals; | |
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI04 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| | SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send. | |
| **REQUIRED** | **HI04 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABN** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | |
| **REQUIRED** | **HI04 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | IMPLEMENTATION NAME: External Cause of Injury Code | |
| **NOT USED** | **HI04 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI04 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI04 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI04 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI04 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI04 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI04 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

(1) Critical Access Hospitals;

(2) Inpatient Rehabilitation Hospitals;

(3) Inpatient Psychiatric Hospitals;

(4) Cancer Hospitals;

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI05 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| | SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send. | |
| **REQUIRED** | **HI05- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABN** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | |
| **REQUIRED** | **HI05-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | IMPLEMENTATION NAME: External Cause of Injury Code | |
| **NOT USED** | **HI05- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI05- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI05- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI05- 6 380 Quantity** | **O R 1/15** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI05- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI05- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI05– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

(1) Critical Access Hospitals;

(2) Inpatient Rehabilitation Hospitals;

(3) Inpatient Psychiatric Hospitals;

(4) Cancer Hospitals;

(5) Children's or Pediatric Hospitals; and

(6) Long Term Care Hospitals

| | | | | |
|---|---|---|---|---|
| **SITUATIONAL** | **HI06** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts and quantities.<br><br>SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send. | |
| **REQUIRED** | **HI06- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**ABN** INTERNATIONAL CLASSIFICATION OF<br>DISEASES CLINICAL MODIFICATION (ICD-10-<br>CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | |
| **REQUIRED** | **HI06-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>IMPLEMENTATION NAME: External Cause of Injury Code | |
| **NOT USED** | **HI06- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI06- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI06- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI06- 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI06- 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI06- 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI06 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

**SITUATIONAL HI07 C022 HEALTH CARE CODE INFORMATION O**

To send health care codes and their associated dates, amounts and quantities.

SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI07 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABK** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) PRINCIPAL DIAGNOSIS

| | | |
|---|---|---|
| **REQUIRED** | **HI07 - 2 1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

IMPLEMENTATION NAME: External Cause of Injury Code

Code Source 897: International Classification of Diseases Clinical Mod. (ICD-10-CM).

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI07 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI07 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI07 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI07 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI07 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI07 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI07 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

| | | |
|---|---|---|
| **SITUATIONAL** | **HI08 C022 HEALTH CARE CODE INFORMATION** | **O** |

To send health care codes and their associated dates, amounts and quantities.

SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send.

| | | |
|---|---|---|
| **REQUIRED** | **HI08 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | **CODE DEFINITION** | | | | |
| | **ABN** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | | | | |
| **REQUIRED** | **HI08 - 2** | **1271** | **Industry Code** | **M AN** | **1/30** |
| | Code indicating a code from a specific industry code list.<br>IMPLEMENTATION NAME: External Cause of Injury Code | | | | |
| **NOT USED** | **HI08 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI08 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI08 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI08 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI08 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI08 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI08 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| | Code indicating a code from a specific industry code list.<br>SITUATIONAL RULE: Required as directed by the NUBC billing manual.<br>IMPLEMENTATION NAME: Present on Admission Indicator | | | | |
| | **CODE DEFINITION** | | | | |
| | **N** NO | | | | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **U** UNKNOWN | |
| | **W** NOT APPLICABLE | |
| | **Y** YES | |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

**SITUATIONAL** **HI09 C022 HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts and quantities.

SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send.

**REQUIRED** **HI09 - 1 1270 Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABN** INTERNATIONAL CLASSIFICATION OF

DISEASES CLINICAL MODIFICATION (ICD-10-

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | |
| **REQUIRED** | **HI09 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>IMPLEMENTATION NAME: External Cause of Injury Code | |
| **NOT USED** | **HI09 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI09 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI09 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI09 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI09 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI09 - 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI09 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| | Code indicating a code from a specific industry code list.<br><br>SITUATIONAL RULE: Required as directed by the NUBC billing manual.<br><br>IMPLEMENTATION NAME: Present on Admission Indicator | |

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

**SITUATIONAL** **HI10 C022 HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts and quantities.

SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send.

**REQUIRED** **HI10 - 1 1270 Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABN** INTERNATIONAL CLASSIFICATION OF

DISEASES CLINICAL MODIFICATION (ICD-10-

CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES

**REQUIRED** **HI10 -2 1271 Industry Code** **M AN 1/30**

Code indicating a code from a specific industry code list.

IMPLEMENTATION NAME: External Cause of Injury Code

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI10 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI10 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI10 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI10 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI10 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI10 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI10 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | *(4) Cancer Hospitals;* | |
| | *(5) Children's or Pediatric Hospitals; and* | |
| | *(6) Long Term Care Hospitals* | |
| **SITUATIONAL** | **HI11 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| | SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send. | |
| **REQUIRED** | **HI11- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABN** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES | |
| **REQUIRED** | **HI11-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | IMPLEMENTATION NAME: External Cause of Injury Code | |
| **NOT USED** | **HI11- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI11- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI11- 5 782 Monetary Amount** | **O R 1/18** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI11- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI11- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI11- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI11– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI12 C022 HEALTH CARE CODE INFORMATION** | **O** |

To send health care codes and their associated dates, amounts and quantities.

SITUATIONAL RULE: Required when an additional External Cause of Injury must be sent and the preceding HI data elements have been used to report other causes of injury. If not required by this implementation guide, do not send.

| | | |
|---|---|---|
| **REQUIRED** | **HI12 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABN** INTERNATIONAL CLASSIFICATION OF

DISEASES CLINICAL MODIFICATION (ICD-10-

CM) EXTERNAL CAUSE OF INJURY CODE (E- CODES

| | | |
|---|---|---|
| **REQUIRED** | **HI012 -2 1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

IMPLEMENTATION NAME: External Cause of Injury Code

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI12 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI12 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI12 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI12 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI12 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI12 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI12 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| Code | Definition |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

## Table 52 OTHER DIAGNOSIS INFORMATION

**IMPLEMENTATION**

OTHER DIAGNOSIS INFORMATION

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Situational Rule** Required when other condition(s) coexist or develop(s) subsequently during the patient's treatment. If not required by this implementation guide, do not send.

**Repeat** 2

**Notes** Required when other condition(s) coexist(s) with the principal diagnosis, coexist(s) at the time of admission, or develop(s) subsequently during the patient's treatment.

Do not transmit the decimal point for ICD codes. The decimal point is implied.

**Example** **HI*ABF:K5900~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

**CODE DEFINITION**

| | |
|---|---|
| **ABF** | INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI01 - 2** | **1271** | **Industry Code** | **M AN** | **1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Other Diagnosis

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI01 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI01 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI01 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI01 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI01 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI01 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI01 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **W** NOT APPLICABLE | |
| | **Y** YES | |
| | SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement: | |
| | (1) Critical Access Hospitals; | |
| | (2) Inpatient Rehabilitation Hospitals; | |
| | (3) Inpatient Psychiatric Hospitals; | |
| | (4) Cancer Hospitals; | |
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |
| **REQUIRED** | **HI02 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | INDUSTRY: Other Diagnosis | |
| **NOT USED** | **HI02 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI02 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI02 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI02 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI02 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI02 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI02 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| Code | Definition |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

(1) Critical Access Hospitals;

(2) Inpatient Rehabilitation Hospitals;

(3) Inpatient Psychiatric Hospitals;

(4) Cancer Hospitals;

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI03 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| | Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI03 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |
| **REQUIRED** | **HI03 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | INDUSTRY: Other Diagnosis | |
| **NOT USED** | **HI03 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI03 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI03 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI03 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI03 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI03 - 8 1271 Industry Code** | **X AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI03 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:

(1) Critical Access Hospitals;

(2) Inpatient Rehabilitation Hospitals;

(3) Inpatient Psychiatric Hospitals;

(4) Cancer Hospitals;

(5) Children's or Pediatric Hospitals; and

(6) Long Term Care Hospitals

**SITUATIONAL** **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI04 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS

| | | |
|---|---|---|
| **REQUIRED** | **HI04 - 2 1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Other Diagnosis

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI04 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI04 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI04 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI04 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI04 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI04 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |

| | | | |
|---|---|---|---|
| **SITUATIONAL** | **HI04 – 9 1073 Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **N** NO | |
| | **U** UNKNOWN | |
| | **W** NOT APPLICABLE | |
| | **Y** YES | |
| | SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement: | |
| | (1) Critical Access Hospitals; | |
| | (2) Inpatient Rehabilitation Hospitals; | |
| | (3) Inpatient Psychiatric Hospitals; | |
| | (4) Cancer Hospitals; | |
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI05 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| | Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI05- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HI05-2** | **1271** | **Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Other Diagnosis

| | | | | |
|---|---|---|---|---|
| **NOT USED** | **HI05- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI05- 4** | **1251** | **Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI05- 5** | **782** | **Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI05- 6** | **380** | **Quantity** | **O R 1/15** |
| **NOT USED** | **HI05- 7** | **799** | **Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI05- 8** | **1271** | **Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI05– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID 1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement: | |
| | (1) Critical Access Hospitals; | |
| | (2) Inpatient Rehabilitation Hospitals; | |
| | (3) Inpatient Psychiatric Hospitals; | |
| | (4) Cancer Hospitals; | |
| | (5) Children's or Pediatric Hospitals; and | |
| | (6) Long Term Care Hospitals | |
| **SITUATIONAL** | **HI06 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| | Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI06- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |
| **REQUIRED** | **HI06-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | INDUSTRY: Other Diagnosis | |
| **NOT USED** | **HI06- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI06- 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI06- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI06- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI06- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI06- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI06 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | *(6) Long Term Care Hospitals* | |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| **SITUATIONAL** | **HI07 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities.<br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI07 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |
| **REQUIRED** | **HI07 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br>INDUSTRY: Other Diagnosis | |
| **NOT USED** | **HI07 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI07 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI07 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI07 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI07 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI07 - 8 1271 Industry Code** | **X AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI07 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

| | | |
|---|---|---|
| **SITUATIONAL** | **HI08 C022 HEALTH CARE CODE INFORMATION** | **M** |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **HI08 - 1** | **1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **HI08 - 2** | **1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Other Diagnosis

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **HI08 - 3** | **1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI08 - 4** | **1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI08 - 5** | **782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI08 - 6** | **380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI08 - 7** | **799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI08 - 8** | **1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI08 – 9** | **1073 Yes/No Condition or Response Code** | **X ID 1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | **N** | NO | |
| | **U** | UNKNOWN | |
| | **W** | NOT APPLICABLE | |
| | **Y** | YES | |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI09 C022 HEALTH CARE CODE INFORMATION** | **M** |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI09 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **ABF** | INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI09 -2** | **1271** | **Industry Code** | **M AN** | **1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Other Diagnosis

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI09 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI09 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI09 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI09 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI09 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI09 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI09 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

| | | |
|---|---|---|
| **SITUATIONAL** | **HI10 C022 HEALTH CARE CODE INFORMATION** | **M** |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | |
|---|---|---|
| **REQUIRED** | **HI10 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

**ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS

| | | |
|---|---|---|
| **REQUIRED** | **HI10 -2 1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Other Diagnosis

| | | | | |
|---|---|---|---|---|
| **NOT USED** | **HI10 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI10 - 4** | **1251** | **Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI10 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI10 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI10 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI10 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI10 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | *(6) Long Term Care Hospitals* | |
| **SITUATIONAL** | **HI11 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| | Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI11- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |
| **REQUIRED** | **HI11-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | INDUSTRY: Other Diagnosis | |
| **NOT USED** | **HI11- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI11- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI11- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI11- 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI11- 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI11- 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI11– 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Code indicating a code from a specific industry code list.

SITUATIONAL RULE: Required as directed by the NUBC billing manual.

IMPLEMENTATION NAME: Present on Admission Indicator

**CODE DEFINITION**

| | |
|---|---|
| **N** | NO |
| **U** | UNKNOWN |
| **W** | NOT APPLICABLE |
| **Y** | YES |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

| | | |
|---|---|---|
| **SITUATIONAL** | **HI12 C022 HEALTH CARE CODE INFORMATION** | **M** |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | |
|---|---|---|
| **REQUIRED** | **HI12 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **ABF** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD- 10-CM) DIAGNOSIS | |
| **REQUIRED** | **HI012 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | INDUSTRY: Other Diagnosis | |
| **NOT USED** | **HI12 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI12 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI12 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI12 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI12 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI12 - 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI12 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| | Code indicating a code from a specific industry code list. | |
| | SITUATIONAL RULE: Required as directed by the NUBC billing manual. | |
| | IMPLEMENTATION NAME: Present on Admission Indicator | |
| | **CODE DEFINITION** | |
| | **N** NO | |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | **U** | UNKNOWN | |
| | **W** | NOT APPLICABLE | |
| | **Y** | YES | |

*SITUATIONAL RULE: The following hospitals are exempt from this POA submission requirement:*

*(1) Critical Access Hospitals;*

*(2) Inpatient Rehabilitation Hospitals;*

*(3) Inpatient Psychiatric Hospitals;*

*(4) Cancer Hospitals;*

*(5) Children's or Pediatric Hospitals; and*

*(6) Long Term Care Hospitals*

## Table 53 PRINCIPAL PROCEDURE INFORMATION

**IMPLEMENTATION**

PRINCIPAL PROCEDURE INFORMATION

**Loop** 2300 — CLAIM INFORMATION

**Usage** REQUIRED

**Repeat** 1

**Notes** Required on inpatient claims or encounters when a procedure was performed.

Do not transmit the decimal point for ICD codes. The decimal point is implied.

**Example** **HI*ABJ:S98141A~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br>Code identifying a specific industry code list.<br>**CODE DEFINITION**<br>**BBR** INTERNATIONAL CLASSIFICATION DISEASES | **M ID 1/3** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | CLINICAL MODIFICATION (ICD-10-CM) ADMITTING DIAGNOSIS CODE | |
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list<br>INDUSTRY: Principal Procedure Code<br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>**CODE DEFINITION**<br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | |
| **REQUIRED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>Required when HI01-3 is used | |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **HI02** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI03** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI04** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI05** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI06** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI07** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI08** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI09** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI010** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI011** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| **NOT USED** | **HI012** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |

## Table 54 OTHER PROCEDURE INFORMATION

**IMPLEMENTATION**

OTHER PROCEDURE INFORMATION

---

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 2

**Notes** Required on inpatient claims or encounters when additional procedures must be reported.

Do not transmit the decimal point for ICD codes. The decimal point is implied

**Example** **HI*BBQ:009R0ZX:D8:20160321~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>**CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | |
| **REQUIRED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI02 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI02 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals “BBR” | |
| **REQUIRED** | **HI02 - 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Procedure Date

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI02 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI02 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI02 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI02 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI02 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI03** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI03 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

**BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI03 -2** | **1271** | **Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI03 - 3** | **1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | |
| **REQUIRED** | **HI03 - 4** | **1251 Date, Time, Period** | **X AN 1/35** |
| | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | |
| **NOT USED** | **HI03 - 5** | **782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI03 - 6** | **380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI03 - 7** | **799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI03 - 8** | **1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI03 – 9** | **1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI04** | **C022 HEALTH CARE CODE INFORMATION** | **O** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI04 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI04 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI04 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals “BBR” | |
| **REQUIRED** | **HI04 - 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Procedure Date

**NOT USED** **HI04 - 5** **782** **Monetary Amount** **O R 1/18**

**NOT USED** **HI04 - 6** **380** **Quantity** **O R 1/15**

**NOT USED** **HI04 - 7** **799** **Version Identifier** **O AN 1/30**

**NOT USED** **HI04 - 8** **1271** **Industry Code** **X AN 1/30**

**NOT USED** **HI04 – 9 1073 Yes/No Condition or Response Code** **X ID 1/1**

**SITUATIONAL** **HI05** **C022** **HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

**REQUIRED** **HI05- 1 1270 Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

**BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES

**REQUIRED** **HI05-2 1271 Industry Code** **M AN 1/30**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | | |
| **REQUIRED** | **HI05- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| | | | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | | |
| **REQUIRED** | **HI05- 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | |
| **NOT USED** | **HI05- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI05- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI05- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI05- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI05– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI06** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI06- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI06-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI06- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | |
| **REQUIRED** | **HI06- 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | | | |
| **NOT USED** | **HI06- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI06- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI06- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI06- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI06 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI07** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | | | |
| **REQUIRED** | **HI07 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | | | | |
| **REQUIRED** | **HI07 - 2** | **1271** | **Industry Code** | **M AN 1/30** | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | | | | |
| **NOT USED** | **HI07 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | | | | |
| **NOT USED** | **HI07 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | | | |
| **NOT USED** | **HI07 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI07 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI07 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI07 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **SITUATIONAL** | **HI07 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI08** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI08 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI08 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI08 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals “BBR” | |
| **NOT USED** | **HI08 - 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | |
| **NOT USED** | **HI08 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI08 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI08 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI08 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI08 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI09** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | |
| **REQUIRED** | **HI09 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |
| | | | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | | |
| **REQUIRED** | **HI09 -2** | **1271** | **Industry Code** | **M AN 1/30** | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | | |
| **NOT USED** | **HI09 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| | | | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals “BBR” | | |
| **NOT USED** | **HI09 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | |
| **NOT USED** | **HI09 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI09 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI09 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI09 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI09 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI10** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI10 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI10 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI10 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | |
| **NOT USED** | **HI10 - 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Procedure Date

**NOT USED** **HI10 - 5** **782** **Monetary Amount** **O R 1/18**

**NOT USED** **HI10 - 6** **380** **Quantity** **O R 1/15**

**NOT USED** **HI10 - 7** **799** **Version Identifier** **O AN 1/30**

**NOT USED** **HI10 - 8** **1271** **Industry Code** **X AN 1/30**

**NOT USED** **HI10 – 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**

**SITUATIONAL** **HI11** **C022** **HEALTH CARE CODE INFORMATION** **M**

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

**REQUIRED** **HI11- 1** **1270** **Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

**BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES

**REQUIRED** **HI11-2** **1271** **Industry Code** **M AN 1/30**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | | |
| **NOT USED** | **HI11- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| | | | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals "BBR" | | |
| **NOT USED** | **HI11- 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | |
| **NOT USED** | **HI11- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI11- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI11- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI11- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI11– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI12** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI12 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BBQ** INTERNATIONAL CLASSIFICATION OF DISEASES CLINICAL MODIFICATION (ICD-10-PCS) OTHER PROCEDURE CODES | |
| **REQUIRED** | **HI012 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Principal Procedure Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI12 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. Use code D8 when the value in data element HI01-1 equals “BBR” | |
| **NOT USED** | **HI12 - 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Procedure Date | | |
| **NOT USED** | **HI12 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI12 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI12 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI12 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI12 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

## Table 55 OCCURRENCE SPAN INFORMATION

**IMPLEMENTATION**

OCCURRENCE SPAN INFORMATION

| | |
|---|---|
| **Loop** | 2300 — CLAIM INFORMATION |
| **Usage** | SITUATIONAL |
| **Repeat** | 1 |
| **Notes** | Required when occurrence span information applies to the claim or encounter.<br>THCIC will collect a maximum of 4 occurrence span. |
| **Example** | **HI Health Care Information Codes** |

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br>Code identifying a specific industry code list. | **M ID 1/3** |

**CODE DEFINITION**

| | |
|---|---|
| **BI** | OCCURRENCE SPAN |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Span Code

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

| | | |
|---|---|---|
| **REQUIRED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |

Expression of a date, a time, or range of dates, times or dates and times.

**CODE DEFINITION**

**RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD

| | | |
|---|---|---|
| **REQUIRED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Occurrence Span Code Associated Date

| | | |
|---|---|---|
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts and quantities. | |
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BI** OCCURRENCE SPAN | |
| **REQUIRED** | **HI02 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br>INDUSTRY: Occurrence Span Code<br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI02 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **REQUIRED** | **HI02 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>INDUSTRY: Occurrence Span Code Associated Date | |
| **NOT USED** | **HI02 - 5 782 Monetary Amount** | **O R 1/18** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI02 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI02 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI02 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI02 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI03** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI03 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BI** | OCCURRENCE SPAN |

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI03 -2** | **1271** | **Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Span Code

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI03 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

Code indicating the date format, time format, or date and time format.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **REQUIRED** | **HI03 - 4** **1251** **Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times. | |
| | INDUSTRY: Occurrence Span Code Associated Date | |
| **NOT USED** | **HI03 - 5** **782** **Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI03 - 6** **380** **Quantity** | **O R 1/15** |
| **NOT USED** | **HI03 - 7** **799** **Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI03 - 8** **1271** **Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI03 – 9** **1073** **Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI04** **C022** **HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities. | |
| | Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI04 - 1** **1270** **Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BI** OCCURRENCE SPAN | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI04 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Span Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI04 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **REQUIRED** | **HI04 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Span Code Associated Date | |
| **NOT USED** | **HI04 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI04 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI04 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI04 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI04 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI05 C022 HEALTH CARE CODE INFORMATION** | **O** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI05- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BI** OCCURRENCE SPAN | |
| **REQUIRED** | **HI05-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Span Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI05- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **REQUIRED** | **HI05- 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Span Code Associated Date | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI05- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI05- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI05- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI05- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI05– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI06** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI06- 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BI** | OCCURRENCE SPAN |

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI06-2** | **1271** | **Industry Code** | **M AN** | **1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Span Code

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI06- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Code indicating the date format, time format, or date and time format. | | | | |
| | **CODE DEFINITION** | | | | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | | | | |
| **REQUIRED** | **HI06- 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Span Code Associated Date | | | | |
| **NOT USED** | **HI06- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI06- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI06- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI06- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI06 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI07** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | | | |
| **REQUIRED** | **HI07 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |
| | Code identifying a specific industry code list. | | | | |
| | **CODE DEFINITION** | | | | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **BI** OCCURRENCE SPAN | |
| **REQUIRED** | **HI07 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list. | |
| | INDUSTRY: Occurrence Span Code | |
| | CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI07 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **NOT USED** | **HI07 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times. | |
| | INDUSTRY: Occurrence Span Code Associated Date | |
| **NOT USED** | **HI07 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI07 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI07 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI07 - 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI07 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **HI08 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI08 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BI** OCCURRENCE SPAN | |
| **REQUIRED** | **HI08 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Span Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI08 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **NOT USED** | **HI08 - 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Occurrence Span Code Associated Date

**NOT USED** **HI08 - 5** **782** **Monetary Amount** **O R 1/18**

**NOT USED** **HI08 - 6** **380** **Quantity** **O R 1/15**

**NOT USED** **HI08 - 7** **799** **Version Identifier** **O AN 1/30**

**NOT USED** **HI08 - 8** **1271** **Industry Code** **X AN 1/30**

**NOT USED** **HI08 – 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**

**SITUATIONAL** **HI09** **C022** **HEALTH CARE CODE INFORMATION** **M**

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

**REQUIRED** **HI09 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

| **BI** | OCCURRENCE SPAN |
|---|---|

**REQUIRED** **HI09 -2** **1271** **Industry Code** **M AN 1/30**

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Span Code

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI09 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

Code indicating the date format, time format, or date and time format.

**CODE DEFINITION**

**RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI09 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Occurrence Span Code Associated Date

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI09 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI09 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI09 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI09 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI09 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI10** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI10 - 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |

Code identifying a specific industry code list.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **CODE DEFINITION** | |
| | **BI** OCCURRENCE SPAN | |
| **REQUIRED** | **HI10 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Span Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI10 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD | |
| **NOT USED** | **HI10 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Span Code Associated Date | |
| **NOT USED** | **HI10 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI10 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI10 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI10 - 8 1271 Industry Code** | **X AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **NOT USED** | **HI10 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI11 C022 HEALTH CARE CODE INFORMATION** | **M** |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | |
|---|---|---|
| **REQUIRED** | **HI11- 1 1270 Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BI** | OCCURRENCE SPAN |

| | | |
|---|---|---|
| **REQUIRED** | **HI11-2 1271 Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Span Code

CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

| | | |
|---|---|---|
| **NOT USED** | **HI11- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |

Code indicating the date format, time format, or date and time format.

**CODE DEFINITION**

| | |
|---|---|
| **RD8** | RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD |

| | | |
|---|---|---|
| **NOT USED** | **HI11- 4 1251 Date, Time, Period** | **X AN 1/35** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Span Code Associated Date | | | | |
| **NOT USED** | **HI11- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI11- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI11- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI11- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI11– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI12** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | | | |
| **REQUIRED** | **HI12 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |
| | Code identifying a specific industry code list. | | | | |
| | **CODE DEFINITION** | | | | |
| | **BI** | OCCURRENCE SPAN | | | |
| **REQUIRED** | **HI012 -2** | **1271** | **Industry Code** | **M AN 1/30** | |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Span Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | | | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI12 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

Code indicating the date format, time format, or date and time format.

**CODE DEFINITION**

**RD8** RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI12 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Occurrence Span Code Associated Date

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI12 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI12 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI12 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI12 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI12 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

## Table 56 OCCURRENCE INFORMATION

**IMPLEMENTATION**

OCCURRENCE INFORMATION

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required when occurrence information applies to the claim or encounter.

THCIC will collect a maximum of 12 occurrences.

**Example** **HI*BH:42:D8:19981208~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br>Code identifying a specific industry code list. | **M ID 1/3** |

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **BH** | OCCURRENCE |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br>INDUSTRY: Occurrence Code<br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>**CODE DEFINITION**<br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **REQUIRED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>INDUSTRY: Occurrence Code Associated Date | |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts and quantities. | |
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BH** OCCURRENCE | |
| **REQUIRED** | **HI02 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI02 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **REQUIRED** | **HI02 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | |
| **NOT USED** | **HI02 - 5 782 Monetary Amount** | **O R 1/18** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI02 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI02 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI02 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI02 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI03** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI03 - 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BH** | OCCURRENCE |

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI03 -2** | **1271** | **Industry Code** | **M AN** | **1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Code

CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI03 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

Code indicating the date format, time format, or date and time format.

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

**CODE DEFINITION**

| | |
|---|---|
| **D8** | DATE EXPRESSED IN FORMAT CCYYMMDD. |

**REQUIRED** **HI03 - 4** **1251** **Date, Time, Period** **X AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Occurrence Code Associated Date

**NOT USED** **HI03 - 5** **782** **Monetary Amount** **O R 1/18**

**NOT USED** **HI03 - 6** **380** **Quantity** **O R 1/15**

**NOT USED** **HI03 - 7** **799** **Version Identifier** **O AN 1/30**

**NOT USED** **HI03 - 8** **1271** **Industry Code** **X AN 1/30**

**NOT USED** **HI03 – 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**

**SITUATIONAL** **HI04** **C022** **HEALTH CARE CODE INFORMATION** **O**

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

**REQUIRED** **HI04 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BH** | OCCURRENCE |

**REQUIRED** **HI04 - 2** **1271** **Industry Code** **M AN 1/30**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | | |
| **REQUIRED** | **HI04 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| | | | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | | |
| **REQUIRED** | **HI04 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | | | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | | |
| **NOT USED** | **HI04 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI04 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI04 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI04 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI04 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI05** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI05- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BH** OCCURRENCE | |
| **REQUIRED** | **HI05-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **REQUIRED** | **HI05- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **REQUIRED** | **HI05- 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **HI05- 5** | **782** | **Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI05- 6** | **380** | **Quantity** | **O R 1/15** |
| **NOT USED** | **HI05- 7** | **799** | **Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI05- 8** | **1271** | **Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI05– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI06** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI06- 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BH** | OCCURRENCE |

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI06-2** | **1271** | **Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Code

CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System

| | | | | |
|---|---|---|---|---|
| **REQUIRED** | **HI06- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID 2/3** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating the date format, time format, or date and time format. | |
| | **CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **REQUIRED** | **HI06- 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>INDUSTRY: Occurrence Code Associated Date | |
| **NOT USED** | **HI06- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI06- 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI06- 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI06- 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI06 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI07 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities.<br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI07 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **BH** OCCURRENCE | |
| **REQUIRED** | **HI07 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI07 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **NOT USED** | **HI07 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | |
| **NOT USED** | **HI07 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI07 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI07 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI07 - 8 1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI07 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI08 C022 HEALTH CARE CODE INFORMATION** | **M** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI08 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BH** OCCURRENCE | |
| **REQUIRED** | **HI08 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI08 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **NOT USED** | **HI08 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI08 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI08 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI08 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI08 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI08 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI09** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HI09 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |

Code identifying a specific industry code list.

| **CODE** | **DEFINITION** |
|---|---|
| **BH** | OCCURRENCE |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HI09 -2** | **1271** | **Industry Code** | **M AN 1/30** |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Code

CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI09 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Code indicating the date format, time format, or date and time format.

**CODE DEFINITION**

| | |
|---|---|
| **D8** | DATE EXPRESSED IN FORMAT CCYYMMDD. |

**NOT USED** **HI09 - 4** **1251** **Date, Time, Period** **X AN 1/35**

Expression of a date, a time, or range of dates, times or dates and times.

INDUSTRY: Occurrence Code Associated Date

**NOT USED** **HI09 - 5** **782** **Monetary Amount** **O R 1/18**

**NOT USED** **HI09 - 6** **380** **Quantity** **O R 1/15**

**NOT USED** **HI09 - 7** **799** **Version Identifier** **O AN 1/30**

**NOT USED** **HI09 - 8** **1271** **Industry Code** **X AN 1/30**

**NOT USED** **HI09 – 9** **1073** **Yes/No Condition or Response Code** **X ID 1/1**

**SITUATIONAL** **HI10** **C022** **HEALTH CARE CODE INFORMATION** **M**

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

**REQUIRED** **HI10 - 1** **1270** **Code List Qualifier Code** **M ID 1/3**

Code identifying a specific industry code list.

**CODE DEFINITION**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **BH** OCCURRENCE | |
| **REQUIRED** | **HI10 -2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br>INDUSTRY: Occurrence Code<br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI10 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br>**CODE DEFINITION** | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **NOT USED** | **HI10 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br>INDUSTRY: Occurrence Code Associated Date | |
| **NOT USED** | **HI10 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI10 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI10 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI10 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI10 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI11 C022 HEALTH CARE CODE INFORMATION** | **M** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI11- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BH** OCCURRENCE | |
| **REQUIRED** | **HI11-2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Occurrence Code<br><br>CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System | |
| **NOT USED** | **HI11- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| | Code indicating the date format, time format, or date and time format.<br><br>**CODE DEFINITION**<br><br>**D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | |
| **NOT USED** | **HI11- 4 1251 Date, Time, Period** | **X AN 1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| **NOT USED** | **HI11- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI11- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI11- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI11- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI11– 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI12** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |

To send health care codes and their associated dates, amounts, and quantities.

Used when necessary to report multiple additional co-existing conditions.

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI12 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |

Code identifying a specific industry code list.

**CODE DEFINITION**

| | |
|---|---|
| **BH** | OCCURRENCE |

| | | | | | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI012 -2** | **1271** | **Industry Code** | **M AN 1/30** | |

Code indicating a code from a specific industry code list.

INDUSTRY: Occurrence Code

CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System

| | | | | | |
|---|---|---|---|---|---|
| **NOT USED** | **HI12 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Code indicating the date format, time format, or date and time format. | | | | |
| | **CODE DEFINITION** | | | | |
| | **D8** DATE EXPRESSED IN FORMAT CCYYMMDD. | | | | |
| **NOT USED** | **HI12 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| | Expression of a date, a time, or range of dates, times or dates and times.<br><br>INDUSTRY: Occurrence Code Associated Date | | | | |
| **NOT USED** | **HI12 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI12 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI12 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI12 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI12 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

## Table 57 VALUE INFORMATION

| IMPLEMENTATION |
| --- |
| VALUE INFORMATION |

| | |
| --- | --- |
| **Loop** | 2300 — CLAIM INFORMATION |
| **Usage** | SITUATIONAL |
| **Repeat** | 1 |
| **Notes** | Required when value information applies to the claim or encounter.<br>THCIC will collect a maximum of 12 occurrences. |
| **Example** | **HI*BE:08:::1740~** |

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
| --- | --- | --- |
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br>Code identifying a specific industry code list. | **M ID 1/3** |

**CODE DEFINITION**

| | |
| --- | --- |
| **BE** | VALUE |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BE** VALUE | |
| **REQUIRED** | **HI02 - 2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES |
|---|---|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | | |
| **NOT USED** | **HI02 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI02 - 4** | **1251** | **Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI02 - 5** | **782** | **Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI02 - 6** | **380** | **Quantity** | **O R 1/15** |
| **NOT USED** | **HI02 - 7** | **799** | **Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI02 - 8** | **1271** | **Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI02 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI03** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | | |
| **REQUIRED** | **HI03 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION** | | | |
| | **BE** VALUE | | | |
| **REQUIRED** | **HI03 -2** | **1271** | **Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI03 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI03 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI03 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI03 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI03 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI03 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI03 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI04 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI04 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BE** VALUE | |
| **REQUIRED** | **HI04 - 2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | |
| **REQUIRED** | **HI04 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **REQUIRED** | **HI04 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI04 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI04 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI04 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI04 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI04 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI05** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |
| | | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | |
| **REQUIRED** | **HI05- 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |
| | | | Code identifying a specific industry code list. | | |

**CODE DEFINITION**

| | |
|---|---|
| **BE** | VALUE |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **HI05-2** | **1271** | **Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI05- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **REQUIRED** | **HI05- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI05- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI05- 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI05- 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI05- 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI05– 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI06 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI06- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BE** VALUE | |
| **REQUIRED** | **HI06-2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | | | |
| **REQUIRED** | **HI06- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **REQUIRED** | **HI06- 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI06- 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI06- 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI06- 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI06- 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI06 – 9 1073 Yes/No Condition or Response Code** | | | **X ID** | **1/1** |
| **SITUATIONAL** | **HI07 C022 HEALTH CARE CODE INFORMATION** | | | **M** | |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | | | |
| **REQUIRED** | **HI07 - 1 1270 Code List Qualifier Code** | | | **M ID 1/3** | |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION** | | | | |
| | **BE** VALUE | | | | |
| **REQUIRED** | **HI07 - 2 1271 Industry Code** | | | **M AN 1/30** | |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI07 - 3** | **1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI07 - 4** | **1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI07 - 5** | **782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI07 - 6** | **380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI07 - 7** | **799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI07 - 8** | **1271 Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI07 – 9** | **1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI08** | **C022 HEALTH CARE CODE INFORMATION** | **M** |
| | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI08 - 1** | **1270 Code List Qualifier Code** | **M ID 1/3** |
| | | Code identifying a specific industry code list. | |
| | | **CODE DEFINITION** | |
| | | **BE** VALUE | |
| **REQUIRED** | **HI08 - 2** | **1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Value Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | |
| **NOT USED** | **HI08 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI08 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI08 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI08 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI08 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI08 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI08 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **NOT USED** | **HI09** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| **NOT USED** | **HI09 - 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |
| **NOT USED** | **HI09 -2** | **1271** | **Industry Code** | **M AN** | **1/30** |
| **NOT USED** | **HI09 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI09 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI09 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI09 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI09 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **NOT USED** | **HI09 - 8** | **1271** | **Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI09 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID 1/1** |
| **NOT USED** | **HI10** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** |
| **NOT USED** | **HI10 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |
| **NOT USED** | **HI10 -2** | **1271** | **Industry Code** | **M AN 1/30** |
| **NOT USED** | **HI10 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI10 - 4** | **1251** | **Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI10 - 5** | **782** | **Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI10 - 6** | **380** | **Quantity** | **O R 1/15** |
| **NOT USED** | **HI10 - 7** | **799** | **Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI10 - 8** | **1271** | **Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI10 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID 1/1** |
| **NOT USED** | **HI11** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** |
| **NOT USED** | **HI11- 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** |
| **NOT USED** | **HI11-2** | **1271** | **Industry Code** | **M AN 1/30** |
| **NOT USED** | **HI11- 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI11- 4** | **1251** | **Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI11- 5** | **782** | **Monetary Amount** | **O R 1/18** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| NOT USED | HI11- 6 | 380 | Quantity | O R 1/15 |
| NOT USED | HI11- 7 | 799 | Version Identifier | O AN 1/30 |
| NOT USED | HI11- 8 | 1271 | Industry Code | X AN 1/30 |
| NOT USED | HI11– 9 | 1073 | Yes/No Condition or Response Code | X ID 1/1 |
| NOT USED | HI12 | C022 | HEALTH CARE CODE INFORMATION | M |
| NOT USED | HI12 - 1 | 1270 | Code List Qualifier Code | M ID 1/3 |
| NOT USED | HI012 -2 | 1271 | Industry Code | M AN 1/30 |
| NOT USED | HI12 - 3 | 1250 | Date, Time Period Format Qualifier | X ID 2/3 |
| NOT USED | HI12 - 4 | 1251 | Date, Time, Period | X AN 1/35 |
| NOT USED | HI12 - 5 | 782 | Monetary Amount | O R 1/18 |
| NOT USED | HI12 - 6 | 380 | Quantity | O R 1/15 |
| NOT USED | HI12 - 7 | 799 | Version Identifier | O AN 1/30 |
| NOT USED | HI12 - 8 | 1271 | Industry Code | X AN 1/30 |
| NOT USED | HI12 – 9 | 1073 | Yes/No Condition or Response Code | X ID 1/1 |

## Table 58 CONDITION INFORMATION

**IMPLEMENTATION**

CONDITION INFORMATION

---

**Loop** 2300 — CLAIM INFORMATION

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required when value information applies to the claim or encounter.

THCIC will collect a maximum of 8 occurrences.

**Example** **HI*BG:17*BG:67~**

**HI Health Care Information Codes**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 C022 HEALTH CARE CODE INFORMATION**<br><br>To send health care codes and their associated dates, amounts, and quantities. | **M** |
| **REQUIRED** | **HI01 - 1 1270 Code List Qualifier Code**<br><br>Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | **M ID 1/3** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **HI01 - 2 1271 Industry Code** | **M AN 1/30** |
| | Code indicating a code from a specific industry code list.<br>INDUSTRY: Condition Code<br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI01 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI01 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI01 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI01 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI01 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI01 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI01 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI02 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts and quantities. | |
| **REQUIRED** | **HI02 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br>**CODE DEFINITION**<br>**BG** CONDITION | |
| **REQUIRED** | **HI02 - 2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI02 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI02 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI02 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI02 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI02 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI02 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI02 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI03 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI03 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | |
| **REQUIRED** | **HI03 -2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI03 - 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI03 - 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI03 - 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI03 - 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI03 - 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI03 - 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI03 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI04 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI04 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | |
| **REQUIRED** | **HI04 - 2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | |
| **REQUIRED** | **HI04 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **REQUIRED** | **HI04 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI04 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI04 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI04 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI04 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI04 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI05** | **C022** | **HEALTH CARE CODE INFORMATION** | **O** | |
| | | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | |
| **REQUIRED** | **HI05- 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |
| | | | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | | |
| **REQUIRED** | **HI05-2** | **1271** | **Industry Code** | **M AN** | **1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI05- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **REQUIRED** | **HI05- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI05- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI05- 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI05- 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI05- 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI05– 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI06 C022 HEALTH CARE CODE INFORMATION** | **O** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI06- 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | |
| **REQUIRED** | **HI06-2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **REQUIRED** | **HI06- 3** | **1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **REQUIRED** | **HI06- 4** | **1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI06- 5** | **782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI06- 6** | **380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI06- 7** | **799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI06- 8** | **1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI06 – 9** | **1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI07** | **C022 HEALTH CARE CODE INFORMATION** | **M** |
| | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI07 - 1** | **1270 Code List Qualifier Code** | **M ID 1/3** |
| | | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | |
| **REQUIRED** | **HI07 - 2** | **1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI07 - 3** **1250** **Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI07 - 4** **1251** **Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI07 - 5** **782** **Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI07 - 6** **380** **Quantity** | **O R 1/15** |
| **NOT USED** | **HI07 - 7** **799** **Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI07 - 8** **1271** **Industry Code** | **X AN 1/30** |
| **SITUATIONAL** | **HI07 – 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI08 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI08 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list. | |
| | **CODE DEFINITION** | |
| | **BG** CONDITION | |
| **REQUIRED** | **HI08 - 2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | |
| **NOT USED** | **HI08 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI08 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI08 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI08 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI08 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI08 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI08 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI09** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | |
| **REQUIRED** | **HI09 - 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |
| | | | Code identifying a specific industry code list. | | |

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **BG** | CONDITION |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **REQUIRED** | **HI09 -2** | **1271** | **Industry Code** | **M AN** | **1/30** |

| USAGE | REF. DES DATA ELEMENT | | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | | | |
| **NOT USED** | **HI09 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI09 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI09 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI09 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI09 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI09 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI09 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI10** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | | | |
| **REQUIRED** | **HI10 - 1** | **1270** | **Code List Qualifier Code** | **M ID 1/3** | |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION** | | | | |
| | **BG** CONDITION | | | | |
| **REQUIRED** | **HI10 -2** | **1271** | **Industry Code** | **M AN 1/30** | |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | |
| **NOT USED** | **HI10 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI10 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI10 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI10 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI10 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI10 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI10 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |
| **SITUATIONAL** | **HI11** | **C022** | **HEALTH CARE CODE INFORMATION** | **M** | |
| | | | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | | |
| **REQUIRED** | **HI11- 1** | **1270** | **Code List Qualifier Code** | **M ID** | **1/3** |
| | | | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | | |
| **REQUIRED** | **HI11-2** | **1271** | **Industry Code** | **M AN** | **1/30** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | |
| **NOT USED** | **HI11- 3 1250 Date, Time Period Format Qualifier** | **X ID 2/3** |
| **NOT USED** | **HI11- 4 1251 Date, Time, Period** | **X AN 1/35** |
| **NOT USED** | **HI11- 5 782 Monetary Amount** | **O R 1/18** |
| **NOT USED** | **HI11- 6 380 Quantity** | **O R 1/15** |
| **NOT USED** | **HI11- 7 799 Version Identifier** | **O AN 1/30** |
| **NOT USED** | **HI11- 8 1271 Industry Code** | **X AN 1/30** |
| **NOT USED** | **HI11– 9 1073 Yes/No Condition or Response Code** | **X ID 1/1** |
| **SITUATIONAL** | **HI12 C022 HEALTH CARE CODE INFORMATION** | **M** |
| | To send health care codes and their associated dates, amounts, and quantities.<br><br>Used when necessary to report multiple additional co-existing conditions. | |
| **REQUIRED** | **HI12 - 1 1270 Code List Qualifier Code** | **M ID 1/3** |
| | Code identifying a specific industry code list.<br><br>**CODE DEFINITION**<br><br>**BG** CONDITION | |
| **REQUIRED** | **HI012 -2 1271 Industry Code** | **M AN 1/30** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| | | | Code indicating a code from a specific industry code list.<br><br>INDUSTRY: Condition Code<br><br>CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes | | |
| **NOT USED** | **HI12 - 3** | **1250** | **Date, Time Period Format Qualifier** | **X ID** | **2/3** |
| **NOT USED** | **HI12 - 4** | **1251** | **Date, Time, Period** | **X AN** | **1/35** |
| **NOT USED** | **HI12 - 5** | **782** | **Monetary Amount** | **O R** | **1/18** |
| **NOT USED** | **HI12 - 6** | **380** | **Quantity** | **O R** | **1/15** |
| **NOT USED** | **HI12 - 7** | **799** | **Version Identifier** | **O AN** | **1/30** |
| **NOT USED** | **HI12 - 8** | **1271** | **Industry Code** | **X AN** | **1/30** |
| **NOT USED** | **HI12 – 9** | **1073** | **Yes/No Condition or Response Code** | **X ID** | **1/1** |

## Table 59 ATTENDING PHYSICIAN OR PRACTITIONER NAME

**IMPLEMENTATION**

ATTENDING PHYSICIAN OR PRACTITIONER NAME

| | |
|---|---|
| **Loop** | 2310A — ATTENDING PHYSICIAN OR PRACTITIONER NAME |
| **Usage** | REQUIRED |
| **Repeat** | 1 |
| **Notes** | Required on all inpatient claims or encounters.<br>Must use physician or practitioner individual NPI, not group practice NPI and not institutional NPI. |
| **Example** | **NM1*71*1*JONES*JOHN****XX*1234567890~** |

**NM1 Individual or Organizational Name**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM101** | **98 Entity Identifier Code** | **M ID 2/3** |
| | | Code identifying an individual.<br>The entity identifier in NM101 applies to all segments in Loop ID- 2310.<br>**CODE DEFINITION**<br>**71** ATTENDING PHYSICIAN | |
| **REQUIRED** | **NM102** | **1065 Entity Type Qualifier** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code qualifying the type of entity.<br>SEMANTIC: NM102 qualifies NM103.<br>**CODE DEFINITION**<br>**1** PERSON | |
| **REQUIRED** | **NM103 1035 Name Last** | **O AN 1/60** |
| | Individual last name<br>INDUSTRY: Attending Physician or Practitioner Last Name | |
| **REQUIRED** | **NM104 1035 Name First** | **O AN 1/35** |
| | Individual first name<br>INDUSTRY: Attending Physician or Practitioner Last Name | |
| **SITUATIONAL** | **NM105 1037 Name Middle** | **O AN 1/25** |
| | Individual middle name or initial<br>INDUSTRY: Attending Physician or Practitioner Middle Name<br>Required if the middle name/initial of the person is known. | |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **SITUATIONAL** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| | Suffix to individual name<br>INDUSTRY: Attending Physician or Practitioner Name Suffix<br>Required if known. | |
| **SITUATIONAL** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | Code designating the system/method of code structure used for Identification Code (67) | | |

**CODE DEFINITION**

**XX** CMS NATIONAL PROVIDER IDENTIFIER

Required if NO State License Number is Submitted in 2310A REF02.

Note: Must use physician or practitioner individual NPI, not group practice NPI and not institutional NPI.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **SITUATIONAL** | **NM109 67** | **Identification Code** | **X AN 2/80** |

Code identifying a party or other code.

INDUSTRY: Attending Physician or Practitioner Primary Identifier

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **NM110 706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111 98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112 1035** | **Name Last or Organizational Name** | **O AN 1/60** |

## Table 60 ATTENDING PHYSICIAN OR PRACTITIONER NAME

**IMPLEMENTATION**

ATTENDING PHYSICIAN OR PRACTITIONER NAME

| | |
|---|---|
| **Loop** | 2310A — ATTENDING PHYSICIAN OR PRACTITIONER NAME |
| **Usage** | SITUATIONAL |
| **Repeat** | 4 |
| **Notes** | REQUIRED by THCIC to report the Practitioner's state license or if the National Provider Identification Number is NOT submitted in Loop 2310A NM109. |
| **Example** | **REF*0B*A12345~** |

**REF Reference Identification**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **SITUATIONAL** | **REF01** | **128** | **Reference Identification Qualifier** | **M ID 2/3** |
| | | | Code qualifying the Reference Identification.<br><br>Required if National Provider Identifier is NOT Submitted in Loop 2310A, NM109 | |

**CODE DEFINITION**

| | |
|---|---|
| **OB** | **STATE LICENSE NUMBER** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **SITUATIONAL** | **REF02** | **127** | **Reference Identification** | **X AN 1/50** |

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| | | | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br><br>INDUSTRY: Attending Physician or Practitioner Secondary Identifier<br><br>Required if National Provider Identifier is NOT Submitted in Loop 2310A, NM109 | |
| **NOT USED** | **REF03** | **352** | **Description** | **X AN 1/80** |
| **NOT USED** | **REF04** | **C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 61 OPERATING PHYSICIAN NAME

**IMPLEMENTATION**

OPERATING PHYSICIAN NAME

---

**Loop** 2310B — OPERATING PHYSICIAN NAME

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required by THCIC when any surgical procedure code is listed on this claim.

For THCIC reporting, the operating physician name is that of the individual that performed the principal procedure.

Must use physician or practitioner individual NPI, not group practice NPI and not institutional NPI.

**Example** **NM1*72*1*MEYERS*JANE****XX*1234567890~**

**NM1 Individual or Organizational Name**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM101 98** | **Entity Identifier Code** | **M ID 2/3** |

Code identifying an individual.

The entity identifier in NM101 applies to all segments in Loop ID- 2310.

**CODE DEFINITION**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **72** OPERATING PHYSICIAN | |
| **REQUIRED** | **NM102 1065 Entity Type Qualifier** | **M ID 1/1** |
| | Code qualifying the type of entity. | |
| | SEMANTIC: NM102 qualifies NM103. | |
| | **CODE DEFINITION** | |
| | **1** PERSON | |
| **REQUIRED** | **NM103 1035 Name Last** | **O AN 1/60** |
| | Individual last name | |
| | INDUSTRY: Operating Physician Last Name | |
| **REQUIRED** | **NM104 1035 Name First** | **O AN 1/35** |
| | Individual first name | |
| | INDUSTRY: Operating Physician Last Name | |
| **SITUATIONAL** | **NM105 1037 Name Middle** | **O AN 1/25** |
| | Individual middle name or initial | |
| | INDUSTRY: Attending Physician or Practitioner Middle Name | |
| | This data element is required when NM102 equals one (1) and the Middle Name or Initial of the person is known by the provider. | |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **SITUATIONAL** | **NM107 1039 Name Suffix** | **O AN 1/10** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Suffix to individual name

INDUSTRY: Operating Physician = Name Suffix

Required if known.

| | | | |
|---|---|---|---|
| **SITUATIONAL** | **NM108 66** | **Identification Code Qualifier** | **X ID 1/2** |

Code identifying a party or other code.

INDUSTRY: Operating Physician Primary Identifier

**CODE DEFINITION**

**XX** CMS NATIONAL PROVIDER IDENTIFIER

Required if NO State License Number is submitted in 2310A REF02

Note: Must use physician or practitioner individual NPI, not group practice NPI and not institutional NPI.

| | | | |
|---|---|---|---|
| **SITUATIONAL** | **NM109 67** | **Identification Code** | **X AN 2/80** |

Code identifying a party or other code.

INDUSTRY: Operating Physician Primary Identifier

Required if no State License Number or NPI is submitted when applicable in Loop 2310B REF02.

| | | | |
|---|---|---|---|
| **NOT USED** | **NM110 706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111 98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112 1035** | **Name Last or Organizational Name** | **O AN 1/60** |

## Table 62 OPERATING PHYSICIAN SECONDARY IDENTIFICATION

**IMPLEMENTATION**

OPERATING PHYSICIAN SECONDARY IDENTIFICATION

**Loop** 2310B — OPERATING PHYSICIAN NAME

**Usage** SITUATIONAL

**Repeat** 4

**Notes** REQUIRED by THCIC to report the Operating Practitioner's state license or if the National Provider Identification Number is NOT submitted in Loop 2310B NM109.

**Example** **REF*0B*A12345~**

**REF Reference Identification**

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **SITUATIONAL** | **REF01** | **128** | **Reference Identification Qualifier** | **M ID 2/3** |

Code qualifying the Reference Identification.

Required by THCIC to report if the National Provider Identification Number is NOT submitted in Loop 2310B NM109.

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **OB** | **STATE LICENSE NUMBER** |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **SITUATIONAL** | **REF02** | **127** | **Reference Identification** | **X AN 1/50** |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.<br><br>INDUSTRY: Operating Physician Secondary Identifier<br><br>Required by THCIC to report if the National Provider Identification Number is NOT submitted in Loop 2310B NM109. | |
| **NOT USED** | **REF03 352** | **Description** | **X AN 1/80** |
| **NOT USED** | **REF04 C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 63 SERVICE FACILITY LOCATION NAME

**IMPLEMENTATION**

SERVICE FACILITY LOCATION NAME

**Loop** 2310E — SERVICE FACILITY LOCATION NAME

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required by THCIC when the Service Facility Provider is different than the Billing Provider or the Pay-To Provider.

This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) or 2010AB (Pay-to Provider) loops.

**Example** **NM1*FA*2*Rehab Facility*****XX*1234567890~**

**REF Reference Identification**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM101 98** | **Entity Identifier Code** | **M ID 2/3** |
| | | Code identifying an organizational entity, a physical location, property, or an individual. | |
| | | **CODE DEFINITION** | |
| | | **FA** FACILITY | |
| **REQUIRED** | **NM102 1065** | **Entity Type Qualifier** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|
| | Code qualifying the type of entity<br><br>SEMANTIC: NM102 qualifies NM103.<br><br>**CODE DEFINITION**<br><br>**2** NON-PERSON ENTITY | | |
| **NOT USED** | **NM103 1035** | **Name Last** | **O AN 1/60** |
| **NOT USED** | **NM104 1035** | **Name First** | **O AN 1/35** |
| **NOT USED** | **NM105 1037** | **Name Middle** | **O AN 1/25** |
| **NOT USED** | **NM106 1038** | **Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039** | **Name Suffix** | **O AN 1/10** |
| **REQUIRED** | **NM108 66** | **Identification Code Qualifier** | **X ID 1/2** |
| | Code designating the system/method of code structure used for Identification Code (67).<br><br>**CODE DEFINITION**<br><br>**24** EMPLOYER'S IDENTIFICATION NUMBER Required by THCIC<br><br>**XX** CMS NATIONAL PROVIDER IDENTIFIER | | |
| **REQUIRED** | **NM109 67** | **Identification Code** | **X AN 2/80** |
| | Code identifying a party or other code.<br><br>INDUSTRY: Laboratory or Facility Primary Identifier<br><br>**CODE DEFINITION** | | |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | **nnnnnnnnnn** | EMPLOYER IDENTIFICATION NUMBER | |
| | **xxxxxxxxx** NUMBER (NPI) | NATIONAL PROVIDER IDENTIFICATION | |
| **NOT USED** | **NM110 706** | **Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111 98** | **Entity Identifier Code** | **O ID 2/3** |
| **NOT USED** | **NM112 1035** | **Name Last or Organizational Name** | **O AN 1/60** |

### Table 64 SERVICE FACILITY LOCATION ADDRESS

**IMPLEMENTATION**

SERVICE FACILITY LOCATION ADDRESS

---

**Loop** 2310E — SERVICE FACILITY LOCATION NAME

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required by THCIC if the Service Facility Provider is different than the Billing Provider or the Pay-To Provider.

Required if Service Facility Name segment is used.

If the Service Facility is used, THCIC requires that the THCIC ID (Loop 2310E | REF01), the Employer Identification Number (EIN / Tax ID, in Loop 2310E | NM109), and the first 15 characters of street address (Loop 2310E | N301) be submitted to identify those facilities.

**Example** **N3*123 MAIN STREET~**

**N3 Address Information**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **N301** | **166 Address Information** | **M AN 1/40** |

Address information.

INDUSTRY: Laboratory or Facility Address Line

Do not use PO Box.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **SITUATIONAL** | **N301** | **166 Address Information** | **O AN 1/25** |

Address information INDUSTRY: Laboratory or Facility Address Line.

Do not use PO Box

Required if a second address line exists.

## Table 65 SERVICE FACILITY LOCATION CITY/STATE/ZIP CODE

**IMPLEMENTATION**

SERVICE FACILITY LOCATION CITY/STATE/ZIP CODE

| | |
|---|---|
| **Loop** | 2310E — SERVICE FACILITY LOCATION NAME |
| **Usage** | SITUATIONAL |
| **Repeat** | 1 |
| **Notes** | Required by THCIC if the Service Facility Provider is different than the Billing Provider or the Pay-To Provider. |
| **Example** | **N4*ANY TOWN*TX*75123~** |

**N4 Geographic Location**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **N401** | **19** | **City Name** | **O AN 2/30** |
| | | | Free-form text for city name | |
| **REQUIRED** | **N402** | **156** | **State or Province Code** | **X ID 2/2** |
| | | | Code (Standard State/Province) as defined by appropriate government agency.<br><br>INDUSTRY: Laboratory or Facility State or Province Code<br><br>COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.<br><br>CODE SOURCE 22: States and Outlying Areas of the U.S. | |

| USAGE | REF. DES | DATA ELEMENT | | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **N403** | **116** | **Postal Code** | **O ID 3/15** |
| | Code defining international postal zone code excluding punctuation and blanks (ZIP code for United States)<br><br>INDUSTRY: Laboratory or Facility Postal Zone or ZIP<br><br>Code. CODE SOURCE 51: ZIP Code | | | |
| **NOT USED** | **N404** | **26** | **Country Code** | **X ID 2/3** |
| **NOT USED** | **N405** | **309** | **Location Qualifier** | **X ID 1/2** |
| **NOT USED** | **N406** | **310** | **Location Identifier** | **O AN 1/30** |
| **NOT USED** | **N407** | **1715** | **Country Subdivision Code** | **X ID 1/3** |

## Table 66 SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION

**IMPLEMENTATION**

SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION

| | |
|---|---|
| **Loop** | 2310E — SERVICE FACILITY LOCATION NAME |
| **Usage** | SITUATIONAL |
| **Repeat** | 3 |
| **Notes** | Required by THCIC if the Service Facility Provider is different than the Billing Provider. |
| **Example** | **REF*1J*000116~** |

**REF Reference Identification**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|---|
| **SITUATIONAL** | **REF01** | **128** | **Reference Identification Qualifier** | **M ID 2/3** | |
| | Code qualifying the Reference Identification.<br><br>**CODE DEFINITION**<br>**1J** FACILITY ID NUMBER | | | | |
| **SITUATIONAL** | **REF02** | **127** | **Reference Identification** | **X** | **AN 1/50** |
| | Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br><br>INDUSTRY: Laboratory or Facility Secondary Identifier | | | | |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| | **CODE** | **DEFINITION** | |
| | **nnnnnn** | THCIC ID NUMBER (assigned by THCIC) | |
| **NOT USED** | **REF03 352** | **Description** | **X AN 1/80** |
| **NOT USED** | **REF04 C040** | **REFERENCE IDENTIFIER** | **O** |

## Table 67 OTHER SUBSCRIBER INFORMATION

**IMPLEMENTATION**

OTHER SUBSCRIBER INFORMATION

**Loop** 2320 — OTHER SUBSCRIBER INFORMATION Repeat: 10

**Usage** SITUATIONAL

**Repeat** 1

**Notes** Required if other payers are known to potentially be involved in paying on this claim.

THCIC collects secondary payer data for only the first secondary payer reported.

All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is reported, run the 2320 Loop again with its respective 2330 Loops.

**Example** **SBR*S*01*GR00786******13~**

**SBR Subscriber Information**

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **SBR01 1138 Payer Responsibility Sequence Number Code**<br><br>Code identifying the insurance carrier's level of responsibility for a payment of a claim.<br><br>**CODE DEFINITION**<br><br>**S** SECONDARY | **M ID 2/3** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES | |
|---|---|---|---|---|
| NOT USED | SBR02 1069 | Individual Relationship Code | O ID | 2/2 |
| NOT USED | SBR03 127 | Reference Identification | O AN | 1/50 |
| NOT USED | SBR04 93 | Name | O AN | 1/60 |
| NOT USED | SBR05 1336 | Insurance Type Code | O AN | 1/60 |
| NOT USED | SBR06 1143 | Coordination of Benefits Code | O AN | 1/60 |
| NOT USED | SBR07 1073 | Yes/No Condition or Response Code | O AN | 1/60 |
| NOT USED | SBR08 584 | Employment Status Code | O AN | 1/60 |
| REQUIRED | SBR09 1032 | Claim Filing Indicator Code | O AN | 1/60 |

Code identifying type of claim.

**CODE DEFINITION**

**11** OTHER NON-FEDERAL PROGRAMS

**12** PREFERRED PROVIDER ORGANIZATION (PPO)

**13** POINT OF SERVICE (POS)

**14** EXCLUSIVE PROVIDER ORGANIZATION (EPO)

**15** INDEMNITY INSURANCE

**16** HEALTH MAINTENANCE ORGANIZATION (HMO) MEDICARE RISK

**17** DENTAL MAINTENANCE ORGANIZATION

**AM** AUTOMOBILE MEDICAL

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | **BL** BLUE CROSS/BLUE SHIELD | |
| | **CH** CHAMPUS | |
| | **CI** COMMERCIAL INSURANCE CO | |
| | **DS** DISABILITY | |
| | **FI** FEDERAL EMPLOYEES PROGRAM | |
| | **HM** HEALTH MAINTENANCE ORGANIZATION | |
| | **LM** LIABILITY MEDICAL | |
| | **MA** MEDICARE PART A | |
| | **MB** MEDICARE PART B | |
| | **MC** MEDICAID | |
| | **OF** OTHER FEDERAL PROGRAM. USE CODE OF WHEN SUBMITTING MEDICARE PART D CLAIMS OR HEALTH EXCHANGE INSURANCE PLANS (UNTIL OTHERWISE DIRECTED) | |
| | **TV** TITLE V | |
| | **VA** VETERAN ADMINISTRATION PLAN | |
| | **WC** WORKERS’ COMPENSATION HEALTH CLAIM | |
| | **ZZ** MUTUALLY DEFINED, OR SELF-PAY, OR UNKNOWN, OR CHARITY, USE CODE “ZZ” WHEN TYPE OF INSURANCE IS SELF - PAY OR UNKNOWN AT TIME OF SUBMISSION TO THCIC | |

## Table 68 OTHER PAYER NAME

**IMPLEMENTATION**

OTHER PAYER NAME

**Loop** 2330B — OTHER PAYER NAME Repeat: 1

**Usage** SITUATIONAL

**Repeat** 1

**Notes** REQUIRED when more than one payer is paying on claim.

Submitters are required to send all known information on other payers in this Loop ID - 2330.

No Patient Personally Identifiable Information (PII) data should be present.

**Example** **NM1*PR*2*MUTUAL OF TEXAS*****PI*43140~**

**REF Reference Identification**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM101 98** | **Entity Identifier Code**<br>Code identifying an organizational entity, a physical location, property, or an individual. | **M ID 2/3** |

**CODE DEFINITION**

| | |
|---|---|
| **PR** | PAYER |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **NM102 1065** | **Entity Type Qualifier** | **M ID 1/1** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | Code qualifying the type of entity<br>SEMANTIC: NM102 qualifies NM103. | |

**CODE DEFINITION**

| | |
|---|---|
| **2** | NON-PERSON ENTITY |

| | | |
|---|---|---|
| **REQUIRED** | **NM103 1035 Organization Name** | **O AN 1/35** |
| | Organizational name<br>INDUSTRY: Other Payer Organization<br>Name. ALIAS: Payer Name | |

**CODE DEFINITION**

**SELF PAY** USE FOR SELF PAY CLAIMS (Loop 2320 | SBR09 = ZZ).

**CHARITY** USE FOR CHARITY CLAIMS (Loop 2320 | SBR09 = ZZ).

**UNKNOWN** USE FOR UNKNOWN CLAIMS (Loop 2320 | SBR09 = ZZ).

| | | |
|---|---|---|
| **NOT USED** | **NM104 1035 Name First** | **O AN 1/35** |
| **NOT USED** | **NM105 1037 Name Middle** | **O AN 1/25** |
| **NOT USED** | **NM106 1038 Name Prefix** | **O AN 1/10** |
| **NOT USED** | **NM107 1039 Name Suffix** | **O AN 1/10** |
| **REQUIRED** | **NM108 66 Identification Code Qualifier** | **X ID 1/2** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|

Code designating the system/method of code structure used for Identification Code (67).

**CODE DEFINITION**

**PI** PAYER IDENTIFICATION

**XV** HCFA NATIONAL PLAN ID

Required when the National Plan ID is implemented

**ZY** TEMPORARY IDENTIFICATION NUMBER, OR CHARITY, OR UNKNOWN, OR SELF-PAY CLAIMS

| | | |
|---|---|---|
| **REQUIRED** | **NM109 67 Identification Code** | **X AN 2/80** |

Code identifying a party or other code.

INDUSTRY: Other Payer Primary Identifier

ALIAS: Payer Primary ID

**CODE DEFINITION**

**xxxxxxxxx** NATIONAL PROVIDER IDENTIFIER (WHEN IMPLEMENTED)

**SELF** **SELF PAY CLAIMS** (Loop 2320 | SBR09 = ZZ).

**CHARITY** CHARITY CARE CLAIMS (Loop 2320 | SBR09 = ZZ).

**UNKNOWN** PAYER SOURCE IS UNKNOWN (LOOP 2320 | SBR09 = “ZZ”)

| | | |
|---|---|---|
| **NOT USED** | **NM110 706 Entity Relationship Code** | **X ID 2/2** |
| **NOT USED** | **NM111 98 Entity Identifier Code** | **O ID 2/3** |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **NM112** | **1035 Name Last or Organizational Name** | **O AN 1/60** |

## Table 69 SERVICE LINE NUMBER

**IMPLEMENTATION**

SERVICE LINE NUMBER

| | | |
|---|---|---|
| **Loop** | 2400 — SERVICE LINE NUMBER | Repeat: 999 |
| **Usage** | REQUIRED | |
| **Repeat** | 1 | |
| **Notes** | The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter. | |
| **Example** | **LX*1~** | |

**LX Assigned Number**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **LX01** | **554** | **Assigned Number** | **M N0 1/6** |
| | Number assigned for differentiation within a transaction set | | | |

## Table 70 INSTITUTIONAL SERVICE LINE

**IMPLEMENTATION**

INSTITUTIONAL SERVICE LINE

**Loop** 2400 — SERVICE LINE NUMBER

**Usage** REQUIRED

**Repeat** 1

**Notes** This segment is required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for claim adjudication.

**Example**

**SV2*0300*HC:48000*73.42*UN*1~**

**SV2*0120**1500*DA*5~**

**SV2 Institutional Service**

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **SV201 234** | **Product/Service ID** | **X AN 1/48** |
| | | See Code Source 132: National Uniform Billing Committee (NUBC) Codes. | |
| **SITUATIONAL** | **C003** | **COMPOSITE MEDICAL PROCEDURE IDENTIFIER** | X |
| | | To identify a medical procedure by its standardized codes and applicable modifiers<br>ALIAS: Service Line Procedure Code<br>This data element is required for all Outpatient claims. | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **SV202 – 1 235 Product/Service ID Qualifier** | **M ID 2/2** |

Code identifying the type/source of the descriptive number used in Product/Service ID (234).

INDUSTRY Product or Service ID Qualifier

**CODE DEFINITION**

**HC** COMMON PROCEDURAL CODING SYSTEM( HCPCS) CODES (CPT codes are reported under HC).

CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System

**HP** Health Insurance Prospective Payment System (HIPPS) Skilled Nursing Facility Rate Code

CODE SOURCE 716: Health Insurance Prospective Payment System (HIPPS)

Rate Code for Skilled Nursing Facilities

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **REQUIRED** | **SV202 – 2 234 Product/Service ID** | **M AN 1/48** |

Identifying number for a product or service

INDUSTRY Procedure Code

ALIAS: HCPCS Procedure Code

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **SV202 – 3 1339 Procedure Modifier** | **O AN 2/2** |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| | This identifies special circumstances related to the performance of the service, as defined by trading partners.<br><br>ALIAS: HCPCS Modifier 1<br><br>Use this modifier for the first procedure code modifier.<br><br>This data element is required when the Provider needs to convey additional clarification for the associated procedure code.<br><br>CODE SOURCE 130: See NUBC UB04 manual or CMS website<br><br>http://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/index.html and http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ProspMedicareFeeSvcPmtGen/HIPPSCodes.html for valid HIPPS and http://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets<br><br>/Alpha-Numeric-HCPCS.html for HCPCS Level II and III codes | |
| **SITUATIONAL** | **SV202 - 4 1339 Procedure Modifier** | **O AN 2/2** |
| | This identifies special circumstances related to the performance of the service, as defined by trading partners.<br><br>ALIAS: HCPCS Modifier 2<br><br>See SV202-3<br><br>https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS.html for modifier codes | |
| **SITUATIONAL** | **SV202 – 5 1339 Procedure Modifier** | **O AN 2/2** |
| | This identifies special circumstances related to the performance of the service, as defined by trading partners.<br><br>ALIAS: HCPCS Modifier 3<br><br>See SV202-3 | |

| USAGE | REF. DES DATA ELEMENT | ATTRIBUTES |
|---|---|---|
| **SITUATIONAL** | **SV202 – 6 1339 Procedure Modifier** | **O AN 2/2** |

This identifies special circumstances related to the performance of the service, as defined by trading partners.

ALIAS: HCPCS Modifier 3

See SV202-3

| | | |
|---|---|---|
| **SITUATIONAL** | **SV202 – 7 352 Description** | **O AN 1/80** |
| **REQUIRED** | **SV203 782 Monetary Amount** | **O R 1/18** |

Monetary amount

Negative charges must have a “minus” (-) leading the numbers.

INDUSTRY: Line Item Charge Amount

ALIAS: Service Line Charge Amount SEMANTIC:SV203 is a submitted charge amount Use this amount to indicate the submitted charge amount. Zero may be a valid amount.

| | | |
|---|---|---|
| **REQUIRED** | **SV204 355 Unit or Basis for Measurement Code** | **X ID 2/2** |

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken.

**CODE DEFINITION**

| CODE | DEFINITION |
|---|---|
| **DA** | DAYS |
| **F2** | INTERNATIONAL UNIT<br>Dosage amount is only used for drug claims when the dosage of the drug is variable within a single NDC number (e.g. blood factors). |
| **UN** | UNIT |

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **REQUIRED** | **SV205 380** | **Quantity** | **X R 1/15** |

Numeric value of quantity.

Negative amounts must have a "minus" (-) leading the numbers.

INDUSTRY: Service Unit Count ALIAS: Service Line Units

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **SV206 137** | **Unit Rate** | **O R 1/10** |
| **SITUATIONAL** | **SV207 782** | **Monetary Amount** | **O R 1/18** |

Monetary amount

Negative charges must have a "minus" (-) leading the numbers.

INDUSTRY Line Item Denied Charge or Non- Covered Charge Amount

ALIAS: Service Line Non-Covered Charge Amount

SEMANTIC:SV207 is a non-covered charge amount.

Use this amount if needed to report line specific non- covered charge amount.

| USAGE | REF. DES | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|
| **NOT USED** | **SV208 1073** | **Yes/No Condition or Response Code** | **O ID 1/1** |
| **NOT USED** | **SV209 1345** | **Nursing Home Residential Status Code** | **O ID 1/1** |
| **NOT USED** | **SV210 1337** | **Level of Care Code** | **O ID 1/1** |

## Table 71 TRANSACTION SET TRAILER

**IMPLEMENTATION**

TRANSACTION SET TRAILER

**Usage** REQUIRED

**Repeat** 1

**Example** **SE*1230*987654~**

**TRANSACTION SET TRAILER**

| USAGE | REF. DES | | DATA ELEMENT | ATTRIBUTES |
|---|---|---|---|---|
| **REQUIRED** | **SE01** | **96** | **Number of Included Segments** | **M N0 1/10** |
| | | | Total number of segments included in a transaction set including ST and SE segments.<br><br>INDUSTRY: Transaction Segment Count | |
| **REQUIRED** | **SE02** | **329** | **Transaction Set Control Number** | **M AN 4/9** |
| | | | Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set SE02 must match ST02.<br><br>Must match number in ST02. | |

# 6. Revision Changes

| Revision Changes |
| --- |
| **Version 10.4** |
| 1. Remove references to Last Name for 2010BB Payer Name<br>2. Add note about No PII being present for 2010BB Payer Name<br>3. Remove references to Last Name for 2330B Other Payer Name<br>4. Add note about No PII being present for 2330B Other Payer Name |
| **Version 10.3** |
| 1. Section 2 Reference Information – updated X12 Product link.<br>2. Section 4 – updated 5010 IP and OP Appendices link in multiple locations.<br>3. Section 5 Basic Structure – added the entire Basic Structure section.<br>4. Section 5 – removed unnecessary details from NOT USED data elements including but not limited to references, codes, definitions, INDUSTRY name, SEMANTIC information, etc.<br>5. K3 – Grammar fix in Note 1, grammar update in Note 3, and deleted Note 4 "Per requirements of House Bill (HB) 2641 (84th Texas Legislature) to meet national standard reporting requirements the "Patient Ethnicity" and "Patient Race" will be collected on the K3 segment. The adopted location for "Patient Ethnicity" is the first character and "Patient Race" will be the second character of the K301 data field with the "Patient's Social Security Number" being located in the 3rd through 11th character slots." |
| **Version 10.2** |
| 1. Changed formatting throughout document for readability including removing italics, matching font, and setting consistent tabs for element detail lines (did not affect implementation).<br>2. Fixed incorrect and inconsistent spelling, grammar, capitalization, and punctuation throughout document (did not affect implementation).<br>3. Removed "THCIC Hospital Discharge Data Collection" from document title.<br>4. Changed WebCorrect to Claim Correction in all locations.<br>5. Reworded website links to match destination page titles.<br>6. Updated all "Appendices" web links to https://www.dshs.texas.gov/thcic/hospitals/5010_InpatientandOutpatientAppendices.pdf. |

| Revision Changes |
|---|
| **Version 10.1** |
| 1. DMG05 is changed to NOT USED from REQUIRED in loop 2010BA and 2010CA.<br>2. Removed Claim note and NTE segment completely. |
| **Version 10.0** |
| 1. Changed the examples for Principal Diagnosis code for ICD-10-CM/PCS and removed ICD-9-CM examples.<br>2. Changed the examples for Admitting Diagnosis code for ICD-10-CM/PCS and removed ICD-9-CM examples.<br>3. Changed the examples in Loop 2300, External Causes of Injury/Morbidity, for ICD- 10-CM/PCS and removed ICD-9-CM examples. Modified the definition to describe ICD-10 code ranges of V00-Y99.<br>4. Changed the examples for Other Diagnosis code for ICD-10-CM/PCS and removed ICD-9-CM examples.<br>5. Changed the examples for Principal Procedure code for ICD-10-CM/PCS and removed ICD-9-CM examples.<br>6. Created page break between Principal Procedure code and Other Procedure codes.<br>7. Changed the examples for Other Procedure code for ICD-10-CM/PCS and removed ICD-9-CM examples.<br>8. Changed the Condition Code example to use the asterisk.<br>9. Changed the Attending Physician example to have a 10-digit NPI number.<br>10. Changed the Operating Physician example to have a 10-digit NPI number.<br>11. Changed the Service Facility example to have a 10-digit NPI number.<br>12. Changed the example in segment SV2 to have 0300, not 300 as the revenue code. Modified the HCPCS example.<br>13. Removed “IV” as a HCPCS qualifier for segment SV2. The only valid value for the<br>14. HCPCS qualifier is “HC”.<br>15. Added language to Section 5.1 Table on “THCIC Data Element where usage differs from ANSI 837 Institutional Guide” regarding K3 segment and the collection of Patient Ethnicity and Race, in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts. |

| Revision Changes |
|---|
| 16. Added language to Section 5.2 Table 2 regarding K3 segment and the collection of Patient Ethnicity and Race, in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts.<br>17. Added language to Loop 2010BA Subscriber Name (Subscriber Demographic Information) notes and in DMG05 data field notes regarding K3 segment and the collection of Patient Ethnicity and Race, in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts.<br>18. Deleted outdated language from Loop 2010BB Payer Name NM109 regarding National Plan Identifier and updated.<br>19. Added language to Loop 2010CA Patient Name (Subscriber Demographic Information) notes and in DMG05 data field notes regarding K3 segment and the collection of Patient Ethnicity and Race, in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts.<br>20. Added language to Loop 2300 K3 segment regarding and the collection of Patient Ethnicity, Race, and Social Security Number in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts. The new locations are listed in the notes for the K3 as adopted in rules 25 TAC §§421.9 (c)(1) & (2).<br>21. Added language to Loop 2300 Claim Note segment regarding and the collection of Patient Ethnicity in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts. The new locations are listed in the notes for the K3 as adopted in rules 25 TAC §§421.9 (c)(2).<br>22. Language is modified to clarify which facilities are exempt from reporting "Diagnosis Present on Admission (POA) for each of the diagnosis data fields including "Principal Diagnosis", "External Cause of Injury" and "Other Diagnosis Information" data fields.<br>23. Added CODE and DEFINITION to Loop 2300 K3 segment regarding Ethnicity, Race, and Social Security Number in response to HB 2641 (84th Texas Legislature) requirement to meet national standards for electronic data collection efforts.<br>24. Inspected accessibility results and removed the errors. |
| **Version 9.2** |
| Modifications in version 9.1 are made to clarify certain specifications: Specifically, page 159 to 163, (where the changes between version 8 and 9 and between 9 and 9.1) comparison of the old specs (Version 8.1) to the new specs (Version 9.1). |
| **Version 9.1** |
| 1. The format of Tables, headings, section numbers, when uploaded to Adobe Acrobat format from a Word Document written in MS Word 2007 or 2010 and 2013 of Version 10.1, created compatibility issues. All have been verified and fixed. |

| Revision Changes |
|---|
| 2. Modifications made to all the Texas administration rules 25 TAC §421.xx from the old link: http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=421&rl=1<br><br>To the new link:<br>http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=421&rl=1<br><br>3. In 5.2 Control Segments section we were referring: (The ISA segment can be considered in implementations compliant with this guide (see Appendix C, ISA Segment Note 1) to be a 105 byte fixed length record, followed by a segment terminator. We removed because in the x223 documentation they were referring without having Section C either.<br><br>4. We removed "From Commonwealth to reflect the present company SYSTEM13, Inc. |
| **Version 9.0** |
| 1. Section 5.2.1 Control Segment Elements Breakout<br>a. Interchange Control Trailer segment information was added.<br>b. Functional Group Trailer segment information was added. |
| **Version 8.0** |
| 1. Section 5.2.1 Control Segment Elements Breakout<br>a. Interchange Control Trailer segment information was added.<br>b. Functional Group Trailer segment information was added.<br><br>2. Section 5.4 Segment ID Breakout – Loop 2300 – Claim Information - CLM05-1 – Facility Code Value – "89" the descriptions is amended by adding the phrase "(NOT APPLICABLE FOR INPATIENT CLAIMS BEGINNING 7/1/13)"<br><br>3. Section 5.4 Segment ID Breakout – Loop 2300 – Claim Information<br>a. HI - Principal Diagnosis – HI01-2 The description under the "CODE SOURCE 131: International Classification of Diseases Clinical Modification (ICD-9- CM)" is amended by adding the phrase "Procedure Beginning October 1, 2015, ICD-10-CM Diagnosis Codes will be required on data submitted to THCIC."<br>b. HI - Admitting Diagnosis – HI01-2 The description under the "CODE SOURCE 131: International Classification of Diseases Clinical Modification (ICD-9- CM)" is amended by adding the phrase "Procedure Beginning October 1, 2015, ICD-10-CM Diagnosis Codes will be required on data submitted to THCIC."<br><br>4. HI - External Cause of Injury |

| **Revision Changes** |
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| a. HInn-1 (nn = 01 through 12) the description under Code "BN" is amended by adding the phrase "Procedure Beginning October 1, 2015, ICD-10-CM E-Codes will be required on data submitted to THCIC."<br><br>b. HInn-1 (nn = 02 through 12) The description under the "CODE SOURCE 131: International Classification of Diseases Clinical Modification (ICD-9-CM)" is amended by adding the phrase "Procedure Beginning October 1, 2015, ICD-10-CM E-Codes will be required on data submitted to THCIC."<br><br>5. HI – Other Diagnosis Information – HInn-2 (nn = 02 through 12) The description under the "CODE SOURCE 131: International Classification of Diseases Clinical Modification (ICD-9-CM)" is amended by adding the phrase "Procedure Beginning October 1, 2015, ICD-10-CM Diagnosis Codes will be required on data submitted to THCIC."<br><br>6. HI – Principal Procedure Information<br><br>a. HI01-1 the description under Code "BR" is amended by adding the phrase "Procedure"<br><br>b. HI01-2 The description under the "CODE SOURCE 131: International Classification of Diseases Clinical Modification (ICD-9-CM)" is amended by adding the phrase "Procedure"<br><br>7. HI – Other Procedure Information<br><br>a. HInn-1 (nn = 01 through 12). The description under Code "BQ" is amended by adding the phrase "Procedure"<br><br>b. HInn-2 (nn = 01 through 12) The description under the "CODE SOURCE 131: International Classification of Diseases Clinical Modification (ICD-9-CM)" is amended by adding the phrase "Procedure Beginning October 1, 2015, ICD-10-PCS Procedure Codes will be required on data submitted to THCIC."<br><br>c. HInn-2 (nn = 01 through 12). The grey note is amended by adding the phrase "Procedure"<br><br>8. HI –Value Information - HI08-8 and HI08-9 were added from previous missed data fields in Version 7<br><br>9. HI – Principal Procedure Information duplicate page of 100 was removed from page 131.<br><br>10. HI – Other Procedure Information duplicate pages of 101- 108 were removed from pages 132- 109.<br><br>11. HI - Occurrence Span Information duplicate pages of 109-111 were removed from pages 140- 142.<br><br>12. HI - Occurrence Information duplicate pages of 112-118 were removed from pages 143 - 149.<br><br>13. HI - Value Information duplicate pages of 119-124 were removed from pages 150 - 155. |

| Revision Changes |
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| 14. HI - Other Procedure Information duplicate pages of 125-127 were removed from pages 156 - 158.<br>15. Section 5.4 Segment ID Breakout – Loop 2310B – Operating Physician Name – All data elements added back due to inadvertent deletion. |
| **Version 7.0** |
| 1. Section 2.2 Reference Information version updated to 005010X223A2 from 005010X223A1.<br>2. Section 4.3.2 State Required Data Elements – The list of the data elements and their respective locations in the approved formats<br>a. Type of Admission text added to identify new UB-04 name "Priority (Type) of Admission."<br>b. Source of Admission text added to identify new UB-04 name "Point of Origin for Admission or Visit."<br>3. Section 5.1 Reference Information<br>a. First paragraph last sentence the version updated to 005010X223A2 from 005010X223A1.<br>b. List of THCIC Data Elements Where Usage Differs From ANSI 837 Institutional Guide<br>i. Type of Admission text added to identify new UB-04 name "Priority (Type) of Admission".<br>ii. Source of Admission text added to identify new UB-04 name "Point of Origin for Admission or Visit."<br>4. Section 5.2.1 Control Segment Elements Breakout – Interchange Control Header<br>a. Note 1 – the phrase "fixed record length segment" is underlined.<br>b. Boxes noting the fixed length record beginning and ending positions are added for each data element.<br>c. ISA14 – note referencing Section A.1.5.1 is removed.<br>5. Section 5.2.1 Control Segment Elements Breakout – Functional Group Header<br>a. Example is updated to 005010X223A2 from 005010X223A1.<br>b. GS08 Version/Release/Industry Identifier Code is updated to 005010X223A2 from 005010X223A1 and description updated to A2 from A1.<br>6. Section 5.3 THCIC Transaction Set – Table 2 Detail – Subscriber Hierarchical Level – Loop ID 2010BA Subscriber Name – The "Usage" is changed to "R/N" for Subscriber Name, Subscriber Address, Subscriber City/State/ZIP Code, Subscriber Demographic |

| Revision Changes |
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| Information and Subscriber Secondary Identification and boxed note added stating “Required” if “Subscriber” is the “Patient” otherwise “Not Used”.<br><br>7. Section 5.3 THCIC Transaction Set – Table 2 Detail – Patient Hierarchical Level<br>a. Loop ID 2010CA Patient Name – The “Usage” is changed to “N/R” for Patient Name, Patient Address, Patient City/State/ZIP Code and Patient Demographic Information and boxed note added stating “Not Used” if “Subscriber” is the “Patient” otherwise “Required.”<br>b. Loop ID 2300 K3 State Required Data Elements (Patient SSN) File Information and boxed note added stating “Not Used” if “Subscriber” is the “Patient” otherwise “Required.”<br><br>8. Section 5.4 Segment ID Breakout – ST Transaction Set Header – Example changed to ST*837*987654*005010X223A2~ from ST*837*987654*005010X223~<br><br>9. Section 5.4 Segment ID Breakout – Loop 2010BA Subscriber Name – Note changed to “The Subscriber Name is REQUIRED when the subscriber is the patient. Subscriber Name data segment is “NOT USED” if Subscriber is NOT the Patient.”<br><br>10. Section 5.4 Segment ID Breakout – Loop 2010BB Payer Name – NM103- SELF PAY code example is changed to (Loop 2000B | SBR09 = ZZ) from (Loop 2000B| SBR09 = 09).<br><br>11. Section 5.4 Segment ID Breakout – Loop 2010BB Billing Provider Secondary Identification – REF02 Reference Identification – Length changed to 50 from 30.<br><br>12. Section 5.4 Segment ID Breakout – Loop 2300 Institutional Claim Code<br>a. Note is shortened to “This segment is REQUIRED when reporting hospital-based admissions.”<br>b. CL102 - Code Source name changed to “Point of Origin for Admission or Visit, , National Uniform Billing Committee UB –04 Manual.” from “Source of Referral for Admission or Visit, National Uniform Billing Committee UB – 04 Manual.”<br><br>13. Section 5.4 Segment ID Breakout – Loop 2310A Attending Physician Secondary Identification – REF02 – Reference Identification - Length change to 50 from 30.<br><br>14. Section 5.4 Segment ID Breakout – Loop 2310B Operating Physician Secondary Identification – REF02 – Reference Identification - Length change to 50 from 30.<br><br>15. Section 5.4 Segment ID Breakout – Loop 2310E Service Facility Secondary Identification – REF02 – Reference Identification - Length change to 50 from 30.<br><br>16. Section 5.4 Segment ID Breakout – Loop 2330B Other Payer Name<br>a. NM103- SELF PAY code example is changed to (Loop 2000B | SBR09 = ZZ) from (Loop 2000B | SBR09 = 09).<br>b. NM109- SELF code example is changed to (Loop 2000B | SBR09 = ZZ) from (Loop 2000B | SBR09 = 09). |

| Revision Changes |
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| **Version 6.0** |
| 1. Section 4.3.2 State Required Data Elements – Table listing Data Elements and Locations – THCIC ID – Loop 2010BB replaces 2010AA and 2010AB is deleted.<br>2. Section 5.1. Reference Information – THCIC DATA ELEMENTS WHERE USAGE DIFFERS FROM ANSI 837 INSTITUTIONAL GUIDE – Facility ID Number (THCIC ID#) - Loop 2010BB replaces 2010AA and 2010AB is deleted.<br>3. Section 5.2 – Control Segments – Information added about Delimiters.<br>4. Section 5.2.1 - CONTROL SEGMENT ELEMENTS BREAKOUT- Interchange Control Header<br>a. Example is updated in ISA11.<br>b. ISA11 Repetition Separator replaces Interchange Control Standards Identifier |
| **Version 5.0** |
| 1. Section 1 Introduction – Updated URL for link to Hospital Procedures and Technical Specifications guides.<br>2. Section 2.2 Reference Information<br>a. Second Paragraph – Removed Copyright information statement.<br>b. Third Paragraph now second paragraph modified language to state only segments that are different from the ANSI 837 Institutional are included in this manual.<br>3. Section 4.3.2 Data Element Table with THCIC 837 Institutional Location: Patient Social Security Number Loop 2300 and data field K301 replace Loop 2010CA REF02.<br>4. Section 5.1 Reference Information<br>a. Second Paragraph – Removed Copyright information statement.<br>b. Third Paragraph now second paragraph modified language to state only segments that are different from the ANSI 837 Institutional are included in this manual.<br>c. Added table title "THCIC DATA ELEMENTS WHERE USAGE DIFFERS FROM ANSI 837 INSTITUTIONAL GUIDE"<br>d. Patient Social Security Number Loop 2300 and data element K301 replaces Loop 2010CA REF02.<br>e. PRV data segment row is deleted from the Table "THCIC DATA ELEMENTS WHERE USAGE DIFFERS FROM ANSI 837 INSTITUTIONAL GUIDE".<br>5. Section 5.2 Basic Structure is deleted. |

| Revision Changes |
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| 6. Old Section 5.3 ANSI Terminology section is deleted.<br>7. Old Section 5.4 Interchange Overview is deleted.<br>8. Section 5.5 Control Segments becomes Section 5.2.<br>    a. Interchange Control Trailer is deleted.<br>    b. Functional Group Trailer is deleted.<br>9. New Section 5.2.1 Control Segment Elements Breakout – Function Group Header<br>    a. Example updated with Addendum reference – 005010X223A1.<br>    b. GS08 Code is updated with Addendum reference - 005010X223A1<br>10. Section 5.6 Overall Data Architecture for ANSI Form 837 is deleted.<br>11. Section 5.7 Loop Labeling and Use is deleted.<br>12. Section 5.8 required and Situational Loops is deleted.<br>13. Section 5.9 Use of Data Segments and Elements Marked Situational is deleted.<br>14. Section 5.10 Limitations to the Size of a Claim/Encounter (837) Transaction is deleted.<br>15. Section 5.11 THCIC Transaction Set is renumbered to Section 5.3.<br>    a. Table 1 and Table 2 Position #s are updated<br>    b. Table 2 Patient Hierarchical Level State Required Data Elements – “K3” State Required Data Elements (Patient SSN) is added.<br>16. Section 5.12 Segment ID Breakout is renumbered to Section 5.4.<br>    a. NM1 Payer Name – NM108 Identification Code Qualifier usage changed to “Situational” from “Required.”<br>    b. K3 State Required Data Elements (Patient Social Security Number) is added<br>    c. NM1 Other Payer Name – NM108 Identification Code Qualifier usage changed to “Situational” from “Required.” |
| **Version 4.0** |
| 1. Section 2.2 – Reference Information<br>    a. Versions and dates are updated<br>    b. A conditional approval to reproduce or cite ANSI 837 Institution Guide information is inserted.<br>2. Section 4.3.1 Data File Specifications – Version is updated<br>3. Section 4.3.2 State Required Data Elements (Table) |

| Revision Changes |
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| a. Payer Name Loop is updated from 2010BC to 2010BB.<br>b. National Plan Identifier is updated from 2010BC to 2010BB.<br>4. Section 5.1 Reference Information –<br>a. Versions and dates are updated.<br>b. A conditional approval to reproduce or cite ANSI 837 Institution Guide information is inserted.<br>5. Section 5.7 Loop Labeling and Use – Loop 2010BC is deleted.<br>6. Section 5.11 THCIC Transaction Set – Table 2 Detail – Subscriber Hierarchical Level – Loop 2010BC changed to 2010BB.<br>7. Section 5.12 Segment ID Breakout<br>a. 2000A Billing Provider Hierarchical Level – Note the Loop ID 2010BC is updated to 2010BB.<br>b. 2300 External Cause of Injury – HInn-9 (nn = 01-12) Yes/No Condition or Response Code - Situational Rule is added.<br>c. 2300 Other Diagnosis Information –<br>i. Hinn-8 (nn – 01-12) – Industry Code is added<br>ii. HInn-9 (nn – 01-12) - Yes/No Condition or Response Code is added<br>d. 2320 Other Subscriber Information – SBR09 codes update to match codes in Loop 2000B. |
| **Version 3.0** |
| 1. Section 2.2 – Reference Information – Versions and dates are updated.<br>2. Section 4.3.1 Data File Specifications – Version is updated.<br>3. Section 4.3.2 State Required Data Elements (Table)<br>a. Payer Name Loop is updated from 2010BC to 2010BB.<br>b. National Plan Identifier is updated from 2010BC to 2010BB.<br>4. Section 5.1 Reference Information – Versions and dates are updated.<br>5. Section 5.7 Loop Labeling and Use – Loop 2010BC is deleted.<br>6. Section 5.11 THCIC Transaction Set – Table 2 Detail – Subscriber Hierarchical Level – Loop 2010BC changed to 2010BB.<br>7. Section 5.12 Segment ID Breakout |

| Revision Changes |
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| a. 2000A Billing Provider Hierarchical Level – Note the Loop ID 2010BC is updated to 2010BB.<br>b. 2300 External Cause of Injury – HInn-9 (nn = 01-12) Yes/No Condition or Response Code - Situational Rule is added.<br>c. 2300 Other Diagnosis Information –<br>i. Hinn-8 (nn – 01-12) – Industry Code is added<br>ii. HInn-9 (nn – 01-12) - Yes/No Condition or Response Code is added<br>d. 2320 Other Subscriber Information – SBR09 codes update to match codes in Loop 2000B. |
| **Version 2.0** |
| 1. Table of Contents added, inadvertently deleted.<br>2. Section 5.5.1 Interchange Control Header, ISA12 code is updated from 00401 to 00501.<br>3. Section 5.12 Loop 2300, Other Diagnosis Information added, inadvertently deleted. |