

The background of the document features a large, faint watermark of the New Jersey State Seal. The seal depicts a woman in a red dress and white skirt holding a cornucopia of fruit, standing next to a shield with three sailing ships. Above the shield is a crest with a yellow crown. The words "NEW JERSEY" are written in a circular arc above the figure, and "LIBERTY AND PROSPERITY" is on a banner below. The year "1776" is also visible.

New Jersey Medicaid

HIPAA COMPANION GUIDE

Version 4010 Addenda

October 2002 Draft Version

837 Professional, Institutional, and Dental
835 Remittance Advice

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SECTION 1.1 – NEW JERSEY MEDICAID INTRODUCTION

New Jersey Medicaid and Unisys are very pleased to make available this October 2002 draft of our Health Insurance Portability and Accountability Act (HIPAA) Companion Guide. This document is the culmination of a four-year process and represents a significant milestone in our ongoing effort to adhere to the HIPAA transaction set requirements. HIPAA provides all healthcare entities a tremendous opportunity to realize many administrative and systemic benefits because it provides a national standard of transaction and code sets for the electronic exchange of healthcare information. New Jersey Medicaid and Unisys welcome this historical transition and are committed to the implementation of all HIPAA transaction sets as the sole format for all state and federal programs processed through the New Jersey Medicaid Management Information System (NJMMIS) at Unisys.

The purpose of this manual is to provide information necessary to submit claims and encounters to New Jersey Medicaid electronically. This manual is to be used in conjunction with the National Electronic Data Interchange Transaction Set Implementation Guides. The Implementation Guides can be obtained exclusively from the Washington Publishing Company by calling 1-800-972-4334 or are available for download on their web site at www.wpc-edi.com/hipaa/. The Implementation Guides provide the majority of the HIPAA transaction and code set requirements, compared to the New Jersey Medicaid Companion Guide, which only provides the supplemental requirements specific to New Jersey Medicaid, as permitted within the structure of the HIPAA transaction sets. All providers who submit claims electronically to New Jersey Medicaid must adhere to the HIPAA Implementation Guide and the New Jersey Medicaid Companion Guide requirements.

New Jersey Medicaid did file an extension with the Centers for Medicare and Medicaid Services (CMS, formerly HCFA) in April 2002, thus delaying our mandatory implementation until October 16, 2003. However, New Jersey Medicaid does intend to implement the claims and remittance advice transaction sets as early as April 2003, which includes the 837 Professional, 837 Institutional, 837 Dental, NCPDP (retail pharmacy), and 835 (remittance advice) transaction sets. This Companion Guide will address the 837 and the 835 transaction sets. The NCPDP Companion Guide will be issued separately. A final version of this Companion Guide will be issued during the first quarter of 2003.

HIPAA does not mandate the use of these transaction sets for the exchange of healthcare data. Any provider may continue to submit paper claims and receive a paper remittance advice. However, if a provider elects to submit claims electronically and/or receive an electronic remittance advice, HIPAA does require the use of standard transaction and code sets. New Jersey Medicaid will continue to support the existing national electronic data interchange and Unisys proprietary electronic media claim formats until October 15, 2004 for claims submitted electronically with dates of service prior to October 16, 2003. Any claims submitted electronically with dates of service on or after October 16, 2003 must adhere to the HIPAA transaction and code set standards. New Jersey Medicaid will require the HIPAA transaction and code set standards as the sole format permitted for claims submitted electronically on or after October 16, 2004, regardless of the date of service.

As of publication of this document, the Department of Health and Human Services has not finalized changes to the 4010 Version of the Implementation Guides, commonly referred to as the “Addenda”. New Jersey Medicaid anticipates the Addenda will be approved and implemented, and has elected to include the Addenda in this draft of our HIPAA Companion Guide. However, in fairness to all entities required to implement these standards, it must be understood that the Addenda is not finalized. In addition, there is a level of interpretation required when reviewing the Implementation Guides. Additional changes may be required to bring our Companion Guide in line with the intent of the Implementation Guides. The underlying point, which needs to be appreciated, is that this document is subject to change.

All comments, suggestions, and/or questions regarding the Companion Guide should be directed to the New Jersey Medicaid HIPAA Coordinator for transaction sets:

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New Jersey Medicaid
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Email: michael.chiofolo@dhs.state.nj.us

Submitters are requested to refrain from contacting Unisys Provider Services regarding any HIPAA issues and questions at this time.

SECTION 1.2 – HIPAA BACKGROUND

In the early 1990s, the Bush Administration assembled an advisory group of health care industry leaders to discuss ways to reduce health care administrative costs across the nation. This group, which is now recognized as the Workgroup for Electronic Data Interchange (WEDI), recommended that Federal legislation be passed to implement a nationwide standard of transaction and code sets to be used by the healthcare industry. This law was entitled “The Health Insurance Portability and Accountability Act” (HIPAA) and was enacted on August 21, 1996 under the Clinton Administration.

HIPAA requires several provisions. One such provision dealt with the portability of health insurance coverage during a change in employment, and primarily affected employers and health insurers. This provision has already gone into effect. Another provision, often referred to “Administrative Simplification”, deals with the implementation of healthcare standards, of which transaction and code sets are but one part. Although this Companion Guide deals with the claims and remittance advice transaction sets, there are several others that will be required by the mandatory implementation date of October 16, 2003:

- Eligibility Inquiry and Response: HIPAA mandates the use of Version 4010 of the X12 270/271 Eligibility & Benefit Inquiry & Response EDI Transactions for this purpose.
- Claim Status Inquiry and Response: HIPAA mandates the use of Version 4010 of the X12 276/277 Claim Status Inquiry & Response EDI Transaction for this purpose.
- Referral Certification & Authorization: HIPAA mandates the use of Version 4010 of the X12 278 Health Care Service Review EDI Transaction for this purpose.
- Enrollment & Disenrollment: HIPAA mandates the use of Version 4010 of the X12 834 Benefit Enrollment & Maintenance EDI Transaction for this purpose.
- Premium Payment & Remittance Advice: HIPAA mandates the use of Version 4010 of the X12 820 Group Premium Payment EDI Transaction for this purpose.

Other transaction sets, such as claim attachments (Version 4010) and Version 4050 for all transaction sets, are actively being developed for future implementation.

HIPAA also requires the standardization of code sets. Any coded field or data element contained in a HIPAA transaction must adhere to a national set of code set values, including medical services and diagnoses. As such, New Jersey Medicaid is required to discontinue the use of local codes, most notably the Level III HCPCS (procedure codes), which are specific to New Jersey Medicaid.

In addition to the transaction and code set aspects, there are other requirements of the “Administrative Simplification” provision of HIPAA:

- Privacy: Standards must be adopted by all health plans, clearinghouses, and providers that ensure the protection and appropriate disclosure of individually identifiable health information. A final rule has been published by the Department of Health and Human Services and requires mandatory implementation by April 2003.
- Security: Standards must be adopted by all health plans, clearinghouses, and providers that ensure the integrity and confidentiality of the healthcare information. Whereas the transactions rule dealt specifically with electronic records, the security rule addresses healthcare information in all types of media. The Department of Health and Human Services have not yet published the final rule.
- National Identifier Codes: Standards must be adopted by all health plans, clearinghouses, and providers regarding unique identifiers for providers, plans, employers, and individuals (beneficiaries). Presently, a final rule has been issued for the Employer ID. The Department of Health and Human Services for all other remaining identifiers have not yet published final rules.
- Enforcement: The Office of Civil Rights has been appointed to administer enforcement efforts related to the privacy rule and has been given the authority to invoke penalties for compliance failures.

Although this Companion Guide deals with only one aspect of the entire “Administrative Simplification” provision, it is worth noting that all covered entities (health plans, clearinghouses, and providers) and their business partners are required to adhere to all aspects of the provision.

SECTION 1.3 – HIPAA INTERNET LINKS

The following is a list of government agencies, industry leaders, and transaction and code set standards organizations associated with HIPAA. Although this is not an exhaustive list, each entity plays an integral role in the success of HIPAA and collectively, represents a wealth of information that could not otherwise be included in our Companion Guide.

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| Accredited Standards Committee (ASC X12) |
| ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. http://www.x12.org/ |
| American Dental Association (ADA) |
| This site is a resource for the Dental Terminology 3 rd Edition codes (CDT-3, HCPCS Level II “D” codes), and for the Dental Content Committee that sets standards for the dental claim form and maintains dental codes. http://www.ada.org |
| American Hospital Association Central Office on ICD-9-CM (AHA) |
| This site is a resource for the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes, used in medical transcription and billing, and for Level I HCPCS. www.ahacentraloffice.org/ |
| American Medical Association (AMA) |
| This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. http://www.ama-assn.org/ |
| Association for Electronic Health Care Transactions (AFEHCT) |
| A healthcare association dedicated to promoting the interchange of electronic healthcare information. http://www.afehct.org/ |

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| Centers for Medicare and Medicaid Services (CMS) |
| <p>Formerly known as HCFA, this site provides the Electronic Health Care Transactions and Code Sets Model Compliance Plan. http://www.cms.gov/hipaa/hipaa2/</p> <p>This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). http://cms.hhs.gov/medicare/hcpcs/</p> <p>This site is the resource Medicaid HIPAA information related to the Administrative Simplification provision. http://www.cms.gov/medicaid/hipaa/adminsim/</p> |
| Designated Standard Maintenance Organizations (DSMO) |
| <p>This site is a resource for information about the standard setting organizations, and transaction change request system. http://www.hipaa-dsmo.org/</p> |
| Health Level Seven (HL7) |
| <p>HL7 is one of several ANSI accredited Standards Development Organizations (SDO), and is responsible for clinical and administrative data standards. http://www.hl7.org/</p> |
| Medicaid HIPAA Compliant Concept Model (MHCCM) |
| <p>This site presents the Medicaid HIPAA Compliance Concept Model, information and a toolkit. http://www.mhccm.org/</p> |
| National Council of Prescription Drug Programs (NCPDP) |
| <p>The NCPDP is the standards and codes development organization for pharmacy. http://www.ncdp.org/</p> |
| National Uniform Billing Committee (NUBC) |
| <p>NUCB is affiliated with the American Hospital Association, and develops standards for institutional claims. http://www.nubc.org/</p> |
| National Uniform Claim Committee (NUCC) |
| <p>NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. http://www.nucc.org/</p> |

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| Office for Civil Rights (OCR) |
| OCR is the Health and Human Services Office responsible for enforcing the Privacy Rule under HIPAA. http://www.hhs.gov/ocr/hipaa/ |
| United States Department of Health and Human Services (DHHS) |
| This site is a resource for the Notice of Proposed Rule Making, rules and other information regarding HIPAA. http://aspe.hhs.gov/admsimp/ |
| Washington Publishing Company (WPC) |
| WPC is a resource for HIPAA required transaction implementation guides and code sets. http://www.wpc-edit.com/hipaa/ |
| Workgroup for Electronic Data Interchange (WEDI) |
| A workgroup dedicated to improving healthcare through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative simplification provisions of HIPAA. http://www.wedi.org |

SECTION 1.4 – COMPANION GUIDE ORGANIZATION

The New Jersey Medicaid HIPAA Companion Guide is organized into the following sections to provide the necessary information, policies, processes, and requirements necessary to submit claims and encounters electronically:

Section 2 – Electronic Data Interchange

The section contains instructions and processes for becoming approved as an electronic submitter for HIPAA transactions, including a trading partner agreement, the process for testing HIPAA transactions, and telecommunication and media specifications.

Section 3 – 837 Institutional Specifications

This section details the supplemental requirements to the 837 Institutional Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when submitting inpatient, outpatient, and home health services, formerly submitted on UB92-based formats. In addition, this transaction set is required when submitting long term care, charity care, and Medicare Part A crossover transactions.

Section 4 – 837 Dental Specifications

This section details the supplemental requirements to the 837 Dental Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when submitting dental services.

Section 5 – 837 Professional Specifications

This section details the supplemental requirements to the 837 Professional Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when submitting all other types of services not previously mentioned in the institutional and dental sections above, including but not limited to physician, chiropractor, durable medical equipment, podiatrist, laboratory, prosthetics and orthotics, independent clinic, psychologist, optometrist, mid-level practitioner, hearing aid, home care, radiologist, federally qualified health center, nurse practitioner, transportation, vision care, EPSDT, and Part B Medicare crossover services.

Section 6 – 835 Specifications

This section details the supplemental requirements to the 835 Implementation Guide, which are required by New Jersey Medicaid. This transaction set is required when receiving remittance advice information.

Section 7 – Envelope & Acknowledgement Specifications

This sections details the functional acknowledgement and envelope requirements which will be used by New Jersey Medicaid to exchange HIPAA transactions.

SECTION 2.1 – HIPAA TESTING AND CERTIFICATION

New Jersey Medicaid will require each prospective electronic data interchange (EDI) submitter to be tested and approved before HIPAA transactions will be processed in production. The Workgroup for Electronic Data Interchange (WEDI), through a collaborative healthcare industry effort called the Strategic National Implementation Process (SNIP), has recommended six types of transaction testing:

1. Integrity Testing: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 syntax, and compliance with X12 rules. This will validate the basic level integrity of the EDI submission.
2. Requirement Testing: Testing for HIPAA Implementation Guide-specific syntax requirements, such as repeat counts, used and not used codes, elements and segments, required or intra-segment situational data elements. Testing for non-medical code sets as laid out in the implementation guide. Values noted in the implementation guide via an X12 code list or table.
3. Balance Testing: Testing the transaction for balanced field totals, financial balancing of claims or remittance advice, and balancing of summary fields, if appropriate.
4. Situational Testing: Testing of specific inter-segment situations described in the HIPAA Implementation Guide, including the validation of situational fields based on rules present in the Implementation Guide for loops, segments, and data elements. For example, if data element A is valued then data element B must also be valued.
5. External Code Set Testing: Testing for valid Implementation Guide-specific code set values. This level will not only validate the code sets but also make sure the usage is appropriate for any particular transaction.
6. Specialty of Line of Business Testing: Testing to ensure that the segments and data elements required for certain healthcare services are present and correctly formatted according to the Implementation Guide.

New Jersey Medicaid will require each prospective EDI submitter to certify their capability to produce 837 transactions for all six levels of types of transaction testing. This certification must be obtained from a third-party vendor (a list of vendors is provided later in this section). It is worth noting that at some vendors have added a seventh type of testing that ensures the segments and data element requirements, specific to a trading partner (such as New Jersey Medicaid) are present and correctly formatted. New Jersey Medicaid will share our Companion Guide with each vendor willing to offer this seventh type of testing. Although New Jersey Medicaid does not require the seventh level at this time, it is definitely a benefit a submitter should consider when selecting a vendor for certification.

New Jersey Medicaid will not require any internal testing. However, any submitter is welcome to request internal testing once a certification has been presented and validated by New Jersey Medicaid. Details of the internal testing process and how to notify New Jersey Medicaid of a HIPAA certification will be provided in the final version of the Companion Guide, which will be published in the first quarter of 2003. New Jersey Medicaid will offer the internal testing as a means to test our Companion Guide requirements. New Jersey

Medicaid reserves the right to discontinue any internal testing with any submitter if it is determined that the testing of EDI files post errors, which should have been corrected by the submitter as part of their certification process.

New Jersey Medicaid will not offer full production testing, including the creation of a 835 transaction, as part of internal testing at this time. However, New Jersey Medicaid will obtain a third-party certification of our capability to produce a compliant 835 transaction. Upon request, New Jersey Medicaid will make available a sample 835 transaction file. Details of how to request a sample 835 file will be provided in the final version of the Companion Guide, which will be published in the first quarter of 2003.

A separate certification will be required for the 837 Institutional, 837 Dental, and 837 Professional transaction sets. Once a certification is validated, the submitter will be placed into production.

As of the publication of this document, New Jersey Medicaid is aware of the following vendors that offer HIPAA certification services:

| Company | Internet Address | Phone | Email Address |
|----------------------|--|----------------|--|
| AppLabs Technologies | www.applabs.com | (215) 569-9976 | info@applabs.net |
| Claredi | www.claredi.com | (801) 444-0339 | info@claredi.com |
| Edifecs HIPAA-Desk | www.hipaadesk.com | (425) 250-0106 | sales@edifecs.com |
| HIPAA Testing | www.hipaateesting.com | (480) 946-7200 | info@hipaateesting.com |

A submitter is not limited to these vendors in order to obtain the required certification. However, a submitter must be careful to select a vendor that offers a certification service, and not select a vendor that is limited to testing and validation services only. In addition, it is important that the vendor provide a certification for all six types of transaction testing as previously discussed.

SECTION 2.2 – TRANSLATOR REPORTS AND EDITS

New Jersey Medicaid will be using Mercator as our translator. Regardless of whether a HIPAA transaction is submitted in test or production, it will be processed through Mercator. This section will provide details of reports and edits that will be utilized to communicate processing errors to submitters. Details of this section will be provided in the final version of the Companion Guide, which will be published in the first quarter of 2003.

SECTION 2.3 – TELECOMMUNICATION SPECIFICATIONS

New Jersey Medicaid is currently working with Unisys to deploy an Internet-based solution that will allow the electronic exchange of HIPAA transactions. Details of this section will be provided in the final version of the Companion Guide, which will be published in the first quarter of 2003.

SECTION 2.4 – CD-ROM SPECIFICATIONS

In addition to the Internet, New Jersey Medicaid will permit the exchange of HIPAA transactions on Compact Disc (CD). New Jersey Medicaid intends to discontinue the use of other media, such as tape, diskette, and cartridge. Details of this section will be provided in the final version of the Companion Guide, which will be published in the first quarter of 2003.

SECTION 2.5 – TRADING PARTNER AGREEMENT

Each submitter will be required to complete a trading partner agreement. Details of the approval process, related policies, and a copy of the agreement and completion instructions will be provided in the final version of the Companion Guide, which will be published in the first quarter of 2003.

SECTION 3.1 – 837 INSTITUTIONAL LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 837 Institutional transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 3.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 3.2 for 837 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

| SEGMENT | FIELD | NAME | USAGE | MEDICAID |
|------------------------------------|-------|---------------------------------------|-------|----------|
| HEADER | | | | |
| ST | | TRANSACTION SET HEADER | R | |
| | ST01 | Transaction Set Identifier Code | R | |
| | ST02 | Transaction Set Control Number | R | |
| BHT | | BEGINNING OF HIERARCHICAL TRANSACTION | R | |
| | BHT01 | Hierarchical Structure Code | R | |
| | BHT02 | Transaction Set Purpose Code | R | |
| | BHT03 | Reference Identification | R | |
| | BHT04 | Date | R | |
| | BHT05 | Time | R | |
| | BHT06 | Transaction Type Code | R | ✓ |
| REF | | TRANSMISSION TYPE IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 1000A – SUBMITTER NAME | | | | |
| NM1 | | SUBMITTER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | ✓ |
| PER | | SUBMITTER EDI CONTACT INFORMATION | R | |
| | PER01 | Contact Function Code | R | |
| | PER02 | Name | R | |
| | PER03 | Communication Number Qualifier | R | |
| | PER04 | Communication Number | R | |
| | PER05 | Communication Number Qualifier | S | |
| | PER06 | Communication Number | S | |
| | PER07 | Communication Number Qualifier | S | |
| | PER08 | Communication Number | S | |

| LOOP 1000B – RECEIVER NAME | | | | |
|---|-------|---|---|---|
| NM1 | | RECEIVER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | ✓ |
| LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | |
| HL | | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | R | |
| | HL01 | Hierarchical ID Number | R | |
| | HL03 | Hierarchical Level Code | R | |
| | HL04 | Hierarchical Child Code | R | |
| PRV | | BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION | R | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| CUR | | FOREIGN CURRENCY INFORMATION | S | X |
| | CUR01 | Entity Identifier Code | R | X |
| | CUR02 | Currency Code | R | X |
| LOOP 2010AA – BILLING PROVIDER NAME | | | | |
| NM1 | | BILLING PROVIDER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | BILLING PROVIDER ADDRESS | R | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | BILLING PROVIDER CITY/STATE/ZIP CODE | R | |
| | N401 | City Name | R | |
| | N402 | State or Province Code | R | |
| | N403 | Postal Code | R | |
| | N404 | Country Code | S | |
| REF | | BILLING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| REF | | CREDIT/DEBIT CARD BILLING INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| PER | | BILLING PROVIDER CONTACT INFORMATION | S | X |
| | PER01 | Contact Function Code | R | X |
| | PER02 | Name | R | X |
| | PER03 | Communication Number Qualifier | R | X |
| | PER04 | Communication Number | R | X |
| | PER05 | Communication Number Qualifier | S | X |
| | PER06 | Communication Number | S | X |
| | PER07 | Communication Number Qualifier | S | X |
| | PER08 | Communication Number | S | X |

| LOOP 2010AB – PAY-TO PROVIDER NAME | | | | |
|--|-------|---|---|---|
| NM1 | | PAY-TO PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| N3 | | PAY-TO PROVIDER ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAY-TO PROVIDER CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAY-TO-PROVIDER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL | | | | |
| HL | | SUBSCRIBER HIERARCHICAL LEVEL | R | |
| | HL01 | Hierarchical ID Number | R | |
| | HL02 | Hierarchical Parent ID Number | R | |
| | HL03 | Hierarchical Level Code | R | |
| | HL04 | Hierarchical Child Code | R | ✓ |
| SBR | | SUBSCRIBER INFORMATION | R | |
| | SBR01 | Payer Responsibility Sequence Number Code | R | |
| | SBR02 | Individual Relationship Code | S | |
| | SBR03 | Reference Identification | S | |
| | SBR04 | Name | S | |
| | SBR09 | Claim Filing Indicator Code | S | ✓ |
| LOOP 2010BA – SUBSCRIBER NAME | | | | |
| NM1 | | SUBSCRIBER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | ✓ |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | ✓ |
| N3 | | SUBSCRIBER ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | SUBSCRIBER CITY/STATE/ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| DMG | | SUBSCRIBER DEMOGRAPHIC INFORMATION | S | |
| | DMG01 | Date Time Period Format Qualifier | R | |
| | DMG02 | Date Time Period | R | |
| | DMG03 | Gender Code | R | |

| | | | | |
|---|-------|---------------------------------------|---|---|
| REF | | SUBSCRIBER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PROPERTY AND CASUALTY CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010BB – CREDIT/DEBIT CARD ACCOUNT HOLDER NAME | | | | |
| NM1 | | CREDIT/DEBIT CARD ACCOUNT HOLDER NAME | R | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| REF | | CREDIT/DEBIT CARD INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010BC – PAYER NAME | | | | |
| NM1 | | PAYER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | PAYER ADDRESS | R | |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAYER CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAYER SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010BD – RESPONSIBLE PARTY NAME | | | | |
| NM1 | | CREDIT/DEBIT CARD HOLDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| N3 | | PAYER ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | R | X |
| N4 | | PAYER CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |

| LOOP 2000C– PATIENT HIERARCHICAL LEVEL | | | | |
|--|---------|--|---|---|
| HL | | PATIENT HIERARCHICAL LEVEL | S | X |
| | HL01 | Hierarchical ID Number | R | X |
| | HL02 | Hierarchical Parent ID Number | R | X |
| | HL03 | Hierarchical Level Code | R | X |
| | HL04 | Hierarchical Child Code | R | X |
| PAT | | PATIENT INFORMATION | R | X |
| | PAT01 | Individual Relationship Code | R | X |
| LOOP 2010CA – PATIENT NAME | | | | |
| NM1 | | PATIENT NAME | R | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| N3 | | PATIENT ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PATIENT CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| DMG | | PATIENT DEMOGRAPHIC INFORMATION | R | X |
| | DMG01 | Date Time Period Format Qualifier | R | X |
| | DMG02 | Date Time Period | R | X |
| | DMG03 | Gender | R | X |
| REF | | PATIENT SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PROPERTY AND CASUALTY CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2300 – CLAIM INFORMATION | | | | |
| CLM | | CLAIM INFORMATION | R | |
| | CLM01 | Claim Submitter's Identifier | R | ✓ |
| | CLM02 | Monetary Amount | R | |
| | CLM05 | Health Care Service Location Information | R | |
| | CLM05-1 | Facility Code Value | R | |
| | CLM05-2 | Facility Code Qualifier | R | |
| | CLM05-3 | Claim Frequency Type Code | R | |
| | CLM06 | Yes/No Condition or Response Code | R | |
| | CLM07 | Provider Accept Assignment Code | S | |
| | CLM08 | Yes/No Condition or Response Code | R | |
| | CLM09 | Release of Information Code | R | |
| | CLM18 | Yes/No Condition or Response Code | R | ✓ |
| | CLM20 | Delay Reason Code | S | X |

| | | | | |
|-----|-------|---|---|---|
| DPT | | DISCHARGE HOUR | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| DPT | | STATEMENT DATES | R | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| DTP | | ADMISSION DATE/HOUR | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| CL1 | | INSTITUTIONAL CLAIM CODE | S | |
| | CL101 | Admission Type Code | S | |
| | CL102 | Admission Source Code | S | |
| | CL103 | Patient Status Code | S | |
| PWK | | CLAIM SUPPLEMENTAL INFORMATION | S | |
| | PWK01 | Report Type Code | R | ✓ |
| | PWK02 | Report Transmission Code | R | ✓ |
| | PWK05 | Identification Code Qualifier | S | |
| | PWK06 | Identification Code | S | ✓ |
| | PWK07 | Description | S | |
| CN1 | | CONTRACT INFORMATION | S | |
| | CN101 | Contract Type Code | R | ✓ |
| | CN102 | Monetary Amount | S | X |
| | CN103 | Percent | S | ✓ |
| | CN104 | Reference Identification | S | X |
| | CN105 | Terms Discount Percent | S | X |
| | CN106 | Version Identifier | S | X |
| AMT | | PAYER ESTIMATED AMOUNT PAID | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | PATIENT ESTIMATED AMOUNT DUE | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | PATIENT PAID AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | CREDIT/DEBIT CARD MAXIMUM AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| REF | | ADJUSTED PREPRICED CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | REPRICED CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | DOCUMENT IDENTIFICATION CODE | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | ORIGINAL REFERENCE NUMBER (ICN/DCN) | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | INVESTIGATIONAL DEVICE EXEMPTION NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |

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|-----|-------|--|---|---|
| REF | | SERVICE AUTHORIZATION EXCEPTION CODE | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PEER REVIEW ORGANIZATION (PRO) APPROVAL NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | |
| REF | | MEDICAL RECORD NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | ✓ |
| REF | | DEMONSTRATION PROJECT IDENTIFIER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| K3 | | FILE INFORMATION | S | X |
| | K301 | Fixed Format Information | R | X |
| NTE | | CLAIM NOTE | S | X |
| | NTE01 | Note Reference Code | R | X |
| | NTE02 | Description | R | X |
| NTE | | BILLING NOTE | S | |
| | NTE01 | Note Reference Code | R | |
| | NTE02 | Description | R | ✓ |
| CR6 | | HOME HEALTH CARE INFORMATION | S | X |
| | CR601 | Prognosis Code | R | X |
| | CR602 | Date | R | X |
| | CR603 | Date Time Period Format Qualifier | R | X |
| | CR604 | Date Time Period | S | X |
| | CR605 | Date | R | X |
| | CR606 | Yes/No Condition or Response Code | R | X |
| | CR607 | Yes/No Condition or Response Code | R | X |
| | CR608 | Certification Type Code | R | X |
| | CR609 | Date | S | X |
| | CR610 | Product/Service ID Qualifier | S | X |
| | CR611 | Medical Code Value | S | X |
| | CR612 | Date | S | X |
| | CR613 | Date | S | X |
| | CR614 | Date | S | X |
| | CR615 | Date Time Period Format Qualifier | S | X |
| | CR616 | Date Time Period | S | X |
| | CR617 | Patient Location Code | R | X |
| | CR618 | Date | S | X |
| | CR619 | Date | S | X |
| | CR620 | Date | S | X |
| | CR621 | Date | S | X |
| CRC | | HOME HEALTH FUNCTIONAL LIMITATIONS | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Code Indicator | R | X |
| | CRC04 | Condition Indicator | S | X |
| | CRC05 | Condition Indicator | S | X |
| | CRC06 | Condition Indicator | S | X |
| | CRC07 | Condition Indicator | S | X |

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|-----|--------|---|---|---|
| CRC | | HOME HEALTH ACTIVITIES PERMITTED | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Code Indicator | R | X |
| | CRC04 | Condition Indicator | S | X |
| | CRC05 | Condition Indicator | S | X |
| | CRC06 | Condition Indicator | S | X |
| | CRC07 | Condition Indicator | S | X |
| CRC | | HOME HEALTH MENTAL STATUS | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Code Indicator | R | X |
| | CRC04 | Condition Indicator | S | X |
| | CRC05 | Condition Indicator | S | X |
| | CRC06 | Condition Indicator | S | X |
| | CRC07 | Condition Indicator | S | X |
| HI | | PRINCIPAL, ADMITTING, E-CODE AND PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION | S | |
| | HI01 | Health Care Code Information | R | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| HI | | DIAGNOSIS RELATED GROUP (DRG) INFORMATION | S | |
| | HI01 | Health Care Code Information | R | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | ✓ |
| HI | | OTHER DIAGNOSIS INFORMATION | S | |
| | HI01 | Health Care Code Information | R | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| | HI04 | Health Care Code Information | S | |
| | HI04-1 | Code List Qualifier Code | R | |
| | HI04-2 | Industry Code | R | |
| | HI05 | Health Care Code Information | S | |
| | HI05-1 | Code List Qualifier Code | R | |
| | HI05-2 | Industry Code | R | |
| | HI06 | Health Care Code Information | S | |
| | HI06-1 | Code List Qualifier Code | R | |
| | HI06-2 | Industry Code | R | |
| | HI07 | Health Care Code Information | S | |
| | HI07-1 | Code List Qualifier Code | R | |
| | HI07-2 | Industry Code | R | |
| | HI08 | Health Care Code Information | S | |
| | HI08-1 | Code List Qualifier Code | R | |
| | HI08-2 | Industry Code | R | |
| | HI09 | Health Care Code Information | S | |
| | HI09-1 | Code List Qualifier Code | R | |
| | HI09-2 | Industry Code | R | |

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|----|--------|-----------------------------------|---|--|
| | HI10 | Health Care Code Information | S | |
| | HI10-1 | Code List Qualifier Code | R | |
| | HI10-2 | Industry Code | R | |
| | HI11 | Health Care Code Information | S | |
| | HI11-1 | Code List Qualifier Code | R | |
| | HI11-2 | Industry Code | R | |
| | HI12 | Health Care Code Information | S | |
| | HI12-1 | Code List Qualifier Code | R | |
| | HI12-2 | Industry Code | R | |
| HI | | PRINCIPAL PROCEDURE INFORMATION | S | |
| | HI01 | Health Care Code Information | R | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | |
| | HI01-3 | Date Time Period Format Qualifier | R | |
| | HI01-4 | Date Time Period | R | |
| HI | | OTHER PROCEDURE INFORMATION | S | |
| | HI01 | Health Care Code Information | R | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | |
| | HI01-3 | Date Time Period Format Qualifier | S | |
| | HI01-4 | Date Time Period | S | |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI02-3 | Date Time Period Format Qualifier | S | |
| | HI02-4 | Date Time Period | S | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| | HI03-3 | Date Time Period Format Qualifier | S | |
| | HI03-4 | Date Time Period | S | |
| | HI04 | Health Care Code Information | S | |
| | HI04-1 | Code List Qualifier Code | R | |
| | HI04-2 | Industry Code | R | |
| | HI04-3 | Date Time Period Format Qualifier | S | |
| | HI04-4 | Date Time Period | S | |
| | HI05 | Health Care Code Information | S | |
| | HI05-1 | Code List Qualifier Code | R | |
| | HI05-2 | Industry Code | R | |
| | HI05-3 | Date Time Period Format Qualifier | S | |
| | HI05-4 | Date Time Period | S | |
| | HI06 | Health Care Code Information | S | |
| | HI06-1 | Code List Qualifier Code | R | |
| | HI06-2 | Industry Code | R | |
| | HI06-3 | Date Time Period Format Qualifier | S | |
| | HI06-4 | Date Time Period | S | |
| | HI07 | Health Care Code Information | S | |
| | HI07-1 | Code List Qualifier Code | R | |
| | HI07-2 | Industry Code | R | |
| | HI07-3 | Date Time Period Format Qualifier | S | |
| | HI07-4 | Date Time Period | S | |
| | HI08 | Health Care Code Information | S | |
| | HI08-1 | Code List Qualifier Code | R | |
| | HI08-2 | Industry Code | R | |
| | HI08-3 | Date Time Period Format Qualifier | S | |
| | HI08-4 | Date Time Period | S | |

| | | | | |
|----|--------|-----------------------------------|---|---|
| | HI09 | Health Care Code Information | S | |
| | HI09-1 | Code List Qualifier Code | R | |
| | HI09-2 | Industry Code | R | |
| | HI09-3 | Date Time Period Format Qualifier | S | |
| | HI09-4 | Date Time Period | S | |
| | HI10 | Health Care Code Information | S | |
| | HI10-1 | Code List Qualifier Code | R | |
| | HI10-2 | Industry Code | R | |
| | HI10-3 | Date Time Period Format Qualifier | S | |
| | HI10-4 | Date Time Period | S | |
| | HI11 | Health Care Code Information | S | |
| | HI11-1 | Code List Qualifier Code | R | |
| | HI11-2 | Industry Code | R | |
| | HI11-3 | Date Time Period Format Qualifier | S | |
| | HI11-4 | Date Time Period | S | |
| | HI12 | Health Care Code Information | S | |
| | HI12-1 | Code List Qualifier Code | R | |
| | HI12-2 | Industry Code | R | |
| | HI12-3 | Date Time Period Format Qualifier | S | |
| | HI12-4 | Date Time Period | S | |
| HI | | OCCURRENCE SPAN INFORMATION | S | X |
| | HI01 | Health Care Code Information | S | X |
| | HI01-1 | Code List Qualifier Code | R | X |
| | HI01-2 | Industry Code | R | X |
| | HI01-3 | Date Time Period Format Qualifier | R | X |
| | HI01-4 | Date Time Period | R | X |
| | HI02 | Health Care Code Information | S | X |
| | HI02-1 | Code List Qualifier Code | R | X |
| | HI02-2 | Industry Code | R | X |
| | HI02-3 | Date Time Period Format Qualifier | R | X |
| | HI02-4 | Date Time Period | R | X |
| | HI03 | Health Care Code Information | S | X |
| | HI03-1 | Code List Qualifier Code | R | X |
| | HI03-2 | Industry Code | R | X |
| | HI03-3 | Date Time Period Format Qualifier | R | X |
| | HI03-4 | Date Time Period | R | X |
| | HI04 | Health Care Code Information | S | X |
| | HI04-1 | Code List Qualifier Code | R | X |
| | HI04-2 | Industry Code | R | X |
| | HI04-3 | Date Time Period Format Qualifier | R | X |
| | HI04-4 | Date Time Period | R | X |
| | HI05 | Health Care Code Information | S | X |
| | HI05-1 | Code List Qualifier Code | R | X |
| | HI05-2 | Industry Code | R | X |
| | HI05-3 | Date Time Period Format Qualifier | R | X |
| | HI05-4 | Date Time Period | R | X |
| | HI06 | Health Care Code Information | S | X |
| | HI06-1 | Code List Qualifier Code | R | X |
| | HI06-2 | Industry Code | R | X |
| | HI06-3 | Date Time Period Format Qualifier | R | X |
| | HI06-4 | Date Time Period | R | X |
| | HI07 | Health Care Code Information | S | X |
| | HI07-1 | Code List Qualifier Code | R | X |
| | HI07-2 | Industry Code | R | X |
| | HI07-3 | Date Time Period Format Qualifier | R | X |
| | HI07-4 | Date Time Period | R | X |

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|----|--------|-----------------------------------|---|---|
| | HI08 | Health Care Code Information | S | X |
| | HI08-1 | Code List Qualifier Code | R | X |
| | HI08-2 | Industry Code | R | X |
| | HI08-3 | Date Time Period Format Qualifier | R | X |
| | HI08-4 | Date Time Period | R | X |
| | HI09 | Health Care Code Information | S | X |
| | HI09-1 | Code List Qualifier Code | R | X |
| | HI09-2 | Industry Code | R | X |
| | HI09-3 | Date Time Period Format Qualifier | R | X |
| | HI09-4 | Date Time Period | R | X |
| | HI10 | Health Care Code Information | S | X |
| | HI10-1 | Code List Qualifier Code | R | X |
| | HI10-2 | Industry Code | R | X |
| | HI10-3 | Date Time Period Format Qualifier | R | X |
| | HI10-4 | Date Time Period | R | X |
| | HI11 | Health Care Code Information | S | X |
| | HI11-1 | Code List Qualifier Code | R | X |
| | HI11-2 | Industry Code | R | X |
| | HI11-3 | Date Time Period Format Qualifier | R | X |
| | HI11-4 | Date Time Period | R | X |
| | HI12 | Health Care Code Information | S | X |
| | HI12-1 | Code List Qualifier Code | R | X |
| | HI12-2 | Industry Code | R | X |
| | HI12-3 | Date Time Period Format Qualifier | R | X |
| | HI12-4 | Date Time Period | R | X |
| HI | | OCCURRENCE INFORMATION | S | |
| | HI01 | Health Care Code Information | S | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | ✓ |
| | HI01-3 | Date Time Period Format Qualifier | R | |
| | HI01-4 | Date Time Period | R | |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI02-3 | Date Time Period Format Qualifier | R | |
| | HI02-4 | Date Time Period | R | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| | HI03-3 | Date Time Period Format Qualifier | R | |
| | HI03-4 | Date Time Period | R | |
| | HI04 | Health Care Code Information | S | |
| | HI04-1 | Code List Qualifier Code | R | |
| | HI04-2 | Industry Code | R | |
| | HI04-3 | Date Time Period Format Qualifier | R | |
| | HI04-4 | Date Time Period | R | |
| | HI05 | Health Care Code Information | S | |
| | HI05-1 | Code List Qualifier Code | R | |
| | HI05-2 | Industry Code | R | |
| | HI05-3 | Date Time Period Format Qualifier | R | |
| | HI05-4 | Date Time Period | R | |
| | HI06 | Health Care Code Information | S | |
| | HI06-1 | Code List Qualifier Code | R | |
| | HI06-2 | Industry Code | R | |
| | HI06-3 | Date Time Period Format Qualifier | R | |
| | HI06-4 | Date Time Period | R | |

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|----|--------|-----------------------------------|---|---|
| | HI07 | Health Care Code Information | S | |
| | HI07-1 | Code List Qualifier Code | R | |
| | HI07-2 | Industry Code | R | |
| | HI07-3 | Date Time Period Format Qualifier | R | |
| | HI07-4 | Date Time Period | R | |
| | HI08 | Health Care Code Information | S | |
| | HI08-1 | Code List Qualifier Code | R | |
| | HI08-2 | Industry Code | R | |
| | HI08-3 | Date Time Period Format Qualifier | R | |
| | HI08-4 | Date Time Period | R | |
| | HI09 | Health Care Code Information | S | |
| | HI09-1 | Code List Qualifier Code | R | |
| | HI09-2 | Industry Code | R | |
| | HI09-3 | Date Time Period Format Qualifier | R | |
| | HI09-4 | Date Time Period | R | |
| | HI10 | Health Care Code Information | S | |
| | HI10-1 | Code List Qualifier Code | R | |
| | HI10-2 | Industry Code | R | |
| | HI10-3 | Date Time Period Format Qualifier | R | |
| | HI10-4 | Date Time Period | R | |
| | HI11 | Health Care Code Information | S | |
| | HI11-1 | Code List Qualifier Code | R | |
| | HI11-2 | Industry Code | R | |
| | HI11-3 | Date Time Period Format Qualifier | R | |
| | HI11-4 | Date Time Period | R | |
| | HI12 | Health Care Code Information | S | |
| | HI12-1 | Code List Qualifier Code | R | |
| | HI12-2 | Industry Code | R | |
| | HI12-3 | Date Time Period Format Qualifier | R | |
| | HI12-4 | Date Time Period | R | |
| HI | | VALUE INFORMATION | S | |
| | HI01 | Health Care Code Information | S | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | ✓ |
| | HI01-5 | Monetary Amount | R | |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI02-5 | Monetary Amount | R | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| | HI03-5 | Monetary Amount | R | |
| | HI04 | Health Care Code Information | S | |
| | HI04-1 | Code List Qualifier Code | R | |
| | HI04-2 | Industry Code | R | |
| | HI04-5 | Monetary Amount | R | |
| | HI05 | Health Care Code Information | S | |
| | HI05-1 | Code List Qualifier Code | R | |
| | HI05-2 | Industry Code | R | |
| | HI05-5 | Monetary Amount | R | |
| | HI06 | Health Care Code Information | S | |
| | HI06-1 | Code List Qualifier Code | R | |
| | HI06-2 | Industry Code | R | |
| | HI06-5 | Monetary Amount | R | |
| | HI07 | Health Care Code Information | S | |
| | HI07-1 | Code List Qualifier Code | R | |
| | HI07-2 | Industry Code | R | |
| | HI07-5 | Monetary Amount | R | |



| | | | | |
|----|--------|------------------------------|---|---|
| | HI08 | Health Care Code Information | S | |
| | HI08-1 | Code List Qualifier Code | R | |
| | HI08-2 | Industry Code | R | |
| | HI08-5 | Monetary Amount | R | |
| | HI09 | Health Care Code Information | S | |
| | HI09-1 | Code List Qualifier Code | R | |
| | HI09-2 | Industry Code | R | |
| | HI09-5 | Monetary Amount | R | |
| | HI10 | Health Care Code Information | S | |
| | HI10-1 | Code List Qualifier Code | R | |
| | HI10-2 | Industry Code | R | |
| | HI10-5 | Monetary Amount | R | |
| | HI11 | Health Care Code Information | S | |
| | HI11-1 | Code List Qualifier Code | R | |
| | HI11-2 | Industry Code | R | |
| | HI11-5 | Monetary Amount | R | |
| | HI12 | Health Care Code Information | S | |
| | HI12-1 | Code List Qualifier Code | R | |
| | HI12-2 | Industry Code | R | |
| | HI12-5 | Monetary Amount | R | |
| HI | | CONDITION INFORMATION | S | |
| | HI01 | Health Care Code Information | S | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | ✓ |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| | HI04 | Health Care Code Information | S | |
| | HI04-1 | Code List Qualifier Code | R | |
| | HI04-2 | Industry Code | R | |
| | HI05 | Health Care Code Information | S | |
| | HI05-1 | Code List Qualifier Code | R | |
| | HI05-2 | Industry Code | R | |
| | HI06 | Health Care Code Information | S | |
| | HI06-1 | Code List Qualifier Code | R | |
| | HI06-2 | Industry Code | R | |
| | HI07 | Health Care Code Information | S | |
| | HI07-1 | Code List Qualifier Code | R | |
| | HI07-2 | Industry Code | R | |
| | HI08 | Health Care Code Information | S | |
| | HI08-1 | Code List Qualifier Code | R | |
| | HI08-2 | Industry Code | R | |
| | HI09 | Health Care Code Information | S | |
| | HI09-1 | Code List Qualifier Code | R | |
| | HI09-2 | Industry Code | R | |
| | HI10 | Health Care Code Information | S | |
| | HI10-1 | Code List Qualifier Code | R | |
| | HI10-2 | Industry Code | R | |
| | HI11 | Health Care Code Information | S | |
| | HI11-1 | Code List Qualifier Code | R | |
| | HI11-2 | Industry Code | R | |
| | HI12 | Health Care Code Information | S | |
| | HI12-1 | Code List Qualifier Code | R | |
| | HI12-2 | Industry Code | R | |

| | | | | |
|-----|---------|-------------------------------------|---|---|
| HI | | TREATMENT CODE INFORMATION | S | X |
| | HI01 | Health Care Code Information | S | X |
| | HI01-1 | Code List Qualifier Code | R | X |
| | HI01-2 | Industry Code | R | X |
| | HI02 | Health Care Code Information | S | X |
| | HI02-1 | Code List Qualifier Code | R | X |
| | HI02-2 | Industry Code | R | X |
| | HI03 | Health Care Code Information | S | X |
| | HI03-1 | Code List Qualifier Code | R | X |
| | HI03-2 | Industry Code | R | X |
| | HI04 | Health Care Code Information | S | X |
| | HI04-1 | Code List Qualifier Code | R | X |
| | HI04-2 | Industry Code | R | X |
| | HI05 | Health Care Code Information | S | X |
| | HI05-1 | Code List Qualifier Code | R | X |
| | HI05-2 | Industry Code | R | X |
| | HI06 | Health Care Code Information | S | X |
| | HI06-1 | Code List Qualifier Code | R | X |
| | HI06-2 | Industry Code | R | X |
| | HI07 | Health Care Code Information | S | X |
| | HI07-1 | Code List Qualifier Code | R | X |
| | HI07-2 | Industry Code | R | X |
| | HI08 | Health Care Code Information | S | X |
| | HI08-1 | Code List Qualifier Code | R | X |
| | HI08-2 | Industry Code | R | X |
| | HI09 | Health Care Code Information | S | X |
| | HI09-1 | Code List Qualifier Code | R | X |
| | HI09-2 | Industry Code | R | X |
| | HI10 | Health Care Code Information | S | X |
| | HI10-1 | Code List Qualifier Code | R | X |
| | HI10-2 | Industry Code | R | X |
| | HI11 | Health Care Code Information | S | X |
| | HI11-1 | Code List Qualifier Code | R | X |
| | HI11-2 | Industry Code | R | X |
| | HI12 | Health Care Code Information | S | X |
| | HI12-1 | Code List Qualifier Code | R | X |
| | HI12-2 | Industry Code | R | X |
| QTY | | CLAIM QUANTITY | S | |
| | QTY01 | Quantity Qualifier | R | |
| | QTY02 | Quantity | R | |
| | QTY03 | Composite Unit of Measure | R | |
| | QTY03-1 | Unit or Basis for Measurement Code | R | |
| HCP | | CLAIM PRICING/REPRICING INFORMATION | S | X |
| | HCP01 | Pricing Methodology | R | X |
| | HCP02 | Monetary Amount | R | X |
| | HCP03 | Monetary Amount | R | X |
| | HCP04 | Reference Identification | S | X |
| | HCP05 | Rate | S | X |
| | HCP06 | Reference Identification | S | X |
| | HCP07 | Monetary Amount | S | X |
| | HCP08 | Product/Service ID | S | X |
| | HCP09 | Product/Service ID Qualifier | S | X |
| | HCP10 | Product/Service ID | S | X |
| | HCP11 | Unit or Basis for Measurement Code | S | X |
| | HCP12 | Quantity | S | X |
| | HCP13 | Reject Reason Code | S | X |
| | HCP14 | Policy Compliance Code | S | X |
| | HCP15 | Exception Code | S | X |

| LOOP 2305 – HOME HEALTH CARE PLAN INFORMATION | | | | |
|---|-------|--|---|---|
| CR7 | | HOME HEALTH CARE PLAN INFORMATION | S | X |
| | CR701 | Discipline Type Code | R | X |
| | CR702 | Number | R | X |
| | CR703 | Number | R | X |
| HSD | | HEALTH CARE SRVCIESDELIVERY | S | X |
| | HSD01 | Quantity Qualifier | S | X |
| | HSD02 | Quantity | S | X |
| | HSD03 | Units or Basis for Measurement Code | S | X |
| | HSD04 | Sample Selection Modulus | S | X |
| | HSD05 | Time Period Qualifier | S | X |
| | HSD06 | Number of Periods | S | X |
| | HSD07 | Ship/Delivery or Calendar Pattern Code | S | X |
| | HSD08 | Ship/Delivery Pattern Time Code | S | X |
| LOOP 2310A – ATTENDING PHYSICIAN NAME | | | | |
| NM1 | | ATTENDING PHYSICIAN NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | |
| PRV | | ATTENDING PHYSICIAN SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | ATTENDING PHYSICIAN SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2310B – OPERATING PHYSICIAN NAME | | | | |
| NM1 | | OPERATING PHYSICIAN NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| PRV | | OPERATING PHYSICIAN SPECIALTY INFORMATION | S | X |
| | PRV01 | Provider Code | R | X |
| | PRV02 | Reference Identification Qualifier | R | X |
| | PRV03 | Reference Identification | R | X |
| REF | | OPERATING PHYSICIAN SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |

| LOOP 2310C – OTHER PROVIDER NAME | | | | |
|--|-------|---|---|---|
| NM1 | | OTHER PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | S | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PRV | | OTHER PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | OTHER PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2310E – SERVICE FACILITY NAME | | | | |
| NM1 | | SERVICE FACILITY NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | |
| PRV | | SERVICE FACILITY SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| N3 | | SERVICE FACILITY ADDRESS | R | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | SERVICE FACILITY CITY/STATE/ZIP CODE | R | |
| | N401 | City Name | R | |
| | N402 | State or Province Code | R | |
| | N403 | Postal Code | R | |
| | N404 | Country Code | R | |
| REF | | SERVICE FACILITY SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2320 – OTHER SUBSCRIBER INFORMATION | | | | |
| SBR | | OTHER SUBSCRIBER INFORMATION | S | |
| | SBR01 | Payer Responsibility Sequence Number Code | R | |
| | SBR02 | Individual Relationship Code | R | |
| | SBR03 | Reference Identification | S | |
| | SBR04 | Name | S | |
| | SBR09 | Claim Filing Indicator Code | S | |
| CAS | | CLAIM LEVEL ADJUSTMENTS | S | |
| | CAS01 | Claim Adjustment Group Code | R | |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |

| | | | | |
|-----|-------|--|---|---|
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| AMT | | PAYER PRIOR PAYMENT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | ✓ |
| AMT | | COORDINATION OF BENEFITS (COB) TOTAL ALLOWED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) TOTAL SUBMITTED CHARGES | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | DIAGNOSTIC RELATED GROUP (DRG) OUTLIER AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) TOTAL MEDICARE PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | MEDICARE PAID AMOUNT – 100% | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | MEDICARE PAID AMOUNT – 80% | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) MEDICARE A TRUST FUND PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) MEDICARE B TRUST FUND PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) TOTAL NON-COVERED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) TOTAL DENIED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| DMG | | OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION | S | |
| | DMG01 | Date Time Period Format Qualifier | R | |
| | DMG02 | Date Time Period | R | |
| | DMG03 | Gender Code | R | |
| OI | | OTHER INSURANCE COVERAGE INFORMATION | R | |
| | OI03 | Yes/No Condition or Response Code | R | |
| | OI06 | Release of Information Code | R | |

| | | | | |
|------------------------------------|-------|--|---|--|
| MIA | | MEDICARE INPATIENT ADJUDICATION INFORMATION | S | |
| | MAI01 | Quantity | R | |
| | MAI02 | Quantity | S | |
| | MAI03 | Quantity | S | |
| | MAI04 | Monetary Amount | S | |
| | MAI05 | Reference Identification | S | |
| | MAI06 | Monetary Amount | S | |
| | MAI07 | Monetary Amount | S | |
| | MAI08 | Monetary Amount | S | |
| | MAI09 | Monetary Amount | S | |
| | MAI10 | Monetary Amount | S | |
| | MAI11 | Monetary Amount | S | |
| | MAI12 | Monetary Amount | S | |
| | MAI13 | Monetary Amount | S | |
| | MAI14 | Monetary Amount | S | |
| | MAI15 | Quantity | S | |
| | MAI16 | Monetary Amount | S | |
| | MAI17 | Monetary Amount | S | |
| | MAI18 | Monetary Amount | S | |
| | MAI19 | Monetary Amount | S | |
| | MAI20 | Reference Identification | S | |
| | MAI21 | Reference Identification | S | |
| | MAI22 | Reference Identification | S | |
| | MAI23 | Reference Identification | S | |
| | MAI24 | Monetary Amount | S | |
| MOA | | MEDICARE OUTPATIENT ADJUDICATION INFORMATION | S | |
| | MOA01 | Percent | R | |
| | MOA02 | Monetary Amount | S | |
| | MOA03 | Reference Identification | S | |
| | MOA04 | Reference Identification | S | |
| | MOA05 | Reference Identification | S | |
| | MOA06 | Reference Identification | S | |
| | MOA07 | Reference Identification | S | |
| | MOA08 | Monetary Amount | S | |
| | MOA09 | Monetary Amount | S | |
| LOOP 2330A – OTHER SUBSCRIBER NAME | | | | |
| NM1 | | OTHER SUBSCRIBER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | OTHER SUBSCRIBER ADDRESS | S | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | OTHER SUBSCRIBER CITY/STATE/ZIP CODE | S | |
| | N401 | City Name | R | |
| | N402 | State or Province Code | R | |
| | N403 | Postal Code | R | |
| | N404 | Country Code | S | |
| REF | | OTHER SUBSCRIBER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |

| LOOP 2330B – OTHER PAYER NAME | | | | |
|--|-------|--|---|--|
| NM1 | | OTHER PAYER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | OTHER PAYER ADDRESS | S | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | OTHER PAYER CITY/STATE/ZIP CODE | S | |
| | N401 | City Name | R | |
| | N402 | State or Province Code | R | |
| | N403 | Postal Code | R | |
| | N404 | Country Code | S | |
| DTP | | CLAIM ADJUDICATION DATE | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| REF | | OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE UMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330C – OTHER PAYER PATIENT INFORMATION | | | | |
| NM1 | | OTHER PAYER PATIENT INFORMATION | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| REF | | OTHER PAYER PATIENT IDENTIFICATION NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330D – OTHER PAYER ATTENDING PROVIDER | | | | |
| NM1 | | OTHER PAYER ATTENDING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER ATTENDING PROVIDER IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330E – OTHER PAYER OPERATING PROVIDER | | | | |
| NM1 | | OTHER PAYER OPERATING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER OPERATING PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |

| LOOP 2330F – OTHER PAYER OTHER PROVIDER | | | | |
|--|---------|--|----------|---|
| NM1 | | OTHER PAYER OTHER PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER OTHER PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330H – OTHER PAYER SERVICE FACILITY PROVIDER | | | | |
| NM1 | | OTHER PAYER SERVICE FACILITY PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER SERVICE FACILITY PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2400 – SERVICE LINE NUMBER | | | | |
| LX | | SERVICE LINE NUMBER | R | |
| | LX01 | Assigned Number | R | ✓ |
| SV2 | | INSTITUTIONAL SERVICE LINE | R | |
| | SV201 | Product/Service ID | R | ✓ |
| | SV202 | Composite Medical Procedure Identifier | S | |
| | SV202-1 | Product/Service ID Qualifier | R | ✓ |
| | SV202-2 | Product/Service ID | R | ✓ |
| | SV202-3 | Procedure Modifier | S | |
| | SV202-4 | Procedure Modifier | S | |
| | SV202-5 | Procedure Modifier | S | |
| | SV202-6 | Procedure Modifier | S | |
| | SV203 | Monetary Amount | R | |
| | SV204 | Unit or Basis for Measurement Code | R | ✓ |
| | SV205 | Quantity | R | |
| | SV206 | Unit Rate | S | |
| | SV207 | Monetary Amount | S | |
| PWK | | LINE SUPPLEMENTAL INFORMATION | S | |
| | PWK01 | Report Type Code | R | ✓ |
| | PWK02 | Report Transmission Code | R | ✓ |
| | PWK05 | Identification Code Qualifier | S | |
| | PWK06 | Identification Code | S | ✓ |
| DTP | | SERVICE LINE DATE | S | |
| | DTP01 | Date/Time Qualifier | R | ✓ |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| DTP | | ASSESSMENT DATE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | SERVICE TAX AMOUNT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | FACILITY TAX AMOUNT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |

| | | | | |
|---------------------------------------|---------|--|---|---|
| HCP | | LINE PRICING/REPRICING INFORMATION | S | X |
| | HCP01 | Pricing Methodology | R | X |
| | HCP02 | Monetary Amount | R | X |
| | HCP03 | Monetary Amount | S | X |
| | HCP04 | Reference Identification | S | X |
| | HCP05 | Rate | S | X |
| | HCP06 | Reference Identification | S | X |
| | HCP07 | Monetary Amount | S | X |
| | HCP08 | Product/Service ID | S | X |
| | HCP09 | Product/Service ID Qualifier | S | X |
| | HCP10 | Product/Service ID | S | X |
| | HCP11 | Unit or Basis for Measurement Code | S | X |
| | HCP12 | Quantity | S | X |
| | HCP13 | Reject Reason Code | S | X |
| | HCP14 | Policy Compliance Code | S | X |
| | HCP15 | Exception Code | S | X |
| LOOP 2410 – DRUG IDENTIFICATION | | | | |
| LIN | | DRUG IDENTIFICATION | S | X |
| | LIN02 | Product/Service ID Qualifier | R | X |
| | LIN03 | Product/Service ID | R | X |
| CTP | | DRUG PRICING | S | X |
| | CTP03 | Unit Price | R | X |
| | CTP04 | Quantity | R | X |
| | CTP05 | Composite Unit of Measure | R | X |
| | CTP05-1 | Unit or Basis for Measurement Code | R | X |
| REF | | PRESCRIPTION NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2420A – ATTENDING PHYSICIAN NAME | | | | |
| NM1 | | ATTENDING PHYSICIAN NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PRV | | ATTENDING PHYSICIAN SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | ATTENDING PHYSICIAN SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2420B – OPERATING PHYSICIAN NAME | | | | |
| NM1 | | OPERATING PHYSICIAN NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |

| | | | | |
|---|---------|--|---|---|
| PRV | | OPERATING PHYSICIAN SPECIALITY INFORMATION | S | X |
| | PRV01 | Provider Code | R | X |
| | PRV02 | Reference Identification Qualifier | R | X |
| | PRV03 | Reference Identification | R | X |
| REF | | OPERATING PHYSICIAN SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2420C – OTHER PROVIDER NAME | | | | |
| NM1 | | OTHER PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PRV | | OTHER PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | OTHER PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2430 – SERVICE LINE ADJUDICATION INFORMATION | | | | |
| SVD | | SERVICE LINE ADJUDICATION INFORMATION | S | |
| | SVD01 | Identification Code | R | |
| | SVD02 | Monetary Amount | R | |
| | SVD03 | Composite Medical Procedure Identifier | S | |
| | SVD03-1 | Product/Service ID Qualifier | R | |
| | SVD03-2 | Product/Service ID | R | |
| | SVD03-3 | Procedure Modifier | S | |
| | SVD03-4 | Procedure Modifier | S | |
| | SVD03-5 | Procedure Modifier | S | |
| | SVD03-6 | Procedure Modifier | S | |
| | SVD03-7 | Description | S | |
| | SVD04 | Product/Service ID | R | |
| | SVD05 | Quantity | R | |
| | SVD06 | Assigned Number | S | |
| CAS | | SERVICE LINE ADJUSTMENT | S | |
| | CAS01 | Claim Adjustment Group Code | R | |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |

| | | | | |
|--------------------------------|-------|-----------------------------------|---|--|
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| DTP | | SERVICE ADJUDICATION DATE | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| LOOP – TRANSACTION SET TRAILER | | | | |
| SE | | TRANSACTION SET TRAILER | R | |
| | SE01 | Number of Included Segments | R | |
| | SE02 | Transaction Set Control Number | R | |

SECTION 3.2 – 837 INSTITUTIONAL DATA ELEMENT DICTIONARY

The following specifies the 837 Institutional fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding inpatient, outpatient, and home health claim submissions, “HMO” when listing specifications for health maintenance organizations regarding inpatient, outpatient, and home health encounter submissions, “CCP” when listing specifications for Charity Care, and “LTC” when listing specifications for Long Term Care providers. If no reference is specified, the requirement applies to all types of claims and encounters.

HEADER LOOP

| | | |
|-------------|--|------------|
| SEGMENT | BHT – Beginning of Hierarchical Transaction | |
| FIELD | BHT06 – Transaction Type Code | |
| CODES | CH | Chargeable |
| | RP | Reporting |
| REQUIREMENT | FFS, CCP, LTC – Enter “CH”. HMO – Enter “RP”. | |

LOOP 1000A – SUBMITTER NAME

| | | |
|-------------|---|--|
| SEGMENT | NM1 – Submitter Name | |
| FIELD | NM109 – Identification Code | |
| CODES | | |
| REQUIREMENT | Enter the seven-digit Submitter ID assigned by New Jersey Medicaid. | |

LOOP 1000B – RECEIVER NAME

| | | |
|-------------|--|--|
| SEGMENT | NM1 – Receiver Name | |
| FIELD | NM103 – Name Last or Organization Name | |
| CODES | | |
| REQUIREMENT | Enter “New Jersey Medicaid”. | |

| | | |
|-------------|-----------------------------|--|
| SEGMENT | NM1 – Receiver Name | |
| FIELD | NM109 – Identification Code | |
| CODES | | |
| REQUIREMENT | Enter “610515”. | |

LOOP 2010AA – BILLING PROVIDER NAME

| | | |
|-------------|--|--------------------------|
| SEGMENT | REF – Billing Provider Secondary Identification | |
| FIELD | REF01 – Reference Identification Qualifier | |
| CODES | 1C | Medicare Provider Number |
| | 1D | Medicaid Provider Number |
| REQUIREMENT | FFS – All transactions must have a Medicaid Provider Number (1D). When submitting a crossover claim, an additional REF segment must be present to identify the Medicare Provider Number (1C). HMO, CCP, LTC – Enter “1D”. | |

| | | |
|-------------|---|--|
| SEGMENT | REF – Billing Provider Secondary Identification | |
| FIELD | REF02 – Reference Identification | |
| CODES | | |
| REQUIREMENT | Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid. | |

LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL

| | | |
|-------------|---|--|
| SEGMENT | HL – Subscriber Hierarchical Level | |
| FIELD | HL04 – Hierarchical Child Code | |
| CODES | 0 | No Subordinate HL Segment in this Hierarchical Structure |
| REQUIREMENT | Enter “0”. For Medicaid purposes, the Subscriber will always equal the Patient. Therefore, an additional subordinate HL segment will not be required. | |

| | | |
|-------------|-------------------------------------|----------|
| SEGMENT | SBR – Subscriber Information | |
| FIELD | SBR09 – Claim Filing Indicator Code | |
| CODES | MC | Medicaid |
| REQUIREMENT | Enter “MC”. | |

LOOP 2010BA – SUBSCRIBER NAME

| | | |
|-------------|-------------------------------|--------|
| SEGMENT | NM1 – Subscriber Name | |
| FIELD | NM102 – Entity Type Qualifier | |
| CODES | 1 | Person |
| REQUIREMENT | Enter “1”. | |

| | | |
|-------------|---|--|
| SEGMENT | NM1 – Subscriber Name | |
| FIELD | NM109 – Identification Code | |
| CODES | | |
| REQUIREMENT | FFS, HMO - Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid. When billing services for newborns, the Medicaid Beneficiary ID Number of the mother may be entered for up to 60 days from the date of birth. LTC – Enter the twelve-digit Medicaid Recipient Number assigned by Medicaid. CCP – Enter the nine-digit Social Security Number. | |

LOOP 2010BB – PAYER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Payer Name |
| FIELD | NM103 – Name Last or Organization Name |
| CODES | |
| REQUIREMENT | Enter “New Jersey Medicaid”. |

LOOP 2300 – CLAIM INFORMATION

| | |
|-------------|--|
| SEGMENT | CLM – Claim Information |
| FIELD | CLM01 – Claim Submitter’s Identifier |
| CODES | |
| REQUIREMENT | New Jersey Medicaid will only recognize the first 20 characters of the Patient Control Number. |

| | |
|-------------|--|
| SEGMENT | CLM – Claim Information |
| FIELD | CLM12 – Special Program Code |
| CODES | 01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) |
| | 07 Induced Abortion – Danger to Life |
| | 08 Induced Abortion – Rape of Incest |
| | 09 Second Opinion or Surgery |
| REQUIREMENT | FFS – Use of value “07” or “08” will be used in place of the hardcopy attachment (Physician Certification – Abortion). If an abortion was induced because it was medically necessary, this is indicated in Loop NTE (Billing Note). Use value “01” if the service is a result of an EPSDT exam. HMO - Use value “01” if the service is a result of an EPSDT exam. |

| | |
|-------------|---|
| SEGMENT | CLM – Claim Information |
| FIELD | CLM18 – Yes/No Condition or Response Code |
| CODES | N No |
| REQUIREMENT | New Jersey Medicaid does not issue paper Explanation of Benefits (EOB). |

| | |
|-------------|---|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK01 – Report Type Code |
| CODES | OZ Support Data for Claim |
| REQUIREMENT | FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information. |

| | |
|-------------|--|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK02 – Report Transmission Code |
| CODES | BM By Mail |
| | EL Electronically Only |
| REQUIREMENT | FFS – Enter “BM” when submitting a paper attachment by mail or “EL” when the attachment is being submitted in a separate X12 functional group. |

| | |
|-------------|---|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK06 – Identification Code |
| CODES | |
| REQUIREMENT | FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01. |

| | |
|-------------|----------------------------|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN101 – Contract Type Code |
| CODES | |
| REQUIREMENT | CCP – Enter “06”. |

| | | |
|-------------|--------------------------------------|----------------|
| SEGMENT | CN1 – Contract Information | |
| FIELD | CN103 – Percent | |
| CODES | 10 | Ten Percent |
| | 20 | Twenty Percent |
| | 40 | Forty Percent |
| | 60 | Sixty Percent |
| | 80 | Eighty Percent |
| REQUIREMENT | CCP – Enter their percent of charge. | |

| | |
|-------------|--|
| SEGMENT | REF – Prior Authorization or Referral Number |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | G1 Prior Authorization Number |
| REQUIREMENT | FFS – When appropriate, enter “G1” in the first occurrence of the REF segment. |

| | |
|-------------|--|
| SEGMENT | REF – Medical Record Number |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – New Jersey Medicaid will only capture the first 16 characters. |

| | | | |
|-------------|--|-------------------|--------------------|
| SEGMENT | NTE – Claim Note | | |
| FIELD | NTE02 – Description | | |
| CODES | | | |
| REQUIREMENT | FFS – When billing an abortion service, additional data is required at the positions identified within this NTE02 field, using the following value sets: | | |
| | <u>SET</u> | <u>VALUE</u> | <u>DESCRIPTION</u> |
| | A | Y | Yes |
| | | Space | No |
| | | | |
| | POSITION | FIELD NAME | VALUE SET |
| 1 | Induced Abortion – Medically Necessary | A | |

FFS, HMO, CCP – When billing an outpatient service and a revenue code of 450 through 459, 510 through 515, or 519 is present, additional data is required at the positions identified within this NTE02 field, using the following value sets:

| <u>SET</u> | <u>VALUE</u> | <u>DESCRIPTION</u> |
|------------|--------------|---|
| B | 00 | Emergency Room (Revenue Code 450 and 459 Only) |
| | 01 | Alcoholism |
| | 02 | Allergy |
| | 03 | Arthritis, Rheumatology |
| | 04 | Cardiac, Cardiovascular Pacemaker, Rheumatic Fever |
| | 05 | Chest, TB |
| | 06 | Dental |
| | 08 | Diabetic, Endocrine |
| | 09 | Eye, E.N.T. |
| | 10 | Family Planning |
| | 11 | Gynecology |
| | 12 | Hematology |
| | 13 | Medical, Gastrointestinal, Gastroenterology |
| | 14 | Neurology, Neurosurgery |
| | 15 | OB, Pre-natal |
| | 16 | Orthopedic |
| | 17 | Pediatric |
| | 18 | Physical Therapy, Rehabilitation, Physical Medicine |
| | 19 | Podiatry |
| | 20 | Proctology |
| | 21 | Psychiatry |
| | 22 | Speech and Hearing Speech Pathology |
| | 23 | Surgery, Plastic Surgery |
| | 24 | Tumor |
| | 25 | Urology |
| | 26 | Other |
| | 27 | EPSDT |
| | 28 | Partial Hospitalization |

| <u>POSITION</u> | <u>FIELD NAME</u> | <u>VALUE SET</u> |
|-----------------|--------------------------|------------------|
| 2 | Outpatient Clinic Code 1 | B |
| 4 | Outpatient Clinic Code 2 | B |
| 6 | Outpatient Clinic Code 3 | B |
| 8 | Outpatient Clinic Code 4 | B |

| | | | |
|--|--|--------------------------|--------------------|
| | LTC – When billing long term care claims, additional data is required at the positions identified within this NTE02 field, using the following value sets: | | |
| | <u>SET</u> | <u>VALUE</u> | <u>DESCRIPTION</u> |
| | C | Y | Yes |
| | | N | No |
| | POSITION | FIELD NAME | VALUE SET |
| | 10 | TAD Tracheotomy | C |
| | 11 | TAD Respiratory Therapy | C |
| | 12 | TAD IV Therapy | C |
| | 13 | TAD Head Trauma | C |
| | 14 | TAD Oxygen Therapy | C |
| | 15 | TAD NG Tube Feed | C |
| | 16 | TAD Wound Care | C |
| | 17 | TAD Physical Therapy | C |
| | 18 | TAD Speech Therapy | C |
| | 19 | TAD Occupational Therapy | C |

| | |
|-------------|--|
| SEGMENT | HI – Diagnosis Related Group (DRG) Information |
| FIELD | HI01-2 – Industry Code |
| CODES | |
| REQUIREMENT | FFS, CCP, HMO - A DRG Code is required on all inpatient claims and encounters. |

| | |
|-------------|--|
| SEGMENT | HI – Occurrence Information |
| FIELD | HI01-2 – Industry Code |
| CODES | J3 Charity Care Write-Off |
| REQUIREMENT | CCP – Enter “J3”. National assignment of this local code is pending. |

| | |
|-------------|--|
| SEGMENT | HI – Value Information |
| FIELD | HI01-2 – Industry Code |
| CODES | 37 Blood Furnished |
| CODES | 39 Blood Replaced |
| CODES | X3 Charity Care 100% Eligibility Amount |
| CODES | X9 New York Hospital Rate Code |
| REQUIREMENT | FFS, HMO – Use values “37” and “39” when reporting pints of whole blood or units of packed red cells. New York hospitals are required to use “X9” to report the four-digit rate code for outpatient claims. CCP – Enter “X3” to indicate the dollar amount at which the hospital determines 100% eligibility after medical expenses have exceeded 30% of the patient’s income. National assignment of this local code is pending. |

| | |
|-------------|---|
| SEGMENT | HI – Condition Information |
| FIELD | HI01-2 – Industry Code |
| CODES | A4 Family Planning Related Service |
| REQUIREMENT | FFS, CCP, HMO – Enter “A4” if the service is related to family planning. National assignment of this local code is pending. |

LOOP 2310A – ATTENDING PHYSICIAN NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Attending Physician Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 71 Attending Physician |
| REQUIREMENT | If present, the attending provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420A. |

| | |
|-------------|--|
| SEGMENT | REF – Attending Physician Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS, CCP, LTC – Enter “1D” when completing this segment. |

| | |
|-------------|--|
| SEGMENT | REF – Attending Physician Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS, CCP, LTC – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid when completing this segment. If the attending physician does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state physician or “666666” to identify an in-state physician. |

LOOP 2310C – OTHER PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Other Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 73 Other Provider |
| REQUIREMENT | FFS, CCP, LTC – If present, the other provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420C. HMO – This loop, or Loop 2420C, is required in order to identify the referring provider. If present, the other provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420C. |

| | |
|-------------|--|
| SEGMENT | REF – Other Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS, CCP, LTC – Enter “1D” when completing this segment. |

| | |
|-------------|---|
| SEGMENT | REF – Other Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS, CCP, LTC – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid when completing this segment. If the other provider does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state provider or “666666” to identify an in-state provider. |

LOOP 2310E – SERVICE FACILITY NAME

| | |
|-------------|---|
| SEGMENT | NM1 – Service Facility Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | FA Facility |
| REQUIREMENT | LTC – Long Term Care providers are required to enter “FA” when service(s) were rendered in a cottage setting. |

| | |
|-------------|--|
| SEGMENT | REF – Other Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | LU Location Number |
| REQUIREMENT | LTC – Enter “LU” when completing this segment. |

| | |
|-------------|--|
| SEGMENT | REF – Other Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | LTC – Enter the cottage identification number. |

LOOP 2320 – OTHER SUBSCRIBER INFORMATION

| | |
|-------------|---|
| SEGMENT | AMT – Payer Prior Payment |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | HMO – Enter the amount paid to their provider when submitting encounter data. |

LOOP 2400 – SERVICE LINE

| | |
|-------------|--|
| SEGMENT | LX – Service Line Number |
| FIELD | LX01 – Assigned Number |
| CODES | |
| REQUIREMENT | New Jersey Medicaid will only accept a maximum of 45 lines for inpatient claims and encounters, and a maximum of 99 lines for outpatient, home health, charity care, and long term care claims and encounters. |

| | |
|-------------|--|
| SEGMENT | SV2 – Institutional Service |
| FIELD | SV201 – Product/Service ID |
| CODES | |
| REQUIREMENT | When reporting inpatient services, the following revenue codes are required: 090 (SNF Days), 092 (ICF Days), and 093 (Residential Days). |

| | | |
|-------------|---|---|
| SEGMENT | SV2 – Institutional Service | |
| FIELD | SV202-1 – Product/Service ID Qualifier | |
| CODES | HC | Healthcare Financing Administration Common Procedural Coding System (HCPCS) Codes |
| REQUIREMENT | FFS and HMO – Enter “HC” when revenue code 270 is used to report medical/surgical supplies for home health claims and encounters. | |

| | | |
|-------------|---|--|
| SEGMENT | SV2 – Institutional Service | |
| FIELD | SV202-2 – Product/Service ID | |
| CODES | | |
| REQUIREMENT | FFS and HMO – Enter the durable medical equipment (DME) procedure code when revenue code 270 is used to report medical/surgical supplies for home health claims and encounters. | |

| | | |
|-------------|--|------|
| SEGMENT | SV2 – Institutional Service | |
| FIELD | SV204 – Unit or Basis for Measurement Code | |
| CODES | DA | Days |
| | UN | Unit |
| REQUIREMENT | Enter “DA” when the revenue code = “???”. Otherwise, enter “UN”. | |

| | | |
|-------------|---|------------------------|
| SEGMENT | PWK – Claim Supplemental Information | |
| FIELD | PWK01 – Report Type Code | |
| CODES | OZ | Support Data for Claim |
| REQUIREMENT | FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information. | |

| | | |
|-------------|--|---------------------|
| SEGMENT | PWK – Claim Supplemental Information | |
| FIELD | PWK02 – Report Transmission Code | |
| CODES | BM | By Mail |
| | EL | Electronically Only |
| REQUIREMENT | FFS – Enter “BM” when submitting a paper attachment by mail or “EL” when the attachment is being submitted in a separate X12 functional group. | |

| | | |
|-------------|---|--|
| SEGMENT | PWK – Claim Supplemental Information | |
| FIELD | PWK06 – Identification Code | |
| CODES | | |
| REQUIREMENT | FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01. | |

| | | |
|-------------|--|---------|
| SEGMENT | DTP – Service Line Date | |
| FIELD | DTP01 – Date/Time Qualifier | |
| CODES | 472 | Service |
| REQUIREMENT | Date(s) of Service are required on all outpatient, home health, and long term care claims. | |

LOOP 2420A – ATTENDING PHYSICIAN NAME

| | |
|-------------|---|
| SEGMENT | NM1 – Attending Physician Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | AT Attending Physician |
| REQUIREMENT | If present, the attending provider identified in this loop applies to the line level, and overrides the attending provider identified at the claim level in Loop 2310A. |

| | |
|-------------|--|
| SEGMENT | REF – Attending Physician Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS, CCP, LTC – Enter “1D” when completing this segment. |

| | |
|-------------|--|
| SEGMENT | REF – Attending Physician Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS, CCP, LTC – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid when completing this segment. If the attending physician does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state physician or “666666” to identify an in-state physician. |

LOOP 2420C – OTHER PROVIDER NAME

| | |
|-------------|---|
| SEGMENT | NM1 – Other Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 73 Other Provider |
| REQUIREMENT | FFS, CCP, LTC – If present, the other provider identified in this loop applies to the line level, and overrides the other provider identified at the claim level in Loop 2310C. HMO – This loop, or Loop 2310C, is required in order to identify the referring provider. If present, the other provider identified in this loop applies to the line level, and overrides the other provider identified at the claim level in Loop 2310C. |

| | |
|-------------|--|
| SEGMENT | REF – Other Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS, CCP, LTC – Enter “1D” when completing this segment. |

| | |
|-------------|---|
| SEGMENT | REF – Other Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS, CCP, LTC – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid when completing this segment. If the other provider does not participate in New Jersey Medicaid, enter “555555” to identify an out-of-state provider or “666666” to identify an in-state provider. |

SECTION 4.1 – 837 DENTAL LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 837 Dental transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 5.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 5.2 for 837 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

| SEGMENT | FIELD | NAME | USAGE | MEDICAID |
|-----------------------------|-------|---------------------------------------|-------|----------|
| HEADER | | | | |
| ST | | TRANSACTION SET HEADER | R | |
| | ST01 | Transaction Set Identifier Code | R | |
| | ST02 | Transaction Set Control Number | R | |
| BHT | | BEGINNING OF HIERARCHICAL TRANSACTION | R | |
| | BHT01 | Hierarchical Structure Code | R | |
| | BHT02 | Transaction Set Purpose Code | R | |
| | BHT03 | Reference Identification | R | |
| | BHT04 | Date | R | |
| | BHT05 | Time | R | |
| | BHT06 | Transaction Type Code | R | ✓ |
| REF | | TRANSMISSION TYPE IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 1000A – SUBMITTER NAME | | | | |
| NM1 | | SUBMITTER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | ✓ |
| PER | | SUBMITTER EDI CONTACT INFORMATION | R | |
| | PER01 | Contact Function Code | R | |
| | PER02 | Name | R | |
| | PER03 | Communication Number Qualifier | R | |
| | PER04 | Communication Number | R | |
| | PER05 | Communication Number Qualifier | S | |
| | PER06 | Communication Number | S | |
| | PER07 | Communication Number Qualifier | S | |
| | PER08 | Communication Number | S | |

| LOOP 1000B – RECEIVER NAME | | | | |
|---|-------|---|---|---|
| NM1 | | RECEIVER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | ✓ |
| LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | |
| HL | | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | R | |
| | HL01 | Hierarchical ID Number | R | |
| | HL03 | Hierarchical Level Code | R | |
| | HL04 | Hierarchical Child Code | R | |
| PRV | | BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION | R | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| CUR | | FOREIGN CURRENCY INFORMATION | S | X |
| | CUR01 | Entity Identifier Code | R | X |
| | CUR02 | Currency Code | R | X |
| LOOP 2010AA – BILLING PROVIDER NAME | | | | |
| NM1 | | BILLING PROVIDER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | BILLING PROVIDER ADDRESS | R | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | BILLING PROVIDER CITY/STATE/ZIP CODE | R | |
| | N401 | City Name | R | |
| | N402 | State or Province Code | R | |
| | N403 | Postal Code | R | |
| | N404 | Country Code | S | |
| REF | | BILLING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| REF | | CREDIT/DEBIT CARD BILLING INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010AB – PAY-TO PROVIDER NAME | | | | |
| NM1 | | PAY-TO PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |

| | | | | |
|---|-------|---|---|---|
| N3 | | PAY-TO PROVIDER ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAY-TO PROVIDER CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAY-TO-PROVIDER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL | | | | |
| HL | | SUBSCRIBER HIERARCHICAL LEVEL | R | |
| | HL01 | Hierarchical ID Number | R | |
| | HL02 | Hierarchical Parent ID Number | R | |
| | HL03 | Hierarchical Level Code | R | |
| | HL04 | Hierarchical Child Code | R | ✓ |
| SBR | | SUBSCRIBER INFORMATION | R | |
| | SBR01 | Payer Responsibility Sequence Number Code | R | |
| | SBR02 | Individual Relationship Code | S | |
| | SBR03 | Reference Identification | S | |
| | SBR04 | Name | S | |
| | SBR06 | Coordination of Benefits Code | R | |
| | SBR09 | Claim Filing Indicator Code | S | ✓ |
| LOOP 2010BA – SUBSCRIBER NAME | | | | |
| NM1 | | SUBSCRIBER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | ✓ |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | ✓ |
| N3 | | SUBSCRIBER ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | SUBSCRIBER CITY/STATE/ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| DMG | | SUBSCRIBER DEMOGRAPHIC INFORMATION | S | |
| | DMG01 | Date Time Period Format Qualifier | R | |
| | DMG02 | Date Time Period | R | |
| | DMG03 | Gender Code | R | |
| REF | | SUBSCRIBER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PROPERTY AND CASUALTY CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |

| LOOP 2010BB – PAYER NAME | | | | |
|---|-------|------------------------------------|---|---|
| NM1 | | PAYER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | PAYER ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAYER CITY/STATE/ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAYER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010BC – CREDIT/DEBIT CARD HOLDER NAME | | | | |
| NM1 | | CREDIT/DEBIT CARD HOLDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| REF | | CREDIT/DEBIT CARD INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2000C– PATIENT NAME | | | | |
| HL | | PATIENT HIERARCHICAL LEVEL | S | X |
| | HL01 | Hierarchical ID Number | R | X |
| | HL02 | Hierarchical Parent ID Number | R | X |
| | HL03 | Hierarchical Level Code | R | X |
| | HL04 | Hierarchical Child Code | R | X |
| PAT | | PATIENT INFORMATION | R | X |
| | PAT01 | Individual Relationship Code | R | X |
| | PAT04 | Student Status Code | S | X |
| LOOP 2010CA – PATIENT NAME | | | | |
| NM1 | | PATIENT NAME | R | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| N3 | | PATIENT ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |

| | | | | |
|-------------------------------|---------|--|---|---|
| N4 | | PATIENT CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| DMG | | PATIENT DEMOGRAPHIC INFORMATION | R | X |
| | DMG01 | Date Time Period Format Qualifier | R | X |
| | DMG02 | Date Time Period | R | X |
| | DMG03 | Gender | R | X |
| REF | | PATIENT SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PROPERTY AND CASUALTY CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2300 – CLAIM INFORMATION | | | | |
| CLM | | CLAIM INFORMATION | R | |
| | CLM01 | Claim Submitter's Identifier | R | ✓ |
| | CLM02 | Monetary Amount | R | |
| | CLM05 | Health Care Service Location Information | R | |
| | CLM05-1 | Facility Code Value | R | |
| | CLM05-3 | Claim Frequency Type Code | R | |
| | CLM06 | Yes/No Condition or Response Code | R | |
| | CLM07 | Provider Accept Assignment Code | S | |
| | CLM08 | Yes/No Condition or Response Code | R | |
| | CLM09 | Release of Information Code | R | |
| | CLM11 | Related Causes Information | S | |
| | CLM11-1 | Related-Causes Code | R | |
| | CLM11-2 | Related-Causes Code | S | |
| | CLM11-3 | Related-Causes Code | S | |
| | CLM11-4 | State or Province Code | S | |
| | CLM11-5 | Country Code | S | |
| | CLM12 | Special Program Code | S | ✓ |
| | CLM20 | Claim Submission Reason Code | S | X |
| | CLM20 | Delay Reason Code | S | X |
| DTP | | DATE – ADMISSION | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – DISCHARGE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – REFERRAL | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ACCIDENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – APPLIANCE PLACEMENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |

| | | | | |
|--------------------------------------|-------|---|---|---|
| DTP | | DATE – SERVICE | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| DN1 | | ORTHODONTIC TOTAL MONTHS OF TREATMENT | S | X |
| | DN101 | Quantity | S | X |
| | DN102 | Quantity | S | X |
| | DN103 | Yes/No Condition or Response Code | S | X |
| DN2 | | TOOTH STATUS | S | X |
| | DN201 | Reference Identification | R | X |
| | DN202 | Tooth Status Code | R | X |
| PWK | | CLAIM SUPPLEMENTAL INFORMATION | S | |
| | PWK01 | Report Type Code | R | ✓ |
| | PWK02 | Report Transmission Code | R | ✓ |
| | PWK05 | Identification Code Qualifier | S | |
| | PWK06 | Identification Code | S | ✓ |
| AMT | | PATIENT AMOUNT PAID | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | CREDIT/DEBIT CARD MAXIMUM AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| REF | | PREDETERMINATION IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | SERVICE AUTHORIZATION EXCEPTION CODE | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | ORIGINAL REFERENCE NUMBER (ICN/DCN) | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | |
| REF | | CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| NTE | | CLAIM NOTE | S | X |
| | NTE01 | Note Reference Code | R | X |
| | NTE02 | Description | R | X |
| LOOP 2310A – REFERRING PROVIDER NAME | | | | |
| NM1 | | REFERRING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | |
| PRV | | REFERRING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | 128 Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | REFERRING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |

| LOOP 2310B – RENDERING PROVIDER NAME | | | | |
|--|-------|--|---|---|
| NM1 | | RENDERING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PRV | | RENDERING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | RENDERING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2310C – SERVICE FACILITY LOCATION | | | | |
| NM1 | | SERVICE FACILITY LOCATION | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| REF | | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2310D – ASSISTANT SURGEON NAME | | | | |
| NM1 | | ASSISTANT SURGEON NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| PRV | | ASSISTANT SURGEON SPECIALTY INFORMATION | S | X |
| | PRV01 | Provider Code | R | X |
| | PRV02 | 128 Reference Identification Qualifier | R | X |
| | PRV03 | Reference Identification | R | X |
| REF | | ASSISTANT SURGEON SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2320 – OTHER SUBSCRIBER INFORMATION | | | | |
| SBR | | OTHER SUBSCRIBER INFORMATION | S | |
| | SBR01 | Payer Responsibility Sequence Number Code | R | |
| | SBR02 | Individual Relationship Code | R | |
| | SBR03 | Reference Identification | S | |
| | SBR04 | Name | S | |
| | SBR09 | Claim Filing Indicator Code | S | |

| | | | | |
|-----|-------|---|---|---|
| CAS | | CLAIM LEVEL ADJUSTMENTS | S | |
| | CAS01 | Claim Adjustment Group Code | R | |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| AMT | | COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | ✓ |
| AMT | | COORDINATION OF BENEFITS (COB) APPROVED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) ALLOWED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) PATIENT RESPONSIBILITYAMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) COVERED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) DISCOUNT AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) PATIENT PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| DMG | | OTHER INSURED DEMOGRAPHIC INFORMATION | S | |
| | DMG01 | Date Time Period Format Qualifier | R | |
| | DMG02 | Date Time Period | R | |
| | DMG03 | Gender Code | R | |
| OI | | OTHER INSURANCE COVERAGE INFORMATION | R | |
| | OI03 | Yes/No Condition or Response Code | R | |
| | OI06 | Release of Information Code | R | |

| LOOP 2330A – OTHER SUBSCRIBER NAME | | | | |
|------------------------------------|-------|--|---|--|
| NM1 | | OTHER SUBSCRIBER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | OTHER SUBSCRIBER ADDRESS | S | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | OTHER SUBSCRIBER CITY/STATE/ZIP CODE | S | |
| | N401 | City Name | S | |
| | N402 | State or Province Code | S | |
| | N403 | Postal Code | S | |
| | N404 | Country Code | S | |
| REF | | OTHER SUBSCRIBER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330B – OTHER PAYER NAME | | | | |
| NM1 | | OTHER PAYER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PER | | OTHER PAYER CONTACT INFORMATION | S | |
| | PER01 | Contact Function Code | R | |
| | PER02 | Name | R | |
| | PER03 | Communication Number Qualifier | R | |
| | PER04 | Communication Number | R | |
| | PER05 | Communication Number Qualifier | S | |
| | PER06 | Communication Number | S | |
| | PER07 | Communication Number Qualifier | S | |
| | PER08 | Communication Number | S | |
| DTP | | CLAIM PAID DATE | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| REF | | OTHER PAYER SECONDARY IDENTIFIER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | OTHER PAYER CLAIM ADJUSTMENT INDICATOR | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |

| LOOP 2330C – OTHER PAYER PATIENT INFORMATION | | | | |
|--|---------|---|---|---|
| NM1 | | OTHER PAYER PATIENT INFORMATION | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| REF | | OTHER PAYER PATIENT IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330D – OTHER PAYER REFERRING PROVIDER | | | | |
| NM1 | | OTHER PAYER REFERRING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER REFERRING PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330E – OTHER RENDERING PROVIDER | | | | |
| NM1 | | OTHER PAYER RENDERING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER RENDERING PROVIDER SECONDARY | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2400 – DENTAL SERVICE | | | | |
| LX | | LINE COUNTER | R | |
| | LX01 | Assigned Number | R | |
| SV3 | | DENTAL SERVICE | R | |
| | SV301 | Composite Medical Procedure Identifier | R | |
| | SV301-1 | Product/Service ID Qualifier | R | ✓ |
| | SV301-2 | Product/Service ID | R | |
| | SV301-3 | Procedure Modifier | S | |
| | SV301-4 | Procedure Modifier | S | |
| | SV301-5 | Procedure Modifier | S | |
| | SV301-6 | Procedure Modifier | S | |
| | SV302 | Monetary Amount | R | |
| | SV303 | Facility Type Code | S | |
| | SV304 | Oral Cavity Designation | S | |
| | SV304-1 | Oral Cavity Designation Code | R | ✓ |
| | SV304-2 | Oral Cavity Designation Code | S | |
| | SV304-3 | Oral Cavity Designation Code | S | |
| | SV304-4 | Oral Cavity Designation Code | S | |
| | SV304-5 | Oral Cavity Designation Code | S | |
| | SV305 | Prosthesis, Crown or Inlay Code | S | |
| | SV306 | Quantity | R | |
| TOO | | TOOTH INFORMATION | S | |
| | TOO01 | Code List Qualifier Code | R | |
| | TOO02 | Industry Code | S | |
| | TOO03 | Tooth Surface | S | |
| | TOO03-1 | Tooth Surface Code | R | ✓ |
| | TOO03-2 | Tooth Surface Code | S | |
| | TOO03-3 | Tooth Surface Code | S | |
| | TOO03-4 | Tooth Surface Code | S | |
| | TOO03-5 | Tooth Surface Code | S | |

| | | | | |
|--------------------------------------|-------|---|---|---|
| DTP | | DATE – SERVICE DATE | R | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| DTP | | DATE – PRIOR PLACEMENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – APPLIANCE PLACEMENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – REPLACEMENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| QTY | | ANESTHESIA QUANTITY | S | X |
| | QTY01 | Date/Time Qualifier | R | X |
| | QTY02 | Date Time Period Format Qualifier | R | X |
| | QTY03 | Date Time Period | R | X |
| REF | | SERVICE PREDETERMINATION IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | LINE ITEM CONTROL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| AMT | | APPROVED AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | SALES TAX AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| NTE | | LINE NOTE | S | X |
| | NTE01 | Note Reference Code | R | X |
| | NTE02 | Description | R | X |
| LOOP 2420A – RENDERING PROVIDER NAME | | | | |
| NM1 | | RENDERING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PRV | | RENDERING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | RENDERING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |

| LOOP 2420B – OTHER PAYER REFERRAL NUMBER | | | | |
|---|---------|--|---|---|
| NM1 | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| REF | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2420C – ASSISTANT SURGEON NAME | | | | |
| NM1 | | ASSISTANT SURGEON NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| PRV | | ASSISTANT SURGEON SPECIALTY INFORMATION | S | X |
| | PRV01 | Provider Code | R | X |
| | PRV02 | 128 Reference Identification Qualifier | R | X |
| | PRV03 | Reference Identification | R | X |
| REF | | ASSISTANT SURGEON SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2430 – LINE ADJUDICATION INFORMATION | | | | |
| SVD | | LINE ADJUDICATION INFORMATION | S | |
| | SVD01 | Identification Code | R | |
| | SVD02 | Monetary Amount | R | |
| | SVD03 | Composite Medical Procedure Identifier | R | |
| | SVD03-1 | Product/Service ID Qualifier | R | |
| | SVD03-2 | Product/Service ID | R | |
| | SVD03-3 | Procedure Modifier | S | |
| | SVD03-4 | Procedure Modifier | S | |
| | SVD03-5 | Procedure Modifier | S | |
| | SVD03-6 | Procedure Modifier | S | |
| | SVD03-7 | Description | S | |
| | SVD05 | Quantity | R | |
| | SVD06 | Assigned Number | S | |

| | | | | |
|--------------------------------|-------|-----------------------------------|---|--|
| CAS | | LINE ADJUSTMENT | S | |
| | CAS01 | Claim Adjustment Group Code | R | |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| DTP | | LINE ADJUDICATION DATE | R | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| LOOP – TRANSACTION SET TRAILER | | | | |
| SE | | TRANSACTION SET TRAILER | R | |
| | SE01 | Number of Included Segments | R | |
| | SE02 | Transaction Set Control Number | R | |

SECTION 4.2 – 837 DENTAL DATA ELEMENT DICTIONARY

The following specifies the 837 Dental fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding dental claim submissions and “HMO” when listing specifications for health maintenance organizations regarding dental encounter submissions. If “FFS” and “HMO” are not specified, the requirement applies to both claims and encounters.

HEADER LOOP

| | | |
|-------------|---|------------|
| SEGMENT | BHT – Beginning of Hierarchical Transaction | |
| FIELD | BHT06 – Transaction Type Code | |
| CODES | CH | Chargeable |
| | RP | Reporting |
| REQUIREMENT | FFS – Enter “CH”. HMO – Enter “RP”. | |

LOOP 1000A – SUBMITTER NAME

| | | |
|-------------|---|--|
| SEGMENT | NM1 – Submitter Name | |
| FIELD | NM109 – Identification Code | |
| CODES | | |
| REQUIREMENT | Enter the seven-digit Submitter ID assigned by New Jersey Medicaid. | |

LOOP 1000B – RECEIVER NAME

| | | |
|-------------|--|--|
| SEGMENT | NM1 – Receiver Name | |
| FIELD | NM103 – Name Last or Organization Name | |
| CODES | | |
| REQUIREMENT | Enter “New Jersey Medicaid”. | |

| | | |
|-------------|-----------------------------|--|
| SEGMENT | NM1 – Receiver Name | |
| FIELD | NM109 – Identification Code | |
| CODES | | |
| REQUIREMENT | Enter “610515”. | |

LOOP 2010AA – BILLING PROVIDER NAME

| | | |
|-------------|--|--------------------------|
| SEGMENT | REF – Billing Provider Secondary Identification | |
| FIELD | REF01 – Reference Identification Qualifier | |
| CODES | 1C | Medicare Provider Number |
| | 1D | Medicaid Provider Number |
| REQUIREMENT | FFS – All transactions must have a Medicaid Provider Number (1D). When submitting a crossover claim, an additional REF segment must be present to identify the Medicare Provider Number (1C). HMO – Enter “1D”. | |

| | | |
|-------------|--|--|
| SEGMENT | REF – Billing Provider Secondary Identification | |
| FIELD | REF02 – Reference Identification | |
| CODES | | |
| REQUIREMENT | FFS – In the case of a group practice, enter the seven-digit Medicaid Provider Number assigned to the group practice by Medicaid when field REF01 equals 1D. The provider who rendered the service will be identified in Loop 2310B or 2420A. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned by Medicaid to the individual practice when field REF01 equals 1D. Enter the Medicare Provider Number when field REF01 equals 1C. HMO – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid to the Health Maintenance Organization. | |

LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL

| | | |
|-------------|---|--|
| SEGMENT | HL – Subscriber Hierarchical Level | |
| FIELD | HL04 – Hierarchical Child Code | |
| CODES | 0 | No Subordinate HL Segment in this Hierarchical Structure |
| REQUIREMENT | Enter “0”. For Medicaid purposes, the Subscriber will always equal the Patient. Therefore, an additional subordinate HL segment will not be required. | |

| | | |
|-------------|-------------------------------------|----------|
| SEGMENT | SBR – Subscriber Information | |
| FIELD | SBR09 – Claim Filing Indicator Code | |
| CODES | MC | Medicaid |
| REQUIREMENT | Enter “MC”. | |

LOOP 2010BA – SUBSCRIBER NAME

| | | |
|-------------|-------------------------------|--------|
| SEGMENT | NM1 – Subscriber Name | |
| FIELD | NM102 – Entity Type Qualifier | |
| CODES | 1 | Person |
| REQUIREMENT | Enter “1”. | |

| | |
|-------------|--|
| SEGMENT | NM1 – Subscriber Name |
| FIELD | NM109 – Identification Code |
| CODES | |
| REQUIREMENT | Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid. |

LOOP 2010BB – PAYER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Payer Name |
| FIELD | NM103 – Name Last or Organization Name |
| CODES | |
| REQUIREMENT | Enter “New Jersey Medicaid”. |

LOOP 2300 – CLAIM INFORMATION

| | |
|-------------|--|
| SEGMENT | CLM – Claim Information |
| FIELD | CLM01 – Claim Submitter’s Identifier |
| CODES | |
| REQUIREMENT | New Jersey Medicaid will only recognize the first 20 characters of the Patient Control Number. |

| | |
|-------------|---|
| SEGMENT | CLM – Claim Information |
| FIELD | CLM12 – Special Program Code |
| CODES | 01 Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) |
| REQUIREMENT | Enter “01” if the visit is the result of an EPSDT screening exam. |

| | |
|-------------|---|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK01 – Report Type Code |
| CODES | OZ Support Data for Claim |
| REQUIREMENT | FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information. |

| | |
|-------------|--|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK02 – Report Transmission Code |
| CODES | BM By Mail EL Electronically Only |
| REQUIREMENT | FFS – Enter “BM” when submitting a paper attachment by mail or “EL” when the attachment is being submitted in a separate X12 functional group. |

| | |
|-------------|---|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK06 – Identification Code |
| CODES | |
| REQUIREMENT | FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01. |

| | |
|-------------|--|
| SEGMENT | REF – Prior Authorization or Referral Number |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | G1 Prior Authorization Number |
| REQUIREMENT | FFS – When appropriate, enter “G1” in the first occurrence of the REF segment. |

LOOP 2310AA – REFERRING PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Referring Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | DN Referring Provider |
| REQUIREMENT | FFS – Enter “DN” when completing this loop. HMO – Enter “DN”. A Referring Provider is required on all encounters. |

| | |
|-------------|---|
| SEGMENT | REF – Referring Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|---|
| SEGMENT | REF – Referring Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid. If the referring physician is a non-participant in New Jersey Medicaid, enter “6666666” for in-state providers or “5555555” for out-of-state providers. |

LOOP 2310B – RENDERING PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Rendering Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 82 Rendering Provider |
| REQUIREMENT | Rendering provider (i.e. servicing provider) is required on all claims. If present, the rendering provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420A. |

| | |
|-------------|---|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|---|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid. |

LOOP 2320 – OTHER SUBSCRIBER INFORMATION

| | |
|-------------|---|
| SEGMENT | AMT – Coordination of Benefits (COB) Payer Paid Amount |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | HMO – HMOs are required to report the amount paid to their provider when submitting encounter data. |

LOOP 2400 – DENTAL SERVICE

| | |
|-------------|--|
| SEGMENT | SV3 – Dental Service |
| FIELD | SV301-1 – Product/Service ID Qualifier |
| CODES | HC Healthcare Financing Administration Common Procedural Coding System (HCPCS) Codes |
| REQUIREMENT | Enter “HC”. |

| | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|----|--------------------|----|----------------|----|-----------------|----|---------------------------|----|----------------------|----|---------------------|----|---------------------|----|----------------------|---|------|---|-------|
| SEGMENT | SV3 – Dental Service | | | | | | | | | | | | | | | | | | | | |
| FIELD | SV304-1 – Oral Cavity Designation Code | | | | | | | | | | | | | | | | | | | | |
| CODES | <table> <tr><td>00</td><td>Entire Oral Cavity</td></tr> <tr><td>01</td><td>Maxillary Area</td></tr> <tr><td>02</td><td>Mandibular Area</td></tr> <tr><td>09</td><td>Other Area of Oral Cavity</td></tr> <tr><td>10</td><td>Upper Right Quadrant</td></tr> <tr><td>20</td><td>Upper Left Quadrant</td></tr> <tr><td>30</td><td>Lower Left Quadrant</td></tr> <tr><td>40</td><td>Lower Right Quadrant</td></tr> <tr><td>L</td><td>Left</td></tr> <tr><td>R</td><td>Right</td></tr> </table> | 00 | Entire Oral Cavity | 01 | Maxillary Area | 02 | Mandibular Area | 09 | Other Area of Oral Cavity | 10 | Upper Right Quadrant | 20 | Upper Left Quadrant | 30 | Lower Left Quadrant | 40 | Lower Right Quadrant | L | Left | R | Right |
| 00 | Entire Oral Cavity | | | | | | | | | | | | | | | | | | | | |
| 01 | Maxillary Area | | | | | | | | | | | | | | | | | | | | |
| 02 | Mandibular Area | | | | | | | | | | | | | | | | | | | | |
| 09 | Other Area of Oral Cavity | | | | | | | | | | | | | | | | | | | | |
| 10 | Upper Right Quadrant | | | | | | | | | | | | | | | | | | | | |
| 20 | Upper Left Quadrant | | | | | | | | | | | | | | | | | | | | |
| 30 | Lower Left Quadrant | | | | | | | | | | | | | | | | | | | | |
| 40 | Lower Right Quadrant | | | | | | | | | | | | | | | | | | | | |
| L | Left | | | | | | | | | | | | | | | | | | | | |
| R | Right | | | | | | | | | | | | | | | | | | | | |
| REQUIREMENT | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|-------------|---|---|--------|---|--------|---|--------|---|---------|---|---------|---|--------|---|----------|
| SEGMENT | TOO – Tooth Information | | | | | | | | | | | | | | |
| FIELD | TOO03-1 – Tooth Surface Code | | | | | | | | | | | | | | |
| CODES | <table> <tr><td>B</td><td>Buccal</td></tr> <tr><td>D</td><td>Distal</td></tr> <tr><td>F</td><td>Facial</td></tr> <tr><td>I</td><td>Incisal</td></tr> <tr><td>L</td><td>Lingual</td></tr> <tr><td>M</td><td>Mesial</td></tr> <tr><td>O</td><td>Occlusal</td></tr> </table> | B | Buccal | D | Distal | F | Facial | I | Incisal | L | Lingual | M | Mesial | O | Occlusal |
| B | Buccal | | | | | | | | | | | | | | |
| D | Distal | | | | | | | | | | | | | | |
| F | Facial | | | | | | | | | | | | | | |
| I | Incisal | | | | | | | | | | | | | | |
| L | Lingual | | | | | | | | | | | | | | |
| M | Mesial | | | | | | | | | | | | | | |
| O | Occlusal | | | | | | | | | | | | | | |
| REQUIREMENT | Although all values will be valid, Medicaid will convert “F” to “B”. | | | | | | | | | | | | | | |

LOOP 2420A – RENDERING PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Rendering Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 82 Rendering Provider |
| REQUIREMENT | Rendering provider (i.e. servicing provider) is required on all claims and encounters. If present, the rendering provider identified in this loop applies to the line level, and overrides the rendering provider identified at the claim level in Loop 2310B. |

| | |
|-------------|---|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|---|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid. |

SECTION 5.1 – 837 PROFESSIONAL LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for submitting 837 Professional transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 5.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 5.2 for 837 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

| SEGMENT | FIELD | NAME | USAGE | MEDICAID |
|------------------------------------|-------|---------------------------------------|-------|----------|
| HEADER | | | | |
| ST | | TRANSACTION SET HEADER | R | |
| | ST01 | Transaction Set Identifier Code | R | |
| | ST02 | Transaction Set Control Number | R | |
| BHT | | BEGINNING OF HIERARCHICAL TRANSACTION | R | |
| | BHT01 | Hierarchical Structure Code | R | |
| | BHT02 | Transaction Set Purpose Code | R | |
| | BHT03 | Reference Identification | R | |
| | BHT04 | Date | R | |
| | BHT05 | Time | R | |
| | BHT06 | Transaction Type Code | R | ✓ |
| REF | | TRANSMISSION TYPE IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 1000A – SUBMITTER NAME | | | | |
| NM1 | | SUBMITTER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | ✓ |
| PER | | SUBMITTER EDI CONTACT INFORMATION | R | |
| | PER01 | Contact Function Code | R | |
| | PER02 | Name | R | |
| | PER03 | Communication Number Qualifier | R | |
| | PER04 | Communication Number | R | |
| | PER05 | Communication Number Qualifier | S | |
| | PER06 | Communication Number | S | |
| | PER07 | Communication Number Qualifier | S | |
| | PER08 | Communication Number | S | |

| LOOP 1000B – RECEIVER NAME | | | | |
|---|-------|---|---|---|
| NM1 | | RECEIVER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | ✓ |
| LOOP 2000A – BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | | | | |
| HL | | BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL | R | |
| | HL01 | Hierarchical ID Number | R | |
| | HL03 | Hierarchical Level Code | R | |
| | HL04 | Hierarchical Child Code | R | |
| PRV | | BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION | R | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| CUR | | FOREIGN CURRENCY INFORMATION | S | X |
| | CUR01 | Entity Identifier Code | R | X |
| | CUR02 | Currency Code | R | X |
| LOOP 2010AA – BILLING PROVIDER NAME | | | | |
| NM1 | | BILLING PROVIDER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | BILLING PROVIDER ADDRESS | R | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | BILLING PROVIDER CITY/STATE/ZIP CODE | R | |
| | N401 | City Name | R | |
| | N402 | State or Province Code | R | |
| | N403 | Postal Code | R | |
| | N404 | Country Code | S | |
| REF | | BILLING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| REF | | CREDIT/DEBIT CARD BILLING INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| PER | | BILLING PROVIDER CONTACT INFORMATION | S | X |
| | PER01 | Contact Function Code | R | X |
| | PER02 | Name | R | X |
| | PER03 | Communication Number Qualifier | R | X |
| | PER04 | Communication Number | R | X |
| | PER05 | Communication Number Qualifier | S | X |
| | PER06 | Communication Number | S | X |
| | PER07 | Communication Number Qualifier | S | X |
| | PER08 | Communication Number | S | X |

| LOOP 2010AB – PAY-TO PROVIDER NAME | | | | |
|--|-------|---|---|---|
| NM1 | | PAY-TO PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| N3 | | PAY-TO PROVIDER ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAY-TO PROVIDER CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAY-TO-PROVIDER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL | | | | |
| HL | | SUBSCRIBER HIERARCHICAL LEVEL | R | |
| | HL01 | Hierarchical ID Number | R | |
| | HL02 | Hierarchical Parent ID Number | R | |
| | HL03 | Hierarchical Level Code | R | |
| | HL04 | Hierarchical Child Code | R | ✓ |
| SBR | | SUBSCRIBER INFORMATION | R | |
| | SBR01 | Payer Responsibility Sequence Number Code | R | |
| | SBR02 | Individual Relationship Code | S | |
| | SBR03 | Reference Identification | S | |
| | SBR04 | Name | S | |
| | SBR05 | Insurance Type Code | S | |
| | SBR09 | Claim Filing Indicator Code | S | ✓ |
| PAT | | PATIENT INFORMATION | S | X |
| | PAT05 | Date Time Period Format Qualifier | S | X |
| | PAT06 | Date Time Period | S | X |
| | PAT07 | Unit or Basis for Measurement Code | S | X |
| | PAT08 | Weight | S | X |
| | PAT09 | Yes/No Condition or Response Code | S | X |
| LOOP 2010BA – SUBSCRIBER NAME | | | | |
| NM1 | | SUBSCRIBER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | ✓ |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | ✓ |
| N3 | | SUBSCRIBER ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |

| | | | | |
|--------------------------------------|-------|---------------------------------------|---|---|
| N4 | | SUBSCRIBER CITY/STATE/ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| DMG | | SUBSCRIBER DEMOGRAPHIC INFORMATION | S | |
| | DMG01 | Date Time Period Format Qualifier | R | |
| | DMG02 | Date Time Period | R | |
| | DMG03 | Gender Code | R | |
| REF | | SUBSCRIBER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PROPERTY AND CASUALTY CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010BB – PAYER NAME | | | | |
| NM1 | | PAYER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | PAYER ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAYER CITY/STATE/ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAYER SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2010BC – RESPONSIBLE PARTY NAME | | | | |
| NM1 | | RESPONSIBLE PARTY NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| N3 | | RESPONSIBLE PARTY ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | RESPONSIBLE PARTY CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |

| LOOP 2010BD – CREDIT/DEBIT CARD HOLDER NAME | | | | |
|---|-------|------------------------------------|---|---|
| NM1 | | CREDIT/DEBIT CARD HOLDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| REF | | CREDIT/DEBIT CARD INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2000C– PATIENT NAME | | | | |
| HL | | PATIENT HIERARCHICAL LEVEL | S | X |
| | HL01 | Hierarchical ID Number | R | X |
| | HL02 | Hierarchical Parent ID Number | R | X |
| | HL03 | Hierarchical Level Code | R | X |
| | HL04 | Hierarchical Child Code | R | X |
| PAT | | PATIENT INFORMATION | R | X |
| | PAT01 | Individual Relationship Code | R | X |
| | PAT05 | Date Time Period Format Qualifier | S | X |
| | PAT06 | Date Time Period | S | X |
| | PAT07 | Unit or Basis for Measurement Code | S | X |
| | PAT08 | Weight | S | X |
| | PAT09 | Yes/No Condition or Response Code | S | X |
| LOOP 2010CA – PATIENT NAME | | | | |
| NM1 | | PATIENT NAME | R | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| N3 | | PATIENT ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PATIENT CITY/STATE/ZIP CODE | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| DMG | | PATIENT DEMOGRAPHIC INFORMATION | R | X |
| | DMG01 | Date Time Period Format Qualifier | R | X |
| | DMG02 | Date Time Period | R | X |
| | DMG03 | Gender | R | X |
| REF | | PATIENT SECONDARY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PROPERTY AND CASUALTY CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |

| LOOP 2300 – CLAIM INFORMATION | | | | |
|-------------------------------|---------|--|---|---|
| CLM | | CLAIM INFORMATION | R | |
| | CLM01 | Claim Submitter's Identifier | R | ✓ |
| | CLM02 | Monetary Amount | R | |
| | CLM05 | Health Care Service Location Information | R | |
| | CLM05-1 | Facility Code Value | R | |
| | CLM05-3 | Claim Frequency Type Code | R | |
| | CLM06 | Yes/No Condition or Response Code | R | |
| | CLM07 | Provider Accept Assignment Code | R | |
| | CLM08 | Yes/No Condition or Response Code | R | |
| | CLM09 | Release of Information Code | R | |
| | CLM10 | Patient Signature Source Code | S | |
| | CLM11 | Related Causes Information | S | |
| | CLM11-1 | Related-Causes Code | R | |
| | CLM11-2 | Related-Causes Code | S | |
| | CLM11-3 | Related-Causes Code | S | |
| | CLM11-4 | State or Province Code | S | |
| | CLM11-5 | Country Code | S | |
| | CLM12 | Special Program Code | S | ✓ |
| | CLM16 | Provider Agreement Code | S | |
| | CLM20 | Delay Reason Code | S | X |
| DTP | | DATE – INITIAL TREATMENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – DATE LAST SEEN | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ONSET OF CURRENT ILLNESS/SYMPTOM | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ACUTE MANIFESTATION | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – SIMILAR ILLNESS/SYMPTOM ONSET | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ACCIDENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – LAST MENSTRUAL PERIOD | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – LAST X-RAY | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |

| | | | | |
|-----|-------|---|---|---|
| DTP | | DATE – HEARING AND VISION PRESCRIPTION DATE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – DISABILITY BEGIN | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – DISABILITY END | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – LAST WORKED | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – AUTHORIZED RETURN TO WORK | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ADMISSION | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – DISCHARGE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ASSUMED AND RELINQUISHED CARE DATES | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| PWK | | CLAIM SUPPLEMENTAL INFORMATION | S | |
| | PWK01 | Report Type Code | R | ✓ |
| | PWK02 | Report Transmission Code | R | ✓ |
| | PWK05 | Identification Code Qualifier | S | |
| | PWK06 | Identification Code | S | ✓ |
| CN1 | | CONTRACT INFORMATION | S | |
| | CN101 | Contract Type Code | R | ✓ |
| | CN102 | Monetary Amount | S | ✓ |
| | CN103 | Percent | S | X |
| | CN104 | Reference Identification | S | ✓ |
| | CN105 | Terms Discount Percent | S | X |
| | CN106 | Version Identifier | S | X |
| AMT | | CREDIT/DEBIT CARD MAXIMUM AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | PATIENT AMOUNT PAID | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | ✓ |
| AMT | | TOTAL PURCHASED SERVICE AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | ✓ |
| REF | | SERVICE AUTHORIZATION EXCEPTION CODE | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |

| | | | | |
|-----|-------|---|---|---|
| REF | | MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | MAMMOGRAPHY CERTIFICATION NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | |
| REF | | ORIGINAL REFERENCE NUMBER (ICN/DCN) | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | REPRICED CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | ADJUSTED REPRICED CLAIM NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | INVESTIGATIONAL DEVICE EXEMPTION NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | AMBULATORY PATIENT GROUP (APG) | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | MEDICAL RECORD NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | DEMONSTRATION PROJECT IDENTIFIER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| K3 | | FILE INFORMATION | S | X |
| | K301 | Fixed Format Information | R | X |
| NTE | | CLAIM NOTE | S | |
| | NTE01 | Note Reference Code | R | ✓ |
| | NTE02 | Description | R | ✓ |
| CR1 | | AMBULANCE TRANSPORT INFORMATION | S | |
| | CR101 | Unit or Basis for Measurement Code | S | X |
| | CR102 | Weight | S | X |
| | CR103 | Ambulance Transport Code | R | |
| | CR104 | Ambulance Transport Reason Code | R | |
| | CR105 | Unit or Basis for Measurement Code | R | |
| | CR106 | Quantity | R | |
| | CR109 | Description | S | X |
| | CR110 | Description | S | X |
| CR2 | | SPINAL MANIPULATION SERVICE INFORMATION | S | X |
| | CR208 | Nature of Condition Code | R | X |
| | CR210 | Description | S | X |
| | CR211 | Description | S | X |
| | CR212 | Yes/No Condition or Response Code | S | X |

| | | | | |
|-----|--------|---------------------------------------|---|---|
| CRC | | AMBULANCE CERTIFICATION | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Indicator | R | X |
| | CRC04 | Condition Indicator | S | X |
| | CRC05 | Condition Indicator | S | X |
| | CRC06 | Condition Indicator | S | X |
| | CRC07 | Condition Indicator | S | X |
| CRC | | PATIENT CONDITION INFORMATION: VISION | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Indicator | R | X |
| | CRC04 | Condition Indicator | S | X |
| | CRC05 | Condition Indicator | S | X |
| | CRC06 | Condition Indicator | S | X |
| | CRC07 | Condition Indicator | S | X |
| CRC | | HOMEBOUND INDICATOR | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Indicator | R | X |
| CRC | | EPSDT REFERRAL | S | |
| | CRC01 | Code Category | R | |
| | CRC02 | Yes/No Condition or Response Code | R | |
| | CRC03 | Condition Indicator | R | |
| | CRC04 | Condition Indicator | S | |
| | CRC05 | Condition Indicator | S | |
| HI | | HEALTH CARE DIAGNOSIS CODE | S | |
| | HI01 | Health Care Code Information | R | |
| | HI01-1 | Code List Qualifier Code | R | |
| | HI01-2 | Industry Code | R | |
| | HI02 | Health Care Code Information | S | |
| | HI02-1 | Code List Qualifier Code | R | |
| | HI02-2 | Industry Code | R | |
| | HI03 | Health Care Code Information | S | |
| | HI03-1 | Code List Qualifier Code | R | |
| | HI03-2 | Industry Code | R | |
| | HI04 | Health Care Code Information | S | |
| | HI04-1 | Code List Qualifier Code | R | |
| | HI04-2 | Industry Code | R | |
| | HI05 | Health Care Code Information | S | |
| | HI05-1 | Code List Qualifier Code | R | |
| | HI05-2 | Industry Code | R | |
| | HI06 | Health Care Code Information | S | |
| | HI06-1 | Code List Qualifier Code | R | |
| | HI06-2 | Industry Code | R | |
| | HI07 | Health Care Code Information | S | |
| | HI07-1 | Code List Qualifier Code | R | |
| | HI07-2 | Industry Code | R | |
| | HI08 | Health Care Code Information | S | |
| | HI08-1 | Code List Qualifier Code | R | |
| | HI08-2 | Industry Code | R | |

| | | | | |
|--|-------|---|---|---|
| HCP | | CLAIM PRICING/REPRICING INFORMATION | S | X |
| | HCP01 | Pricing Methodology | R | X |
| | HCP02 | Monetary Amount | R | X |
| | HCP03 | Monetary Amount | S | X |
| | HCP04 | Reference Identification | S | X |
| | HCP05 | Rate | S | X |
| | HCP06 | Reference Identification | S | X |
| | HCP07 | Monetary Amount | S | X |
| | HCP13 | Reject Reason Code | S | X |
| | HCP14 | Policy Compliance Code | S | X |
| | HCP15 | Exception Code | S | X |
| LOOP 2305 – HOME HEALTH PLAN INFORMATION | | | | |
| CR7 | | HOME HEALTH CARE PLAN INFORMATION | S | X |
| | CR701 | Discipline Type Code | R | X |
| | CR702 | Number | R | X |
| | CR703 | Number | R | X |
| HSD | | HEALTH CARE SERVICES DELIVERY | S | X |
| | HSD01 | Quantity Qualifier | S | X |
| | HSD02 | Quantity | S | X |
| | HSD03 | Unit or Basis for Measurement Code | S | X |
| | HSD04 | Sample Selection Modulus | S | X |
| | HSD05 | Time Period Qualifier | S | X |
| | HSD06 | Number of Periods | S | X |
| | HSD07 | Ship/Delivery or Calendar Pattern Code | S | X |
| | HSD08 | Ship/Delivery Pattern Time Code | S | X |
| LOOP 2310A – REFERRING PROVIDER NAME | | | | |
| NM1 | | REFERRING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | |
| PRV | | REFERRING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | 128 Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | REFERRING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2310B – RENDERING PROVIDER NAME | | | | |
| NM1 | | RENDERING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |

| | | | | |
|---|-------|---|---|---|
| PRV | | RENDERING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | RENDERING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2310C – PURCHASED SERVICE PROVIDER NAME | | | | |
| NM1 | | PURCHASED SERVICE PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| REF | | PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2310D – SERVICE FACILITY LOCATION | | | | |
| NM1 | | SERVICE FACILITY LOCATION | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| N3 | | SERVICE FACILITY LOCATION ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | SERVICE FACILITY LOCATION CITY/STATE/ZIP | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2310E – SUPERVISING PROVIDER NAME | | | | |
| NM1 | | SUPERVISING PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| REF | | SUPERVISING PROVIDER SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |

| LOOP 2320 – OTHER SUBSCRIBER INFORMATION | | | | |
|--|-------|--|---|---|
| SBR | | OTHER SUBSCRIBER INFORMATION | S | |
| | SBR01 | Payer Responsibility Sequence Number Code | R | |
| | SBR02 | Individual Relationship Code | R | |
| | SBR03 | Reference Identification | S | |
| | SBR04 | Name | S | |
| | SBR05 | Insurance Type Code | R | |
| | SBR09 | Claim Filing Indicator Code | S | |
| CAS | | CLAIM LEVEL ADJUSTMENTS | S | |
| | CAS01 | Claim Adjustment Group Code | R | |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| AMT | | COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | ✓ |
| AMT | | COORDINATION OF BENEFITS (COB) APPROVED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) ALLOWED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) PATIENT RESPONSIBILITY AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) COVERED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) DISCOUNT AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) PER DAY LIMIT AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) PATIENT PAID AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |

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|------------------------------------|-------|--|---|--|
| AMT | | COORDINATION OF BENEFITS (COB) TAX AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | COORDINATION OF BENEFITS (COB) TOTAL CLAIM BEFORE TAXES AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| DMG | | SUBSCRIBER DEMOGRAPHIC INFORMATION | S | |
| | DMG01 | Date Time Period Format Qualifier | R | |
| | DMG02 | Date Time Period | R | |
| | DMG03 | Gender Code | R | |
| OI | | OTHER INSURANCE COVERAGE INFORMATION | R | |
| | OI03 | Yes/No Condition or Response Code | R | |
| | OI04 | Patient Signature Source Code | S | |
| | OI06 | Release of Information Code | R | |
| MOA | | MEDICARE OUTPATIENT ADJUDICATION INFORMATION | S | |
| | MOA01 | Percent | S | |
| | MOA02 | Monetary Amount | S | |
| | MOA03 | Reference Identification | S | |
| | MOA04 | Reference Identification | S | |
| | MOA05 | Reference Identification | S | |
| | MOA06 | Reference Identification | S | |
| | MOA07 | Reference Identification | S | |
| | MOA08 | Monetary Amount | S | |
| | MOA09 | Monetary Amount | S | |
| LOOP 2330A – OTHER SUBSCRIBER NAME | | | | |
| NM1 | | OTHER SUBSCRIBER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| N3 | | OTHER SUBSCRIBER ADDRESS | S | |
| | N301 | Address Information | R | |
| | N302 | Address Information | S | |
| N4 | | OTHER SUBSCRIBER CITY/STATE/ZIP CODE | S | |
| | N401 | City Name | S | |
| | N402 | State or Province Code | S | |
| | N403 | Postal Code | S | |
| | N404 | Country Code | S | |
| REF | | OTHER SUBSCRIBER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330B – OTHER PAYER NAME | | | | |
| NM1 | | OTHER PAYER NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |

| | | | | |
|---|-------|---|---|--|
| PER | | OTHER PAYER CONTACT INFORMATION | S | |
| | PER01 | Contact Function Code | R | |
| | PER02 | Name | R | |
| | PER03 | Communication Number Qualifier | R | |
| | PER04 | Communication Number | R | |
| | PER05 | Communication Number Qualifier | S | |
| | PER06 | Communication Number | S | |
| | PER07 | Communication Number Qualifier | S | |
| | PER08 | Communication Number | S | |
| DTP | | CLAIM ADJUDICATION DATE | S | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| REF | | OTHER PAYER SECONDARY IDENTIFIER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | OTHER PAYER CLAIM ADJUSTMENT INDICATOR | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330C – OTHER PAYER PATIENT INFORMATION | | | | |
| NM1 | | OTHER PAYER PATIENT INFORMATION | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| REF | | OTHER PAYER PATIENT IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330D – OTHER PAYER REFERRING PROVIDER | | | | |
| NM1 | | OTHER PAYER REFERRING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER REFERRING PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330E – OTHER RENDERING PROVIDER | | | | |
| NM1 | | OTHER PAYER RENDERING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER RENDERING PROVIDER SECONDARY | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330F – OTHER PAYER PURCHASED SERVICE PROVIDER | | | | |
| NM1 | | OTHER PAYER PURCHASED SERVICE PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |

| LOOP 2330G – OTHER PAYER SERVICE FACILITY LOCATION | | | | |
|--|---------|--|---|---|
| NM1 | | OTHER PAYER SERVICE FACILITY LOCATION | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2330H – OTHER PAYER SUPERVISING PROVIDER | | | | |
| NM1 | | OTHER PAYER SUPERVISING PROVIDER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| REF | | OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| LOOP 2400 – SERVICE LINE | | | | |
| LX | | SERVICE LINE | R | |
| | LX01 | Assigned Number | R | |
| SV1 | | PROFESSIONAL SERVICE | R | |
| | SV101 | Composite Medical Procedure Identifier | R | |
| | SV101-1 | Product/Service ID Qualifier | R | ✓ |
| | SV101-2 | Product/Service ID | R | ✓ |
| | SV101-3 | Procedure Modifier | S | ✓ |
| | SV101-4 | Procedure Modifier | S | |
| | SV101-5 | Procedure Modifier | S | |
| | SV101-6 | Procedure Modifier | S | |
| | SV102 | Monetary Amount | R | |
| | SV103 | Unit or Basis for Measurement Code | R | |
| | SV104 | Quantity | R | |
| | SV105 | Facility Code Value | S | |
| | SV107 | Composite Diagnosis Code Pointer | S | X |
| | SV107-1 | Diagnosis Code Pointer | R | X |
| | SV107-2 | Diagnosis Code Pointer | S | X |
| | SV107-3 | Diagnosis Code Pointer | S | X |
| | SV107-4 | Diagnosis Code Pointer | S | X |
| | SV109 | Yes/No Condition or Response Code | S | X |
| | SV111 | Yes/No Condition or Response Code | S | |
| | SV112 | Yes/No Condition or Response Code | S | |
| | SV115 | Copay Status Code | S | X |
| SV5 | | DURABLE MEDICAL EQUIPMENT SERVICE | S | |
| | SV501 | Composite Medical Procedure Identifier | R | |
| | SV501-1 | Product/Service ID Qualifier | R | |
| | SV501-2 | Product/Service ID | R | |
| | SV502 | Unit or Basis for Measurement Code | R | |
| | SV503 | Quantity | R | |
| | SV504 | Monetary Amount | S | |
| | SV505 | Monetary Amount | S | |
| | SV506 | Frequency Code | S | |
| PWK | | DMERC CMN INDICATOR | S | X |
| | PWK01 | Report Type Code | R | X |
| | PWK02 | Report Transmission Code | R | X |

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|-----|-------|---|---|---|
| CR1 | | AMBULANCE TRANSPORT INFORMATION | S | |
| | CR101 | Unit or Basis for Measurement Code | S | |
| | CR102 | Weight | S | |
| | CR103 | Ambulance Transport Code | R | |
| | CR104 | Ambulance Transport Reason Code | R | |
| | CR105 | Unit or Basis for Measurement Code | R | |
| | CR106 | Quantity | R | |
| | CR109 | Description | S | |
| | CR110 | Description | S | |
| CR2 | | SPINAL MANIPULATION SERVICE INFORMATION | S | X |
| | CR208 | Nature of Condition Code | R | X |
| | CR210 | Description | S | X |
| | CR211 | Description | S | X |
| | CR212 | Yes/No Condition or Response Code | S | X |
| CR3 | | DURABLE MEDICAL EQUIPMENT CERTIFICATION | S | X |
| | CR301 | Certification Type Code | R | X |
| | CR302 | Unit or Basis for Measurement Code | R | X |
| | CR303 | Quantity | R | X |
| CR5 | | HOME OXYGEN THERAPY INFORMATION | S | X |
| | CR501 | Certification Type Code | R | X |
| | CR502 | Quantity | R | X |
| | CR510 | Quantity | S | X |
| | CR511 | Quantity | S | X |
| | CR512 | Oxygen Test Condition Code | R | X |
| | CR513 | Oxygen Test Findings Code | S | X |
| | CR514 | Oxygen Test Findings Code | S | X |
| | CR515 | Oxygen Test Findings Code | S | X |
| CRC | | AMBULANCE CERTIFICATION | S | |
| | CRC01 | Code Category | R | |
| | CRC02 | Yes/No Condition or Response Code | R | |
| | CRC03 | Condition Indicator | R | |
| | CRC04 | Condition Indicator | S | |
| | CRC05 | Condition Indicator | S | |
| | CRC06 | Condition Indicator | S | |
| | CRC07 | Condition Indicator | S | |
| CRC | | HOSPICE EMPLOYEE INDICATOR | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Indicator | R | X |
| CRC | | DMERC CONDITION INDICATOR | S | X |
| | CRC01 | Code Category | R | X |
| | CRC02 | Yes/No Condition or Response Code | R | X |
| | CRC03 | Condition Indicator | R | X |
| | CRC04 | Condition Indicator | S | X |
| | CRC05 | Condition Indicator | S | X |
| | CRC06 | Condition Indicator | S | X |
| | CRC07 | Condition Indicator | S | X |
| DTP | | DATE – SERVICE DATE | R | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – CERTIFICATION REVISION DATE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |

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|-----|-------|--|---|---|
| DTP | | DATE – BEGIN THERAPY DATE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – LAST CERTIFICATION DATE | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – DATE LAST SEEN | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – TEST | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – SHIPPED | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ONSET OF CURRENT SYMPTOM/ILLNESS | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – LAST X-RAY | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – ACUTE MANIFESTATION | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – INITIAL TREATMENT | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| DTP | | DATE – SIMILAR ILLNESS/SYMPTOM ONSET | S | X |
| | DTP01 | Date/Time Qualifier | R | X |
| | DTP02 | Date Time Period Format Qualifier | R | X |
| | DTP03 | Date Time Period | R | X |
| MEA | | TEST RESULT | S | X |
| | MEA01 | Measurement Reference ID Code | R | X |
| | MEA02 | Measurement Qualifier | R | X |
| | MEA03 | Measurement Value | R | X |
| CN1 | | CONTRACT INFORMATION | S | X |
| | CN101 | Contract Type Code | R | ✓ |
| | CN102 | Monetary Amount | S | ✓ |
| | CN103 | Percent | S | X |
| | CN104 | Reference Identification | S | ✓ |
| | CN105 | Terms Discount Percent | S | X |
| | CN106 | Version Identifier | S | X |

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|-----|-------|---|---|---|
| REF | | REPRICED LINE ITEM REFERENCE NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | |
| REF | | LINE ITEM CONTROL NUMBER | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | MAMMOGRAPHY CERTIFICATION NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | IMMUNIZATION BATCH NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | AMBULATORY PATIENT GROUP (APG) | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | OXYGEN FLOW RATE | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| REF | | UNIVERSAL PRODUCT NUMBER (UPN) | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| AMT | | SALES TAX AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| AMT | | APPROVED AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | |
| | AMT02 | Monetary Amount | R | |
| AMT | | POSTAGE CLAIMED AMOUNT | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| K3 | | FILE INFORMATION | S | X |
| | K301 | Fixed Format Information | R | X |
| NTE | | LINE NOTE | S | |
| | NTE01 | Note Reference Code | R | ✓ |
| | NTE02 | Description | R | ✓ |
| PS1 | | PURCHASED SERVICE INFORMATION | S | X |
| | PS101 | Reference Identification | R | X |
| | PS102 | Monetary Amount | R | X |

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|--------------------------------------|---------|---|---|---|
| HSD | | HEALTH CARE SERVICES DELIVERY | S | X |
| | HSD01 | Quantity Qualifier | S | X |
| | HSD02 | Quantity | S | X |
| | HSD03 | Unit or Basis for Measurement Code | S | X |
| | HSD04 | Sample Selection Modulus | S | X |
| | HSD05 | Time Period Qualifier | S | X |
| | HSD06 | Number of Periods | S | X |
| | HSD07 | Ship/Delivery or Calendar Pattern Code | S | X |
| | HSD08 | Ship/Delivery Pattern Time Code | S | X |
| HCP | | LINE PRICING/REPRICING INFORMATION | S | X |
| | HCP01 | Pricing Methodology | R | X |
| | HCP02 | Monetary Amount | R | X |
| | HCP03 | Monetary Amount | S | X |
| | HCP04 | Reference Identification | S | X |
| | HCP05 | Rate | S | X |
| | HCP06 | Reference Identification | S | X |
| | HCP07 | Monetary Amount | S | X |
| | HCP09 | Product/Service ID Qualifier | S | X |
| | HCP10 | Product/Service ID | S | X |
| | HCP11 | Unit or Basis for Measurement Code | S | X |
| | HCP12 | Quantity | S | X |
| | HCP13 | Reject Reason Code | S | X |
| | HCP14 | Policy Compliance Code | S | X |
| | HCP15 | Exception Code | S | X |
| LOOP 2410 – DRUG IDENTIFICATION | | | | |
| LIN | | ITEM IDENTIFICATION | S | X |
| | LIN02 | Product/Service ID Qualifier | R | X |
| | LIN03 | Product/Service ID | R | X |
| CTP | | DRUG PRICING | S | X |
| | CTP03 | Unit Price | R | X |
| | CTP04 | Quantity | R | X |
| | CTP05 | Composite Unit of Measure | R | X |
| | CTP05-1 | Unit or Basis for Measurement Code | R | X |
| REF | | PRESCRIPTION NUMBER | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2420A – RENDERING PROVIDER NAME | | | | |
| NM1 | | RENDERING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| PRV | | RENDERING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | RENDERING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |

| LOOP 2420B – PURCHASED SERVICE PROVIDER NAME | | | | |
|--|-------|---|---|---|
| NM1 | | PURCHASED SERVICE PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| REF | | PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2420C – SERVICE FACILITY LOCATION | | | | |
| NM1 | | SERVICE FACILITY LOCATION | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| N3 | | SERVICE FACILITY LOCATION ADDRESS | R | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | SERVICE FACILITY LOCATION CITY/STATE/ZIP | R | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2420D – SUPERVISING PROVIDER NAME | | | | |
| NM1 | | SUPERVISING PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |
| REF | | SUPERVISING PROVIDER SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| LOOP 2420E – ORDERING PROVIDER NAME | | | | |
| NM1 | | ORDERING PROVIDER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM104 | Name First | R | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | X |
| | NM109 | Identification Code | S | X |

| | | | | |
|---|-------|--|---|---|
| N3 | | ORDERING PROVIDER ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | ORDERING PROVIDER CITY/STATE/ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State or Province Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | ORDERING PROVIDER SECONDARY IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| PER | | ORDERING PROVIDER CONTACT INFORMATION | S | X |
| | PER01 | Contact Function Code | R | X |
| | PER02 | Name | R | X |
| | PER03 | Communication Number Qualifier | R | X |
| | PER04 | Communication Number | R | X |
| | PER05 | Communication Number Qualifier | S | X |
| | PER06 | Communication Number | S | X |
| | PER07 | Communication Number Qualifier | S | X |
| | PER08 | Communication Number | S | X |
| LOOP 2420F – REFERRING PROVIDER NAME | | | | |
| NM1 | | REFERRING PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | ✓ |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM104 | Name First | R | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | |
| PRV | | REFERRING PROVIDER SPECIALTY INFORMATION | S | |
| | PRV01 | Provider Code | R | |
| | PRV02 | Reference Identification Qualifier | R | |
| | PRV03 | Reference Identification | R | |
| REF | | REFERRING PROVIDER SECONDARY IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2420G – OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | | | | |
| NM1 | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | |
| | NM108 | Identification Code Qualifier | R | |
| | NM109 | Identification Code | R | |
| REF | | OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER | R | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |

| LOOP 2430 – LINE ADJUDICATION INFORMATION | | | | |
|---|---------|--|---|---|
| SVD | | LINE ADJUDICATION INFORMATION | S | |
| | SVD01 | Identification Code | R | |
| | SVD02 | Monetary Amount | R | |
| | SVD03 | Composite Medical Procedure Identifier | R | |
| | SVD03-1 | Product/Service ID Qualifier | R | |
| | SVD03-2 | Product/Service ID | R | |
| | SVD03-3 | Procedure Modifier | S | |
| | SVD03-4 | Procedure Modifier | S | |
| | SVD03-5 | Procedure Modifier | S | |
| | SVD03-6 | Procedure Modifier | S | |
| | SVD03-7 | Description | S | |
| | SVD05 | Quantity | R | |
| | SVD06 | Assigned Number | S | |
| CAS | | LINE ADJUSTMENT | S | |
| | CAS01 | Claim Adjustment Group Code | R | |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| DTP | | LINE ADJUDICATION DATE | R | |
| | DTP01 | Date/Time Qualifier | R | |
| | DTP02 | Date Time Period Format Qualifier | R | |
| | DTP03 | Date Time Period | R | |
| LOOP 2440 – FORM IDENTIFICATION CODE | | | | |
| LQ | | FORM IDENTIFICATION CODE | S | X |
| | LQ01 | Code List Qualifier Code | R | X |
| | LQ02 | Industry Code | R | X |
| FRM | | SUPPORTING DOCUMENTATION | R | X |
| | FRM01 | Assigned Identification | R | X |
| | FRM02 | Yes/No Condition or Response Code | S | X |
| | FRM03 | Reference Identification | S | X |
| | FRM04 | Date | S | X |
| | FRM05 | Percent | S | X |
| LOOP – TRANSACTION SET TRAILER | | | | |
| SE | | TRANSACTION SET TRAILER | R | |
| | SE01 | Number of Included Segments | R | |
| | SE02 | Transaction Set Control Number | R | |

SECTION 5.2 – 837 PROFESSIONAL DATA ELEMENT DICTIONARY

The following specifies the 837 Professional fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding dental claim submissions and “HMO” when listing specifications for health maintenance organizations regarding dental encounter submissions. If “FFS” and “HMO” are not specified, the requirement applies to both claims and encounters.

HEADER LOOP

| | | |
|-------------|---|------------|
| SEGMENT | BHT – Beginning of Hierarchical Transaction | |
| FIELD | BHT06 – Transaction Type Code | |
| CODES | CH | Chargeable |
| | RP | Reporting |
| REQUIREMENT | FFS – Enter “CH”. HMO – Enter “RP”. | |

LOOP 1000A – SUBMITTER NAME

| | | |
|-------------|--|--|
| SEGMENT | NM1 – Submitter Name | |
| FIELD | NM108 – Identification Code | |
| CODES | | |
| REQUIREMENT | Enter the seven-digit Submitter ID assigned by Medicaid. | |

LOOP 1000B – RECEIVER NAME

| | | |
|-------------|--|--|
| SEGMENT | NM1 – Receiver Name | |
| FIELD | NM103 – Name Last or Organization Name | |
| CODES | | |
| REQUIREMENT | Enter “New Jersey Medicaid”. | |

| | | |
|-------------|-----------------------------|--|
| SEGMENT | NM1 – Receiver Name | |
| FIELD | NM109 – Identification Code | |
| CODES | | |
| REQUIREMENT | Enter “610515”. | |

LOOP 2010AA – BILLING PROVIDER NAME

| | | |
|-------------|--|--------------------------|
| SEGMENT | REF – Billing Provider Secondary Identification | |
| FIELD | REF01 – Reference Identification Qualifier | |
| CODES | 1C | Medicare Provider Number |
| | 1D | Medicaid Provider Number |
| REQUIREMENT | FFS – All transactions must have a Medicaid Provider Number (1D). When submitting a crossover claim, an additional REF segment must be present to identify the Medicare Provider Number (1C). HMO – Enter “1D”. | |

| | | |
|-------------|---|--|
| SEGMENT | REF – Billing Provider Secondary Identification | |
| FIELD | REF02 – Reference Identification | |
| CODES | | |
| REQUIREMENT | FFS – In the case of a group practice, enter the seven-digit Medicaid Provider Number assigned to the group practice by New Jersey Medicaid when field REF01 equals 1D. The provider who rendered the service will be identified in Loop 2310B or 2420A. In the case of an individual practice, enter the seven-digit Medicaid Provider Number assigned by New Jersey Medicaid to the individual practice when field REF01 equals 1D. Enter the Medicare Provider Number when field REF01 equals 1C. HMO – Enter the seven-digit Medicaid Provider Number assigned by Medicaid to the Health Maintenance Organization. | |

LOOP 2000B – SUBSCRIBER HIERARCHICAL LEVEL

| | | |
|-------------|---|--|
| SEGMENT | HL – Subscriber Hierarchical Level | |
| FIELD | HL04 – Hierarchical Child Code | |
| CODES | 0 | No Subordinate HL Segment in this Hierarchical Structure |
| REQUIREMENT | Enter “0”. For Medicaid purposes, the Subscriber will always equal the Patient. Therefore, an additional subordinate HL segment will not be required. | |

| | | |
|-------------|-------------------------------------|----------|
| SEGMENT | SBR – Subscriber Information | |
| FIELD | SBR09 – Claim Filing Indicator Code | |
| CODES | MC | Medicaid |
| REQUIREMENT | Enter “MC”. | |

LOOP 2010BA – SUBSCRIBER NAME

| | | |
|-------------|-------------------------------|--------|
| SEGMENT | NM1 – Subscriber Name | |
| FIELD | NM102 – Entity Type Qualifier | |
| CODES | 1 | Person |
| REQUIREMENT | Enter “1”. | |

| | |
|-------------|--|
| SEGMENT | NM1 – Subscriber Name |
| FIELD | NM109 – Identification Code |
| CODES | |
| REQUIREMENT | Enter the twelve-digit Medicaid Beneficiary ID Number assigned by New Jersey Medicaid. |

LOOP 2010BB – PAYER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Payer Name |
| FIELD | NM103 – Name Last or Organization Name |
| CODES | |
| REQUIREMENT | Enter “New Jersey Medicaid”. |

LOOP 2300 – CLAIM INFORMATION

| | |
|-------------|--|
| SEGMENT | CLM – Claim Information |
| FIELD | CLM01 – Claim Submitter’s Identifier |
| CODES | |
| REQUIREMENT | New Jersey Medicaid will only recognize the first 20 characters of the Patient Control Number. |

| | | | | | | | | | |
|-------------|--|----|--|----|-----------------------------------|----|-----------------------------------|----|---------------------------|
| SEGMENT | CLM – Claim Information | | | | | | | | |
| FIELD | CLM12 – Special Program Code | | | | | | | | |
| CODES | <table> <tr> <td>01</td><td>Early & Periodic Screening, Diagnosis, and Treatment (EPSDT)</td></tr> <tr> <td>07</td><td>Induced Abortion – Danger to Life</td></tr> <tr> <td>08</td><td>Induced Abortion – Rape or Incest</td></tr> <tr> <td>09</td><td>Second Opinion or Surgery</td></tr> </table> | 01 | Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) | 07 | Induced Abortion – Danger to Life | 08 | Induced Abortion – Rape or Incest | 09 | Second Opinion or Surgery |
| 01 | Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) | | | | | | | | |
| 07 | Induced Abortion – Danger to Life | | | | | | | | |
| 08 | Induced Abortion – Rape or Incest | | | | | | | | |
| 09 | Second Opinion or Surgery | | | | | | | | |
| REQUIREMENT | FFS – Use of value “07” or “08” will be used in place of the hardcopy attachment (Physician Certification – Abortion). If an abortion was induced because it was medically necessary, this is indicated in Loop NTE (Claim Note). Use value “01” if the service is a result of an EPSDT exam. HMO – Enter “01” if the visit is the result of an EPSDT screening exam. | | | | | | | | |

| | |
|-------------|---|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK01 – Report Type Code |
| CODES | OZ Support Data for Claim |
| REQUIREMENT | FFS – Enter “OZ” when submitting paperwork (i.e. attachment) information. |

| | | | | | |
|-------------|--|----|---------|----|---------------------|
| SEGMENT | PWK – Claim Supplemental Information | | | | |
| FIELD | PWK02 – Report Transmission Code | | | | |
| CODES | <table> <tr> <td>BM</td><td>By Mail</td></tr> <tr> <td>EL</td><td>Electronically Only</td></tr> </table> | BM | By Mail | EL | Electronically Only |
| BM | By Mail | | | | |
| EL | Electronically Only | | | | |
| REQUIREMENT | FFS – Enter “BM” when submitting a paper attachment by mail or “EL” when the attachment is being submitted in a separate X12 functional group. | | | | |

| | |
|-------------|---|
| SEGMENT | PWK – Claim Supplemental Information |
| FIELD | PWK06 – Identification Code |
| CODES | |
| REQUIREMENT | FFS – Enter the Patient Account Number coded in Segment CLM, Field CLM01. |

| | |
|-------------|--|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN101 – Contract Type Code |
| CODES | 05 Capitated |
| REQUIREMENT | HMO – HMOs are required to enter “05” when submitting encounter(s), which are represented by a capitation payment to their network provider. |

| | |
|-------------|---|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN102 – Monetary Amount |
| CODES | |
| REQUIREMENT | HMO – HMOs are required to enter the capitation payment made to their network provider. |

| | |
|-------------|--|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN104 – Reference Identification |
| CODES | |
| REQUIREMENT | HMO – HMOs are required to enter an eight-digit code, which is the combination of the five-digit recipient capitation code (assigned by OIT) and a three-digit provider type required by the HMO Contract. The valid provider types are 100 – Medical, Primary Care, 200 – Medical, Specialty, 300 – Dental, Primary Care, 400 – Dental, Specialty, 500 - Vision, 600 – Pharmacy, 700 – Mental Health, and 800 – Care Management, 900 – Other. |

| | |
|-------------|--|
| SEGMENT | AMT – Patient Amount Paid |
| FIELD | AMT02 – Monetary Amount |
| CODES | |
| REQUIREMENT | FFS – When submitting an Assisted Living/Adult Family Care claim, enter any amount already paid by the beneficiary as their cost share amount. |

| | |
|-------------|--------------------------------------|
| SEGMENT | AMT – Total Purchased Service Amount |
| FIELD | AMT02 – Monetary Amount |
| CODES | |
| REQUIREMENT | |

| | |
|-------------|--|
| SEGMENT | REF – Prior Authorization or Referral Number |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | G1 Prior Authorization Number |
| REQUIREMENT | FFS – When appropriate, enter “G1” in the first occurrence of the REF segment. |

| | |
|-------------|---|
| SEGMENT | NTE – Claim Note |
| FIELD | NTE01 – Note Reference Code |
| CODES | ADD Additional Information |
| REQUIREMENT | When appropriate, enter “ADD” if additional information is required in NTE02. |

| SEGMENT | NTE – Claim Note | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------|---|---|-----|-------|-------------|---|---|-----|--|-------|----|---|---|-----|--|---|---------------|--|---|----------|---|---|--------|--|-------|-------------|---|---|--------|--|---|-----------------------------------|--|---|--|--|---|------------------------------------|--|---|-------------------------------|--|---|---|---|---|---------------------------------|--|---|--------------------------------------|--|---|------------------------------------|--|---|--|---|---|--------|--|---|-----------------------------------|--|---|--|--|---|------------------------------------|---|---|---------------|--|---|-----------------|
| FIELD | NTE02 – Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CODES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIREMENT | <p>FFS – When billing an abortion service, additional data is required at the positions identified within this NTE02 field, using the following value sets:</p> <table> <tr> <th>SET</th><th>VALUE</th><th>DESCRIPTION</th></tr> <tr> <td>A</td><td>Y</td><td>Yes</td></tr> <tr> <td></td><td>Space</td><td>No</td></tr> </table> | | SET | VALUE | DESCRIPTION | A | Y | Yes | | Space | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SET | VALUE | DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | Y | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Space | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | POSITION | FIELD NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1 | Induced Abortion – Medically Necessary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VALUE SET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>When billing an EPSDT service, additional data is required at the positions identified within this NTE02 field, using the following value sets:</p> <table> <tr> <th>SET</th><th>VALUE</th><th>DESCRIPTION</th></tr> <tr> <td>B</td><td>Y</td><td>Yes</td></tr> <tr> <td></td><td>N</td><td>No</td></tr> <tr> <td>C</td><td>Y</td><td>Yes</td></tr> <tr> <td></td><td>N</td><td>Not Indicated</td></tr> <tr> <td></td><td>R</td><td>Referred</td></tr> <tr> <td>D</td><td>1</td><td>Normal</td></tr> <tr> <td></td><td>Space</td><td>Not Entered</td></tr> <tr> <td>E</td><td>1</td><td>Normal</td></tr> <tr> <td></td><td>2</td><td>Abnormal – Treatment not required</td></tr> <tr> <td></td><td>3</td><td>Abnormal – Treatment by screening provider</td></tr> <tr> <td></td><td>4</td><td>Abnormal – Referral other provider</td></tr> <tr> <td></td><td>5</td><td>Laboratory procedure not done</td></tr> <tr> <td></td><td>6</td><td>Laboratory procedure done and results pending</td></tr> <tr> <td>F</td><td>1</td><td>Child is too young for the shot</td></tr> <tr> <td></td><td>2</td><td>Complete for age at the end of visit</td></tr> <tr> <td></td><td>3</td><td>Given but still incomplete for age</td></tr> <tr> <td></td><td>4</td><td>Not given and still incomplete for age</td></tr> <tr> <td>G</td><td>1</td><td>Normal</td></tr> <tr> <td></td><td>2</td><td>Abnormal – Treatment not required</td></tr> <tr> <td></td><td>3</td><td>Abnormal – Treatment by screening provider</td></tr> <tr> <td></td><td>4</td><td>Abnormal – Referral other provider</td></tr> <tr> <td>H</td><td>5</td><td>New Condition</td></tr> <tr> <td></td><td>6</td><td>Prior Condition</td></tr> </table> | | SET | VALUE | DESCRIPTION | B | Y | Yes | | N | No | C | Y | Yes | | N | Not Indicated | | R | Referred | D | 1 | Normal | | Space | Not Entered | E | 1 | Normal | | 2 | Abnormal – Treatment not required | | 3 | Abnormal – Treatment by screening provider | | 4 | Abnormal – Referral other provider | | 5 | Laboratory procedure not done | | 6 | Laboratory procedure done and results pending | F | 1 | Child is too young for the shot | | 2 | Complete for age at the end of visit | | 3 | Given but still incomplete for age | | 4 | Not given and still incomplete for age | G | 1 | Normal | | 2 | Abnormal – Treatment not required | | 3 | Abnormal – Treatment by screening provider | | 4 | Abnormal – Referral other provider | H | 5 | New Condition | | 6 | Prior Condition |
| SET | VALUE | DESCRIPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | Y | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | Y | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | N | Not Indicated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | R | Referred | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | 1 | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Space | Not Entered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E | 1 | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Abnormal – Treatment not required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Abnormal – Treatment by screening provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Abnormal – Referral other provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | Laboratory procedure not done | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Laboratory procedure done and results pending | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F | 1 | Child is too young for the shot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Complete for age at the end of visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Given but still incomplete for age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Not given and still incomplete for age | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G | 1 | Normal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Abnormal – Treatment not required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Abnormal – Treatment by screening provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Abnormal – Referral other provider | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H | 5 | New Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Prior Condition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | POSITION | FIELD NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Continued Care Indicator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | WIC Indicator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Guidance Indicator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5 | Physical Indicator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Urinalysis Indicator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | VALUE SET | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 7 | Hemoglobin Indicator | E |
|---|--------------------------|----------|
| 8 | Sickle Cell Indicator | E |
| 9 | Tuberculin Indicator | E |
| 10 | Lead Screening Indicator | F |
| 11 | DPT Indicator | F |
| 12 | Polio Indicator | F |
| 13 | MMR Indicator | F |
| 14 | HAEM Indicator | F |
| 15 | Cardiac Indicator | G |
| 16 | Cardiac Diagnosis | H |
| 17 | Orthopedic Diagnosis | G |
| 18 | Orthopedic Indicator | H |
| 19 | Neurologic Indicator | G |
| 20 | Neurologic Diagnosis | H |
| 21 | Genito-Urinary Indicator | G |
| 22 | Genito-Urinary Diagnosis | H |
| 23 | ENT Indicator | G |
| 24 | ENT Diagnosis | H |
| 25 | Endocrine Indicator | G |
| 26 | Endocrine Diagnosis | H |
| 27 | Other Indicator | G |
| 28 | Other Diagnosis | H |
| 29 | Vision Indicator | G |
| 30 | Vision Diagnosis | H |
| 31 | Hearing Indicator | G |
| 32 | Hearing Diagnosis | H |
| 33 | Dental Indicator | G |
| 34 | Dental Diagnosis | H |
| 35 | Nutrition Indicator | G |
| 36 | Nutrition Diagnosis | H |
| 37 | Growth Indicator | G |
| 38 | Growth Diagnosis | H |
| 39 | Behavior Indicator | G |
| 40 | Behavior Diagnosis | H |
| 41 | Development Indicator | G |
| 42 | Development Diagnosis | H |
| When billing a vision service, additional data is required at the positions identified within this NTE02 field. | | |
| POSITION | FIELD NAME | FORMAT |
| 43 50 | Previous Exam Date | CCYYMMDD |

| | | | |
|--|--|---------------------|--------------------|
| | FFS – When billing a Special Education Medicaid Initiative (SEMI) service, additional data is required at the positions identified within this NTE02 field, using the following value set: | | |
| | <u>SET</u> | <u>VALUE</u> | <u>DESCRIPTION</u> |
| | I | 1 | In district |
| | | 2 | Out of district |
| | | 3 | Non public |
| | | 4 | State facility |
| | | 5 | Regional service |
| | | 6 | Early Intervention |
| | | 7 | Special education |
| | | 8 | Day training |
| | POSITION | FIELD NAME | VALUE SET |
| | 51 | SEMI Placement Code | I |

LOOP 2310AA – REFERRING PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Referring Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | DN Referring Provider |
| REQUIREMENT | FFS – Enter “DN” when completing this loop. If present, the referring provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420F. HMO – Enter “DN”. A Referring Provider is required on all encounters. If present, the referring provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420F. |

| | |
|-------------|---|
| SEGMENT | REF – Referring Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|--|
| SEGMENT | REF – Referring Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by Medicaid. If the referring physician is a non-participant in New Jersey Medicaid, enter “6666666” for in-state providers or “5555555” for out-of-state providers. |

LOOP 2310B – RENDERING PROVIDER NAME

| | |
|-------------|---|
| SEGMENT | NM1 – Rendering Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 82 Rendering Provider |
| REQUIREMENT | Rendering provider (i.e. servicing provider) is required on all claims and encounters. If present, the rendering provider identified in this loop applies to the entire claim, unless overridden at the line level by the presence of Loop 2420A. |

| | |
|-------------|---|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|--|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by Medicaid. |

LOOP 2320 – OTHER SUBSCRIBER INFORMATION

| | |
|-------------|---|
| SEGMENT | AMT – Coordination of Benefits (COB) Payer Paid Amount |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | HMO – HMOs are required to report the amount paid to their provider when submitting encounter data. |

LOOP 2400 – SERVICE LINE

| | |
|-------------|--|
| SEGMENT | SV1 – Professional Service |
| FIELD | SV101-1 – Product/Service ID Qualifier |
| CODES | HC Healthcare Financing Administration Common Procedural Coding System (HCPCS) Codes |
| REQUIREMENT | Enter “HC”. |



| SEGMENT | SV1 – Professional Service | | | | |
|-------------|--|-----|----------------|------|------|
| FIELD | SV101-2 – Product/Service ID | | | | |
| CODES | | | | | |
| REQUIREMENT | Enter the five-character procedure code. If the date of service is greater than 10/15/2003, a national code equivalent must be entered in this field for each of the following local code and modifier combinations. Any required national modifier(s) must be entered in SV101-3 and SV101-4, as specified in columns MOD1 and MOD2 respectively. | | | | |
| | NJ PROC | MOD | NATIONAL HCPCS | MOD1 | MOD2 |
| | W0001 | | J7300 | | |
| | W8200 | | 82947 | 52 | |
| | W8900 | | 99331, 99341 | 52 | |
| | W8920 | | 99301 | 52 | |
| | W8925 | | G0001 | 52 | |
| | W9002 | | S5102 | | |
| | W9025 | | 99201-99205 | | |
| | W9025 | WM | 99201-99205 | SB | |
| | W9026 | | 59425, 59426 | | |
| | W9026 | WM | 59425, 59426 | SB | |
| | W9027 | | 59409 | 22 | |
| | W9027 | WM | 59409 | 22 | SB |
| | W9028 | | 59430 | 22 | |
| | W9028 | WM | 59430 | 22 | SB |
| | W9029 | | 59410 | 22 | |
| | W9029 | WM | 59410 | 22 | SB |
| | W9030 | | 59510 | 22 | |
| | W9031 | | 59514 | 22 | |
| | W9040 | | 99241 | 52 | |
| | W9041 | | 99241 | 22 | |
| | W9042 | | 99241 | | |
| | W9043 | | 99241 | | |
| | W9060 | | 99381 | 22 | |
| | W9060 | WT | 99381 | 22 | EP |
| | W9061 | | 99381 | 22 | |
| | W9061 | WT | 99381 | 22 | EP |
| | W9062 | | 99381 | 22 | |
| | W9062 | WT | 99381 | 22 | EP |
| | W9063 | | 99381 | 22 | |
| | W9063 | WT | 99381 | 22 | EP |
| | W9064 | | 99381 | 22 | |
| | W9064 | WT | 99381 | 22 | EP |
| | W9065 | | 99382 | 22 | |
| | W9065 | WT | 99382 | 22 | EP |
| | W9066 | | 99382 | 22 | |
| | W9066 | WT | 99382 | 22 | EP |
| | W9067 | | 99382 | 22 | |
| | W9067 | WT | 99382 | 22 | EP |
| | W9068 | | 99382 | 22 | |
| | W9068 | WT | 99382 | 22 | EP |
| | W9070 | | 99211 | EP | |

| | | | | |
|--|-------|--------------------------------|----|----|
| | W9205 | 92012 | 22 | |
| | W9215 | S0620, S0621 | | |
| | W9220 | S0620, S0621 | 22 | |
| | W9828 | 99381-99385, 99391-99395 | EP | 52 |
| | W9840 | 99218 | | |
| | W9843 | 99218 | EP | |
| | W9847 | National Assignment Pending | | |
| | W9848 | National Assignment Pending | | |
| | W9848 | AV National Assignment Pending | | |
| | W9849 | National Assignment Pending | | |
| | W9849 | AV National Assignment Pending | | |
| | W9853 | National Assignment Pending | | |
| | W9853 | AV National Assignment Pending | | |
| | W9854 | National Assignment Pending | | |
| | W9854 | AV National Assignment Pending | | |
| | W9857 | National Assignment Pending | | |
| | W9857 | AV National Assignment Pending | | |
| | W9858 | 59400 | SB | |
| | W9859 | 59409 | SB | |
| | X0250 | 94772 | | |
| | X3610 | National Assignment Pending | | |
| | X4290 | L3649 | 52 | |
| | X4810 | L3580 | | |
| | X4890 | 29799 | 52 | |
| | X4891 | 29799 | | |
| | X4892 | 29799 | 22 | |
| | X4893 | National Assignment Pending | | |
| | X4894 | National Assignment Pending | | |
| | X7520 | National Assignment Pending | | |
| | X7533 | National Assignment Pending | | |
| | X8200 | National Assignment Pending | | |
| | X8334 | National Assignment Pending | | |
| | X8335 | National Assignment Pending | | |
| | X8336 | National Assignment Pending | | |
| | X8337 | National Assignment Pending | | |
| | X8338 | National Assignment Pending | | |
| | X8339 | A4927 | | |
| | X8433 | A4927 | 52 | |
| | X8434 | B9006 | 52 | |
| | Y0002 | A0380 | | |
| | Y0004 | A0380 | 22 | |
| | Y0005 | A0420 | | |
| | Y0010 | A0420 | TP | |
| | Y0060 | A0130 | | |
| | Y0070 | T2001 | | |
| | Y2125 | National Assignment Pending | | |
| | Y2310 | National Assignment Pending | | |
| | Y2505 | National Assignment Pending | | |
| | Y3005 | 99082 | | |
| | Y3333 | National Assignment Pending | | |
| | Y3433 | 99201 | | |
| | Y3533 | T1018 | | |
| | Y3534 | A0120 | | |

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|-------|-----------------------------|----|
| Y4100 | V5050 | 52 |
| Y4200 | V5014 | |
| Y4300 | V5265 | |
| Y4400 | V5266 | |
| Y4410 | V5267 | 52 |
| Y4510 | V5267 | 22 |
| Y4520 | V5267 | SC |
| Y4530 | V5267 | |
| Y4540 | V5299 | SC |
| Y4550 | V5040 | 52 |
| Y4560 | V5299 | 22 |
| Y4610 | V5299 | 52 |
| Y4620 | V5011 | |
| Y4630 | V5243 | |
| Y4640 | V5249 | |
| Y5100 | S0506 | 22 |
| Y5105 | S0504 | 22 |
| Y5110 | S0504 | |
| Y5112 | S0506 | |
| Y5114 | S0508 | |
| Y5150 | V2020 | RP |
| Y5165 | National Assignment Pending | |
| Y6333 | S9126 | |
| Y6334 | S9126 | |
| Y6335 | National Assignment Pending | |
| Y6336 | S9126 | |
| Y6337 | National Assignment Pending | |
| Y6338 | National Assignment Pending | |
| Y6339 | National Assignment Pending | |
| Y6343 | National Assignment Pending | |
| Y7333 | 99361 | |
| Y7334 | S9122 | |
| Y7335 | S9122 | 22 |
| Y7336 | 99341 | TD |
| Y7337 | 99347 | TD |
| Y7338 | S9125 | 52 |
| Y7339 | S9125 | 52 |
| Y7343 | S9125 | |
| Y7344 | S9125 | |
| Y7345 | S9125 | 22 |
| Y7346 | T1005 | 22 |
| Y7347 | T1000 | 22 |
| Y7348 | S9125 | |
| Y7349 | S9123 | |
| Y7353 | S9125 | |
| Y7354 | S9124 | 52 |
| Y7355 | T1003 | 22 |
| Y7356 | S9124 | |
| Y7357 | S9124 | 22 |
| Y7358 | T2001 | |
| Y7359 | National Assignment Pending | |
| Y7363 | 99341 | 22 |
| Y7364 | 99341 | |

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|-------|----|-----------------------------|----|
| Y7365 | | E1399 | |
| Y7366 | | S9470 | |
| Y7367 | | S5165 | |
| Y7368 | | J8499 | |
| Y7369 | | National Assignment Pending | |
| Y7373 | | S9125 | |
| Y7374 | | S5145 | |
| Y7433 | | 99361 | |
| Y7434 | | 99361 | 52 |
| Y7435 | | National Assignment Pending | |
| Y7436 | | National Assignment Pending | |
| Y7437 | | National Assignment Pending | |
| Y7438 | | S5102 | |
| Y7439 | | S5101 | |
| Y7443 | | S5100 | |
| Y7444 | | S9122 | |
| Y7445 | | S9122 | 22 |
| Y7446 | | S9125 | |
| Y7448 | | S9125 | |
| Y7449 | | S5121 | |
| Y7453 | | T1005 | |
| Y7454 | | S9123 | |
| Y7455 | | S9123 | 22 |
| Y7456 | | S9125 | |
| Y7457 | | S9125 | |
| Y7458 | | S9125 | 22 |
| Y7459 | | S9125 | 22 |
| Y7463 | | S9125 | |
| Y7554 | | 97799 | |
| Y7555 | | H5300 | |
| Y7556 | | 92507 | |
| Y7557 | | 97532 | |
| Y7558 | | 99401 | |
| Y7559 | | 90847 | |
| Y7563 | | National Assignment Pending | |
| Y7564 | | National Assignment Pending | |
| Y7565 | | 90806 | |
| Y7566 | | National Assignment Pending | |
| Y7567 | | T2003 | |
| Y7568 | | S5165 | |
| Y7573 | | National Assignment Pending | |
| Y7574 | | National Assignment Pending | |
| Y7575 | | National Assignment Pending | |
| Y7633 | WF | 99201 | FP |
| Y7634 | WF | 99393, 99394, 99395 | FP |
| Y8338 | | T2004 | 52 |
| Y8339 | | T2004 | |
| Y8343 | | T2004 | 22 |
| Y8344 | | A0110 | |
| Y8345 | | A0110 | 22 |
| Y8346 | | A0110 | |
| Y8347 | | A0110 | 52 |
| Y8348 | | A0110 | |

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|--|-------|-----------------------------|----|
| | Y8349 | A0110 | 22 |
| | Y8363 | A0080 | 52 |
| | Y8364 | A0080 | |
| | Y8365 | A0425 | 22 |
| | Y8367 | A0080 | 22 |
| | Y8368 | T2002 | |
| | Y8370 | T2003 | |
| | Y9333 | T1018 | |
| | Y9334 | 99361 | |
| | Y9336 | T1017 | |
| | Y9337 | T1017 | 22 |
| | Y9433 | 99361 | TM |
| | Y9434 | T1018 | |
| | Y9435 | T1018 | TR |
| | Y9436 | T1018 | |
| | Y9438 | A0130 | |
| | Y9439 | T1018 | |
| | Y9533 | National Assignment Pending | |
| | Y9534 | National Assignment Pending | |
| | Y9535 | National Assignment Pending | |
| | Y9536 | National Assignment Pending | |
| | Y9537 | National Assignment Pending | |
| | Y9538 | National Assignment Pending | |
| | Y9539 | National Assignment Pending | |
| | Y9543 | National Assignment Pending | |
| | Y9633 | National Assignment Pending | |
| | Y9634 | National Assignment Pending | |
| | Y9635 | 99361 | |
| | Y9636 | 99361 | |
| | Y9637 | National Assignment Pending | |
| | Y9733 | National Assignment Pending | |
| | Y9734 | National Assignment Pending | |
| | Y9735 | 99361 | |
| | Y9736 | T1016 | |
| | Y9787 | V2020 | |
| | Y9792 | T1005 | 22 |
| | Y9793 | S9125 | |
| | Y9794 | S9125 | |
| | Y9795 | S5165 | |
| | Y9833 | 97535 | |
| | Y9834 | A0080 | |
| | Y9835 | T2002 | |
| | Y9836 | A4649 | |
| | Y9837 | S5121 | |
| | Y9838 | S5121 | |
| | Y9839 | S5161 | |
| | Y9843 | S5161 | 52 |
| | Y9844 | S5126 | |
| | Y9845 | T1022 | |
| | Y9846 | T1022 | 52 |
| | Y9847 | S5170 | |
| | Y9848 | S5111 | |
| | Y9849 | S5111 | 22 |

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|-------|-----------------------------|----|
| Y9853 | S5102 | |
| Y9854 | S5165 | 52 |
| Y9855 | A4649 | 52 |
| Y9856 | S5126 | 22 |
| Y9857 | A0080 | 52 |
| Y9858 | T2002 | 52 |
| Y9863 | A0080 | 22 |
| Y9867 | S5121 | 22 |
| Y9868 | S9125 | 22 |
| Y9869 | S9125 | 22 |
| Y9873 | S5126 | 22 |
| Y9874 | T1022 | 22 |
| Y9876 | S5170 | 22 |
| Y9879 | S5102 | 22 |
| Y9898 | T1016 | |
| Y9930 | National Assignment Pending | |
| Y9931 | National Assignment Pending | |
| Y9932 | National Assignment Pending | |
| Y9933 | National Assignment Pending | |
| Y9934 | National Assignment Pending | |
| Y9935 | National Assignment Pending | |
| Y9936 | National Assignment Pending | |
| Y9937 | National Assignment Pending | |
| Y9938 | National Assignment Pending | |
| Y9939 | National Assignment Pending | |
| Y9940 | National Assignment Pending | |
| Y9941 | National Assignment Pending | |
| Y9942 | National Assignment Pending | |
| Y9943 | National Assignment Pending | |
| Y9944 | National Assignment Pending | |
| Y9945 | National Assignment Pending | |
| Y9946 | National Assignment Pending | |
| Y9947 | National Assignment Pending | |
| Y9948 | National Assignment Pending | |
| Y9949 | National Assignment Pending | |
| Y9950 | 99231 | |
| Y9951 | National Assignment Pending | |
| Y9952 | 99231 | 22 |
| Y9953 | National Assignment Pending | |
| Y9954 | National Assignment Pending | |
| Y9955 | National Assignment Pending | |
| Y9956 | National Assignment Pending | |
| Y9957 | National Assignment Pending | |
| Y9958 | National Assignment Pending | |
| Y9959 | National Assignment Pending | |
| Y9960 | National Assignment Pending | |
| Y9961 | National Assignment Pending | |
| Y9962 | National Assignment Pending | |
| Y9963 | National Assignment Pending | |
| Y9964 | National Assignment Pending | |
| Y9965 | National Assignment Pending | |
| Y9966 | National Assignment Pending | |
| Y9967 | National Assignment Pending | |

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|--|----|-------|-----------------------------|----|----|
| | | Y9968 | National Assignment Pending | | |
| | | Y9969 | National Assignment Pending | | |
| | | Y9970 | National Assignment Pending | | |
| | | Y9971 | National Assignment Pending | | |
| | | Y9972 | National Assignment Pending | | |
| | | Y9973 | National Assignment Pending | | |
| | | Y9974 | National Assignment Pending | | |
| | | Y9975 | National Assignment Pending | | |
| | | Y9976 | National Assignment Pending | | |
| | | Y9977 | National Assignment Pending | | |
| | | Y9978 | National Assignment Pending | | |
| | | Y9979 | National Assignment Pending | | |
| | | Y9980 | National Assignment Pending | | |
| | | Y9981 | National Assignment Pending | | |
| | | Y9982 | National Assignment Pending | | |
| | | Y9983 | National Assignment Pending | | |
| | | Y9984 | National Assignment Pending | | |
| | | Y9985 | National Assignment Pending | | |
| | | Y9986 | National Assignment Pending | | |
| | | Y9987 | National Assignment Pending | | |
| | | Y9988 | National Assignment Pending | | |
| | | Y9989 | National Assignment Pending | | |
| | | Y9990 | National Assignment Pending | | |
| | | Y9991 | National Assignment Pending | | |
| | | Y9992 | National Assignment Pending | | |
| | | Y9993 | National Assignment Pending | | |
| | | Y9994 | 99231 | | |
| | | Y9995 | 99232 | | |
| | | Y9996 | National Assignment Pending | | |
| | | Y9997 | National Assignment Pending | | |
| | | Y9998 | 99231 | 22 | |
| | | Y9999 | 99232 | 22 | |
| | | Z0000 | 57410 | SE | |
| | 22 | Z0000 | 57419 | 22 | SE |
| | | Z0100 | National Assignment Pending | | |
| | | Z0170 | National Assignment Pending | | |
| | | Z0180 | National Assignment Pending | | |
| | WM | Z0250 | A9901 | SB | |
| | | Z0310 | 92506 | 22 | |
| | | Z0330 | A0090 | | |
| | | Z0335 | A0090 | 22 | |
| | | Z1100 | National Assignment Pending | | |
| | | Z1105 | National Assignment Pending | | |
| | | Z1110 | National Assignment Pending | | |
| | | Z1200 | S9122 | | |
| | | Z1202 | National Assignment Pending | | |
| | | Z1203 | 99455 | | |
| | | Z1205 | S9123 | | |
| | | Z1210 | S9125 | 52 | |
| | | Z1215 | S9125 | 52 | |
| | | Z1220 | S9125 | | |
| | | Z1225 | S9125 | | |
| | | Z1230 | S9125 | 22 | |

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|--|-------|--------------------------------|----|
| | Z1235 | S5102 | |
| | Z1240 | 99361 | |
| | Z1243 | T1016 | |
| | Z1245 | S9122 | |
| | Z1250 | S9122 | 22 |
| | Z1255 | 97799 | |
| | Z1260 | 92507 | |
| | Z1265 | H5300 | |
| | Z1270 | S9127 | |
| | Z1275 | S9123 | |
| | Z1280 | A4649 | |
| | Z1285 | S9125 | |
| | Z1290 | S9123 | 22 |
| | Z1295 | S9122 | 22 |
| | Z1339 | S9122 | 52 |
| | Z1400 | 99361 | |
| | Z1405 | S4606 | |
| | Z1410 | S9122 | 22 |
| | Z1413 | S9122 | |
| | Z1435 | S9122 | 52 |
| | Z1435 | 22 National Assignment Pending | |
| | Z1467 | S4606 | 22 |
| | Z1471 | National Assignment Pending | |
| | Z1481 | S9125 | |
| | Z1482 | S9125 | 22 |
| | Z1483 | National Assignment Pending | |
| | Z1520 | T1020 | |
| | Z1533 | National Assignment Pending | |
| | Z1534 | National Assignment Pending | |
| | Z1535 | T1024 | |
| | Z1537 | National Assignment Pending | |
| | Z1541 | National Assignment Pending | |
| | Z1600 | S9122 | |
| | Z1605 | S9122 | |
| | Z1610 | T1001 | |
| | Z1611 | S9122 | 52 |
| | Z1612 | S9122 | 52 |
| | Z1613 | T1001 | 76 |
| | Z1614 | S9122 | |
| | Z1615 | S9122 | 52 |
| | Z1616 | S9122 | 22 |
| | Z1617 | S9122 | |
| | Z1700 | 99361 | |
| | Z1710 | S9123 | |
| | Z1715 | S9124 | |
| | Z1720 | S9123 | TD |
| | Z1725 | S9124 | TE |
| | Z1730 | S9123 | TD |
| | Z1735 | S9124 | TE |
| | Z1740 | S9123 | |
| | Z1745 | S9124 | |
| | Z1800 | 99361 | |
| | Z1801 | 99361 | 22 |

| | | |
|-------|-----------------------------|----|
| Z1810 | S9126 | |
| Z1820 | S9122 | |
| Z1821 | S9122 | 52 |
| Z1822 | S9122 | |
| Z1823 | S9122 | 52 |
| Z1824 | S9122 | |
| Z1825 | T1020 | 52 |
| Z1826 | T1019 | 22 |
| Z1827 | T1020 | 52 |
| Z1828 | 99341 | |
| Z1829 | 99347 | |
| Z1830 | H0020 | |
| Z1831 | H0003 | |
| Z1832 | 90816 | |
| Z1833 | 90816 | 52 |
| Z1834 | T1006 | |
| Z1835 | T1006 | |
| Z1850 | S5146 | |
| Z1851 | S5146 | |
| Z1853 | S5146 | 52 |
| Z1860 | S5102 | |
| Z1863 | National Assignment Pending | |
| Z1864 | National Assignment Pending | |
| Z2000 | 90847 | |
| Z2001 | T1006 | |
| Z2002 | 90862 | |
| Z2003 | 90804 | |
| Z2004 | 90853 | |
| Z2005 | 96100 | |
| Z2006 | H0020 | |
| Z2007 | 90806 | |
| Z2010 | H0003 | |
| Z2015 | National Assignment Pending | |
| Z3333 | H0001 | |
| Z3334 | H0010 | |
| Z3335 | H0018 | |
| Z3336 | T1008 | |
| Z3337 | H0026 | |
| Z3338 | T1011 | |
| Z3339 | National Assignment Pending | |
| Z3343 | National Assignment Pending | |
| Z3344 | National Assignment Pending | |
| Z3345 | National Assignment Pending | |
| Z3346 | S9475 | |
| Z3347 | S9475 | 52 |
| Z3348 | T1006 | 22 |
| Z3349 | T1006 | 52 |
| Z3353 | 90862 | |
| Z3354 | 90806 | |
| Z3355 | 90853 | |
| Z3356 | 96100 | |
| Z3357 | H0020 | |
| Z3358 | 90804 | |

| | |
|-------|-----------------------------|
| Z3359 | H0003 |
| Z3363 | T1016 |
| Z4000 | National Assignment Pending |
| Z4333 | J3490 |
| Z4334 | J3490 |
| Z5005 | 99361 |
| Z5006 | National Assignment Pending |
| Z5007 | 99361 |
| Z5008 | T1016 |
| Z6332 | 90899 |
| Z6333 | 92499 |
| Z6334 | 92599 |
| Z6335 | D0150 |
| Z6336 | 83655 |
| Z6337 | 84999 |
| Z6338 | 99241 |
| Z9638 | National Assignment Pending |
| Z9639 | T1005 |

| | | | |
|-------------|---|-----------------------------|--------------|
| SEGMENT | SV1 – Professional Service | | |
| FIELD | SV101-3 – Procedure Modifier | | |
| CODES | | | |
| REQUIREMENT | Enter the two-character procedure code modifier. If the date of service is greater than 10/15/2003, a national code equivalent must be entered for the following local codes: | | |
| | NJ MODIFIER | NATIONAL MOD 1 | MOD 2 |
| | C1 | National Assignment Pending | |
| | C2 | National Assignment Pending | |
| | C3 | National Assignment Pending | |
| | D1 | National Assignment Pending | |
| | D2 | National Assignment Pending | |
| | D3 | National Assignment Pending | |
| | D4 | National Assignment Pending | |
| | D5 | National Assignment Pending | |
| | NG | National Assignment Pending | |
| | WB | 78 | |
| | WF | FP | |
| | WM | SB | |
| | WT | EP | |
| | WY | National Assignment Pending | |
| | WZ | National Assignment Pending | |
| | YD | National Assignment Pending | |
| | YF | National Assignment Pending | |
| | YL | National Assignment Pending | |
| | YU | National Assignment Pending | |
| | YY | 57 | |
| | ZI | 22 | |
| | ZZ | 57 | 77 |

| | |
|-------------|--|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN101 – Contract Type Code |
| CODES | 05 Capitated |
| REQUIREMENT | HMO – HMOs are required to enter “05” when submitting encounter(s), which are represented by a capitation payment to their network provider. |

| | |
|-------------|---|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN102 – Monetary Amount |
| CODES | |
| REQUIREMENT | HMO – HMOs are required to enter the capitation payment made to their network provider. |

| | |
|-------------|--|
| SEGMENT | CN1 – Contract Information |
| FIELD | CN104 – Reference Identification |
| CODES | |
| REQUIREMENT | HMO – HMOs are required to enter an eight-digit code, which is the combination of the five-digit recipient capitation code (assigned by OIT) and a three-digit provider type required by the HMO Contract. The valid provider types are 100 – Medical, Primary Care, 200 – Medical, Specialty, 300 – Dental, Primary Care, 400 – Dental, Specialty, 500 - Vision, 600 – Pharmacy, 700 – Mental Health, and 800 – Care Management, 900 – Other. |

| | |
|-------------|--|
| SEGMENT | REF – Prior Authorization or Referral Number |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | G1 Prior Authorization Number |
| REQUIREMENT | FFS – When appropriate, enter “G1” in the first occurrence of the REF segment. |

| | |
|-------------|---|
| SEGMENT | NTE – Claim Note |
| FIELD | NTE01 – Note Reference Code |
| CODES | ADD Additional Information |
| REQUIREMENT | When appropriate, enter “ADD” if additional information is required in NTE02. |

| | |
|-------------|--|
| SEGMENT | NTE – Claim Note |
| FIELD | NTE02 – Description |
| CODES | |
| REQUIREMENT | Please refer to Loop 2300, Segment NTE for a description of the requirement. If present, the claim note identified in this loop applies to the line level, and overrides the claim note at the claim level in Loop 2300. |

LOOP 2420A – RENDERING PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Rendering Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | 82 Rendering Provider |
| REQUIREMENT | Rendering provider (i.e. servicing provider) is required on all claims and encounters. If present, the rendering provider identified in this loop applies to the line level, and overrides the rendering provider identified at the claim level in Loop 2310B. |

| | |
|-------------|---|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|--|
| SEGMENT | REF – Rendering Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by Medicaid. |

LOOP 2420F – REFERRING PROVIDER NAME

| | |
|-------------|--|
| SEGMENT | NM1 – Referring Provider Name |
| FIELD | NM101 – Entity Identifier Code |
| CODES | DN Referring Provider |
| REQUIREMENT | FFS – Enter “DN” when completing this loop. If present, the referring provider identified in this loop applies to the line level, and overrides the referring provider identified at the claim level in Loop 2310AA. HMO – Enter “DN”. A Referring Provider is required on all encounters. If present, the referring provider identified in this loop applies to the line level, and overrides the referring provider identified at the claim level in Loop 2310AA. |

| | |
|-------------|---|
| SEGMENT | REF – Referring Provider Secondary Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | FFS – Enter “1D” when completing this loop. |

| | |
|-------------|--|
| SEGMENT | REF – Referring Provider Secondary Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS – Enter the seven-digit Medicaid Provider Number assigned by Medicaid. If the referring physician is a non-participant in New Jersey Medicaid, enter “6666666” for in-state providers or “5555555” for out-of-state providers. |

SECTION 6.1 – 835 LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA loop, segment and field specifications for receiving 835 transactions (Remittance Advice) from New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 6.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 6.2 for 835 loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

| SEGMENT | FIELD | NAME | USAGE | MEDICAID |
|---------|-------|---------------------------------------|-------|----------|
| HEADER | | | | |
| ST | | TRANSACTION SET HEADER | R | |
| | ST01 | Transaction Set Identifier Code | R | |
| | ST02 | Transaction Set Control Number | R | |
| BPR | | FINANCIAL INFORMATION | R | |
| | BPR01 | Transaction Handling Code | R | ✓ |
| | BPR02 | Monetary Amount | R | ✓ |
| | BPR03 | Credit/Debit Flag Code | R | ✓ |
| | BPR04 | Payment Method Code | R | ✓ |
| | BPR05 | Payment Format Code | S | ✓ |
| | BPR06 | DFI ID Number Qualifier | S | ✓ |
| | BPR07 | DFI Identification Number | S | |
| | BPR08 | Account Number Qualifier | S | |
| | BPR09 | Account Number | S | |
| | BPR10 | Originating Company Identifier | S | |
| | BPR11 | Originating Company Supplemental Code | S | |
| | BPR12 | DFI ID Number Qualifier | S | ✓ |
| | BPR13 | DFI Identification Number | S | |
| | BPR14 | Account Number Qualifier | S | ✓ |
| | BPR15 | Account Number | S | |
| | BPR16 | Date | R | ✓ |
| TRN | | REASSOCIATION TRACE NUMBER | R | |
| | TRN01 | Trace Type Code | R | |
| | TRN02 | Reference Identification | R | |
| | TRN03 | Originating Company Identifier | R | |
| | TRN04 | Reference Identification | S | X |
| CUR | | FOREIGN CURRENCY INFORMATION | S | X |
| | CUR01 | Entity Identifier Code | R | X |
| | CUR02 | Currency Code | R | X |
| | CUR03 | Exchange Rate | S | X |
| REF | | RECEIVER IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | |
| | REF02 | Reference Identification | R | |
| REF | | VERSION IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| DTM | | PRODUCTION DATE | S | |
| | DTM01 | Date/Time Qualifier | R | |
| | DTM02 | Date | R | |

| LOOP 1000A – PAYER IDENTIFICATION | | | | |
|-----------------------------------|-------|------------------------------------|---|---|
| N1 | | PAYER IDENTIFICATION | R | |
| | N101 | Entity Identifier Code | R | |
| | N102 | Name | S | ✓ |
| | N103 | Identification Code Qualifier | S | X |
| | N104 | Identification Code | S | X |
| N3 | | PAYER ADDRESS | R | |
| | N301 | Address Information | R | ✓ |
| | N302 | Address Information | S | X |
| N4 | | PAYER CITY, STATE, ZIP CODE | R | |
| | N401 | City Name | R | ✓ |
| | N402 | State Code | R | ✓ |
| | N403 | Postal Code | R | ✓ |
| REF | | ADDITIONAL PAYER IDENTIFICATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| PER | | PAYER CONTACT INFORMATION | S | |
| | PER01 | Contact Function Code | R | |
| | PER02 | Name | S | ✓ |
| | PER03 | Communication Number Qualifier | S | ✓ |
| | PER04 | Communication Number | S | ✓ |
| | PER05 | Communication Number Qualifier | S | X |
| | PER06 | Communication Number | S | X |
| | PER07 | Communication Number Qualifier | S | X |
| | PER08 | Communication Number | S | X |
| LOOP 1000B – PAYEE IDENTIFICATION | | | | |
| N1 | | PAYEE IDENTIFICATION | R | |
| | N101 | Entity Identifier Code | R | |
| | N102 | Name | S | |
| | N103 | Identification Code Qualifier | R | |
| | N104 | Identification Code | R | |
| N3 | | PAYEE ADDRESS | S | X |
| | N301 | Address Information | R | X |
| | N302 | Address Information | S | X |
| N4 | | PAYEE CITY, STATE, ZIP CODE | S | X |
| | N401 | City Name | R | X |
| | N402 | State Code | R | X |
| | N403 | Postal Code | R | X |
| | N404 | Country Code | S | X |
| REF | | PAYEE ADDITIONAL IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| LOOP 2000 – HEADER NUMBER | | | | |
| LX | | HEADER NUMBER | S | |
| | LX01 | Assigned Number | R | |
| TS3 | | PROVIDER SUMMARY INFORMATION | S | X |
| | TS301 | Reference Identification | R | X |
| | TS302 | Facility Value Code | R | X |
| | TS303 | Date | R | X |
| | TS304 | Quantity | R | X |
| | TS305 | Monetary Amount | R | X |
| | TS306 | Monetary Amount | S | X |
| | TS323 | Quantity | S | X |
| | TS324 | Monetary Amount | S | X |

| | | | | |
|---------------------------------------|-------|---|---|---|
| TS2 | | PROVIDER SUPPLEMENTAL SUMMARY INFORMATION | S | X |
| | TS201 | Monetary Amount | S | X |
| | TS202 | Monetary Amount | S | X |
| | TS203 | Monetary Amount | S | X |
| | TS204 | Monetary Amount | S | X |
| | TS205 | Monetary Amount | S | X |
| | TS206 | Monetary Amount | S | X |
| | TS207 | Quantity | S | X |
| | TS208 | Monetary Amount | S | X |
| | TS209 | Monetary Amount | S | X |
| | TS210 | Quantity | S | X |
| | TS211 | Quantity | S | X |
| | TS212 | Quantity | S | X |
| | TS213 | Quantity | S | X |
| | TS214 | Quantity | S | X |
| | TS215 | Monetary Amount | S | X |
| | TS216 | Quantity | S | X |
| | TS217 | Monetary Amount | S | X |
| | TS218 | Monetary Amount | S | X |
| | TS219 | Monetary Amount | S | X |
| LOOP 2100 – CLAIM PAYMENT INFORMATION | | | | |
| CLP | | CLAIM PAYMENT INFORMATION | R | |
| | CLP01 | Claim Submitter's Identifier | R | ✓ |
| | CLP02 | Claim Status Code | R | ✓ |
| | CLP03 | Monetary Amount | R | |
| | CLP04 | Monetary Amount | R | ✓ |
| | CLP05 | Monetary Amount | S | |
| | CLP06 | Claim Filing Indicator Code | R | ✓ |
| | CLP07 | Reference Identification | S | |
| | CLP08 | Facility Code Value | S | ✓ |
| | CLP09 | Claim Frequency Type Code | S | |
| | CLP11 | Diagnosis Related Group (DRG) Code | S | |
| | CLP12 | Quantity | S | |
| | CLP13 | Percent | S | |
| CAS | | CLAIM ADJUSTMENT | S | X |
| | CAS01 | Claim Adjustment Group Code | R | X |
| | CAS02 | Claim Adjustment Reason | R | X |
| | CAS03 | Monetary Amount | R | X |
| | CAS04 | Quantity | S | X |
| | CAS05 | Claim Adjustment Reason Code | S | X |
| | CAS06 | Monetary Amount | S | X |
| | CAS07 | Quantity | S | X |
| | CAS08 | Claim Adjustment Reason Code | S | X |
| | CAS09 | Monetary Amount | S | X |
| | CAS10 | Quantity | S | X |
| | CAS11 | Claim Adjustment Reason Code | S | X |
| | CAS12 | Monetary Amount | S | X |
| | CAS13 | Quantity | S | X |
| | CAS14 | Claim Adjustment Reason Code | S | X |
| | CAS15 | Monetary Amount | S | X |
| | CAS16 | Quantity | S | X |
| | CAS17 | Claim Adjustment Reason Code | S | X |
| | CAS18 | Monetary Amount | S | X |
| | CAS19 | Quantity | S | X |

| | | | | |
|-----|-------|--------------------------------|---|---|
| NM1 | | PATIENT NAME | R | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | R | ✓ |
| | NM104 | Name First | R | ✓ |
| | NM105 | Name Middle | S | ✓ |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | ✓ |
| | NM109 | Identification Code | S | ✓ |
| NM1 | | INSURED NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | S | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| NM1 | | CORRECTED PATIENT/INSURED NAME | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | ✓ |
| | NM103 | Name Last or Organization Name | S | X |
| | NM104 | Name First | S | X |
| | NM105 | Name Middle | S | X |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | S | |
| | NM109 | Identification Code | S | |
| NM1 | | SERVICE PROVIDER NAME | S | |
| | NM101 | Entity Identifier Code | R | |
| | NM102 | Entity Type Qualifier | R | |
| | NM103 | Name Last or Organization Name | S | ✓ |
| | NM104 | Name First | S | |
| | NM105 | Name Middle | S | |
| | NM107 | Name Suffix | S | X |
| | NM108 | Identification Code Qualifier | R | ✓ |
| | NM109 | Identification Code | R | ✓ |
| NM1 | | CROSSOVER CARRIER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| NM1 | | CORRECTED PRIORITY PAYER NAME | S | X |
| | NM101 | Entity Identifier Code | R | X |
| | NM102 | Entity Type Qualifier | R | X |
| | NM103 | Name Last or Organization Name | R | X |
| | NM108 | Identification Code Qualifier | R | X |
| | NM109 | Identification Code | R | X |
| | MIA19 | Monetary Amount | S | X |
| | MIA20 | Reference Identification | S | X |
| | MIA21 | Reference Identification | S | X |
| | MIA22 | Reference Identification | S | X |
| | MIA23 | Reference Identification | S | X |
| | MIA24 | Monetary Amount | S | X |



| | | | | |
|-----|-------|---|---|---|
| MIA | | INPATIENT ADJUDICATION INFORMATION | S | X |
| | MIA01 | Quantity | R | X |
| | MIA02 | Quantity | S | X |
| | MIA03 | Quantity | S | X |
| | MIA04 | Monetary Amount | S | X |
| | MIA05 | Reference Identification | S | X |
| | MIA06 | Monetary Amount | S | X |
| | MIA07 | Monetary Amount | S | X |
| | MIA08 | Monetary Amount | S | X |
| | MIA09 | Monetary Amount | S | X |
| | MIA10 | Monetary Amount | S | X |
| | MIA11 | Monetary Amount | S | X |
| | MIA12 | Monetary Amount | S | X |
| | MIA13 | Monetary Amount | S | X |
| | MIA14 | Monetary Amount | S | X |
| | MIA15 | Quantity | S | X |
| | MIA16 | Monetary Amount | S | X |
| | MIA17 | Monetary Amount | S | X |
| | MIA18 | Monetary Amount | S | X |
| MOA | | OUTPATIENT ADJUDICATION INFORMATION | S | X |
| | MOA01 | Percent | S | X |
| | MOA02 | Monetary Amount | S | X |
| | MOA03 | Reference Identification | S | X |
| | MOA04 | Reference Identification | S | X |
| | MOA05 | Reference Identification | S | X |
| | MOA06 | Reference Identification | S | X |
| | MOA07 | Reference Identification | S | X |
| | MOA08 | Monetary Amount | S | X |
| | MOA09 | Monetary Amount | S | X |
| REF | | OTHER CLAIM RELATED IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | ✓ |
| REF | | RENDERING PROVIDER INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| DTM | | CLAIM DATE | S | X |
| | DTM01 | Date/Time Qualifier | R | ✓ |
| | DTM02 | Date | R | |
| PER | | CLAIM CONTACT INFORMATION | S | X |
| | PER01 | Contact Function Code | R | X |
| | PER02 | Name | S | X |
| | PER03 | Communication Number Qualifier | S | X |
| | PER04 | Communication Number | S | X |
| | PER05 | Communication Number Qualifier | S | X |
| | PER06 | Communication Number | S | X |
| | PER07 | Communication Number Qualifier | S | X |
| | PER08 | Communication Number | S | X |
| AMT | | CLAIM SUPPLEMENTAL INFORMATION | S | X |
| | AMT01 | Amount Qualifier Code | R | X |
| | AMT02 | Monetary Amount | R | X |
| QTY | | CLAIM SUPPLEMENTAL INFORMATION quantity | S | X |
| | QTY01 | Quantity Qualifier | R | X |
| | QTY02 | Quantity | R | X |

| LOOP 2110 – SERVICE PAYMENT INFORMATION | | | | |
|---|---------|--|---|---|
| SVC | | SERVICE PAYMENT INFORMATION | S | |
| | SVC01 | Composite Medical Procedure | R | |
| | SVC01-1 | Product/Service ID Qualifier | R | ✓ |
| | SVC01-2 | Product/Service ID | R | |
| | SVC01-3 | Procedure Modifier | S | |
| | SVC01-4 | Procedure Modifier | S | |
| | SVC01-5 | Procedure Modifier | S | |
| | SVC01-6 | Procedure Modifier | S | |
| | SVC01-7 | Description | S | X |
| | SVC02 | Monetary Amount | R | |
| | SVC03 | Monetary Amount | R | ✓ |
| | SVC04 | Product/Service ID | S | |
| | SVC05 | Quantity | S | |
| | SVC06 | Composite Medical Procedure Identifier | S | X |
| | SVC06-1 | Product/Service ID Qualifier | R | X |
| | SVC06-2 | Product/Service ID Qualifier | R | X |
| | SVC06-3 | Procedure Modifier | S | X |
| | SVC06-4 | Procedure Modifier | S | X |
| | SVC06-5 | Procedure Modifier | S | X |
| | SVC06-6 | Procedure Modifier | S | X |
| | SVC06-7 | Description | S | X |
| | SVC07 | Quantity | S | |
| DTM | | SERVICE DATE | S | |
| | DTM01 | Date/Time Qualifier | R | |
| | DTM02 | Date | R | |
| CAS | | SERVICE ADJUSTMENT | S | |
| | CAS01 | Claim Adjustment Group Code | R | ✓ |
| | CAS02 | Claim Adjustment Reason Code | R | |
| | CAS03 | Monetary Amount | R | |
| | CAS04 | Quantity | S | |
| | CAS05 | Claim Adjustment Reason Code | S | |
| | CAS06 | Monetary Amount | S | |
| | CAS07 | Quantity | S | |
| | CAS08 | Claim Adjustment Reason Code | S | |
| | CAS09 | Monetary Amount | S | |
| | CAS10 | Quantity | S | |
| | CAS11 | Claim Adjustment Reason Code | S | |
| | CAS12 | Monetary Amount | S | |
| | CAS13 | Quantity | S | |
| | CAS14 | Claim Adjustment Reason Code | S | |
| | CAS15 | Monetary Amount | S | |
| | CAS16 | Quantity | S | |
| | CAS17 | Claim Adjustment Reason Code | S | |
| | CAS18 | Monetary Amount | S | |
| | CAS19 | Quantity | S | |
| REF | | SERVICE IDENTIFICATION | S | |
| | REF01 | Reference Identification Qualifier | R | ✓ |
| | REF02 | Reference Identification | R | |
| REF | | RENDERING PROVIDER INFORMATION | S | X |
| | REF01 | Reference Identification Qualifier | R | X |
| | REF02 | Reference Identification | R | X |
| AMT | | SERVICE SUPPLEMENTAL AMOUNT | S | |
| | AMT01 | Amount Qualifier Code | R | ✓ |
| | AMT02 | Monetary Amount | R | ✓ |
| QTY | | SERVICE SUPPLEMENTAL QUANTITY | S | X |
| | QTY01 | Quantity Qualifier | R | X |
| | QTY02 | Quantity | R | X |

| | | | | |
|--------------------------------|---------|--------------------------------|---|---|
| LQ | | HEALTH CARE REMARK CODES | S | |
| | LQ01 | Code List Qualifier Code | R | ✓ |
| | LQ02 | Industry Code | R | |
| LOOP – TRANSACTION SET TRAILER | | | | |
| PLB | | PROVIDER ADJUSTMENT | S | |
| | PLB01 | Reference Identification | R | ✓ |
| | PLB02 | Date | R | |
| | PLB03 | Adjustment Identifier | R | |
| | PLB03-1 | Adjustment Reason Code | R | ✓ |
| | PLB03-2 | Reference Identification | S | |
| | PLB04 | Monetary Amount | R | |
| | PLB05 | Adjustment Identifier | S | |
| | PLB05-1 | Adjustment Reason Code | R | |
| | PLB05-2 | Reference Identification | S | |
| | PLB06 | Monetary Amount | R | |
| | PLB07 | Adjustment Identifier | S | |
| | PLB07-1 | Adjustment Reason Code | R | |
| | PLB07-2 | Reference Identification | S | |
| | PLB08 | Monetary Amount | R | |
| | PLB09 | Adjustment Identifier | S | |
| | PLB09-1 | Adjustment Reason Code | R | |
| | PLB09-2 | Reference Identification | S | |
| | PLB10 | Monetary Amount | R | |
| | PLB11 | Adjustment Identifier | S | |
| | PLB11-1 | Adjustment Reason Code | R | |
| | PLB11-2 | Reference Identification | S | |
| | PLB12 | Monetary Amount | R | |
| | PLB13 | Adjustment Identifier | S | |
| | PLB13-1 | Adjustment Reason Code | R | |
| | PLB13-2 | Reference Identification | S | |
| | PLB14 | Monetary Amount | R | |
| SE | | TRANSACTION SET TRAILER | R | |
| | SE01 | Number of Included Segments | R | |
| | SE02 | Transaction Set Control Number | R | |

SECTION 6.2 – 835 DATA ELEMENT DICTIONARY

The following specifies the 835 fields for which New Jersey Medicaid has payer-specific requirements. The requirement section for each field will reference “FFS” when listing specifications for fee-for-service providers regarding claims, “CCP” when listing specifications for charity care providers regarding claims, and “HMO” when listing specifications for health maintenance organizations regarding encounters. If “FFS”, “CCP” and “HMO” are not specified, the requirement applies to both claims and encounters.

HEADER LOOP

| | | |
|-------------|--|-----------------------------|
| SEGMENT | BPR – Financial Information | |
| FIELD | BPR01 – Transaction Handling Code | |
| CODES | H | Notification Only |
| | I | Remittance Information Only |
| REQUIREMENT | FFS – “I” will be used. HMO and CCP – “H” will be used. | |

| | | |
|-------------|--|--|
| SEGMENT | BPR – Financial Information | |
| FIELD | BPR02 – Monetary Amount | |
| CODES | | |
| REQUIREMENT | HMO and CCP – All transactions will be reported with a zero value. | |

| | | |
|-------------|---|--------|
| SEGMENT | BPR – Financial Information | |
| FIELD | BPR03 – Credit/Debit Flag Code | |
| CODES | C | Credit |
| REQUIREMENT | All transactions will be reported with “C”. | |

| | | |
|-------------|--|--------------------------|
| SEGMENT | BPR – Financial Information | |
| FIELD | BPR04 – Payment Method Code | |
| CODES | ACH | Automated Clearing House |
| | CHK | Check |
| | NON | Non-Payment Data |
| REQUIREMENT | FFS – A value of “ACH” or “CHK” will be valued, depending on method the provider elected for receiving payment. HMO and CCP – The value “NON” will be used. | |

| | | |
|-------------|--|--|
| SEGMENT | BPR – Financial Information | |
| FIELD | BPR05 – Payment Format Code | |
| CODES | CCP | Cash Concentration/Disbursement plus Addenda |
| REQUIREMENT | FFS – When BPR04 = “ACH”, this field will be valued with “CCP” | |

| | | |
|-------------|---|---|
| SEGMENT | BPR – Financial Information | |
| FIELD | BPR06 – (DFI) ID Number Qualifier | |
| CODES | 01 | ABA Transit Routing Number Including Check Digits |
| REQUIREMENT | FFS – When BPR04 = “ACH”, this field will be valued with “01” | |

| | |
|-------------|--|
| SEGMENT | REF – Receiver Identification |
| FIELD | REF02 – Reference Identification |
| CODES | |
| REQUIREMENT | This field will be valued with the seven-digit Submitter ID assigned by New Jersey Medicaid. |

LOOP 1000A – PAYER IDENTIFICATION

| | |
|-------------|---|
| SEGMENT | N1 – Payer Identification |
| FIELD | N102 – Name |
| CODES | |
| REQUIREMENT | This field will be valued with “New Jersey Medicaid”. |

| | |
|-------------|---|
| SEGMENT | N3 – Payer Address |
| FIELD | N301 – Address Information |
| CODES | |
| REQUIREMENT | This field will be valued with “3705 Quakerbridge Road, Suite 101”. |

| | |
|-------------|---|
| SEGMENT | N4 – Payer City, State, Zip Code |
| FIELD | N401 – City Name |
| CODES | |
| REQUIREMENT | This field will be valued with “Trenton”. |

| | |
|-------------|--------------------------------------|
| SEGMENT | N4 – Payer City, State, Zip Code |
| FIELD | N402 – State Code |
| CODES | |
| REQUIREMENT | This field will be valued with “NJ”. |

| | |
|-------------|--|
| SEGMENT | N4 – Payer City, State, Zip Code |
| FIELD | N403 – Postal Code |
| CODES | |
| REQUIREMENT | This field will be valued with “08619-1288”. |

| | |
|-------------|---|
| SEGMENT | PER – Payer Contact Information |
| FIELD | PER02 – Name |
| CODES | |
| REQUIREMENT | This field will be valued with “New Jersey Medicaid Provider Services”. |

| | |
|-------------|--|
| SEGMENT | PER – Payer Contact Information |
| FIELD | PER03 – Communication Number Qualifier |
| CODES | TE Telephone |
| REQUIREMENT | This field will be valued with “TE”. |

| | |
|-------------|--|
| SEGMENT | PER – Payer Contact Information |
| FIELD | PER04 – Communication Number |
| CODES | |
| REQUIREMENT | This field will be valued with “1-800-776-6334”. |

LOOP 1000B – PAYEE IDENTIFICATION

| | |
|-------------|--|
| SEGMENT | REF – Payee Additional Identification |
| FIELD | REF01 – Reference Identification Qualifier |
| CODES | 1D Medicaid Provider Number |
| REQUIREMENT | This field will be valued with “1D”. |

| | |
|-------------|---|
| SEGMENT | REF – Payee Additional Identification |
| FIELD | REF02 – Reference Identification Qualifier |
| CODES | |
| REQUIREMENT | This field will be valued with the seven-digit Provider Number assigned by New Jersey Medicaid. |

LOOP 2100 – CLAIM INFORMATION

| | |
|-------------|---|
| SEGMENT | CLP – Claim Payment Information |
| FIELD | CLP01 – Claim Submitter's Identification |
| CODES | |
| REQUIREMENT | New Jersey Medicaid will only capture and report the first 20 characters of the Patient Control Number from the 837 transactions. For NCPDP transactions, this field will be valued with the Prescription Number. |

| | |
|-------------|--|
| SEGMENT | CLP – Claim Payment Information |
| FIELD | CLP02 – Claim Status Code |
| CODES | 1 Processed as Primary |
| | 4 Denied |
| | 5 Pended |
| | 22 Reversal of Previous Payment |
| REQUIREMENT | New Jersey Medicaid will only use the above value set for all reported transactions. |

| | |
|-------------|---|
| SEGMENT | CLP – Claim Payment Information |
| FIELD | CLP04 – Claim Payment Amount |
| CODES | |
| REQUIREMENT | FFS and CCP – This field will be valued with zero when CLP02 equals “4” or “5”. HMO – This field will be valued with zero. |

| | |
|-------------|--------------------------------------|
| SEGMENT | CLP – Claim Payment Information |
| FIELD | CLP06 – Claim Filing Indicator Code |
| CODES | MC Medicaid |
| REQUIREMENT | This field will be valued with “MC”. |

| | | |
|-------------|--|--------------------------------|
| SEGMENT | CLP – Claim Payment Information | |
| FIELD | CLP08 – Facility Type Code | |
| CODES | 11 | Office |
| | 12 | Home |
| | 21 | Inpatient Hospital |
| | 22 | Outpatient Hospital |
| | 23 | Emergency Room – Hospital |
| | 31 | Skilled Nursing Facility |
| | 35 | Adult Living Care Facility |
| | 71 | State or Local Public Facility |
| | 81 | Independent Laboratory |
| | 99 | Other Unlisted Facility |
| REQUIREMENT | For professional claims submitted on paper or via a non-HIPAA electronic format, New Jersey Medicaid will convert the Place of Service Code to the following Facility Type Code: | |
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|-------------|---|
| SEGMENT | NM1 – Patient Name |
| FIELD | NM103 – Name Last or Organization Name |
| CODES | |
| REQUIREMENT | This field will be valued with the first 5 characters of the last name submitted on the 837 or NCPDP transaction. If no name was submitted, this field will be valued with "No Name Submitted". |

| | |
|-------------|---|
| SEGMENT | NM1 – Patient Name |
| FIELD | NM104 – Name First |
| CODES | |
| REQUIREMENT | This field will be valued with the first character of the first name submitted on the 837 or NCPDP transaction. If no name was submitted, this field will be valued with "No Name Submitted". |

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|-------------|--|
| SEGMENT | NM1 – Patient Name |
| FIELD | NM105 – Name Middle |
| CODES | |
| REQUIREMENT | This field will be valued with the first character of the middle name submitted on the 837 or NCPDP transaction. If no name was submitted, this field will be valued with "No Name Submitted". |

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|-------------|---|
| SEGMENT | NM1 – Patient Name |
| FIELD | NM108 – Identification Code Qualifier |
| CODES | MR Medicaid Recipient Identification Number |
| REQUIREMENT | This field will be valued with “MR”. |

| | |
|-------------|---|
| SEGMENT | NM1 – Patient Name |
| FIELD | NM109 – Identification Code |
| CODES | |
| REQUIREMENT | This field will be valued with twelve-digit recipient number assigned by New Jersey Medicaid. |

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|-------------|--|
| SEGMENT | NM1 – Corrected Patient/Insured Name |
| FIELD | NM102 – Entity Type Qualifier |
| CODES | 1 Person |
| REQUIREMENT | This field will be valued with “1” when this segment is completed. |

| | |
|-------------|---|
| SEGMENT | NM1 – Service Provider Name |
| FIELD | NM103 – Name Last of Organization Name |
| CODES | |
| REQUIREMENT | FFS – This field will be valued with the provider name from the New Jersey Medicaid Provider File. CCP – This field will not be sent since the Billing Provider and the Rendering Provider is always the same. HMO – This field will be valued with the provider name from the New Jersey Medicaid Provider File when a match using the provider’s SSN is successful. |

| | |
|-------------|---|
| SEGMENT | NM1 – Service Provider Name |
| FIELD | NM108 – Identification Code Qualifier |
| CODES | FI Federal Taxpayer’s Identification Number MC Medicaid Provider Number. |
| REQUIREMENT | FFS – This field will be valued with “MC” CCP – This segment is not sent. HMO – This data element will be valued with “FI”. |

| | |
|-------------|---|
| SEGMENT | NM1 – Service Provider Name |
| FIELD | NM109 – Identification Code |
| CODES | |
| REQUIREMENT | FFS – This field will be valued with the seven-digit provider number assigned by New Jersey Medicaid. CCP – This segment is not sent. HMO – This field will be valued with the nine-digit Tax ID submitted on the encounter by the HMO. |

| | | |
|-------------|--|--------------------------------------|
| SEGMENT | REF – Other Claim Related Identification | |
| FIELD | REF01 – Reference Identification Qualifier | |
| CODES | EA | Medical Record Identification Number |
| | F8 | Original Reference Number |
| | G1 | Prior Authorization |
| REQUIREMENT | When appropriate, the above value set will be used to communicate additional claim or encounter information. | |

| | | |
|-------------|---|------------------------------|
| SEGMENT | DTM – Claim Date | |
| FIELD | DTM01 – Date/Time Qualifier | |
| CODES | 232 | Claim Statement Period Start |
| | 233 | Claim Statement Period End |
| REQUIREMENT | The above value set will be used to communicate claim date information. | |

LOOP 2110 – SERVICE PAYMENT INFORMATION

| | | |
|-------------|---|---|
| SEGMENT | SVC – Service Payment Information | |
| FIELD | SVC01-1 – Product/Service ID Qualifier | |
| CODES | AD | American Dental Codes |
| | HC | Health Care Financing Administration Common Procedural Coding System (HCPCS) Code |
| | N4 | National Drug Code in 5-4-1 Format |
| | NU | National Uniform Billing Committee (NUBC) UB92 Codes |
| REQUIREMENT | The above value set will be used to communicate service code information. | |

| | | |
|-------------|---|-------------------------|
| SEGMENT | REF – Service Identification | |
| FIELD | REF01 – Reference Identification Qualifier | |
| CODES | 6R | Provider Control Number |
| REQUIREMENT | The value “6R” will be used to communicate line item control information. | |

| | | |
|-------------|--|------------------|
| SEGMENT | AMT – Service Supplemental Amount | |
| FIELD | AMT01 – Amount Qualifier Code | |
| CODES | B6 | Allowed – Actual |
| REQUIREMENT | The value “B6” will be used to communicate allowed charge information. | |

| | | |
|-------------|---|--|
| SEGMENT | AMT – Service Supplemental Amount | |
| FIELD | AMT02 – Monetary Amount | |
| CODES | | |
| REQUIREMENT | This field will be valued with Medicaid allowed amount prior to deductions. | |

| | | |
|-------------|--|----------------------------|
| SEGMENT | LQ – Health Care Remark Code | |
| FIELD | LQ01 – Code List Qualifier Code | |
| CODES | HE | Claim Payment Remark Codes |
| REQUIREMENT | The value “HE” will be used to communicate remark code information on all claims and encounters, including pharmacy. | |

LOOP – TRANSACTION SET TRAILER

| | |
|-------------|---|
| SEGMENT | PLB – Provider Adjustment |
| FIELD | PLB01 – Reference Identification |
| CODES | |
| REQUIREMENT | FFS and CCP - This field will be valued with seven-digit provider number assigned by New Jersey Medicaid. |

SECTION 7.1 – ENVELOPE LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for submitting envelope transactions to New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 7.2, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 7.2 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

| SEGMENT | FIELD | NAME | USAGE | MEDICAID |
|------------------------------------|-------|--|-------|----------|
| INTERCHANGE CONTROL HEADER | | | | |
| ISA | | INTERCHANGE CONTROL HEADER | R | |
| | ISA01 | Authorization Information Qualifier | R | ✓ |
| | ISA02 | Authorization Information | R | ✓ |
| | ISA03 | Security Information Qualifier | R | ✓ |
| | ISA04 | Security Information | R | ✓ |
| | ISA05 | Interchange ID Qualifier | R | ✓ |
| | ISA06 | Interchange Sender ID | R | ✓ |
| | ISA07 | Interchange ID Qualifier | R | ✓ |
| | ISA08 | Interchange Receiver ID | R | ✓ |
| | ISA09 | Interchange Date | R | |
| | ISA10 | Interchange Time | R | |
| | ISA11 | Interchange Control Standards Identifier | R | |
| | ISA12 | Interchange Control Version Number | R | |
| | ISA13 | Interchange Control Number | R | ✓ |
| | ISA14 | Acknowledgement Requested | R | |
| | ISA15 | Usage Indicator | R | |
| | ISA16 | Component Element Separator | R | ✓ |
| INTERCHANGE CONTROL TRAILER | | | | |
| IEA | | INTERCHANGE CONTROL TRAILER | R | |
| | IEA01 | Number of Included Functional Groups | R | |
| | IEA02 | Interchange Control Number | R | ✓ |
| FUNCTIONAL GROUP HEADER | | | | |
| GS | | FUNCTIONAL GROUP HEADER | R | |
| | GS01 | Functional Identifier Code | R | |
| | GS02 | Application Sender's Code | R | ✓ |
| | GS03 | Application Receiver's Code | R | ✓ |
| | GS04 | Date | R | |
| | GS05 | Time | R | |
| | GS06 | Group Control Number | R | |
| | GS07 | Responsible Agency Code | R | |
| | GS08 | Version / Release / Industry Identifier Code | R | |
| FUNCTIONAL GROUP TRAILER | | | | |
| GE | | FUNCTIONAL GROUP TRAILER | R | |
| | GE01 | Number of Transaction Sets Included | R | |
| | GE02 | Group Control Number | R | |

SECTION 7.2 – ENVELOPE DATA ELEMENT DICTIONARY

ISA LOOP – INTERCHANGE CONTROL HEADER

| | | |
|-------------|---|--------------------------------|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA01 – Authorization Information Qualifier | |
| CODES | 03 | Additional Data Identification |
| REQUIREMENT | Enter '03'. | |

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| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA02 – Authorization Information | |
| CODES | | |
| REQUIREMENT | Enter the seven-digit Submitter ID assigned by Medicaid followed by three spaces. | |

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|-------------|----------------------------------|---------------------------------|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA03 – Security Information | |
| CODES | 00 | No security Information present |
| REQUIREMENT | Enter '00'. | |

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|-------------|--------------------------------------|--|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA04 – Security Information | |
| CODES | | |
| REQUIREMENT | Enter “NONE” followed by six spaces. | |

| | | |
|-------------|----------------------------------|------------------|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA05 – Interchange ID Qualifier | |
| CODES | ZZ | Mutually Defined |
| REQUIREMENT | Enter 'ZZ'. | |

| | | |
|-------------|--|--|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA06 – Interchange Sender ID | |
| CODES | | |
| REQUIREMENT | Enter the seven-digit Submitter ID assigned by New Jersey Medicaid followed by eight spaces. | |

| | | |
|-------------|----------------------------------|------------------|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA07 – Interchange ID Qualifier | |
| CODES | ZZ | Mutually Defined |
| REQUIREMENT | Enter 'ZZ'. | |

| | | |
|-------------|---|--|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER | |
| FIELD | ISA08 – Interchange Receiver ID | |
| CODES | | |
| REQUIREMENT | Enter “610515” followed by nine spaces. | |

| | |
|-------------|--|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER |
| FIELD | ISA13 – Interchange Control Number |
| CODES | |
| REQUIREMENT | Because this field is fixed-width, any used characters in this field must be padded with spaces. |

| | |
|-------------|-------------------------------------|
| SEGMENT | ISA – INTERCHANGE CONTROL HEADER |
| FIELD | ISA16 – Component Element Separator |
| CODES | |
| REQUIREMENT | Enter “**”. |

IEA LOOP – INTERCHANGE CONTROL TRAILER

| | |
|-------------|--|
| SEGMENT | IEA – INTERCHANGE CONTROL TRAILER |
| FIELD | IEA02 – Interchange Control Number |
| CODES | |
| REQUIREMENT | Because this field is fixed-width, any used characters in this field must be padded with spaces. |

GS LOOP – FUNCTIONAL GROUP HEADER

| | |
|-------------|---|
| SEGMENT | GS – FUNCTIONAL GROUP HEADER |
| FIELD | GS02 – Application Sender's Code |
| CODES | |
| REQUIREMENT | Enter the seven-digit Submitter ID assigned by New Jersey Medicaid. |

| | |
|-------------|------------------------------------|
| SEGMENT | GS – Receiver Name |
| FIELD | GS03 – Application Receiver's Code |
| CODES | |
| REQUIREMENT | Enter “610515”. |

SECTION 7.3 – 997 ACKNOWLEDGEMENT LOOPS, SEGMENTS, AND FIELDS

The following tables outline the HIPAA segment and field specifications for receiving 997 functional acknowledgement transactions from New Jersey Medicaid. The USAGE column indicates whether the segment or field is required (R) or situational (S), as defined by the national standard. The MEDICAID column indicates when there is a requirement specific to New Jersey Medicaid (✓), which supplements the national standard. In these cases, a data element dictionary (DED) section will be included in Section 7.4, which will provide the specifications unique to New Jersey Medicaid. A DED section will not be included in Section 7.4 for loops and fields, which are identical to the national standard. The MEDICAID column also indicates situational segments and/or fields, which will be ignored by New Jersey Medicaid (X).

| SEGMENT | FIELD | NAME | USAGE | MEDICAID |
|---|---------|--|-------|----------|
| TRANSACTION SET HEADER | | | | |
| ST | | TRANSACTION SET HEADER | R | |
| | ST01 | Transaction Set Identifier Code | R | |
| | ST02 | Transaction Set Control Number | R | |
| FUNCTIONAL GROUP RESPONSE HEADER | | | | |
| AK1 | | FUNCTIONAL GROUP RESPONSE HEADER | R | |
| | AK101 | Functional Identifier Code | R | |
| | AK102 | Group Control Number | R | |
| TRANSACTION SET RESPONSE HEADER | | | | |
| AK2 | | TRANSACTION SET RESPONSE HEADER | S | |
| | AK201 | Transaction Set Identifier Code | R | |
| | AK202 | Transaction Set Control Number | R | |
| DATA SEGMENT NOTE | | | | |
| AK3 | | DATA SEGMENT NOTE | S | |
| | AK301 | Segment ID Code | R | |
| | AK302 | Segment Position in Transaction Set | R | |
| | AK303 | Loop Identifier Code | S | |
| | AK304 | Segment Syntax Error Code | S | |
| DATA ELEMENT NOTE | | | | |
| AK4 | | DATA ELEMENT NOTE | S | |
| | AK401-1 | Element Position in Segment | R | |
| | AK401-2 | Component Data Element Position in Composite | R | |
| | AK402 | Data Element Reference Number | S | |
| | AK403 | Data Element Syntax Error Code | R | |
| | AK404 | Copy of Bad Data Element | S | |
| TRANSACTION SET RESPONSE TRAILER | | | | |
| AK5 | | TRANSACTION SET RESPONSE TRAILER | R | |
| | AK501 | Transaction Set Acknowledgement Code | R | |
| | AK502 | Transaction Set Syntax Error Code | S | |
| | AK503 | Transaction Set Syntax Error Code | S | |
| | AK504 | Transaction Set Syntax Error Code | S | |
| | AK505 | Transaction Set Syntax Error Code | S | |
| | AK506 | Transaction Set Syntax Error Code | S | |

| FUNCTIONAL GROUP RESPONSE TRAILER | | | | |
|-----------------------------------|-------|---------------------------------------|---|--|
| AK9 | | FUNCTIONAL GROUP RESPONSE TRAILER | R | |
| | AK901 | Functional Group Acknowledgement Code | R | |
| | AK902 | Number of Transaction Sets Included | R | |
| | AK903 | Number of Received Transaction Sets | R | |
| | AK904 | Number of Accepted Transaction Sets | R | |
| | AK905 | Transaction Group Syntax Error Code | S | |
| | AK906 | Transaction Group Syntax Error Code | S | |
| | AK907 | Transaction Group Syntax Error Code | S | |
| | AK908 | Transaction Group Syntax Error Code | S | |
| | AK909 | Transaction Group Syntax Error Code | S | |
| TRANSACTION SET TRAILER | | | | |
| SE | | TRANSACTION SET TRAILER | R | |
| | SE01 | Number of Included Segments | R | |
| | SE02 | Transaction Set Control Number | R | |

SECTION 7.4 – 997 ACKNOWLEDGEMENT DATA ELEMENT DICTIONARY

No requirements specific to New Jersey Medicaid.