DEPARTMENT OF HUMAN SERVICES

837 Encounter Companion Guide to the HIPAA Implementation Guide

Professional, Institutional, and Dental Claims

Minnesota Department of Human Services

October 2024

Minnesota Health Care Programs (MHCP)

Provider Helpdesk

651-431-2700

1-800-366-5411

CHANGE CONTROL

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
9/19/2013	TPL Requirements	837D 837I 837P	L2300/AMT L2300/AMT02	Patient Estimated Amount Due Monetary Amount		Removed description Removed description
		837D	L2320	Other Subscriber Information		Added 2320 loop
		837I 837P	L2320	Other Subscriber Information		Description identifies loop is required and MCO adjudication information as a payer is submitted here.
		837I	L2320/SBR01 L2320/SBR02 L2320/SBR03 L2320/SBR04 L2320/SBR09	Payer Responsibility Sequence Nbr Code Individual Relationship Code Reference Identification Name Claim Filing Indicator Code	See X12 IG for addt'l codes/values	Description refers user to X12 Implementation Guide for additional codes/values. Added SBR03 data element Added SBR04 data element Description added
		837P	L2320/SBR01 L2320/SBR02 L2320/SBR03 L2320/SBR05 L2320/SBR09	Payer Responsibility Sequence Nbr Code Individual Relationship Code Reference Identification Insurance Type Code Claim Filing Indicator Code	See X12 IG for addt'l codes/values	Description refers user to X12 Implementation Guide for additional codes/values. Description added Description added Description added
		837D 837I 837P	L2320/CAS	Claim Level Adjustments		Added CAS segment
		837D 837I 837P	L2320/AMT L2320/AMT01 L2320/AMT02	COB Payer Paid Amount Amount Qualifier Code Monetary Amount	D	Added AMT segment
		837D 837I 837P	L2320/AMT L2320/AMT01 L2320/AMT02	Remaining Patient Liability Amount Qualifier Code Monetary Amount	EAF	Added AMT segment
		837D 837I 837P	L2320/AMT L2320/AMT01 L2320/AMT02	COB Total Non-Covered Amount Amount Qualifier Code Monetary Amount	A8	Added AMT segment
		837D 837I	L2330A	Other Subscriber Name		Added 2330A loop

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
		837D 837I 837P	L2330A	Other Subscriber Name		Description identifies loop is required and MCO adjudication information as a payer is submitted here.
		837D 837I 837P	L2330A/NM102 L2330A/NM104 L2330A/NM105 L2330A/NM107	Entity Type Qualifier Name First Name Middle Name Suffix	1	Added value: 1 – Person
		837D	L2330B	Other Payer Name		Added 2330B loop
		837I 837P	L2330B	Other Payer Name		Description identifies loop is required and MCO adjudication information as a payer is submitted here.
		837I 837P	L2330B/NM109	Identification Code		Revised description no longer limits use to DHS MCO assigned UMPI.
		837D 837I 837P	L2330B/DTP	Claim Check or Remittance Date		Added DTP segment
		837D 837I 837P	L2330B/REF	Other Payer Claim Control Number		Added REF segment, required for Medicare claims.
		837I 837P	L2430	Line Adjudication Information		Description identifies loop is required and MCO adjudication information as a payer is submitted here.
		837D	L2430	Line Adjudication Information		Added 2430 loop
		837I 837P	L2430/SVD01	Identification Code		Revised description no longer limits use to DHS MCO assigned UMPI.
		837I 837P	L2430/CAS	Line Adjustment		Added CAS segment
		837I 837P	L2430/AMT	Remaining Patient Liability		Added AMT segment
9/19/2013	Corrections	837P	L2010AA/REF	REF Billing Provider Tax Identification		Corrected Requirement to "Y"
		837P	L2000B/SBR02 L2000B/SBR09	Individual Relationship Code Claim Filing Indicator Code	18 MC	Corrected Requirement to "C1" Corrected Requirement to "C1"

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
		837P	L2010BA/NM1￼L2010BA/NM104	Subscriber Name￼Name First		Added Requirement of "Y"￼Corrected Requirement to "C2"
		837P	L2010BA/N402￼L2010BA/N403	State or Province Code￼Postal Code		Corrected Requirement to "C2"￼Corrected Requirement to "C2"
		837P	L2010BA/DMG	Subscriber Demographics		Corrected Requirement to "C2"
		837I	L2300/HI01￼L2300/HI02 thru HI12￼L2300/HI02-1 thru HI12-1￼L2300/HI02-2 thru HI12-2	Patient Reason for Visit Code Information￼Patient Reason for Visit Code Information￼Code List Qualifier Code￼Industry Code	APR/PR￼APR/PR	Corrected Data Element to HI01 from HI01 thru HI12￼Added data element with Requirement of "C1"￼Added data element component￼Added data element component
		837I	L2300/HI01￼L2300/HI02 thru HI12￼L2300/HI02-1 thru HI103-1￼L2300/HI02-2 thru HI103-2￼L2300/HI02-9 thru HI103-9	External Cause of Injury Code Information￼External Cause of Injury Code Information￼Code List Qualifier Code￼Industry Code￼Present on Admission Indicator	ABN/BN￼ABN/BN	Corrected Data Element to HI01 from HI01 thru HI12￼Added data element with Requirement of "C1"￼Added data element component￼Added data element component￼Added data element component
		837I	L2300/HI01￼L2300/HI02 thru HI12￼L2300/HI02-1 thru HI12-1￼L2300/HI02-2 thru HI12-2￼L2300/HI02-9 thru HI12-9	Other Diagnosis Code Information￼Other Diagnosis Code Information￼Code List Qualifier Code￼Industry Code￼Present on Admission Indicator	ABF/BF￼ABF/BF	Corrected Data Element to HI01 from HI01 thru HI12￼Added data element with Requirement of "C1"￼Added data element component￼Added data element component￼Added data element component
		837I	L2300/HI01￼L2300/HI02 thru HI12￼L2300/HI02-1 thru HI12-1￼L2300/HI02-2 thru HI12-2￼L2300/HI02-3 thru HI12-3￼L2300/HI02-4 thru HI12-4	Principal Procedure Code Information Other Procedure Code Information￼Code List Qualifier Code￼Industry Code￼Date Time Period Format Qualifier￼Date Time Period	BBQ/BQ￼BBQ/BQ	Corrected Data Element to HI01 from HI01 thru HI12￼Added data element with Requirement of "C1"￼Added data element component￼Added data element component￼Added data element component￼Added data element component
		837I	L2300/HI01￼L2300/HI02 thru HI12￼L2300/HI02-1 thru HI12-1￼L2300/HI02-2 thru HI12-2￼L2300/HI02-3 thru HI12-3￼L2300/HI02-4 thru HI12-4	Occurrence Span Code Information￼Occurrence Span Code Information￼Code List Qualifier Code￼Industry Code￼Date Time Period Format Qualifier￼Date Time Period	BI￼BI	Corrected Data Element to HI01 from HI01 thru HI12￼Added data element with Requirement of "C1"￼Added data element component￼Added data element component￼Added data element component￼Added data element component

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
		837I	L2300/HI01 L2300/HI02 thru HI12 L2300/HI02-1 thru HI12-1 L2300/HI02-2 thru HI12-2 L2300/HI02-3 thru HI12-3 L2300/HI02-4 thru HI12-4	Occurrence Code Information Occurrence Code Information Code List Qualifier Code Industry Code Date Time Period Format Qualifier Date Time Period	BH BH	Corrected Data Element to HI01 from HI01 thru HI12 Added data element with Requirement of "C1" Added data element component Added data element component Added data element component Added data element component
		837I	L2300/HI01 L2300/HI02 thru HI12 L2300/HI02-1 thru HI12-1 L2300/HI02-2 thru HI12-2 L2300/HI02-5 thru HI12-5	Value Code Information Value Code Information Code List Qualifier Code Industry Code Monetary Amount	BE BE	Corrected Data Element to HI01 from HI01 thru HI12 Added data element with Requirement of "C1" Added data element component Added data element component Added data element component
		837I	L2300/HI01 L2300/HI02 thru HI12 L2300/HI02-1 thru HI12-1 L2300/HI02-2 thru HI12-2	Condition Code Information Condition Code Information Code List Qualifier Code Industry Code	BG BG	Corrected Data Element to HI01 from HI01 thru HI12 Added data element with Requirement of "C1" Added data element component Added data element component
		837P	L2300/HI01 L2300/HI02 thru HI12 L2300/HI02-1 thru HI12-1 L2300/HI02-2 thru HI12-2	Principal Diagnosis Code Information Diagnosis Code Information Code List Qualifier Code Industry Code	ABF/BF ABF/BF	Corrected Data Element to HI01 from HI01 thru HI12 Added line with Requirement of "C1" Added data element component Added data element component
		837I	L2320/SBR L2320/SBR09	Other Subscriber Information Claim Filing Indicator		Corrected Requirement to "C1" Corrected Requirement to "C1"
		837I	L2400/DTP	Service Date		Corrected Requirement to "C1"
		837I	L2410/CTP03	Drug Quantity Unit Price		Deleted data element. Not used per the X12 guide.
		837D 837I 837P	L2430	Line Check or Remittance Date		Corrected Data Element Name Corrected Requirement to "Y"
9/25/2013	MCO Paid Date	837D	L2400/DTP01 L2400/DTP02 L2400/DTP03	Paid Date Qualifier Date Format Qualifier MCO Paid Date	446 D8 .	Added DTP segment

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
11/4/2013	Taxonomy Code	837D 837I 837P	L2000A/PRV L2000A/PRV01 L2000A/PRV02 L2000A/PRV03	Billing Provider Specialty Information Billing Provider Code Provider Taxonomy Code Qualifier Provider Taxonomy Code	BI PXC .	Added PRV segment
		837D 837P	L2010AA/NM102 L2010AA/NM104	Billing Provider Entity Type Qualifier Billing Provider First Name	1	Added Value 1 – Person Added NM104 data element
		837I	L2010AA/NM103	Name Last or Organization Name		Removed default instructions
		837I 837P 837D	L2010AA/N301 L2010AA/N302	Billing Provider Address Address Information		Removed default instructions Added N302 data element
		837I 837P 837D	L2010AA/N401 L2010AA/N402 L2010AA/N403	City Name State or Province Code Postal Code		Removed default instructions Corrected Requirement to "C1" Corrected Requirement to "C1"
		837P	L2010AA/REF	Billing Provider Tax Identification		Corrected Requirement to "Y"
11/4/2013	Service Facility	837D 837P	L2310C	Service Facility Location Name		Added Loop 2310C
		837I	L2310E	Service Facility Location Name		Added Loop 2310E
11/25/2013	HMS Implementation	837D 837I 837P	L2330B/DTP01 L2330B/DTP02 L2330B/DTP03	Date Claim Paid Qualifier Date Format Qualifier Payment Date	573 D8 .	Added DTP segment for Other Payer Claim Check or Remittance Date
12/20/2013		837D 837I 837P	L2000B/SBR01	Payer Responsibility Sequence Nbr Code	U	Added Value "U – Unknown"; deleted Values "P", "S" and "T".
12/4/2014	Denied Encounter Claims	837D 837I 837P	L2320/CAS04/CAS07/CAS10/CAS13/CAS16/CAS19	Quantity		Revised description to include value to enter if claim denied at header level.
		837D 837I 837P	L2430/CAS04/CAS07/CAS10/CAS13/CAS16/CAS19	Quantity		Revised description to include value to enter if claim denied at service line level.
3/15/2015	T-MSIS Project	837D	L2310A	Referring Provider Name		Added Loop 2310A
		837D	L2420C	Supervising Provider Name		Added Loop L2420C
		837P	L2420D	Supervising Provider Name		Added Loop L2420D

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
		837P	L2420E	Ordering Provider Name		Added Loop L2420E
		837P	L2420F	Referring Provider Name		Added Loop L2420E
		837P	L2310D	Supervising Provider Name		Added Loop L2310D
		837I	L2420D	Referring Provider Name		Added Loop L2310D
6/30/2015	MCO Received Date	837D 837I 837P	L2300/DTP(050)	Date – Repricer Received Date		Added segment L2300/DTP(050)01 MCO Received Date is submitted in this segment
6/30/2015	Tracking ICN	837I	L2300/NTE(ADD)	Billing Note		Added segment L2300/NTE for corrected ICN
6/30/2015	Tracking ICN	837D 837P	L2300/NTE(ADD)	Claim Note		Added segment L2300/NTE for corrected ICN
6/30/2015	Correction	837P	L2400/K3	File Information		Used for submitting tooth number. Removed from L2300 and added to L2400.
7/9/2015	Tracking ICN	837I	L2300/NTE(ADD)	Billing Note		Revised description replacing colon (☺) with equal sign (=) in format of corrected ICN.
7/9/2015	Tracking ICN	837D 837P	L2300/NTE(ADD)	Claim Note		Revised description replacing colon (:) with equal sign (=) in format of corrected ICN.
7/31/2015	MCO Received Date	837D 837I 837P	L2300/DTP(050)	Dat– - Repricer Received Date		Corrected qualifier for L2300/DTP(050)02 from "DT" to "D8".
10/21/2015	Discontinuing Replacement Claims	837D 837I 837P	L2300/CLM05-3	Claim Submission Reason Code	7	Removed from guide, no longer valid for encounter claims.
10/21/2015	Discontinuing Replacement Claims	837D 837I 837P	L2300/REF(F8)02	Original Reference Number ID		Updated description and removed instructions for replacement claims.
01/11/2016	Newborn Birth Weight	837I	L2300/HI0x L2300/HI0x-1 L2300/HI0x-2 L2300?HI0x-5	Value Code Information Value Code Value Code Amount	BE 54	Added information for reporting newborn birth weight on claims with discharge dates on or after 10/1/15.
01/11/2016	0.00 Adjustment Amount	837D 837I 837P	L2320/CAS03/CAS06/CAS09/CAS12/ CAS15/CAS18	Monetary Amount		Revised description to indicate that zero amounts are accepted at claim header level.

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
01/11/2016	0.00 Adjustment Amount	837D 837I 837P	L2430/CAS03/CAS06/CAS09/CAS12/ CAS15/CAS18	Monetary Amount		Revised description indicate that zero amounts are accepted at service line level.
11/09/2016	Patient Account Number now required on all 837I claims.	837I	L2300/NTE*UPI – 837I	Claim Note	UPI	Begin sending Patient Account Number on all 837I claims on or after 2-1-17.
04/17/2017	Procedure Code Qualifiers	837I	L2400/SV202-1	Qualifiers for Procedure Codes		MCOs must reference 837I TR3 to used correct qualifier.
07/25/2018	Zero adjustment amounts are no longer allowed.	837D 837I 837P	L2320/CAS03/CAS06/CAS09/CAS12/ CAS15/CAS18	Monetary Amount		Revised description to indicate that zero amounts are no longer allowed at the claim header level.
07/25/2018	Zero adjustment amounts are no longer allowed.	837D 837I 837P	L2430/CAS03/CAS06/CAS09/CAS12/ CAS15/CAS18	Monetary Amount		Revised description to indicate that zero amounts are no longer allowed at the service line level.
01/11/2019	Updated DHS Requirement Description on page 70 per email question/request from Cirdan.	837F	L2300/AMT02	Monetary Amount	F5	Changed description from ENTER TOTAL TPL AND/OR MEDICARE PAYMENT, IF APPLICABLE. PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS to Patient Amount Paid. Not sure where the original description came from.
02/24/2020	MCO Stop Sending L2320/SBR09 = "HM" segment/data element	837D 837I 837P	L2320/SBR09 L2430	Other Subscriber Information Line Adjudication Information	HM	Send "HM" segment on MCO Denied Claims/Lines only.
11/15/2019	Re-Map MCO Paid Date – Header Level	837I	L2300/NTE01 = RHN	Claim Note	RHN	MCO Paid Date – Header/Claim Level

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
11/15/2019	Re-Map MCO Paid Date – Line Level	837I	L2400/NTE01 = TPO	Third Party Organization Notes	TPO	MCO Paid Date – Line Level
03/29/2022	Elderly Waiver Customized Living Rate Floor	837P	L2400/SV101-7	Description		Updated description by adding "YOU SHOULD REPORT "P=CLRF" IF YOU ARE QUALIFIED FOR ELDERLY WAIVER CUSTOMIZED LIVING RATE FLOOR (CLRF) PROGRAM."
05/19/2022	Provider to the Patient Account Number	837D	L2300/NTE01=ADD	Description	ADD	Added information to allow MCO's to send the patient account number of the providers original, inbound claim.
05/19/2022	Provider to the Patient Account Number	837P	L2300/NTE01=CER	Description	CER	Added information to allow MCO's to send the patient account number of the providers original, inbound claim.
05/24/2022	Provider Patient Account Number	837D	L2300/NTE01=ADD	Description	ADD	Updated the wording from "Provider to the Patient Account Number" to "Provider Patient Account Number"
05/24/2022	Provider Patient Account Number	837P	L2300/NTE01=CER	Description	CER	Updated the wording from "Provider to the Patient Account Number" to "Provider Patient Account Number"
12/21/2023	Program Indicator	837I	L2300/NTE01-SPT	Descrrption	SPT	Adding"Program Indicator", to claim level on 837I.
12/21/2023	Program Indicator	837	L2400/SV202-7	Description		Adding"Program Indicator", to line level on 837I.
05/14/2024	Description Correction	837I	L2300/NTE02, NTE01=SPT	Description	SPT	The program indicator is used for IMD (Institute of mental Disease) only. If pay-to provider is an IMD provider, indicate using P=IMD
05/14/2024	Desciption Correction	837P	L2400/SV101-7	Description		The program indicator is used for Customized Living Rate Floor. If this service is for customized

Date of change	Project or Reason for change	Transaction	Loop/Segment/Data Element	Data Element Name	Value	What was the change?
						living rate floor, indicate using P=CLRF.
05/21/2024	Desciption Correction	837P	L2400/SV101-7	Description		Removed the follow description prior to P=CLRF, per- EDQ team email on 05/21/24-" DESCRIPTION OF NON SPECIFIC, (NOC), UNLISTED, UNCLASSIFIED OR MISCELLANEOUS CODES WHEN REPORTED IN SV101-2. YOU SHOULD ALSO REPORT THE HEARING AID MODEL NUMBER IN THIS DATA ELEMENT (NOT IN THE L2300/K3 SEGMENT). YOU SHOULD REPORT"
05/28/2024	Accessibility Changes	Entire Document				I made the line at the header of the document decorative along with the Boarder boxes. This document is good to go.
06/26/2024	Adding Paid Units	837P	L2400/AMT*T	PAID UNITS	T	Added Qualifier 'T' for Paid Units (format should be XXX.00)
06/26/2024	Adding Paid Units	837I	L2400/AMT*GT	PAID UNITS	GT	Added Qualifier 'GT' for Paid Units (format should be XXX.00)

Table of Contents

1   INTRODUCTION

1.1   Document Purpose

Managed Care Organizations (MCOs) contracting with the Minnesota Department of Human Services (DHS) to provide prepaid health care services are required to provide encounter data in HIPAA compliant format. This companion guide further specifies the requirements to be used when preparing and submitting encounter data.

Disclaimer

The companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the HIPAA Implementation Guide in a manner that will make its implementation by users to be out of compliance.

1.2   Column Notations

Req'd: Required elements may be marked as:
- Required (Y)
- Not required (N)
- Conditional according to the 837 HIPAA implementation guide (C1)
- Conditional according to DHS additional requirements (C2)

Value: <u>If a value is present in the DHS Requirements Value Column the values MUST be entered</u>. If no value is present refer to the Descriptions column for instructions.

Description Column: This column will describe the value in the value column or give instructions for what must be submitted in the value column.

2 PROFESSIONAL

<table>
<tr><th colspan="5">837P HIPAA Implementation Guide Data</th><th colspan="3">DHS Encounter Data</th></tr>
<tr><th>LOOP</th><th>SEG-MENT</th><th>NAME</th><th>ID</th><th>ELEMENT NAME</th><th>REQ</th><th>VALUE(S)</th><th>DHS REQUIREMENT DESCRIPTION</th></tr>
<tr><td>HDR</td><td></td><td>HEADER</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>ST</td><td>TRANSACTION SET HEADER</td><td></td><td></td><td>Y</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td>ST01</td><td>TRANSACTION SET IDENTIFIER CODE</td><td>Y</td><td>837</td><td>HEALTH CARE CLAIM</td></tr>
<tr><td></td><td></td><td></td><td>ST02</td><td>TRANSACTION SET CONTROL NUMBER</td><td>Y</td><td></td><td>MCO SYSTEM GENERATED NUMBER</td></tr>
<tr><td></td><td></td><td></td><td>ST03</td><td>IMPLEMENTATION CONVENTION REFERENCE</td><td>Y</td><td>005010X222 A1</td><td>MUST BE SAME AS GS08</td></tr>
<tr><td></td><td>BHT</td><td>BEGIN OF HIERARCHICAL TXN</td><td></td><td></td><td>Y</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td>BHT01</td><td>HIERARCHICAL STRUCTURE CODE</td><td>Y</td><td>0019</td><td>INFORMATION SOURCE, SUBSCRIBER, DEPENDENT</td></tr>
<tr><td></td><td></td><td></td><td>BHT02</td><td>TRANSACTION SET PURPOSE CODE</td><td>Y</td><td>00</td><td>ORIGINAL</td></tr>
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<tr><td></td><td></td><td></td><td>BHT05</td><td>TIME</td><td>Y</td><td></td><td>TRANSACTION SET CREATION TIME</td></tr>
<tr><td></td><td></td><td></td><td>BHT06</td><td>TRANSACTION TYPE CODE</td><td>Y</td><td>RP</td><td>REPORTING</td></tr>
<tr><td>1000A</td><td></td><td>SUBMITTER NAME</td><td></td><td></td><td></td><td></td><td>THIS LOOP IS USED FOR INFORMATION REGARDING THE MCO RESPONSIBLE FOR THE ENCOUNTER.</td></tr>
<tr><td></td><td>NM1</td><td>SUBMITTER NAME</td><td></td><td></td><td>Y</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td>NM101</td><td>ENTITY IDENTIFIER CODE</td><td>Y</td><td>41</td><td>VALUE 41 SHOULD BE SUBMITTED EVEN THOUGH THIS IS MCO INFORMATION.</td></tr>
<tr><td></td><td></td><td></td><td>NM102</td><td>ENTITY TYPE QUALIFIER</td><td>Y</td><td>2</td><td>NON-PERSON ENTITY</td></tr>
<tr><td></td><td></td><td></td><td>NM103</td><td>NAME LAST OR ORGANIZATION NAME</td><td>Y</td><td></td><td>MCO NAME (OR CONTRACTOR NAME)</td></tr>
<tr><td></td><td></td><td></td><td>NM108</td><td>IDENTIFICATION CODE QUALIFIER</td><td>Y</td><td>46</td><td>TRADING PARTNER ID</td></tr>
<tr><td></td><td></td><td></td><td>NM109</td><td>IDENTIFICATION CODE</td><td>Y</td><td></td><td>MCO UMPI NUMBER ASSIGNED BY DHS</td></tr>
<tr><td></td><td>PER</td><td>SUBMITTER EDI CONTACT INFO</td><td></td><td></td><td>Y</td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td>PER01</td><td>CONTACT FUNCTION CODE</td><td>Y</td><td>IC</td><td>INFORMATION CONTACT</td></tr>
<tr><td></td><td></td><td></td><td>PER02</td><td>NAME</td><td>Y</td><td></td><td>MCO SUBMITTER CONTACT</td></tr>
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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			PER03	COMMUNICATION NUMBER QUALIFIER	Y	TE	TELEPHONE
			PER04	COMMUNICATION NUMBER	Y		MCO CONTACT PHONE NUMBER
1000B		RECEIVER NAME			Y		
	NM1	RECEIVER NAME			Y		
			NM101	ENTITY IDENTIFICAT CODE	Y	40	RECEIVER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MN DEPT OF HUMAN SERVICES
			NM108	IDENTIFICATION CODE QUALIFIER	Y	46	TRADING PARTNER ID
			NM109	IDENTIFICATION CODE	Y	411674742	RECEIVER ID
2000A		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			Y		
	HL	HIERARCHICAL LEVEL			Y		
			HL01	HIERARCHICAL ID NUMBER	Y		1 THEN INCREMENT BY 1
			HL03	HIERARCHICAL LEVEL CODE	Y	20	INFORMATION SOURCE
			HL04	HIERARCHICAL CHILD CODE	Y	1	ADDITIONAL SUBORDINATE HL DATA SEGMENT IN THIS HIERARCHICAL STRUCTURE
	PRV	BILLING PROVIDER SPECIALTY INFORMATION			C1		
			PRV01	PROVIDER CODE	Y	BI	BILLING
			PRV02	REFERENCE IDENTIFICATION QUALIFIER	Y	PXC	HEALTH CARE PROVIDER TAXONOMY CODE
			PRV03	REFERENCE IDENTIFICATION	Y		PROVIDER TAXONOMY CODE
2010AA		BILLING PROVIDER NAME			Y		
	NM1	BILLING PROVIDER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	85	BILLING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1 2	PERSON NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		STANDARD BILLING PROVIDER LAST OR ORGANIZATIONAL NAME
			NM104	NAME FIRST	C1		BILLING PROVIDER FIRST NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		BILLING
	N3	BILLING PROVIDER ADDRESS			Y		
			N301	ADDRESS INFORMATION	Y		BILLING PROVIDER ADDRESS LINE
			N302	ADDRESS INFORMATION	C1		BILLING PROVIDER ADDRESS LINE

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		837P HIPAA Implementation Guide Data			DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
	N4	BILLING PROVIDER CITY/STATE/ZIP			Y		
			N401	CITY NAME	Y		BILLING PROVIDER CITY NAME
			N402	STATE OR PROVINCE CODE	C1		BILLING PROVIDER STATE OR PROVINCE CODE
			N403	POSTAL CODE	C1		BILLING PROVIDER POSTAL ZONE OR ZIP CODE (9 DIGIT)
	REF	BILLING PROVIDER TAX IDENTIFICATION			Y		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	EI	PROVIDERS EMPLOYER IDENTIFICATION NUMBER
			REF02	BILLING PROVIDER TAX IDENTIFICATION NUMBER	Y		PROVIDERS EMPLOYERS IDENTIFICATION NUMBER OR DEFAULT TO ANY NUMBER NEEDED FOR STANDARD
2000B		SUBSCRIBER HIERARCHICAL LEVEL			Y		
	HL	HIERARCHICAL LEVEL			Y		
			HL01	HIERARCHICAL ID NUMBER	Y		START WITH 2 AND INCREMENT BY 1.
			HL02	HIERARCHICAL PARENT ID	Y		1 FOR FIRST ITERATION. CHANGES TO PROVIDER HL01 VALUE WHEN PROVIDER NUMBER CHANGES IN A TRANSACTION SET.
			HL03	HIERARCHICAL LEVEL CODE	Y	22	SUBSCRIBER
			HL04	HIERARCHICAL CHILD CODE	Y	0	NO SUBORDINATE HL SEGMENT IN THIS HIERARCHICAL STRUCTURE
	SBR	SUBSCRIBER INFORMATION			Y		
			SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	Y	U	UNKNOWN
			SBR02	INDIVIDUAL RELATIONSHIP CODE	C1	18	SELF
			SBR09	CLAIM FILING INDICATOR CODE	C1	MC	MEDICAID
2010BA		SUBSCRIBER NAME			Y		
	NM1	SUBSCRIBER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	IL	INSURED OR SUBSCRIBER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		SUBSCRIBER LAST NAME

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			NM104	NAME FIRST	C2		SUBSCRIBER FIRST NAME
			NM105	NAME MIDDLE	C1		SUBSCRIBER MIDDLE INITIAL, IF KNOWN
			NM108	IDENTIFICATION CODE QUALIFIER	Y	MI	MEMBER IDENTIFICATION NUMBER
			NM109	IDENTIFICATION CODE	Y		DHS ASSIGNED EIGHT DIGIT MEMBER ID
	N3	SUBSCRIBER ADDRESS			C2		SINCE THE PATIENT IS ALWAYS THE SUBSCRIBER UNDER MHCP, THIS SEGMENT IS REQUIRED.
			N301	ADDRESS INFORMATION	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD.
	N4	SUBSCRIBER CITY/STATE/ZIP			C2		SINCE THE PATIENT IS ALWAYS THE SUBSCRIBER UNDER MHCP, THIS SEGMENT IS REQUIRED.
			N401	CITY NAME	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			N402	STATE OR PROVINCE CODE	C2		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			N403	POSTAL CODE	C2		DEFAULT TO "00000".
	DMG	SUBSCRIBER DEMOGRAPHICS			C2		
			DMG01	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DMG02	DATE TIME PERIOD	Y		SUBSCRIBER BIRTH DATE
			DMG03	GENDER CODE	Y	U	UNKNOWN (DEFAULT)
						F	FEMALE
						M	MALE
	REF	PROPERTY AND CASUALTY CLAIM NUMBER			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	Y4	AGENCY CLAIM NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MCO'S OWN MEMBER ID
2010BB		PAYER NAME			Y		
	NM1	PAYER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	PR	PAYER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MN DEPT OF HUMAN SERVICES
			NM108	IDENTIFICATION CODE QUALIFIER	Y	PI	PAYER ID
			NM109	IDENTIFICATION CODE	Y	411674742	DHS PAYER ID

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LOOP	**SEG-MENT**	**NAME**	**ID**	**ELEMENT NAME**	**REQ**	**VALUE(S)**	**DHS REQUIREMENT DESCRIPTION**	
	REF	BILLING PROVIDER SECONDARY IDENTIFICATION			C1			
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	(REPLACES 2010AA PAY TO PROVIDER UMPI) PROVIDER COMMERCIAL NUMBER	
			REF02	REFERENCE IDENTIFICATION	Y		BILLING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)	
2300		**CLAIM INFORMATION**			**Y**			
	CLM	CLAIM INFORMATION						
			CLM01	CLAIM SUBMITTER'S IDENTIFIER	Y		MCO'S OWN CLAIM NUMBER (ICN)	
			CLM02	MONETARY AMOUNT	Y		TOTAL CLAIM CHARGE AMOUNT (BILLED AMOUNT) PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS.	
			CLM05	HEALTH CARE SERVICE LOCATION INFORMATION	Y			
			CLM05-1	FACILITY CODE VALUE	Y		PLACE OF SERVICE CODE	
			CLM05-2	FACILITY CODE QUALIFIER	Y	B	PLACE OF SERVICE CODE FOR PROFESSIONAL OR DENTAL SERVICES	
			CLM05-3	CLAIM FREQUENCY TYPE CODE (CLAIM SUBMISSION REASON CODE)	Y	1	ORIGINAL	
						8	VOID	
			CLM06	YES/NO CONDITION OR RESPONSE CODE (PROVIDER SIGNATURE ON FILE)	Y	Y	YES (DEFAULT)	
						N	NO	
			CLM07	PROVIDER ACCEPT ASSIGNMENT CODE (MEDICARE ASSIGNMENT CODE)	Y	A	ASSIGNED (DEFAULT)	
						B	ASSIGNMENT ACCEPTED FOR CLINICAL LAB SERVICES ONLY	
						C	NOT ASSIGNED	
			CLM08	YES/NO CONDITION OR RESPONSE CODE (ASSIGNMENT OF BENEFITS INDICATOR)	Y	Y	YES (DEFAULT)	

837P HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
						N	NO
						W	PATIENT REFUSES TO ASSIGN BENEFITS
			CLM09	RELEASE OF INFORMATION CODE	Y	Y	YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM (DEFAULT)
						I	INFORMED CONSENT TO RELEASE MEDICAL INFORMATION FOR CONDITIONS OR DIAGNOSES REGULATED BY FEDERAL STATUTES
			CLM10	PATIENT SIGNATURE SOURCE CODE	C1		
						P	SIGNATURE GENERATED BY PROVIDER IF THE PATIENT WAS NOT PHYSICALLY PRESENT FOR SERVICES
			CLM11	RELATED CAUSES INFORMATION	C1		
			CLM11-1 THRU CLM11-3	RELATED CAUSES CODE	Y	AA	AUTO ACCIDENT
						EM	EMPLOYMENT
						OA	OTHER ACCIDENT
			CLM11-4	STATE OR PROVINCE CODE	C1		REQUIRED IF CLM11-1, -2 or -3 = AA TO IDENTIFY THE STATE IN WHICH THE AUTOMOBILE ACCIDENT OCCURRED. USE THE STATE POSTAL CODE.
			CLM11-5	COUNTRY CODE	C1		REQUIRED IF THE AUTOMOBILE ACCIDENT OCCURRED OUT OF THE UNITED STATES.
	DTP	ONSET OF CURRENT ILLNESS			C1		
			DTP01	DATE/TIME QUALIFIER	Y	431	ONSET OF CURRENT ILLNESS
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ONSET OF CURRENT ILLNESS DATE IN CCYYMMDD FORMAT.
	DTP	ACCIDENT DATE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	439	ACCIDENT

837P HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ACCIDENT DATE
	DTP	DATE – REPRICER RECEIVED DATE			C2		DATE MCO RECEIVED CLAIM
			DTP01	DATE/TIME QUALIFIER	Y	050	RECEIVED
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE AND TIME EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		MCO RECEIVED DATE
	AMT	PATIENT AMOUNT PAID			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	F5	PATIENT AMOUNT PAID. ENTER IF APPLICABLE.
			AMT02	MONETARY AMOUNT	Y		PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS.
	REF	ORIGINAL REFERENCE NUMBER (ICN/DCN)			C1		
			REF01	PAYER CLAIM CONTROL NUMBER	Y	F8	ORIGINAL REFERENCE NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MCO'S ORIGINAL CLAIM (ICN) NUMBER. USED WHEN CLM05-3 IS 8-VOID. THIS IS FOR VOID CLAIM USAGE ONLY.
	NTE	CLAIM NOTE			C2		REQUIRED ICN TRACKING NUMBER WHEN CLAIM IS A CORRECTED VERSION OF A DHS DENIED CLAIM OR VOIDED CLAIM.
			NTE01	NOTE REFERENCE CODE	Y	ADD	ADDITIONAL INFORMATION
			NTE02	DESCRIPTION	Y		ICN OF CORRECTED CLAIM FORMAT IS "C=12345678" (CAPITAL C, EQUAL SIGN (=), ICN OF CLAIM BEING CORRECTED – NO SPACES)

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
	NTE	CLAIM NOTE			C2		REQUIRED ICN TRACKING NUMBER WHEN CLAIM IS A CORRECTED VERSION OF A DHS DENIED CLAIM OR VOIDED CLAIM.
			NTE01	NOTE REFERENCE CODE	Y	CER	Certification Narrative
			NTE02	DESCRIPTION	Y		Provider Patient Account Number. "PAC="
	CRC	EPSDT REFERRAL	CRC		C1		THIS SEGMENT IS SENT FOR CHILD AND TEEN CHECKUP CLAIMS.
			CRC01	CODE CATEGORY	Y	ZZ	MUTUALLY DEFINED. EPSDT SCREEN REFERRAL INFORMATION.
			CRC02	YES/NO CONDITION OR RESPONSE CODE (WAS AN EPSDT REFERRAL GIVEN TO THE PATIENT?)	Y	N	NO
						Y	YES
			CRC03	CONDITION INDICATOR	Y	AV	AVAILABLE NOT USED. PATIENT REFUSED REFERRAL.
						NU	NOT USED. THIS CONDITION INDICATOR MUST BE USED WHEN THE SUBMITTER ANSWERS "N" IN CRC02.
						S2	UNDER TREATMENT-PATIENT IS CURRENTLY UNDER TREATMENT FOR REFERRED DIAGNOSTIC OR CORRECTIVE HEALTH PROBLEM.
						ST	NEW SERVICES REQUESTED. REFERRAL TO ANOTHER PROVIDER FOR DIAGNOSTIC OR CORRECTIVE TREATMENT/SCHEDULED FOR ANOTHER APPOINTMENT WITH SCREENING PROVIDER.
	HI	HEALTH CARE INFORMATION CODES	HI01	HEALTH CARE CODE INFORMATION	Y		DO NOT SEND DECIMAL POINTS IN THE DIAGNOSIS CODE.
			HI01-1	CODE LIST QUALIFIER CODE	Y	BK	ICD-9-CM PRINCIPAL DIAGNOSIS
						ABK	ICD-10-CM PRINCIPAL DIAGNOSIS
			HI01-2	INDUSTRY CODE	Y		PRINCIPAL DIAGNOSIS CODE

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			HI102 THRU HI12	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE(S)	Y	BF	ICD-9-CM DIAGNOSIS CODE
						ABF	ICD-10-CM DIAGNOSIS CODE
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		DIAGNOSIS CODE
	HI	HEALTH CARE INFORMATION CODES	HI01 THRU HI12	HEALTH CARE CODE INFORMATION	C1		CONDITION CODE
			HI01-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	BG	CONDITION
			HI01-2 THRU HI01-2	INDUSTRY CODE	Y		CONDITION CODE
2310A		REFERRING PROVIDER NAME			C1		
	NM1	INDIVIDUAL /ORG. NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	DN	REFERRING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			NM104	NAME FIRST	C1		DEFAULT TO ANY TEXT- REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI
			NM109	IDENTIFICATION CODE	Y		REFERRING PROVIDER NPI
	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		REFERRING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER).
2310B		RENDERING PROVIDER NAME			C2		REQUIRED WHEN RENDERING PROVIDER INFORMATION IS DIFFERENT THAN PROVIDER LISTED IN LOOP 2010AA
	NM1	INDIVIDUAL /ORG. NAME			Y		

837P HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			NM101	ENTITY IDENTIFIER CODE	Y	82	RENDERING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		DEFAULT TO ANY TEXT- NOT USED BUT REQUIRED BY STANDARD
			NM104	NAME FIRST	C1		DEFAULT TO ANY TEXT- REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		RENDERING PROVIDER NPI NUMBER
	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		RENDERING PROVIDER SECONDARY IDENTIIER (DHS UMPI NUMBER).
2310C		SERVICE FACILITY LOCATION NAME			C1		REQUIRED WHEN THE LOCATION OF HEALTH CARE SERVICE IS DIFFERENT THAN THAT CARRIED IN LOOP 2010AA
	NM1	SERVICE FACILITY LOCATION NAME			C1		
			NM101	ENTITY IDENTIFIER CODE	Y	77	SERVICE LOCATION
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		LABORATORY OR FACILITY NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		LABORATORY OR FACILITY PRIMARY IDENTIFIER
	N3	SERVICE FACILITY LOCATION ADDRESS			Y		
			N301	ADDRESS INFORMATION	Y		LABORATORY OR FACILITY ADDRESS LINE
			N302	ADDRESS INFORMATION	C1		LABORATORY OR FACILITY ADDRESS
	N4	SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE			Y		
			N401	CITY NAME	Y		LABORATORY OR FACILITY CITY NAME
			N402	STATE OR PROVINCE CODE	C1		LABORATORY OR FACILITY STATE OR PROVINCE CODE

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
		837P HIPAA Implementation Guide Data				**DHS Encounter Data**	
			N403	POSTAL CODE	C1		LABORATORY OR FACILITY POSTAL ZONE OR ZIP CODE
	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		LABORATORY OR FACILITY SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2310D		**SUPERVISING PROVIDER NAME**			**C1**		
	NM1	SUPERVISING PROVIDER NAME			C1		
			NM101	ENTITY IDENTIFIER CODE	Y	DQ	SUPERVISING PHYSICIAN
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		SUPERVISING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		SUPERVISING PROVIDER FIRST NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		SUPERVISING PROVIDER IDENTIFIER
	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		SUPERVISING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2320		**OTHER SUBSCRIBER INFORMATION**			**C2**		**THIS LOOP IS REQUIRED – THE FIRST OCCURRENCE MUST CONTAIN INFORMATION FOR THE MCO AS THE PRIMARY/SECONDARY PAYER. IF THE PRIMARY PAYER IS A THIRD PARTY, THE SECOND OCCURRENCE OF THIS SEGMENT SHOULD CONTAIN A "P" AND INFORMATION RELATED TO THE RELEVANT THIRD PARTY PAYER. UP TO 10 SBR LOOPS CAN BE SENT.**
	SBR	OTHER SUBSCRIBER INFORMATION			Y		
			SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	Y	P	PRIMARY
						S	SECONDARY
						T	TERTIARY

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
						SEE X12 IG FOR ADDT'L CODES/ VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES TO USE.
			SBR02	INDIVIDUAL RELATIONSHIP CODE	Y	18	SELF– this is the only option for the first occurrence. Subsequent occurrences should be billed as appropriate.
						SEE X12 IG FOR ADDT'L CODES/ VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES TO USE.
			SBR03	REFERENCE IDENTIFICATION	C1		INSURANCE GROUP OR POLICY NUMBER
			SBR05	INSURANCE TYPE CODE	C1	SEE X12 IG FOR CODES/ VALUES	REQUIRED WHEN MEDICARE PRESENT AND MEDICARE IS NOT PRIMARY PAYER. REFER TO THE IMPLEMENTATION GUIDE FOR THE CODES/VALUES TO USE.
			SBR09	CLAIM FILING INDICATOR CODE	Y	HM	HEALTH MAINTENANCE ORGANIZATION (HM) – **SEND ON DENIED CLAIMS/LINES ONLY**. This is only for the first occurrence. On subsequent occurrences, fill out as appropriate.
						SEE X12 IG FOR ADDT'L CODES/ VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES TO USE.
	CAS	CLAIM LEVEL ADJUSTMENTS			C1		COMPLETE IF YOU HAVE CLAIM LEVEL ADJUSTMENTS
			CAS01	CLAIM ADJUSTMENT GROUP CODE	Y	CO	CONTRACTUAL OBLIGATIONS
						CR	CORRECTIONS AND REVERSALS
						OA	OTHER ADJUSTMENTS
						PI	PAYOR INITIATED REDUCTIONS
						PR	PATIENT RESPONSIBILITY
			CAS02	CLAIM ADJUSTMENT REASON CODE	Y		ADJUSTMENT REASON
			CAS03	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
							837P HIPAA Implementation Guide Data → **DHS Encounter Data**

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			CAS04	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS05	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS06	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS07	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS08	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS09	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS10	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS11	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS12	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS13	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS14	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS15	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS16	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS17	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS18	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS19	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
	AMT	COB PAYER PAID AMOUNT			C2		
			AMT01	AMOUNT QUALIFIER CODE	Y	D	PAYOR PAID AMOUNT
			AMT02	MONETARY AMOUNT	Y		PAYER PAID AMOUNT; ZERO IS ACCEPTABLE
	AMT	REMAINING PATIENT LIABILITY			C1		

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LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			AMT01	AMOUNT QUALIFIER CODE	Y	EAF	AMOUNT OWED
			AMT02	MONETARY AMOUNT	Y		REMAINING PATIENT LIABILITY
	AMT	COB TOTAL NON-COVERED AMOUNT			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	A8	NONCOVERED CHARGES – ACTUAL
			AMT02	MONETARY AMOUNT	Y		NON-COVERED CHARGE AMOUNT
	OI	OTHER INSURANCE COVERAGE INFORMATION			Y		
			OI03	YES/NO CONDITION OR RESPONSE	Y	Y	
			OI04	PATIENT SIGNATURE SOURCE CODE	C1	P	SIGNATURE GENERATED BY PROVIDER AS THE PATIENT WAS NOT PHYSICALLY PRESENT FOR SERVICES
			OI06	RELEASE OF INFORMATION	Y	Y	
2330A		**OTHER SUBSCRIBER NAME**			**C2**		**THIS LOOP IS REQUIRED – MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTED HERE AND TPL ADJUDICATION INFORMATION. ONE SUBSCRIBER NAME PER SBR SEGMENT.**
	NM1	OTHER SUBSCRIBER NAME			Y		
			NM101	ENTITY ID CODE	Y	IL	INSURED OR SUBSCRIBER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		OTHER INSURED LAST NAME – IF NM102="2", THEN EITHER THE ORGANIZATION NAME OR "UNKNOWN" IS VALID.
			NM104	NAME FIRST	C1		OTHER INSURED FIRST NAME
			NM105	NAME MIDDLE	C1		OTHER INSURED MIDDLE INITIAL NAME
			NM107	NAME SUFFIX	C1		OTHER INSURED NAME SUFFIX
			NM108	ID CODE QUALIFIER	Y	MI	MEMBER IDENTIFICATION NUMBER
			NM109	ID CODE	Y		EITHER THE OTHER INSURED IDENTIFIER OR "UNKNOWN" IS VALID.
2330B		**OTHER PAYER NAME**			**C2**		**THIS LOOP IS REQUIRED – MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTED HERE AND TPL ADJUDICATION INFORMATION. ONE OTHER PAYER NAME PER SBR SEGMENT.**
	NM1	OTHER PAYER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	PR	PAYER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
				837P HIPAA Implementation Guide Data			**DHS Encounter Data**
			NM103	NAME LAST OR ORGANIZATION NAME	Y		EITHER THE ORGANIZATION NAME OR "UNKNOWN" IS VALID.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	PI	PAYOR IDENTIFICATION
			NM109	IDENTIFICATION CODE	Y		OTHER PAYER PRIMARY IDENTIFIER
	DTP	CLAIM CHECK OR REMITTANCE DATE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	573	DATE CLAIM PAID
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ADJUDICATION OR PAYMENT DATE
	REF	OTHER PAYER CLAIM CONTROL NUMBER			C1		MUST BE USED FOR MEDICARE CLAIMS.
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	F8	ORIGINAL REFERENCE NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MEDICARE ICN
2400		**SERVICE LINE**			**Y**		
	LX	SERVICE LINE			Y		
			LX01	ASSIGNED NUMBER	Y		BEGIN WITH 1 AND INCREMENT BY 1.
	SV1	PROFESSIONAL SERVICE			Y		
			SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	Y		
			SV101-1	PRODUCT/SERVICE ID QUALIFIER	Y	HC	HCPCS/CPT CODE
			SV101-2	PRODUCT/SERVICE ID	Y		HCPCS/CPT PROCEDURE CODE
			SV101-3	PROCEDURE MODIFIER	C1		MODIFIER 1
			SV101-4	PROCEDURE MODIFIER	C1		MODIFIER 2
			SV101-5	PROCEDURE MODIFIER	C1		MODIFIER 3
			SV101-6	PROCEDURE MODIFIER	C1		MODIFIER 4
			SV101-7	DESCRIPTION	C1		"P=CLRF" The program indicator is used for Customized Living Rate Floor. If this service is for customized living rate floor.

837P HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			SV102	MONETARY AMOUNT	Y		LINE ITEM CHARGE AMOUNT. PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS.
			SV103	UNIT/BASIS OF MEASUREMENT CODE	Y	UN	UNITS
						MJ	MINUTES-USED FOR ANESTHESIA CLAIMS
			SV104	QUANTITY	Y		UNITS OF SERVICE
			SV105	FACILITY CODE VALUE	C1		OVERRIDE CLM05-1 IN LOOP 2300 WHEN PLACE OF SERVICE IS DIFFERENT THAN THE VALUE SENT AT THE CLAIM LEVEL.
			SV107	COMP. DIAGNOSIS CODE POINTER	Y		
			SV107-1	DIAGNOSIS CODE POINTER	Y		POINTER TO RELATED DIAGNOSIS CODE
			SV107-2	DIAGNOSIS CODE POINTER	C1		POINTER TO RELATED DIAGNOSIS CODE
			SV107-3	DIAGNOSIS CODE POINTER	C1		POINTER TO RELATED DIAGNOSIS CODE
			SV107-4	DIAGNOSIS CODE POINTER	C1		POINTER TO RELATED DIAGNOSIS CODE
			SV109	YES/NO CONDITION OR RESPONSE CODE	C1	Y	EMERGENCY RELATED
	DTP	DATE – SERVICE DATE			Y		
			DTP01	DATE/TIME QUALIFIER	Y	472	SERVICE DATE(S)
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
						RD8	DATE EXPRESSED IN CCYYMMDD-CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		SERVICE DATE(S)
	DTP	CERTIFICATION REVISION DATE			C2		MCO PAID DATE
			DTP01	RECERTIFICATION DATE	Y	607	PAID DATE
			DTP02		Y	D8	DATE EXPRESSED IN CCYYMMDD
			DTP03		Y		DATE OF PAYMENT

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	837P HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	**SEG-MENT**	**NAME**	**ID**	**ELEMENT NAME**	**REQ**	**VALUE(S)**	**DHS REQUIREMENT DESCRIPTION**
	QTY	AMBULANCE PATIENT COUNT			C2		
			QTY01	QUANTITY QUALIFIER	Y	PT	PATIENTS
			QTY02	QUANTITY	Y		AMBULANCE PATIENT COUNT. REQUIRED WHEN MORE THAN ONE PATIENT IS TRANSPORTED IN THE SAME VEHICLE FOR AMBULANCE OR NON-EMERGENCY TRANSPORTATION SERVICES.
	REF	REPRICED LINE ITEM REFERENCE NUMBER			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	9B	ALLOWED AMOUNT
			REF02	MONETARY AMOUNT	Y		ALLOWED AMOUNT IS THE PROVIDER CONTRACTED RATE PRIOR TO ANY EXCLUSIONS OR ADD-ONS. **SEE APPENDIX – P. 85**
	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFER	Y	9D	PAID AMOUNT
			REF02	MONETARY AMOUNT	Y		THE AMOUNT PAID TO THE PROVIDER EXCLUDING THIRD PARTY LIABILITY, PROVIDER WITHHOLDS AND INCENTIVES, AND MEMBER COST SHARING. **SEE APPENDIX – P. 85**
	REF	LINE ITEM CONTROL NUMBER			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	6R	PROVIDER CONTROL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		LINE ITEM CONTROL NUMBER
	AMT	PAID UNITS			C2		PAID UNITS
			AMT01	AMOUNT QUALIFIER CODE	Y	T	QUALIFIER FOR PAID UNITS
			AMT02	MONETARY AMOUNT	Y		NUMBER OF UNITS PAID ON A CLAIM LINE (FORMAT SHOULD BE XXX.00)
	K3	FILE INFORMATION	K3		C1		
			K301	FIXED FORMAT INFORMATION	Y		FOR STATE OF JURISDICTION AND TOOTH NUMBER/ORAL CAVITY.
2410		DRUG IDENTIFICATION			C2		USED WHEN PROC CODE MATCHES ONE ON LIST: HTTP://WWW.DHS.STATE.MN.US/MAIN/DHS16_147971#
	LIN	ITEM IDENTIFICATION			C2		

837P HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	**SEG-MENT**	**NAME**	**ID**	**ELEMENT NAME**	**REQ**	**VALUE(S)**	**DHS REQUIREMENT DESCRIPTION**
			LIN02	PRODUCT/SERVICE ID QUALIFIER	Y	N4	NATIONAL DRUG CODE
			LIN03	PRODUCT SERVICE ID	Y		NDC CODE FOR PHYSICIAN ADMINISTERED DRUGS.
	CTP	DRUG PRICING			C2		
			CTP04	QUANTITY	Y		DRUG QUANTITY FOR PHYSICIAN ADMINISTERED DRUGS.
			CTP05	COMPOSITE UNIT OF MEASURE	Y		UNIT OR BASIS FOR MEASUREMENT CODE
			CTP05-1	UNIT OR BASIS OF MEASUREMENT CODE	Y	F2	INTERNATIONAL UNIT
						GR	GRAM
						ME	MILLIGRAM
						ML	MILLILITER
						UN	UNIT
2420A		**RENDERING PROVIDER NAME**			**C1**		**OVERRIDE 2310B LOOP IF THE RENDERING PROVIDER ON A LINE ITEM IS DIFFERENT THAN THE NUMBER SUBMITTED AT THE CLAIM LEVEL.**
	NM1	RENDERING PROVIDER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	82	RENDERING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		RENDERING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		RENDERING PROVIDER FIRST NAME REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		RENDERING PROVIDER IDENTIFIER
	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		RENDERING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2420D		**SUPERVISING PROVIDER NAME**			**C1**		

837P HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
	NM1	SUPERVISING PROVIDER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	DQ	SUPERVISING PHYSICIAN
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		SUPERVISING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		SUPERVISING PROVIDER FIRST NAME REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		SUPERVISING PROVIDER IDENTIFIER
	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		SUPERVISING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2420E		ORDERING PROVIDER NAME			C1		
	NM1	ORDERING PROVIDER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	DK	ORDERING PHYSICIAN
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		ORDERING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		ORDERING PROVIDER FIRST NAME REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		ORDERING PROVIDER IDENTIFIER
	REF	ORDERING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		ORDERING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2420F		REFERRING PROVIDER NAME			C1		
	NM1	REFERRING PROVIDER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	DN	REFERRING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			NM103	NAME LAST OR ORGANIZATION NAME	Y		REFERRING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		REFERRING PROVIDER FIRST NAME REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		REFERRING PROVIDER IDENTIFIER
	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		REFERRING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2430		LINE ADJUDICATION INFORMATION			C2		**THIS LOOP IS REQUIRED – MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTED HERE AND TPL ADJUDICATION INFORMATION. UP TO 15 OF THIS LOOP CAN BE SENT; SEND ONE PER L2330B/NM1*PR SEGMENT.**
	SVD	LINE ADJUDICATION INFORMATION			Y		
			SVD01	IDENTIFICATION CODE	Y		OTHER PAYER PRIMARY IDENTIFIER
			SVD02	MONETARY AMOUNT	Y		
			SVD03	COMPOSITE MEDICAL PROCEDURE	Y		
			SVD03-1	PRODUCT/SERVICE ID QUALIFIER	Y	HC	HCPCS CODE
			SVD03-2	PRODUCT SERVICE ID	Y		HCPCS PROCEDURE CODE
			SVD03-3	PROCEDURE MODIFIER	C1		MODIFIER 1
			SVD03-4	PROCEDURE MODIFIER	C1		MODIFIER 2
			SVD03-5	PROCEDURE MODIFIER	C1		MODIFIER 3
			SVD03-6	PROCEDURE MODIFIER	C1		MODIFIER 4
			SVD05	QUANTITY	Y		UNITS OF SERVICE
	CAS	LINE ADJUSTMENT			C1		
			CAS01	CLAIM ADJUSTMENT GROUP CODE	Y	CO	CONTRACTUAL OBLIGATIONS
						CR	CORRECTION AND REVERSALS

Table header:

837P HIPAA Implementation Guide Data	DHS Encounter Data

LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
		837P HIPAA Implementation Guide Data				**DHS Encounter Data**	
						OA	OTHER ADJUSTMENTS
						PI	PAYOR INITIATED REDUCTIONS
						PR	PATIENT RESPONSIBILITY
			CAS02	CLAIM ADJUSTMENT REASON CODE	Y		ADJUSTMENT REASON CODE
			CAS03	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS04	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS05	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS06	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS07	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS08	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS09	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS10	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS11	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS12	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS13	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS14	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS15	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS16	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS17	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS18	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO

		837P HIPAA Implementation Guide Data			DHS Encounter Data		
LOOP	SEG-MENT	NAME	ID	ELEMENT NAME	REQ	VALUE(S)	DHS REQUIREMENT DESCRIPTION
			CAS19	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
	DTP	LINE CHECK OR REMITTANCE DATE			Y		MEDICARE OR PAYER PAID DATE Correction of segment title and REQ value based on review of X12 implementation guide.
			DTP01	DATE/TIME QUALIFIER	Y	573	DATE CLAIM PAID
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ADJUDICATION OR PAYMENT DATE
	AMT	REMAINING PATIENT LIABILITY			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	EAF	AMOUNT OWED
			AMT02	MONETARY AMOUNT	Y		REMAINING PATIENT LIABILITY
TRL		TRAILER					
	SE	TRANSACTION SET TRAILER			Y		
			SE01	NUMBER OF INCLUDED SEGMENTS	Y		TOTAL SEGMENTS IN TRANSACTION SET.
			SE02	TRANSACTION SET CONTROL NUMBER	Y		MUST MATCH ST02.

ENVELOPE INFORMATION

INTERCHANGE CONTROL HEADER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837P VALUES
		DO NOT SEND SEGMENT DELIMITERS THAT ARE MORE THAN ONE BYTE. SEE APPENDIX A.1.2.4 THROUGH A.1.2.7 IN THE 837 IMPLEMENTATION GUIDE FOR LISTS OF CHARACTERS THAT ARE ALLOWED. IF YOU SEND CHARACTERS THAT ARE NOT WITHIN THE SETS SHOWN IN THE GUIDE, YOUR FILE WILL NOT BE PROCESSED. QUALIFIER VALUES ARE CASE SENSITIVE. IF LOWER CASE VALUES ARE SENT, YOUR FILE WILL NOT BE PROCESSED. PLEASE SEND ONE INTERCHANGE PER FILE UNTIL FURTHER NOTICE. IF YOU SEND MORE THAN ONE INTERCHANGE, THE ADDITIONAL INTERCHANGES MAY NOT BE PROCESSED.
ISA01	AUTHORIZATION INFORMATION QUALIFIER	00-NO AUTHORIZATION INFORMATION PRESENT.
ISA02	AUTHORIZATION INFORMATION	10 SPACES
ISA03	SECURITY INFORMATION QUALIFIER	00-NO SECURITY INFORMATION PRESENT
ISA04	SECURITY INFORMATION	10 SPACES
ISA05	INTERCHANGE ID QUALIFIER	ZZ-MUTUALLY DEFINED
ISA06	INTERCHANGE SENDER ID	THIS NUMBER MUST BE THE ONE USED TO REGISTER IN THE MN-ITS SYSTEM AND MUST CORRESPOND TO THE MN-ITS MAILBOX NUMBER. THIS MUST CHANGE TO THE 10-DIGIT NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIVERSAL MINNESOTA PROVIDER IDENTIFIER (UMPI) FOLLOWED BY 5 TRAILING SPACES.
ISA07	INTERCHANGE ID QUALIFIER	30-U.S. FEDERAL TAX IDENTIFICATION NUMBER
ISA08	INTERCHANGE RECEIVER ID	41-1674742-MN DEPT OF HUMAN SERVICES FEIN FOLLOWED BY 5 TRAILING SPACES. THIS NUMBER MUST CONTAIN A HYPHEN.
ISA09	INTERCHANGE DATE	CURRENT DATE FORMATTED AS 6-DIGITS (YYMMDD)
ISA10	INTERCHANGE TIME	CURRENT TIME FORMATTED AS 4-DIGITS(HHMM)
ISA11	REPETITION SEPARATOR	PLEASE SEND DHS "["
ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501-DRAFT STANDARDS FOR TRIAL USE APPROVED ASC X-12 REVIEW BOARD
ISA13	INTERCHANGE CONTROL NUMBER	BEGIN WITH "1" 9-DIGIT ZERO FILLED LEFT TO RIGHT. ALL ZEROS IS NOT AN ALLOWED VALUE.
ISA14	ACKNOWLEDGMENT REQUESTED	PROVIDER OPTION 0-NO OR 1-YES.
ISA15	USAGE INDICATOR	SEND P-PRODUCTION DATE FOR PRODUCTION FILES AND T-TEST DATA FOR TEST FILES.
ISA16	COMPONENT ELEMENT SEPARATOR	PROVIDER OPTION/SUB-ELEMENT DELIMITER.

INTERCHANGE CONTROL TRAILER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837P VALUES
IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	PROVIDER TRANSLATOR COUNTS NUMBER OF FUNCTIONAL GROUPS WITHIN THE INTERCHANGE.
IEA02	INTERCHANGE CONTROL NUMBER	SAME AS ISA13

FUNCTIONAL GROUP HEADER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837P VALUES
GS01	FUNCTIONAL IDENTIFIER CODE	HC-HEALTH CARE CLAIMS (837)
GS02	APPLICATION SENDER'S CODE	THIS MUST CHANGE TO 10-DIGIT NATIONAL PROVIDER IDENTIFIOER OR UNIVERSAL MINNESOTA PROVIDER IDENTIFIER (UMPI). MUST MATCH THE NUMBER IN ISA06 WITHOUT THE TRAILING SPACES.
GS03	APPLICATION RECEIVER'S CODE	41-1674742-MN DEPT OF HUMAN SERVICES FEIN. THIS NUMBER MUST CONTAIN A HYPHEN.
GS04	FUNCTIONAL GROUP CREATION DATE	CURRENT DATE FORMATTED AS 8-DIGITS (CCYYMMDD).
GS05	CREATION TIME	CURRENT TIME FORMATTED AS 4-DIGITS (HHMM).
GS06	GROUP CONTROL NUMBER	**UNIQUE** 1-DIGIT TO 9-DIGIT NUMBER. PREFERABLY START AT 1 AND INCREMENT BY 1 FOR EACH SUCCESSIVE FUNCTIONAL GROUP FROM SENDER TO RECEIVER, AND NOT RESET TO STARTING VALUE OF 1 WITHIN EACH INTERCHANGE OR EACH DAY.
GS07	RESPONSIBLE AGENCY CODE	X-ACCREDITED STANDARDS COMMITTEE X-12
GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X222A1DRAFT STANDARDS APPROVED BY ASC X12 BOARD.

FUNCTIONAL GROUP TRAILER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837P VALUES
GE01	NUMBER OF TRANSACTION SETS INCLUDED	1 - 6 DIGITS. PROVIDER TRANSLATOR COUNTS NUMBER OF TRANSACTION SETS WITHIN THE FUNCTIONAL GROUP.
GE02	GROUP CONTROL NUMBER	MUST MATCH GS06 NUMBER.

3 INSTITUTIONAL

LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	837I HIPAA Implementation Guide Data					DHS Encounter Data
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
HDR		HEADER			Y		
	ST	TRANSACTION SET HEADER			Y		
			ST01	TRANSACTION SET IDENTIFIER CODE	Y	837	HEALTH CARE CLAIM
			ST02	TRANSACTION SET CONTROL NUMBER	Y		MCO SYSTEM GENERATED NUMBER
			ST03	IMPLEMENTATION CONVENTION REFERENCE	Y	005010 X223A2	837I VERSION NUMBER
	BHT	BEGIN OF HIERARCHICAL TXN			Y		
			BHT01	HIERARCHICAL STRUCTURE CODE	Y	0019	INFORMATION SOURCE, SUBSCRIBER DEPENDENT
			BHT02	TRANSACTION SET PURPOSE CODE	Y	00	ORIGINAL
					Y	18	REISSUE
			BHT03	REFERENCE IDENTIFICATION	Y		SUBMISSION NUMBER-MCO ASSIGNED
			BHT04	DATE	Y		TRANSACTION SET CREATION DATE
			BHT05	TIME	Y		TRANSACTION SET CREATION TIME
			BHT06	TRANSACTION TYPE CODE	Y	RP	REPORTING
1000A		SUBMITTER NAME			Y		THIS LOOP IS USED FOR INFORMATION REGARDING THE MCO RESPONSIBLE FOR THE ENCOUNTER.
	NM1	SUBMITTER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	41	SUBMITTER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MCO (OR CONTRACTOR) NAME
			NM108	IDENTIFICATION CODE QUALIFIER	Y	46	TRADING PARTNER ID
			NM109	IDENTIFICATION CODE	Y		MCO UMPI NUMBER
	PER	SUBMITTER EDI CONTACT INFO			Y		
			PER01	CONTACT FUNCTION CODE	Y	IC	INFORMATION CONTACT
			PER02	NAME	Y		MCO SUBMITTER CONTACT
			PER03	COMMUNICATION NUMBER QUALIFIER	Y	TE	TELEPHONE
			PER04	COMMUNICATION NUMBER	Y		MCO CONTACT PHONE NUMBER

\[\]	\[\]	837I HIPAA Implementation Guide Data			DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
1000B		RECEIVER NAME			Y		
	NM1	RECEIVER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	40	RECEIVER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MN DEPT OF HUMAN SERVICES
			NM108	IDENTIFICATION CODE QUALIFIER	Y	46	TRADING PARTNER ID
			NM109	IDENTIFICATION CODE	Y	411674 742	RECEIVER ID
2000A		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			Y		
	HL	HIERARCHICAL LEVEL			Y		
			HL01	HIERARCHICAL ID NUMBER	Y		1 THEN INCREMENT BY 1.
			HL03	HIERARCHICAL LEVEL CODE	Y	20	INFORMATION SOURCE
			HL04	HIERARCHICAL CHILD CODE	Y	1	ADDITIONAL SUBORDINATE HL DATA SEGMENT IN THIS HIERARCHICAL STRUCTURE
	PRV	BILLING PROVIDER SPECIALTY INFORMATION			C1		
			PRV01	PROVIDER CODE	Y	BI	BILLING
			PRV02	REFERENCE IDENTIFICATION QUALIFIER	Y	PXC	HEALTH CARE PROVIDER TAXONOMY CODE
			PRV03	REFERENCE IDENTIFICATION	Y		PROVIDER TAXONOMY CODE
2010AA		BILLING PROVIDER NAME			Y		
	NM1	BILLING PROVIDER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	85	BILLING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		BILLING PROVIDER ORGANIZATIONAL NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	CMS NATIONAL PROVIDER IDENTIFIER (NPI)
			NM109	IDENTIFICATION CODE	C1		NATIONAL PROVIDER IDENTIFIER (NPI)
	N3	BILLING PROVIDER ADDRESS			Y		
			N301	ADDRESS INFORMATION	Y		BILLING PROVIDER ADDRESS LINE
			N302	ADDRESS INFORMATION	C1		BILLING PROVIDER ADDRESS LINE
	N4	BILLING PROVIDERCITY/STATE/ZIP			Y		
			N401	CITY NAME	Y		BILLING PROVIDER CITY NAME

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			N402	STATE OR PROVINCE CODE	C1		BILLING PROVIDER STATE OR PROVINCE CODE
			N403	POSTAL CODE	C1		BILLING PROVIDER POSTAL ZONE OR ZIP CODE
	REF	BILLING PROVIDER TAX IDENTIFICATION			Y		BILLING PROVIDER TAX IDENTIFICATION
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	EI	EMPLOYER IDENTIFICATION NUMBER OR DEFAULT TO ANY NUMBER REQUIRED BY STANDARD
				REFERENCE IDENTIFICATION	Y		ID NUMBER
2000B		SUBSCRIBER HIERARCHICAL LEVEL			Y		
	HL	HIERARCHICAL LEVEL			Y		
			HL01	HIERARCHICAL ID NUMBER	Y		START WITH 2 AND INCREMENT BY 1.
			HL02	HIERARCHICAL PARENT ID	Y		1 FOR FIRST ITERATION. CHANGES TO PROVIDER HL01 VALUE WHEN PROVIDER NUMBER CHANGES IN A TRANSACTION SET.
			HL03	HIERARCHICAL LEVEL CODE	Y	22	SUBSCRIBER
			HL04	HIERARCHICAL CHILD CODE	Y	0	NO SUBORDINATE HL SEGMENT IN THIS HIERARCHICAL STRUCTURE
	SBR	SUBSCRIBER INFORMATION			Y		
			SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	Y	U	UNKNOWN
			SBR02	INDIVIDUAL RELATIONSHIP CODE	Y	18	SELF
			SBR09	CLAIM FILE INDICATOR CODE	Y	MC	MEDICAID
2010BA		SUBSCRIBER NAME			Y		
	NM1	SUBSCRIBER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	IL	INSURED OR SUBSCRIBER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MEMBER LAST NAME
			NM104	NAME FIRST	C1		MEMBER FIRST NAME
			NM105	NAME MIDDLE	C1		MEMBER MIDDLE INITIAL, IF KNOWN
			NM108	IDENTIFICATION CODE QUALIFIER	Y	MI	MEMBER ID NUMBER

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NM109	IDENTIFICATION CODE	Y		DHS ASSIGNED EIGHT DIGIT MEMBER ID
		SUBSCRIBER ADDRESS			C2		SINCE THE PATIENT IS ALWAYS THE SUBSCRIBER UNDER MHCP, THIS SEGMENT IS REQUIRED.
	N3	SUBSCRIBER ADDRESS			C1		
			N301	ADDRESS INFORMATION	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD.
		SUBSCRIBER CITY/STATE/ZIP			C2		SINCE THE PATIENT IS ALWAYS THE SUBSCRIBER UNDER MHCP, THIS SEGMENT IS REQUIRED.
	N4	SUBSCRIBER CITY, STATE, ZIP CODE			Y		
			N401	SUBSCRIBER CITY	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			N402	SUBSCRIBER STATE	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			N403	SUBSCRIBER ZIP CODE	Y		DEFAULT TO "00000"
	DMG	SUBSCRIBER DEMOGRAPHICS			Y		
			DMG01	DATE TIME FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DMG02	DATE TIME PERIOD	Y		SUBSCRIBER BIRTH DATE
			DMG03	GENDER CODE	Y	U	UNKNOWN (DEFAULT)
						F	FEMALE
						M	MALE
	REF	PROPERTY AND CASUALTY CLAIM NUMBER			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	Y4	AGENCY CLAIM NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MCO'S OWN MEMBER NUMBER
2010BB		PAYER NAME			Y		
	NM1	PAYER NAME			y		
			NM101	ENTITY IDENTIFIER CODE	Y	PR	PAYER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MN DEPT OF HUMAN SERVICES
			NM108	IDENTIFICATION CODE QUALIFIER	Y	PI	PAYER ID
			NM109	IDENTIFICATION CODE	Y	411674742	DHS PAYER ID

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	REF	BILLING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	(REPLACES 2010AA PAY TO PROVIDER UMPI) PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		BILLING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2300		CLAIM INFORMATION			Y		
	CLM	CLAIM INFORMATION			Y		
			CLM01	CLAIM SUBMITTER'S IDENTIFIER	Y		MCO'S OWN CLAIM NUMBER (ICN)
			CLM02	MONETARY AMOUNT	Y		TOTAL CLAIM CHARGE AMOUNT (BILLED AMOUNT) PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS. MUST BE GREATER THAN OR EQUAL TO ZERO
			CLM05	HEALTH CARE SERVICE LOCATION INFORMATION	Y		FACILITY CODE VALUE
			CLM05 -1	FACILITY CODE VALUE	Y		FIRST TWO DIGITS OF THE TYPE OF BILL
			CLM05 -2	FACILITY CODE QUALIFIER	Y	A	UNIFORM BILLING CLAIM FORM BILL TYPE
			CLM05 -3	CLAIM FREQUENCY TYPE CODE	Y		CLAIM FREQUENCY TYPE CODE, CODE SPECIFYING THE FREQUENCY OF THE CLAIM; THIS IS THE THIRD POSITION OF THE UNIFORM BILLING CLAIM FORM BILL TYPE CODE SOURCE 235
						1	ADMIT THRU DISCHARGE
						2	INTERIM-FIRST CLAIM
						3	INTERIM-CONTINUING CLAIM
						4	INTERIM-LAST CLAIM
						5	LATE CHARGES

		837I HIPAA Implementation Guide Data				DHS Encounter Data	
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
						8	VOID
			CLM06	YES/NO CONDITION OR RESPONSE CODE (PROVIDER SIGNATURE ON FILE)	N/U		THIS DATA ELEMENT IS NO LONGER USED.
						N	NO
			CLM07	PROVIDER ACCEPT ASSIGNMENT CODE	C1	A	ASSIGNED (DEFAULT)
						B	ACCEPTS ASSIGNMENT ON CLINICAL LAB SERVICES ONLY
						C	NOT ASSIGNED
			CLM08	YES/NO CONDITION OR RESPONSE CODE	Y	Y	YES (DEFAULT)
						N	NO
						W	NOT APPLICABLE (USE W FOR PATIENT REFUSAL)
			CLM09	RELEASE OF INFORMATION CODE	Y	Y	YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM (DEFAULT)
						I	INFORMED CONSENT TO RELEASE MEDICAL INFORMATION FOR CONDITIONS OR DIAGNOSES REGULATED BY FEDERAL STATUTES.
	DTP	DISCHARGE HOUR			C1	Y	
			DTP01	DATE/TIME QUALIFIER	Y	096	DISCHARGE
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	TM	TIME EXPRESSED IN FORMAT HHMM
			DTP03	DATE TIME PERIOD	Y		DISCHARGE TIME VALUE CAN BE DEFAULTED TO 00.
	DTP	STATEMENT DATES			Y		
			DTP01	DATE/TIME QUALIFIER	Y	434	STATEMENT
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	RD8	DATE EXPRESSED IN CCYYMMDD-CCYYMMDD. WHEN THE STATEMENT IS FOR A SINGLE DATE OF SERVICE, THE FROM AND THROUGH DATE ARE THE SAME.
			DTP03	DATE TIME PERIOD	Y		STATEMENT FROM AND TO
	DTP	ADMISSION DATE/HOUR			C1		

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			DTP01	DATE/TIME QUALIFIER	Y	435	ADMISSION
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	DT	DATE AND TIME EXPRESSED IN FORMAT CCYYMMDDHHMM
			DTP03	DATE TIME PERIOD	Y		ADMISSION DATE AND HOUR
	DTP	DATE – REPRICER RECEIVED DATE			C2		DATE MCO RECEIVED CLAIM
			DTP01	DATE/TIME QUALIFIER	Y	050	RECEIVED
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE AND TIME EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		MCO RECEIVED DATE
	CL1	INSTITUTIONAL CLAIM CODE			Y		
			CL101	PRIORITY (TYPE) OF ADMISSION OR VISIT	Y		ADMISSION TYPE REQUIRED FOR ALL INPATIENT AND OUTPATIENT SERVICES
			CL102	POINT OF ORIGIN FOR ADMISSION OR VISIT	C1		ADMISSION SOURCE REQUIRED FOR ALL INPATIENT AND OUTPATIENT SERVICES
			CL103	PATIENT STATUS	Y		PATIENT STATUS CODE LIST 239 C1: Follow HIPAA guide for all claims except CD residential C2: Required for CD residential treatment claims
	AMT	PATIENT ESTIMATED AMOUNT DUE			C1		
			AMT01	AMOUNT CODE QUALIFIER	Y	F3	PATIENT RESPONSIBILITY IF APPLICABLE
			AMT02	MONETARY AMOUNT	Y		
	REF	PAYER CLAIM CONTROL NUMBER			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	C1	F8	ORIGINAL REFERENCE NUMBER
			REF02	REFERENCE IDENTIFICATION	C1		MCO'S ORIGINAL CLAIM (ICN) NUMBER. USED WHEN CLM05-3 IS 8-VOID. THIS IS FOR VOID CLAIM USAGE ONLY.
	REF	REPRICED CLAIM REFERENCE NUMBER			C2		REQUIRED FIELD, THIS SEGMENT IS USED FOR INPATIENT & OUTPATIENT CLAIMS **SEE APPENDIX – P. 85**
			REF01	REFERENCE IDENTIFICATION QUALIFIER	C2	9A	ALLOWED AMOUNT

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			REF02	REFERENCE INFORMATION	Y		THE ALLOWED AMOUNT IS THE PROVIDER CONTRACTED RATE PRIOR TO ANY EXCLUSIONS OR ADD-ONS. **SEE APPENDIX – P. 85**
	REF	ADJUSTED REPRICED CLAIM NUMBER			C2		REQUIRED FIELD, THIS SEGMENT IS USED FOR INPATIENT & OUTPATIENT CLAIMS **SEE APPENDIX – P. 85**
			REF01	REFERENCE IDENTIFICATION QUALIFIER	C2	9C	PAID AMOUNT
			REF02	REFERENCE INFORMATION	Y		PAID AMOUNT IS THE AMOUNT PAID TO THE PROVIDER EXCLUDING THIRD PARTY LIABILITY, PROVIDER WITHHOLDS, INCENTIVES, AND MEMBER COST SHARING. **SEE APPENDIX – P. 85**
	NTE	CLAIM NOTE – REPEATS 10 TIMES			C2		THE PATIENT ACCOUNT NUMBER IS NOW REQUIRED TO BE SENT ON ALL 837I CLAIMS.
			NTE01	NOTE REFERENCE CODE	Y	UPI	UPDATED INFORMATION
			NTE02	DESCRIPTION	Y		PATIENT ACCOUNT NUMBER OF CLAIM FORMAT IS "PAC=XXXXXXXX" (CAPITAL PAC, EQUAL SIGN (=), PATIENT ACCOUNT NUMBER OF CLAIM
			NTE01	NOTE REFERENCE CODE	Y	RNH	MCO Paid Date/Times and Reasons Patient Not at Home
			NTE02	DESCRIPTION	Y		DATE OF THE PAYMENT TO THE PROVIDER. PAID DATE MUST BE SENT AS 'PAIDDATE=20120101'.
			NTE01	NOTE REFERENCE CODE	Y	SPT	PROGRAM INDICATOR
			NTE02	DESCRIPTION	Y		The program indicator is used for IMD (Institute of mental Disease) only. If pay-to provider is an IMD provider, indicate using P=IMD
	NTE	BILLING NOTE			C2		REQUIRED ICN TRACKING NUMBER WHEN CLAIM IS A CORRECTED VERSION OF A DHS DENIED CLAIM OR VOIDED CLAIM.
			NTE01	NOTE REFERENCE CODE	Y	ADD	ADDITIONAL INFORMATION

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NTE02	DESCRIPTION	Y		ICN OF CORRECTED CLAIM FORMAT IS "C=12345678" (CAPITAL C, EQUAL SIGN (=), ICN OF CLAIM BEING CORRECTED – NO SPACES)
	CRC	EPSDT REFERRAL			C1		C&TC REFERRAL
			CRC01	CODE QUALIFIER	Y	ZZ	MUTUALLY DEFINED
			CRC02	CERTIFICATION CONDITION CODE APPLIES INDICATOR			
						N	NO
						Y	YES
			CRC03	CONDITION INDICATOR	Y		
						AV	AVAILABLE-NOT USED/ PATIENT REFUSED REFERRAL
						NU	NOT USED
						S2	UNDER TREATMENT
						ST	NEW SERVICES REQUESTED
	HI	PRINCIPAL DIAGNOSIS			Y		
			HI01	HEALTH CARE CODE INFORMATION	Y	ABK	ICD-10-CM PRINCIPAL DIAGNOSIS CODE
						BK	ICD-9-CM PRINCIPAL DIAGNOSIS CODE
			HI01-2	PRINCIPAL DIAGNOSIS CODE	Y		DO NOT SEND DECIMAL POINTS IN THE DIAGNOSIS CODE.
			HI01-9	PRESENT ON ADMISSION INDICATOR	C1		PRESENT ON ADMISSION INDICATOR
						N	NO
						U	UNKNOWN
						W	NOT APPLICABLE
						Y	YES
	HI	ADMITTING DIAGNOSIS			C1		
			HI01-1	CODE LIST QUALIFIER	C1	ABJ	ICD-10-CM ADMITTING DIAGNOSIS CODE
						BJ	ICD-9-CM ADMITTING DIAGNOSIS CODE
			HI01-2	INDUSTRY CODE			
	HI	PATIENTS REASON FOR VISIT			C1		
			HI01	HEALTH CARE CODE INFO	Y		

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			HI01-1	CODE LIST QUALIFIER CODE	Y	APR	ICD-10-CM PATIENTS REASON FOR VISIT CODE
						PR	ICD-9-CM PATIENTS REASON FOR VISIT CODE
			HI01-2	INDUSTRY CODE	Y		PATIENT REASON FOR VISIT
			HI02 THRU HI03	HEALTH CARE CODE INFO	C1		
			HI02-1 THRU HI103-1	CODE LIST QUALIFIER CODE	Y	APR	ICD-10-CM PATIENTS REASON FOR VISIT CODE
						PR	ICD-9-CM PATIENTS REASON FOR VISIT CODE
			HI02-2 THRU HI103-2	INDUSTRY CODE	Y		PATIENT REASON FOR VISIT
	HI	EXTERNAL CAUSE OF INJURY			C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	ABN	ICD-10-CM EXTERNAL CAUSE OF INJURY CODE
						BN	ICD-9-CM EXTERNAL CAUSE OF INJURY CODE
			HI01-2	INDUSTRY CODE	Y		EXTERNAL CAUSE OF INJURY CODE
			HI01-9	PRESENT ON ADMISSION INDICATOR	C1	N	NO
						U	UNKNOWN
						W	NOT APPLICABLE
						Y	YES
			HI02 THRU HI12	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	ABN	ICD-10-CM EXTERNAL CAUSE OF INJURY CODE
						BN	ICD-9-CM EXTERNAL CAUSE OF INJURY CODE

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		EXTERNAL CAUSE OF INJURY CODE
			HI02-9 THRU HI12-9	PRESENT ON ADMISSION INDICATOR	C1	N	NO
						U	UNKNOWN
						W	NOT APPLICABLE
						Y	YES
	HI	OTHER DIAGNOSIS INFORMATION			C1		DO NOT SEND DECIMAL POINTS IN THE DIAGNOSIS CODE.
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	ABF	ICD-10-CM OTHER DIAGNOSIS
						BF	ICD-9-CM OTHER DIAGNOSIS
			HI01-2	INDUSTRY CODE	Y		OTHER DIAGNOSIS
			HI01-9	PRESENT ON ADMISSION INDICATOR	C1	N	NO
						U	UNKNOWN
						W	NOT APPLICABLE
						Y	YES
			HI02 THRU HI12	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	ABF	ICD-10-CM OTHER DIAGNOSIS
						BF	ICD-9-CM OTHER DIAGNOSIS
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		OTHER DIAGNOSIS
			HI02-9 THRU HI12-9	PRESENT ON ADMISSION INDICATOR	C1	N	NO
						U	UNKNOWN
						W	NOT APPLICABLE
						Y	YES

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	HI	PRINCIPAL PROCEDURE INFORMATION			C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER	Y	BBR	ICD-10-PCS PRINCIPAL PROCEDURE CODE
						BR	ICD-9- CM PRINCIPAL PROCEDURE
			HI01-2	INDUSTRY CODE	Y		PRINCIPAL PROCEDURE CODE
			HI01-3	DATE TIME PERIOD QUALIFIER	C1	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			HI01-4	DATE TIME PERIOD	C1		PRINCIPAL PROCEDURE DATE
	HI	OTHER PROCEDURE INFORMATION	HI		C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	BBQ	ICD-10-PCS OTHER PROCEDURE CODE
						BQ	ICD-9-CM PROCEDURE
			HI01-2	INDUSTRY CODE	Y		PROCEDURE CODE
			HI01-3	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			HI01-4	DATE TIME PERIOD	Y		PROCEDURE DATE
			HI02 THRU HI12	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	BBQ	ICD-10-PCS OTHER PROCEDURE CODE
						BQ	ICD-9-CM PROCEDURE
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		PROCEDURE CODE
			HI02-3 THRU HI12-3	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			HI02-4 THRU HI12-4	DATE TIME PERIOD	Y		PROCEDURE DATE

Minnesota Department of Human Services

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	HI	OCCURRENCE SPAN INFORMATION	HI		C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	BI	OCCURRENCE SPAN
			HI01-2	INDUSTRY CODE	Y		OCCURRENCE SPAN CODE
			HI01-3	DATE TIME PERIOD FORMAT QUALIFIER	Y	RD8	RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD
			HI01-4	DATE TIME PERIOD	Y		OCCURRENCE SPAN CODE DATE
			HI02 THRU HI12	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	BI	OCCURRENCE SPAN
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		OCCURRENCE SPAN CODE
			HI02-3 THRU HI12-3	DATE TIME PERIOD FORMAT QUALIFIER	Y	RD8	RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD
			HI02-4 THRU HI12-4	DATE TIME PERIOD	Y		OCCURRENCE SPAN CODE DATE
	HI	OCCURRENCE INFORMATION	HI		C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	BH	OCCURRENCE
			HI01-2	INDUSTRY CODE	Y		OCCURRENCE CODE
			HI01-3	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			HI01-4	DATE TIME PERIOD	Y		OCCURRENCE CODE DATE
			HI02 THRU HI12	HEALTH CARE CODE INFORMATION	C1		

837I HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	**SEG**	**NAME**	**ID**	**ELEMENT NAME**	**REQ**	**VALUE**	**DESCRIPTION**

LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	BH	OCCURRENCE
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		OCCURRENCE CODE
			HI02-3 THRU HI12-3	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			HI02-4 THRU HI12-4	DATE TIME PERIOD	Y		OCCURRENCE DATE
	HI	VALUE INFORMATION	HI		C2		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	BE	VALUE
			HI01-2	INDUSTRY CODE	Y		VALUE CODE
						54	Newborn Birth Weight in Grams
						80	COVERED DAYS
						81	NON-COVERED DAYS
			HI01-5	MONETARY AMOUNT	Y		VALUE CODE AMOUNT
	HI	CONDITION INFORMATION	HI		C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		
			HI01-1	CODE LIST QUALIFIER CODE	Y	BG	CONDITION
			HI01-2	INDUSTRY CODE	Y		CONDITION CODE
			HI02 THRU HI12	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI12-1	CODE LIST QUALIFIER CODE	Y	BG	CONDITION
			HI02-2 THRU HI12-2	INDUSTRY CODE	Y		CONDITION CODE
2310A		**ATTENDING PHYSICIAN NAME**			**C1**		
	NM1	ATTENDING PHYSICIAN NAME			C1		
			NM101	ENTITY IDENTIFIER CODE	Y	71	ATTENDING PHYSICIAN

LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
		837I HIPAA Implementation Guide Data				**DHS Encounter Data**	
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	ATTENDING PROVIDER LAST NAME	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			NM104	ATTENDING PROVIDER FIRST NAME	C1		DEFAULT TO ANY TEXT- REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI
			NM109	IDENTIFICATION CODE	Y		ATTENDING PROVIDER PRIMARY IDENTIFIER - NPI NUMBER IF "XX" QUALIFIER IS ENTERED IN NM108.
	REF	ATTENDING PHYSICIAN SECONDARY IDENTIFICATION			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		ATTENDING PHYSICIAN SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2310B		**OPERATING PHYSICIAN NAME**			**C1**		
	NM1	OPERATING PHYSICIAN NAME			C1		
			NM101	ENTITY IDENTIFIER CODE	Y	72	OPERATING PHYSICIAN
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		OPERATING PHYSICIAN LAST NAME DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			NM104	NAME FIRST	C1		OPERATING PHYSICIAN FIRST NAME DEFAULT TO ANY TEXT-NOT USED BUT REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI
			NM109	IDENTIFICATION CODE	Y		OPERATING PHYSICIAN PRIMARY IDENTIFIER
	REF	OPERATING PHYSICIAN SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	OPERATING PHYSICIAN SECONDARY IDENTIFIER	Y		OPERATING PHYSICIAN SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2310D		**RENDERING PROVIDER NAME**			**C1**		
	NM1	RENDERING PROVIDER NAME			C1		

		837I HIPAA Implementation Guide Data			DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NM101	ENTITY IDENTIFIER CODE	Y	82	RENDERING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		RENDERING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		RENDERING PROVIDER FIRST NAME
			NM105	NAME MIDDLE	C1		RENDERING PROVIDER MIDDLE NAME OR INITIAL
			NM107	NAME SUFFIX	C1		RENDERING PROVIDER NAME SUFFIX
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI
			NM109	IDENTIFICATION CODE	Y		RENDERING PROVIDER IDENTIFIER (NPI)
	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	RENDERING PROVIDER SECONDARY IDENTIFIER	Y		RENDERING PROVIDER UMPI ID NUMBER (DHS UMPI NUMBER)
2310E		**SERVICE FACILITY LOCATION NAME**			**C1**		**REQUIRED WHEN THE LOCATION OF HEALTH CARE SERVICE IS DIFFERENT THAN THAT CARRIED IN LOOP 2010AA**
	NM1	SERVICE FACILITY LOCATION NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	77	SERVICE LOCATION
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		LABORATORY OR FACILITY NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		LABORATORY OR FACILITY PRIMARY IDENTIFIER
	N3	SERVICE FACILITY LOCATION ADDRESS			Y		
			N301	ADDRESS INFORMATION	Y		LABORATORY OR FACILITY ADDRESS LINE
			N302	ADDRESS INFORMATION	C1		LABORATORY OR FACILITY ADDRESS LINE

LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
		837I HIPAA Implementation Guide Data				**DHS Encounter Data**	
	N4	SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE			Y		
			N401	CITY NAME	Y		LABORATORY OR FACILITY CITY NAME
			N402	STATE OR PROVINCE CODE	C1		LABORATORY OR FACILITY STATE OR PROVINCE CODE
			N403	POSTAL CODE	C1		LABORATORY OR FACILITY POSTAL ZONE OR ZIP CODE
	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER (FOR UMPI NUMBERS)
			REF02	REFERENCE IDENTIFICATION	Y		LABORATORY OR FACILITY SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2320		**OTHER SUBSCRIBER INFORMATION**			**C2**		**THIS LOOP IS REQUIRED – THE FIRST OCCURRENCE MUST CONTAIN INFORMATION FOR THE MCO AS THE PRIMARY/SECONDARY PAYER. IF THE PRIMARY PAYER IS A THIRD PARTY, THE SECOND OCCURRENCE OF THIS SEGMENT SHOULD CONTAIN A "P" AND INFORMATION RELATED TO THE RELEVANT THIRD PARTY PAYER. UP TO 10 SBR LOOPS CAN BE SENT.**
	SBR	OTHER SUBSCRIBER INFORMATION			C1		
			SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	Y	P	PRIMARY
						S	SECONDARY
						T	TERTIARY
						SEE X12 IG FOR ADDT'L CODES /VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES TO USE.
			SBR02	INDIVIDUAL RELATIONSHIP CODE	Y	18	SELF– this is the only option for the first occurrence. Subsequent occurrences should be billed as appropriate.

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
						SEE X12 IG FOR ADDT'L CODES /VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES TO USE.
			SBR03	REFERENCE IDENTIFICATION	C1		INSURED GROUP OR POLICY NUMBER
			SBR04	NAME	C1		OTHER INSURED GROUP NAME
			SBR09	CLAIM FILING INDICATOR CODE	C1	HM	HEALTH MAINTENANCE ORGANIZATION (HM) – **SEND ON MCO DENIED CLAIMS/LINES ONLY**. This is only for the first occurrence. On subsequent occurrences, fill out as appropriate.
						SEE X12 IG FOR ADDT'L CODES /VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES TO USE.
	CAS	CLAIM LEVEL ADJUSTMENTS			C1		COMPLETE IF YOU HAVE CLAIM LEVEL ADJUSTMENTS. YOU CAN ADD UP TO 5 CAS SEGMENTS.
			CAS01	CLAIM ADJUSTMENT GROUP CODE	Y	CO	CONTRACTUAL OBLIGATIONS
						CR	CORRECTION AND REVERSALS
						OA	OTHER ADJUSTMENTS
						PI	PAYOR INITIATED REDUCTIONS
						PR	PATIENT RESPONSIBILITY
			CAS02	CLAIM ADJUSTMENT REASON CODE	Y		ADJUSTMENT REASON CODE
			CAS03	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS04	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			CAS05	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS06	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS07	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS08	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS09	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS10	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS11	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS12	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS13	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS14	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS15	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS16	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS17	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS18	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS19	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
	AMT	COB PAYER PAID AMOUNT			C2		
			AMT01	AMOUNT QUALIFIER CODE	Y	D	PAYOR AMOUNT PAID
			AMT02	MONETARY AMOUNT	Y		PAYER PAID AMOUNT "0" (ZERO) IS AN ACCEPTABLE AMOUNT

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	AMT	REMAINING PATIENT LIABILITY			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	EAF	AMOUNT OWED
			AMT02	MONETARY AMOUNT	Y		REMAINING PATIENT LIABILITY
	AMT	COB TOTAL NON-COVERED AMOUNT			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	A8	NONCOVERED CHARGES – ACTUAL
			AMT02	MONETARY AMOUNT	Y		NON-COVERED CHARGE AMOUNT
	OI	OTHER INSURANCE COVERAGE INFORMATION			Y		
			OI03	YES/NO CONDITION OR RESPONSE	Y	Y	BENEFITS ASSIGNMENT CERTIFICATION INDICATOR
			OI06	RELEASE OF INFORMATION	Y	Y	YES, PROVIDER HAS A SIGNED STATEMENT PERMITTING RELEASE OF MEDICAL BILLING DATA RELATED TO A CLAIM.
2330A		**OTHER SUBSCRIBER NAME**			**C2**		**THIS LOOP IS REQUIRED– MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTER HERE AND TPL ADJUDICATION INFORMATION. ONE SUBSCRIBER NAME PER SBR SEGMENT.**
	NM1	OTHER SUBSCRIBER NAME			Y		
			NM101	ENTITY ID CODE	Y	IL	INSURED OR SUBSCRIBER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		OTHER INSURED LAST NAME – IF NM102="2", THEN EITHER THE ORGANIZATION NAME OR "UNKNOWN" IS VALID.
			NM104	NAME FIRST	C1		OTHER INSURED FIRST NAME
			NM105	NAME MIDDLE	C1		OTHER INSURED MIDDLE NAME
			NM107	NAME SUFFIX	C1		OTHER INSURED NAME SUFFIX
			NM108	ID CODE QUALIFIER	Y	MI	MEMBER IDENTIFICATION NUMBER

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NM109	ID CODE	Y		EITHER THE OTHER INSURED IDENTIFIER OR "UNKNOWN" IS VALID.
2330B		OTHER PAYER NAME			C2		**THIS LOOP IS REQUIRED– MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTERED HERE AND TPL ADJUDICATION INFORMATION. ONE OTHER PAYER NAME PER SBR SEGMENT.**
	NM1	OTHER PAYER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	PR	PAYER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		OTHER PAYER LAST OR ORGANIZATION NAME EITHER THE ORGANIZATION NAME OR "UNKNOWN" IS VALID.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	PI	PAYOR IDENTIFICATION
			NM109	IDENTIFICATION CODE OTHER PAYER PRIMARY IDENTIFIER	Y		OTHER PAYER PRIMARY IDENTIFIER
	DTP	CLAIM CHECK OR REMITTANCE DATE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	573	DATE CLAIM PAID
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ADJUDICATION OR PAYMENT DATE
	REF	OTHER PAYER CLAIM CONTROL NUMBER			C1		MUST BE USED FOR MEDICARE CLAIMS.
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	F8	ORIGINAL REFERENCE NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MEDICARE ICN
2400		SERVICE LINE NUMBER			Y		
	LX	SERVICE LINE NUMBER			Y		
			LX01	ASSIGNED NUMBER	Y		BEGIN WITH 1 AND INCREMENT BY 1.
	SV2	INSTITUTIONAL SERVICE LINE			Y		
			SV201	PRODUCT/SERVICE ID	Y		SERVICE LINE REVENUE CODE
			SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	C1		

	837I HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			SV202-1	PRODUCT/SERVICE ID QUALIFIER	Y		Qualifiers are listed in 837I TR3
			SV202-2	PRODUCT/SERVICE ID	Y		Procedure Code
			SV202-3	PROCEDURE MODIFIER	C1		MODIFIER 1
			SV202-4	PROCEDURE MODIFIER	C1		MODIFIER 2
			SV202-5	PROCEDURE MODIFIER	C1		MODIFIER 3
			SV202-6	PROCEDURE MODIFIER	C1		MODIFIER 4
			SV202-7	DESCRIPTION	C1		P= (ie PCLRF). This indicator will be used for more programs than just CLRF. We are expecting to use it for IMD initially and then other programs as well.
			SV203	MONETARY AMOUNT	Y		LINE ITEM CHARGE AMOUNT. PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS.
			SV204	UNIT OR BASIS OF MEASUREMENT CODE	Y	DA	DAYS
						UN	UNITS
			SV205	QUANTITY	Y		SERVICE UNIT COUNT
			SV207	MONETARY AMOUNT	C1		LINE ITEM DENIED CHARGE OR NON-COVERED CHARGE AMOUNT
	DTP	SERVICE DATE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	472	SERVICE
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
						RD8	RANGE OF DATES EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		SERVICE DATE
	REF	LINE ITEM CONTROL NUMBER			CY		

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	837I HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	6R	PROVIDER CONTROL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		LINE ITEM CONTROL NUMBER
	REF	REPRICED LINE ITEM REFERENCE NUMBER			C2		THIS SEGMENT IS USED FOR INPATIENT & OUTPATIENT CLAIMS.
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	9B	ALLOWED AMOUNT
			REF02	REFERENCE IDENTIFIER	Y		ALLOWED AMOUNT IS THE PROVIDER CONTRACTED RATE PRIOR TO ANY EXCLUSIONS OR ADD-ONS. **SEE APPENDIX – P. 85**
	REF	ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER			C2		THIS SEGMENT IS USED FOR OUTPATIENT CLAIMS ONLY.
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	9D	PAID AMOUNT
			REF02	REFERENCE IDENTIFIER	Y		PAID AMOUNT IS THE AMOUNT PAID TO THE PROVIDER EXCLUDING THIRD PARTY LIABILITY, PROVIDER WITHHOLDS, INCENTIVES, AND MEMBER COST SHARING. **SEE APPENDIX – P. 85**
	AMT	PAID UNITS			C2		PAID UNITS
			AMT01	AMOUNT QUALIFIER CODE	Y	GT	QUALIFIER FOR PAID UNITS
			AMT02	MONETARY AMOUNT	Y		NUMBER OF UNITS PAID ON A CLAIM LINE (FORMAT SHOULD BE XXX.00)
	NTE	THIRD PARTY ORGANIZATION NOTES			C2		
			NTE01	THIRD PARTY NOTES	Y	TPO	MCO PAID DATE
			NTE02		Y	SINGLE DATE	DATE OF THE PAYMENT TO THE PROVIDER. PAID DATE MUST BE SENT AS 'PAIDDATE=20120101'.
2410		DRUG IDENTIFICATION			C2		USED WHEN PROC CODE MATCHES ONE ON LIST: HTTP://WWW.DHS.STATE.MN.US/MAIN/DHS16_147971#
	LIN	ITEM IDENTIFICATION			C2		
			LIN02	PRODUCT/SERVICE ID QUALIFIER	Y	N4	NATIONAL DRUG CODE (NDC)
			LIN03	PRODUCT/SERVICE ID	Y		NDC FOR PHYSICIAN ADMINISTERED DRUGS.
	CTP	DRUG QUANTITY			Y		

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837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			CTP04	NATIONAL DRUG UNIT COUNT	Y		DRUG QUANTITY FOR PHYSICIAN ADMINISTERED DRUGS.
			CTP05	COMPOSITE UNIT OF MEASURE	Y		
			CTP05 -1	UNIT OR BASIS OF MEASUREMENT CODE	Y	F2	INTERNATIONAL UNIT
						GR	GRAM
						ME	MILLIGRAM
						ML	MILLILITER
						UN	UNIT
2420D		REFERRING PROVIDER NAME			C1		
	NM1	REFERRING PROVIDER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	DN	REFERRING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		REFERRING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		REFERRING PROVIDER FIRST NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	
			NM109	IDENTIFICATION CODE OTHER PAYER PRIMARY IDENTIFIER	C1		REFERRING PROVIDER IDENTIFIER
	REF	REFERRING PROVIDER SECONDARY IDENTIFIER			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		REFERRING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2430		LINE ADJUDICATION INFORMATION			C1		THIS LOOP IS REQUIRED - MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTED HERE AND TPL ADJUDICATION INFORMATION. UP TO 15 OF THIS LOOP CAN BE SENT, SEND ONE PER L2330B/NM1*PR SEGMENT.

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	SVD	LINE ADJUDICATION INFORMATION			C2		
			SVD01	IDENTIFICATION CODE	Y		OTHER PAYER PRIMARY IDENTIFIER
			SVD02	MONETARY AMOUNT	Y		
			SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	Y		
			SVD03 -1	PRODUCT/SERVICE ID QUALIFIER	Y	HC	HCPCS/CPT CODE
			SVD03 -2	PRODUCT SERVICE ID	Y		PROCEDURE CODE
			SVD03 -3	PROCEDURE MODIFIER	C1		MODIFIER 1
			SVD03 -4	PROCEDURE MODIFIER	C1		MODIFIER 2
			SVD03 -5	PROCEDURE MODIFIER	C1		MODIFIER 3
			SVD03 -6	PROCEDURE MODIFIER	C1		MODIFIER 4
			SVD04	PRODUCT SERVICE ID	Y		SERVICE LINE REVENUE CODE
			SVD05	QUANTITY	Y		PAID SERVICE UNIT COUNT
	CAS	LINE ADJUSTMENT			C1		
			CAS01	CLAIM ADJUSTMENT GROUP CODE	Y	CO	CONTRACTUAL OBLIGATIONS
						CR	CORRECTIONS AND REVERSALS
						OA	OTHER ADJUSTMENTS
						PI	PAYOR INITIATED REDUCTIONS
						PR	PATIENT RESPONSIBILITY
			CAS02	CLAIM ADJUSTMENT REASON CODE	Y		ADJUSTMENT REASON CODE
			CAS03	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS04	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS05	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS06	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO

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	837I HIPAA Implementation Guide Data				DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			CAS07	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS08	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS09	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS10	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS11	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS12	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS13	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS14	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS15	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS16	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS17	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS18	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS19	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
	DTP	LINE CHECK OR REMITTANCE DATE			Y		
			DTP01	DATE/TIME QUALIFIER	Y	573	DATE CLAIM PAID
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ADJUDICATION OR PAYMENT DATE
	AMT	REMAINING PATIENT LIABILITY			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	EAF	AMOUNT OWED
			AMT02	MONETARY AMOUNT	Y		REMAINING PATIENT LIABILITY

837I HIPAA Implementation Guide Data					DHS Encounter Data		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
TRL		TRAILER					
	SE	TRANSACTION SET TRAILER			Y		
			SE01	NUMBER OF INCLUDED SEGMENTS	Y		TOTAL SEGMENTS IN TRANSACTION SET.
			SE02	TRANSACTION SET CONTROL NUMBER	Y		MUST MATCH ST02.

ENVELOPE INFORMATION

INTERCHANGE CONTROL HEADER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837I VALUES
		DO NOT SEND SEGMENT DELIMITERS THAT ARE MORE THAN ONE BYTE. SEE APPENDIX A.1.2.4 THROUGH A.1.2.7 IN THE 837 IMPLEMENTATION GUIDE FOR LISTS OF CHARACTERS THAT ARE ALLOWED. IF YOU SEND CHARACTERS THAT ARE NOT WITHIN THE SETS SHOWN IN THE GUIDE, YOUR FILE WILL NOT BE PROCESSED. QUALIFIER VALUES ARE CASE SENSITIVE. IF LOWER CASE VALUES ARE SENT, YOUR FILE WILL NOT BE PROCESSED. PLEASE SEND ONE INTERCHANGE PER FILE UNTIL FURTHER NOTICE. IF YOU SEND MORE THAN ONE INTERCHANGE, THE ADDITIONAL INTERCHANGES MAY NOT BE PROCESSED.
ISA01	AUTHORIZATION INFORMATION QUALIFIER	00-NO AUTHORIZATION INFORMATION PRESENT.
ISA02	AUTHORIZATION INFORMATION	10 SPACES
ISA03	SECURITY INFORMATION QUALIFIER	00-NO SECURITY INFORMATION PRESENT
ISA04	SECURITY INFORMATION	10 SPACES
ISA05	INTERCHANGE ID QUALIFIER	ZZ-MUTUALLY DEFINED
ISA06	INTERCHANGE SENDER ID	THIS NUMBER MUST BE THE ONE USED TO REGISTER IN THE MN-ITS SYSTEM AND MUST CORRESPOND TO THE MN-ITS MAILBOX NUMBER. THIS MUST CHANGE TO THE 10-DIGIT NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIVERSAL MINNESOTA PROVIDER IDENTIFIER (UMPI) FOLLOWED BY 5 TRAILING SPACES.
ISA07	INTERCHANGE ID QUALIFIER	30-U.S. FEDERAL TAX IDENTIFICATION NUMBER
ISA08	INTERCHANGE RECEIVER ID	41-1674742-MN DEPT OF HUMAN SERVICES FEIN FOLLOWED BY 5 TRAILING SPACES. THIS NUMBER MUST CONTAIN A HYPHEN.
ISA09	INTERCHANGE DATE	CURRENT DATE FORMATTED AS 6-DIGITS (YYMMDD)
ISA10	INTERCHANGE TIME	CURRENT TIME FORMATTED AS 4-DIGITS(HHMM)
ISA11	REPETITION SEPARATOR	PLEASE SEND DHS "["
ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501-DRAFT STANDARDS FOR TRIAL USE APPROVED ASC X-12 REVIEW BOARD
ISA13	INTERCHANGE CONTROL NUMBER	BEGIN WITH "1" 9-DIGIT ZERO FILLED LEFT TO RIGHT. ALL ZEROS IS NOT AN ALLOWED VALUE.
ISA14	ACKNOWLEDGMENT REQUESTED	PROVIDER OPTION 0-NO OR 1-YES.
ISA15	USAGE INDICATOR	SEND P-PRODUCTION DATE FOR PRODUCTION FILES AND T-TEST DATA FOR TEST FILES.
ISA16	COMPONENT ELEMENT SEPARATOR	PROVIDER OPTION/SUB-ELEMENT DELIMITER.

INTERCHANGE CONTROL TRAILER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837I VALUES
IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	PROVIDER TRANSLATOR COUNTS NUMBER OF FUNCTIONAL GROUPS WITHIN THE INTERCHANGE.
IEA02	INTERCHANGE CONTROL NUMBER	SAME AS ISA13

FUNCTIONAL GROUP HEADER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837I VALUES
GS01	FUNCTIONAL IDENTIFIER CODE	HC-HEALTH CARE CLAIMS (837)
GS02	APPLICATION SENDER'S CODE	THIS MUST CHANGE TO 10-DIGIT NATIONAL PROVIDER IDENTIFIOER OR UNIVERSAL MINNESOTA PROVIDER IDENTIFIER (UMPI). MUST MATCH THE NUMBER IN ISA06 WITHOUT THE TRAILING SPACES.
GS03	APPLICATION RECEIVER'S CODE	41-1674742-MN DEPT OF HUMAN SERVICES FEIN. THIS NUMBER MUST CONTAIN A HYPHEN.
GS04	FUNCTIONAL GROUP CREATION DATE	CURRENT DATE FORMATTED AS 8-DIGITS (CCYYMMDD).
GS05	CREATION TIME	CURRENT TIME FORMATTED AS 4-DIGITS (HHMM).
GS06	GROUP CONTROL NUMBER	**UNIQUE** 1-DIGIT TO 9-DIGIT NUMBER. PREFERABLY START AT 1 AND INCREMENT BY 1 FOR EACH SUCCESSIVE FUNCTIONAL GROUP FROM SENDER TO RECEIVER, AND NOT RESET TO STARTING VALUE OF 1 WITHIN EACH INTERCHANGE OR EACH DAY.
GS07	RESPONSIBLE AGENCY CODE	X-ACCREDITED STANDARDS COMMITTEE X-12
GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X223A2-DRAFT STANDARDS APPROVED BY ASC X12 BOARD.

FUNCTIONAL GROUP TRAILER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837I VALUES
GE01	NUMBER OF TRANSACTION SETS INCLUDED	1 - 6 DIGITS. PROVIDER TRANSLATOR COUNTS NUMBER OF TRANSACTION SETS WITHIN THE FUNCTIONAL GROUP.
GE02	GROUP CONTROL NUMBER	MUST MATCH GS06 NUMBER.

4   DENTAL

LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	**837D HIPAA Implementation Guide Data**				**DHS Information**		
HDR		**HEADER**					
	ST	TRANSACTION SET HEADER			Y		
			ST01	TRANSACTION SET IDENTIFIER CODE	Y	837	HEALTH CARE CLAIM
			ST02	TRANSACTION SET CONTROL NUMBER	Y		MCO SYSTEM GENERATED NUMBER
			ST03	IMPLEMENTATION CONVENTION REFERENCE	Y	005010X22 4A2	SAME AS GS08
	BHT	BEGIN OF HIERARCHICAL TRANSACTION			Y		
			BHT01	HIERARCHICAL STRUCTURE CODE	Y	0019	INFORMATION SOURCE, SUBSCRIBER, DEPENDENT
			BHT02	TRANSACTION SET PURPOSE CODE	Y	00	ORIGINAL
						18	REISSUE
			BHT03	REFERENCE IDENTIFICATION	Y		SUBMISSION NUMBER- MCO ASSIGNED
			BHT04	DATE	Y		TRANSACTION SET CREATION DATE
			BHT05	TIME	Y		TRANSACTION SET CREATION TIME
			BHT06	TRANSACTION TYPE CODE	Y	RP	REPORTING
1000A		**SUBMITTER NAME**			**Y**		**THIS LOOP IS USED FOR INFORMATION REGARDING THE MCO RESPONSIBLE FOR THE ENCOUNTER.**
	NM1	SUBMITTER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	41	SUBMITTER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MCO NAME (OR CONTRACTOR)
			NM104	NAME FIRST	N		NOT REQUIRED
			NM105	NAME MIDDLE	N		NOT REQUIRED
			NM108	IDENTIFICATION CODE QUALIFIER	Y	46	TRADING PARTNER ID
			NM109	IDENTIFICATION CODE	Y		DHS CONTRACT ID/UMPI NUMBER OF THE MCO

		837D HIPAA Implementation Guide Data				**DHS Information**	
LOOP	**SEG**	**NAME**	**ID**	**ELEMENT NAME**	**REQ**	**VALUE**	**DESCRIPTION**
	PER	SUBMITTER EDI CONTACT INFORMATION			Y		
			PER01	CONTACT FUNCTION CODE	Y	IC	INFORMATION CONTACT
			PER02	NAME	C1		MCO SUBMITTER CONTACT
			PER03	COMMUNICATION NUMBER QUALIFIER	Y	TE	TELEPHONE
			PER04	COMMUNICATION NUMBER	Y		MCO CONTACT PHONE NUMBER
1000B		**RECEIVER NAME**			**Y**		
	NM1	RECEIVER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	40	RECEIVER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MN DEPT OF HUMAN SERVICES
			NM108	IDENTIFICATION CODE QUALIFIER	Y	46	TRADING PARTNER ID
			NM109	IDENTIFICATION CODE	Y	411674742	RECEIVER ID
2000A		**BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL**			**Y**		
	HL	HIERARCHICAL LEVEL			Y		
			HL01	HIERARCHICAL ID NUMBER	Y		1 THEN INCREMENT BY 1
			HL03	HIERARCHICAL LEVEL CODE	Y	20	INFORMATION SOURCE
			HL04	HIERARCHICAL CHILD CODE	Y	1	ADDITIONAL SUBORDINATE HL DATA SEGMENT IN THIS HIERARCHICAL STRUCTURE
	PRV	BILLING PROVIDER SPECIALTY INFORMATION			C1		
			PRV01	PROVIDER CODE	Y	BI	BILLING
			PRV02	REFERENCE IDENTIFICATION QUALIFER	Y	PXC	HEALTH CARE PROVIDER TAXONOMY CODE
			PRV03	REFERENCE IDENTIFICATION	Y		PROVIDER TAXONOMY CODE
2010AA		**BILLING PROVIDER NAME**			**Y**		
	NM1	BILLING PROVIDER NAME			Y		

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NM101	ENTITY IDENTIFIER CODE	Y	85	BILLING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		BILLING PROVIDER LAST OR ORGANIZATIONAL NAME
			NM104	BILLING PROVIDER FIRST NAME	C1		BILLING PROVIDER FIRST NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		PROVIDER NPI
	N3	BILLING PROVIDER ADDRESS			Y		
			N301	ADDRESS INFORMATION	Y		BILLING PROVIDER ADDRESS LINE
			N302	ADDRESS INFORMATION	C1		BILLING PROVIDER ADDRESS LINE
	N4	BILLING PROVIDERCITY/STATE/ZIP			Y		
			N401	CITY NAME	Y		BILLING PROVIDER CITY NAME
			N402	STATE OR PROVINCE CODE	C1		BILLING PROVIDER STATE OR PROVINCE CODE
			N403	POSTAL CODE	C1		BILLING PROVIDER POSTAL ZONE OR ZIP CODE
	REF	BILLING PROVIDER TAX IDENTIFICATION			Y		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	EI	EMPLOYER'S IDENTIFICATION NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		BILLING PROVIDER TAX IDENTIFICATION NUMBER
2000B		SUBSCRIBER HIERARCHICAL LEVEL			Y		
	HL	HIERARCHICAL LEVEL			Y		
			HL01	HIERARCHICAL ID NUMBER	Y		START WITH 2 AND INCREMENT BY 1.
			HL02	HIERARCHICAL PARENT ID	Y		1 FOR FIRST ITERATION. CHANGES TO PROVIDER HL01 VALUE WHEN PROVIDER NUMBER CHANGES IN A TRANSACTION SET.
			HL03	HIERARCHICAL LEVEL CODE	Y	22	INFORMATION SOURCE
			HL04	HIERARCHICAL CHILD CODE	Y	0	NO ADDITIONAL HL SEGMENT IN THIS HIERARCHICAL STRUCTURE

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	SBR	SUBSCRIBER INFORMATION			Y		
			SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	Y	U	UNKNOWN
			SBR02	INDIVIDUAL RELATIONSHIP CODE	Y	18	SELF
			SBR09	CLAIM FILING INDICATOR CODE	Y	MC	MEDICAID
2010BA		SUBSCRIBER NAME			Y		
	NM1	SUBSCRIBER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	IL	INSURED OR SUBSCRIBER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MEMBER LAST NAME
			NM104	NAME FIRST	Y		MEMBER FIRST NAME
			NM105	NAME MIDDLE	C1		MEMBER MIDDLE INITIAL, IF KNOWN
			NM108	IDENTIFICATION CODE QUALIFIER	Y	MI	MEMBER ID NUMBER
			NM109	IDENTIFICATION CODE	Y		DHS ASSIGNED EIGHT DIGIT MEMBER ID
	N3	SUBSCRIBER ADDRESS			C2		SINCE THE PATIENT IS ALWAYS THE SUBSCRIBER UNDER MHCP, THIS SEGMENT IS REQUIRED.
			N301	ADDRESS INFORMATION	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
	N4	SUBSCRIBER CITY, STATE, ZIP			C2		SINCE THE PATIENT IS ALWAYS THE SUBSCRIBER UNDER MHCP, THIS SEGMENT IS REQUIRED.
			N401	CITY NAME	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			N402	STATE OR PROVINCE CODE	Y		DEFAULT TO ANY TEXT – NOT USED BUT REQUIRED BY STANDARD
			N403	POSTAL CODE	Y		DEFAULT TO "00000".
	DMG	SUBSCRIBER DEMOGRAPHICS			Y		
			DMG01	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DMG02	DATE TIME PERIOD	Y		SUBSCRIBER BIRTH DATE
			DMG03	GENDER CODE	Y	F	FEMALE
						M	MALE
						U	UNKNOWN

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	REF	SUBSCRIBER SECONDARY IDENTIFICATION			Y		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	Y4	AGENCY CLAIM NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MCO'S OWN MEMBER ID
2010BB		PAYER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	PR	PAYER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		MN DEPT OF HUMAN SERVICES
			NM108	IDENTIFICATION CODE QUALIFIER	Y	PI	PAYER ID
			NM109	IDENTIFICATION CODE	Y	411674742	DHS PAYER ID
	REF	BILLING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	(REPLACES 2010AA PAY TO PROVIDER UMPI) PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		BILLING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2300		CLAIM INFORMATION			Y		
	CLM	CLAIM INFORMATION			Y		
			CLM01	CLAIM SUBMITTER'S IDENTIFIER	Y		MCO'S OWN CLAIM NUMBER (ICN)
			CLM02	MONETARY AMOUNT	Y		BILLED AMOUNT. PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS.
			CLM05	HEALTH CARE SERVICE LOCATION INFORMATION	Y		
			CLM05-1	FACILITY CODE VALUE	Y		PLACE OF SERVICE CODE
			CLM05-2	FACILITY CODE QUALIFIER	Y	B	PLACE OF SERVICE CODES FOR PROFESSIONAL OR DENTAL SERVICES.

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837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			CLM05-3	CLAIM FREQUENCY TYPE CODE (CLAIM SUBMISSION REASON CODE)	Y	1	ORIGINAL
						8	VOID
			CLM06	YES/NO CONDITION RESPONSE CODE (PROVIDER SIGNATURE ON FILE CODE)	Y	Y	YES (DEFAULT)
						N	NO
			CLM07	PROVIDER ACCEPT ASSIGNMENT CODE	Y		PROVIDER ASSIGNMENT CODE
					Y	A	ASSIGNED
					Y	C	NOT ASSIGNED
					Y	P	PATIENT REFUSES TO ASSIGN BENEFITS
			CLM08	YES/NO CONDITION RESPONSE CODE (ASSIGNMENT OF BENEFITS CODE)	Y	Y	YES (DEFAULT)
						N	NO
						W	NO APPLICABLE
			CLM09	RELEASE OF INFORMATION CODE (RELEASE OF INFORMATION CODE)	Y	Y	YES (DEFAULT)
						I	INFORMED CONSENT
			CLM11	RELATED CAUSES INFORMATION	C1		
			CLM11-1 TO CLM11-3	RELATED CAUSES CODE	C1	AA	AUTO ACCIDENT
						EM	EMPLOYMENT
						OA	OTHER ACCIDENT
	DTP	DATE-ACCIDENT			C1		
			DTP01	DATE/TIME QUALIFIER	C1	439	ACCIDENT
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	C1	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	C1		ACCIDENT DATE
	DTP	DATE- APPLIANCE PLACEMENT			C1		
			DTP01	DATE/TIME QUALIFIER	Y	452	APPLIANCE PLACEMENT

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		APPLIANCE PLACEMENT DATE
	DTP	DATE- SERVICE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	472	SERVICE DATE(S)
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		DATES OF SERVICE
	DTP	DATE – REPRICER RECEIVED DATE			C2		DATE MCO RECEIVED CLAIM
			DTP01	DATE/TIME QUALIFIER	Y	050	RECEIVED
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE AND TIME EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		MCO RECEIVED DATE
	AMT	PATIENT AMOUNT PAID			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	F5	PATIENT AMOUNT PAID. ENTER IF APPLICABLE
			AMT02	MONETARY AMOUNT	Y		ENTER PATIENT AMOUNT PAID
	REF	PAYER CLAIM CONTROL NUMBER (ICN/DCN)			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	F8	PAYER CLAIM CONTROL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		MCO'S ORIGINAL CLAIM (ICN) NUMBER. USED WHEN CLM05-3 IS 8-VOID. THIS IS FOR VOID CLAIM USAGE ONLY.
	NTE	CLAIM NOTE – REPEATS 5 TIMES			C2		REQUIRED ICN TRACKING NUMBER WHEN CLAIM IS A CORRECTED VERSION OF A DHS DENIED CLAIM OR VOIDED CLAIM.
			NTE01	NOTE REFERENCE CODE	Y	ADD	ADDITIONAL INFORMATION

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837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NTE02	DESCRIPTION	Y		ICN OF CORRECTED CLAIM FORMAT IS "C=12345678" (CAPITAL C, EQUAL SIGN (=), ICN OF CLAIM BEING CORRECTED – NO SPACES)
	NTE	CLAIM NOTE – REPEATS 5 TIMES			C2		THE PATIENT ACCOUNT NUMBER SUBMITTED ON THE INBOUND 837D CLAIM FROM PROVIDER
			NTE01	NOTE REFERENCE CODE	Y	ADD	ADDITIONAL INFORMATION
			NTE02	DESCRIPTION	Y		Provider Patient Account Number. "PAC="
	HI	HEALTH CARE INFORMATION CODES			C1		
			HI01	HEALTH CARE CODE INFORMATION	Y		DO NOT SEND DECIMAL POINTS IN THE DIAGNOSIS CODE.
			HI01-1	CODE LIST QUALIFIER CODE	Y	BK	ICD-9-CM PRINCIPAL DIAGNOSIS
						ABK	ICD-10-CM PRINCIPAL DIAGNOSIS
			HI01-2	INDUSTRY CODE	Y		PRINCIPAL DIAGNOSIS CODE
			HI02 THRU HI04	HEALTH CARE CODE INFORMATION	C1		
			HI02-1 THRU HI04-1	CODE LIST QUALIFIER CODE(S)	Y	BF	ICD-9-CM DIAGNOSIS CODE
						ABF	ICD-10-CM DIAGNOSIS CODE
			HI02-2 THRU HI04-2	INDUSTRY CODE	Y		DIAGNOSIS CODE
2310A		REFERRING PROVIDER NAME			C1		
	NM1	REFERRING PROVIDER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	DN	REFERRING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		REFERRING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		REFERRING PROVIDER FIRST NAME

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NM105	NAME MIDDLE	C1		REFERRING PROVIDER MIDDLE NAME OR INITIAL
			NM107	NAME SUFFIX	C1		REFERRING PROVIDER NAME SUFFIX
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI
			NM109	IDENTIFICATION CODE	Y		REFERRING PROVIDER NPI NUMBER
	PRV	REFERRING PROVIDER SPECIALITY INFORMATION			C1		REFERRING PROVIDER TAXONOMY CODE INFORMATION
			PRV01	PROVIDER CODE	Y	RF	REFERRING
			PRV02	REFERENCE IDENTIFICATION QUALIFIER	Y	PXC	HEALTH CARE PROVIDER TAXONOMY CODE
			PRV03	PROVIDER TAXONOMY CODE	Y		
	REF	REFERRING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		REFERRING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2310B		RENDERING PROVIDER NAME			C1		
	NM1	RENDERING PROVIDER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	82	RENDERING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		DEFAULT TO ANY TEXT- NOT USED BUT REQUIRED BY STANDARD.
			NM104	NAME FIRST	C1		DEFAULT TO ANY TEXT- REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI
			NM109	IDENTIFICATION CODE	Y		RENDERING PROVIDER NPI NUMBER
	PRV	RENDERING PROVIDER SPECIALITY INFORMATION			Y		RENDERING PROVIDER TAXONOMY CODE INFORMATION

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			PRV01	PROVIDER CODE	Y	PE	PERFORMING
			PRV02	REFERENCE IDENTIFICATION QUALIFIER	Y	PXC	HEALTH CARE PROVIDER TAXONOMY CODE
			PRV03	PROVIDER TAXONOMY CODE	Y		TAXONOMY CODE. DEFAULT TAXONOMY CODE = "777A00000Z"
	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		RENDERING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2310C		SERVICE FACILITY LOCATION NAME			C1		REQUIRED WHEN THE LOCATION OF HEALTH CARE SERVICE IS DIFFERENT THAN THAT CARRIED IN LOOP 2010AA.
	NM1	SERVICE FACILITY LOCATION NAME			C1		
			NM101	ENTITY IDENTIFIER CODE	Y	77	SERVICE LOCATION
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		LABORATORY OR FACILITY NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		LABORATORY OR FACILITY PRIMARY IDENTIFIER
	N3	SERVICE FACILITY LOCATION ADDRESS			Y		
			N301	ADDRESS INFORMATION	Y		LABORATORY OR FACILITY ADDRESS LINE
			N302	ADDRESS INFORMATION	C1		LABORATORY OR FACILITY ADDRESS LINE
	N4	SERVICE FACILITY LOCATION CITY, STATE, ZIP CODE			Y		
			N401	CITY NAME	Y		LABORATORY OR FACILITY CITY NAME
			N402	STATE OR PROVINCE CODE	C1		LABORATORY OR FACILITY STATE OR PROVINCE CODE
			N403	POSTAL CODE	C1		LABORATORY OR FACILITY POSTAL ZONE OR ZIP CODE

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
	REF	SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER (FOR UMPI NUMBERS)
			REF02	REFERENCE IDENTIFICATION	Y		LABORATORY OR FACILITY SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2310E		SUPERVISING PROVIDER NAME			C1		
	NM1	SUPERVISING PROVIDER NAME			Y		
			NM101	ENTITY ID CODE	Y	DQ	SUPERVISING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST/ORG NAME	Y		SUPERVISING PROVIDER LAST NAME
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	CMS NATIONAL PROVIDER IDENTIFIER
			NM109	IDENTIFICATION CODE	Y		SUPERVISING PROVIDER IDENTIFIER (NPI)
	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION			C1		SUPERVISING PROVIDER SECONDARY IDENTIFIER
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		SUPERVISING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER)
2320		OTHER SUBSCRIBER INFORMATION			C2		THIS LOOP IS REQUIRED - THE FIRST OCCURRENCE MUST CONTAIN INFORMATION FOR THE MCO AS THE PRIMARY/SECONDARY PAYER. IF THE PRIMARY PAYER IS A THIRD PARTY, THE SECOND OCCURRENCE OF THIS SEGMENT SHOULD CONTAIN A "P" AND INFORMATION RELATED TO THE RELEVANT THIRD PARTY PAYER. UP TO 10 SBR LOOPS CAN BE SENT.
	SBR	OTHER SUBSCRIBER INFORMATION			Y		

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			SBR01	PAYER RESPONSIBILITY SEQUENCE NUMBER CODE	Y	P	PRIMARY
						S	SECONDARY
						T	TERTIARY
						SEE X12 IG FOR ADDT'L CODES/ VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES
			SBR02	INDIVIDUAL RELATIONSHIP CODE	Y	18	SELF– this is the only option for the first occurrence. Subsequent occurrences should be billed as appropriate.
						SEE X12 IG FOR ADDT'L CODES/ VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES
			SBR03	REFERENCE IDENTIFICATION	C1		INSURANCE GROUP OR POLICY NUMBER
			SBR05	INSURANCE TYPE CODE	C1	SEE X12 IG FOR ADDT'L CODES/ VALUES	REQUIRED WHEN MEDICARE PRESENT AND MEDICARE IS NOT PRIMARY PAYER.
			SBR09	CLAIM FILING INDICATOR CODE	Y	HM	HEALTH MAINTENANCE ORGANIZATION (HM) – **SEND FOR MCO DENIED CLAIMS/LINES ONLY.** This is only for the first occurrence. On subsequent occurrences, fill out as appropriate.
						SEE X12 IG FOR ADDT'L CODES/ VALUES	REFER TO THE IMPLEMENTATION GUIDE FOR THE OTHER CODES/VALUES
	CAS	CLAIM LEVEL ADJUSTMENTS			C1		COMPLETE IF YOU HAVE CLAIM LEVEL ADJUSTMENTS
			CAS01	CLAIM ADJUSTMENT GROUP CODE	Y	CO	CONTRACTUAL OBLIGATIONS
						CR	CORRECTIONS AND REVERSALS
						OA	OTHER ADJUSTMENTS

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837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
						PI	PAYOR INITIATED REDUCTIONS
						PR	PATIENT RESPONSIBILITY
			CAS02	CLAIM ADJUSTMENT REASON CODE	Y		ADJUSTMENT REASON
			CAS03	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS04	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS05	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS06	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS07	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS08	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS09	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS10	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS11	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS12	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS13	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS14	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS15	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS16	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS17	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON
			CAS18	MONETARY AMOUNT	C1		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO

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837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			CAS19	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
	AMT	COB PAYER PAID AMOUNT			C2		
			AMT01	AMOUNT QUALIFIER CODE	Y	D	PAYOR PAID AMOUNT
			AMT02	MONETARY AMOUNT	Y		PAYER PAID AMOUNT; ZERO IS ACCEPTABLE
	AMT	REMAINING PATIENT LIABILITY			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	EAF	AMOUNT OWED
			AMT02	MONETARY AMOUNT	Y		REMAINING PATIENT LIABILITY
	AMT	COB TOTAL NON-COVERED AMOUNT			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	A8	NONCOVERED CHARGES – ACTUAL
			AMT02	MONETARY AMOUNT	Y		NON-COVERED CHARGE AMOUNT
	OI	OTHER INSURANCE COVERAGE INFORMATION			Y		
			OI03	YES/NO CONDITION OR RESPONSE	Y	Y	
			OI06	RELEASE OF INFORMATION	Y	Y	
2330A		**OTHER SUBSCRIBER NAME**			**C1**		**ONE SUBSCRIBER NAME PER SBR SEGMENT.**
	NM1	OTHER SUBSCRIBER NAME			Y		
			NM101	ENTITY ID CODE	Y	IL	INSURED OR SUBSCRIBER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		OTHER INSURED LAST NAME – IF NM102="2", THEN EITHER THE ORGANIZATION NAME OR "UNKNOWN" IS VALID.
			NM104	NAME FIRST	C1		
			NM105	NAME MIDDLE	C1		
			NM107	NAME SUFFIX	C1		
			NM108	ID CODE QUALIFIER	Y	MI	MEMBER IDENTIFICATION NUMBER
			NM109	ID CODE	Y		EITHER THE OTHER INSURED IDENTIFIER OR "UNKNOWN" IS VALID.

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
2330B		OTHER PAYER NAME			C2		THIS LOOP IS REQUIRED – MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTED HERE AND TPL ADJUDICATION INFORMATION, ONE OTHER PAYER NAME PER SBR SEGMENT.
	NM1	OTHER PAYER NAME			Y		
			NM101	ENTITY IDENTIFIER CODE	Y	PR	PAYER
			NM102	ENTITY TYPE QUALIFIER	Y	2	NON-PERSON ENTITY
			NM103	NAME LAST OR ORGANIZATION NAME	Y		EITHER THE ORGANIZATION NAME OR "UNKNOWN" IS VALID.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	PI	PAYOR IDENTIFICATION
			NM109	IDENTIFICATION CODE	Y		OTHER PAYER PRIMARY IDENTIFIER
	DTP	CLAIM CHECK OR REMITTANCE DATE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	573	DATE CLAIM PAID
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ADJUDICATION OR PAYMENT DATE
	REF	OTHER PAYER CLAIM CONTROL NUMBER			C1		MUST BE USED FOR MEDICARE CLAIMS.
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	F8	ORIGINAL REFERENCE NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		OTHER PAYER'S CLAIM CONTROL NUMBER
2400		SERVICE LINE			Y		
	LX	LINE NUMBER			Y		
			LX01	ASSIGNED NUMBER	Y		BEGINS WITH 1 AND INCREMENTED BY 1
	SV3	DENTAL SERVICE			Y		
			SV301	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	Y		
			SV301-1	PRODUCT SERVICE ID QUALIFIER	Y	AD	ADA PROCEDURE
			SV301-2	PRODUCT/SERVICE ID	Y		ADA PROCEDURE CODE
			SV301-3	PROCEDURE MODIFIER	C1		MODIFIER 1
			SV301-4	PROCEDURE MODIFIER	C1		MODIFIER 2

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			SV301-5	PROCEDURE MODIFIER	C1		MODIFIER 3
			SV301-6	PROCEDURE MODIFIER	C1		MODIFIER 4
			SV302	MONETARY AMOUNT	Y		LINE ITEM CHARGE AMOUNT. PER APPENDIX A IN THE IMPLEMENTATION GUIDE, DECIMAL DATA ELEMENTS IN DATA ELEMENT 782 WILL BE LIMITED TO A MAXIMUM LENGTH OF 10 CHARACTERS INCLUDING REPORTED OR IMPLIED PLACES FOR CENTS.
			SV303	FACILITY CODE VALUE	Y		OVERRIDE CLM05-1 IN LOOP 2300 WHEN PLACE OF SERVICE IS DIFFERENT THAN THE VALUE SENT AT THE CLAIM LEVEL.
			SV304	ORAL CAVITY DESIGNATION	C1		
			SV304-1	ORAL CAVITY DESIGNATION CODE	Y	10	UPPER RIGHT QUADRANT
						20	UPPER LEFT QUADRANT
						30	LOWER LEFT QUADRANT
						40	LOWER RIGHT QUADRANT
			SV305	PROSTHESIS, CROWN OR INLAY CODE	C1	I	INITIAL
						R	REPLACEMENT
			SV306	QUANTITY	Y		UNITS OF SERVICE
			SV311-1	DIAGNOSIS CODE POINTER	Y		PRIMARY DIAGNOSIS CODE POINTER
			SV311-2 THRU SV311-4	DIAGNOSIS CODE POINTER	C1		DIAGNOSIS CODE POINTER
	TOO	TOOTH INFORMATION			C1		
			TOO01	CODE LIST QUALIFIER CODE	Y	JP	NATIONAL STANDARD TOOTH NUMBER
			TOO02	INDUSTRY CODE	Y		TOOTH NUMBER
			TOO03	TOOTH SURFACE	C1		
			TOO03-1	TOOTH SURFACE CODE	Y	B	BUCCAL
						D	DISTAL
						F	FACIAL
						I	INCISAL
						L	LINGUAL

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837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
						M	MESIAL
						O	OCCLUSAL
			TOO03-2	TOOTH SURFACE CODE	C1	REPEAT OF VALUES ABOVE	REPEAT OF VALUES ABOVE
			TOO03-3	TOOTH SURFACE CODE	C1	REPEAT OF VALUES ABOVE	REPEAT OF VALUES ABOVE
			TOO03-4	TOOTH SURFACE CODE	C1	REPEAT OF VALUES ABOVE	REPEAT OF VALUES ABOVE
			TOO03-5	TOOTH SURFACE CODE	C1	REPEAT OF VALUES ABOVE	REPEAT OF VALUES ABOVE
	DTP	DATE – SERVICE DATE			C1		
			DTP01	DATE/TIME QUALIFIER	Y	472	SERVICE DATE(S)
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
						RD8	DATE EXPRESSED IN FORMAT CCYYMMDD-CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		SERVICE DATE
	DTP	DATE- PRIOR PLACEMENT			C1		
			DTP01	DATE/TIME QUALIFIER	Y	441	PRIOR PLACEMENT
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		PRIOR PLACEMENT DATE
	DTP	DATE- REPLACEMENT			C2		MCO PAID DATE
			DTP01	DATE/TIME QUALIFIER	Y	446	PAID DATE
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		DATE OF PAYMENT TO THE PROVIDER
	REF	LINE ITEM CONTROL NUMBER			C1		

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			REF01	REFERENCE IDENTIFICATION QUALIFIER		6R	LINE ITEM CONTROL NUMBER
			REF02	REFERENCE IDENTIFICATION	C1		MCO'S LINE ITEM CONTROL NUMBER
	REF	REPRICED CLAIM NUMBER			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	9A	PAID AMOUNT
			REF02	REFERENCE IDENTIFICATION	Y		PAID AMOUNT IS THE AMOUNT PAID TO THE PROVIDER EXCLUDING THIRD PARTY LIABILITY, PROVIDER WITHHOLDS, INCENTIVES AND MEMBER COST SHARING **SEE APPENDIX – P. 85**
	REF	ADJUSTED REPRICED CLAIM NUMBER			C2		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	9C	ALLOWED AMOUNT
			REF02	REFERENCE IDENTIFICATION	Y		ALLOWED AMOUNT IS DEFINED AS THE PROVIDER CONTRACTED RATE PRIOR TO ANY EXCLUSIONS OR ADD ONS. **SEE APPENDIX – P. 85**
2420A		**RENDERING PROVIDER NAME**			**C1**		**OVERRIDE 2310B LOOP IF THE RENDERING PROVIDER ON A LINE ITEM IS DIFFERENT THAN THE NUMBER SUBMITTED AT THE CLAIM LEVEL.**
	NM1	RENDERING PROVIDER NAME					
			NM101	ENTITY IDENTIFIER CODE	Y	82	RENDERING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
						2	NON-PERSON
			NM103	NAME LAST OR ORGANIZATION NAME	Y		RENDERING PROVIDER NAME
			NM104	NAME FIRST	C1		ANY TEXT- REQUIRED IF "1" IS SENT IN NM102.
			NM108	IDENTIFICATION CODE QUALIFIER	Y	XX	NPI

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			NM109	IDENTIFICATION CODE	Y		RENDERING PROVIDER NPI NUMBER IF XX
	PRV	RENDERING PROVIDER SPECIALITY INFORMATION			Y		RENDERING PROVIDER TAXONOMY CODE INFORMATION
			PRV01	PROVIDER CODE	Y	PE	PERFORMING
			PRV02	REFERENCE IDENTIFICATION QUALIFIER	Y	PXC	HEALTH CARE PROVIDER TAXONOMY CODE
			PRV03	PROVIDER TAXONOMY CODE	Y		TAXONOMY CODE – DEFAULT TO 777A000002.
	REF	RENDERING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		RENDERING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER).
2420C		SUPERVISING PROVIDER NAME			C1		OVERRIDES 2310E LOOP IF THE SUPERVISING PROVIDER ON A LINE ITEM IS DIFFERENT THAN THE NUMBER SUBMITTED AT THE CLAIM LEVEL.
	NM1	SUPERVISING PROVIDER NAME			Y		
			NM101	ENTITY ID CODE	Y	DQ	SUPERVISING PROVIDER
			NM102	ENTITY TYPE QUALIFIER	Y	1	PERSON
			NM103	NAME LAST/ORG NAME	Y		SUPERVISING PROVIDER LAST NAME
			NM104	NAME FIRST	C1		SUPERVISING PROVIDER FIRST NAME
			NM108	IDENTIFICATION CODE QUALIFIER	C1	XX	NPI
			NM109	IDENTIFICATION CODE	C1		SUPERVISING PROVIDER IDENTIFIER
	REF	SUPERVISING PROVIDER SECONDARY IDENTIFICATION			C1		
			REF01	REFERENCE IDENTIFICATION QUALIFIER	Y	G2	PROVIDER COMMERCIAL NUMBER
			REF02	REFERENCE IDENTIFICATION	Y		SUPERVISING PROVIDER SECONDARY IDENTIFIER (DHS UMPI NUMBER).

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| 837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
2430		LINE ADJUDICATION INFORMATION			C1		THIS LOOP IS REQUIRED. MCO ADJUDICATION INFORMATION AS A PAYER IS SUBMITTED HERE AND TPL ADJUDICATION INFORMATION YOU CAN SEND UP TO 15 OF THESE; SEND ONE PER L2330B/NM1*PR SEGMENT.
	SVD	LINE ADJUDICATION INFORMATION			Y		
			SVD01	IDENTIFICATION CODE	Y		OTHER PAYER PRIMARY IDENTIFIER
			SVD02	MONETARY AMOUNT	Y		
			SVD03	COMPOSITE MEDICAL PROCEDURE	Y		
			SVD03-1	PRODUCT/SERVICE ID QUALIFIER	Y	AD	AMERICAN DENTAL ASSOCIATION CODES
			SVD03-2	PRODUCT SERVICE ID	Y		PROCEDURE CODE
			SVD03-3	PROCEDURE MODIFIER	C1		MODIFIER 1
			SVD03-4	PROCEDURE MODIFIER	C1		MODIFIER 2
			SVD03-5	PROCEDURE MODIFIER	C1		MODIFIER 3
			SVD03-6	PROCEDURE MODIFIER	C1		MODIFIER 4
			SVD05	QUANTITY	Y		PAID SERVICE UNITS COUNT
	CAS	LINE ADJUSTMENT			C1		
			CAS01	CLAIM ADJUSTMENT GROUP CODE	Y	CO	CONTRACTUAL OBLIGATIONS
						CR	CORRECTION AND REVERSALS
						OA	OTHER ADJUSTMENTS
						PI	PAYOR INITIATED REDUCTIONS
						PR	PATIENT RESPONSIBILITY
			CAS02	CLAIM ADJUSTMENT REASON CODE	Y		ADJUSTMENT REASON CODE
			CAS03	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS04	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" (SIX EIGHTS)
			CAS05	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS06	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO

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837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
			CAS07	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS08	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS09	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS10	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS11	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS12	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS13	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS14	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS15	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS16	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
			CAS17	CLAIM ADJUSTMENT REASON CODE	C1		ADJUSTMENT REASON CODE
			CAS18	MONETARY AMOUNT	Y		ADJUSTMENT AMOUNT MUST BE GREATER THAN ZERO
			CAS19	QUANTITY	C1		ADJUSTMENT QUANTITY IF CLAIM DENIED BY MCO, ENTER "888888" *(SIX EIGHTS)*
	DTP	LINE CHECK OR REMITTANCE DATE			Y		MEDICARE OR PAYER PAID DATE
			DTP01	DATE/TIME QUALIFIER	Y	573	DATE CLAIM PAID
			DTP02	DATE TIME PERIOD FORMAT QUALIFIER	Y	D8	DATE EXPRESSED IN FORMAT CCYYMMDD
			DTP03	DATE TIME PERIOD	Y		ADJUDICATION OR PAYMENT DATE
	AMT	REMAINING PATIENT LIABILITY			C1		
			AMT01	AMOUNT QUALIFIER CODE	Y	EAF	AMOUNT OWED
			AMT02	MONETARY AMOUNT	Y		REMAINING PATIENT LIABILITY

837D HIPAA Implementation Guide Data					DHS Information		
LOOP	SEG	NAME	ID	ELEMENT NAME	REQ	VALUE	DESCRIPTION
TRL		TRAILER					
	SE	TRANSACTION SET TRAILER			Y		
			SE01	TRANSACTION SEGMENT COUNT	Y		TOTAL SEGMENTS IN TRANSACTION SET.
			SE02	TRANSACTION SET CONROL NUMBER	Y		MUST MATCH ST02.

ENVELOPE INFORMATION

INTERCHANGE CONTROL HEADER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837D VALUES
		DO NOT SEND SEGMENT DELIMITERS THAT ARE MORE THAN ONE BYTE. SEE APPENDIX A.1.2.4 THROUGH A.1.2.7 IN THE 837 IMPLEMENTATION GUIDE FOR LISTS OF CHARACTERS THAT ARE ALLOWED. IF YOU SEND CHARACTERS THAT ARE NOT WITHIN THE SETS SHOWN IN THE GUIDE, YOUR FILE WILL NOT BE PROCESSED. QUALIFIER VALUES ARE CASE SENSITIVE. IF LOWER CASE VALUES ARE SENT, YOUR FILE WILL NOT BE PROCESSED. PLEASE SEND ONE INTERCHANGE PER FILE UNTIL FURTHER NOTICE. IF YOU SEND MORE THAN ONE INTERCHANGE, THE ADDITIONAL INTERCHANGES MAY NOT BE PROCESSED.
ISA01	AUTHORIZATION INFORMATION QUALIFIER	00-NO AUTHORIZATION INFORMATION PRESENT.
ISA02	AUTHORIZATION INFORMATION	10 SPACES
ISA03	SECURITY INFORMATION QUALIFIER	00-NO SECURITY INFORMATION PRESENT
ISA04	SECURITY INFORMATION	10 SPACES
ISA05	INTERCHANGE ID QUALIFIER	ZZ-MUTUALLY DEFINED
ISA06	INTERCHANGE SENDER ID	THIS NUMBER MUST BE THE ONE USED TO REGISTER IN THE MN-ITS SYSTEM AND MUST CORRESPOND TO THE MN-ITS MAILBOX NUMBER. THIS MUST CHANGE TO THE 10-DIGIT NATIONAL PROVIDER IDENTIFIER (NPI) OR UNIVERSAL MINNESOTA PROVIDER IDENTIFIER (UMPI) FOLLOWED BY 5 TRAILING SPACES.
ISA07	INTERCHANGE ID QUALIFIER	30-U.S. FEDERAL TAX IDENTIFICATION NUMBER

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ISA08	INTERCHANGE RECEIVER ID	41-1674742-MN DEPT OF HUMAN SERVICES FEIN FOLLOWED BY 5 TRAILING SPACES. THIS NUMBER MUST CONTAIN A HYPHEN.
ISA09	INTERCHANGE DATE	CURRENT DATE FORMATTED AS 6-DIGITS (YYMMDD)
ISA10	INTERCHANGE TIME	CURRENT TIME FORMATTED AS 4-DIGITS(HHMM)
ISA11	REPETITION SEPARATOR	PLEASE SEND DHS "["
ISA12	INTERCHANGE CONTROL VERSION NUMBER	00501-DRAFT STANDARDS FOR TRIAL USE APPROVED ASC X-12 REVIEW BOARD
ISA13	INTERCHANGE CONTROL NUMBER	BEGIN WITH "1" 9-DIGIT ZERO FILLED LEFT TO RIGHT. ALL ZEROS IS NOT AN ALLOWED VALUE.
ISA14	ACKNOWLEDGMENT REQUESTED	PROVIDER OPTION 0-NO OR 1-YES.
ISA15	USAGE INDICATOR	SEND P-PRODUCTION DATE FOR PRODUCTION FILES AND T-TEST DATA FOR TEST FILES.
ISA16	COMPONENT ELEMENT SEPARATOR	PROVIDER OPTION/SUB-ELEMENT DELIMITER.

INTERCHANGE CONTROL TRAILER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837D VALUES
IEA01	NUMBER OF INCLUDED FUNCTIONAL GROUPS	PROVIDER TRANSLATOR COUNTS NUMBER OF FUNCTIONAL GROUPS WITHIN THE INTERCHANGE.
IEA02	INTERCHANGE CONTROL NUMBER	SAME AS ISA13

FUNCTIONAL GROUP HEADER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837D VALUES
GS01	FUNCTIONAL IDENTIFIER CODE	HC-HEALTH CARE CLAIMS (837)
GS02	APPLICATION SENDER'S CODE	THIS MUST CHANGE TO 10-DIGIT NATIONAL PROVIDER IDENTIFIOER OR UNIVERSAL MINNESOTA PROVIDER IDENTIFIOER (UMPI). MUST MATCH THE NUMBER IN ISA06 WITHOUT THE TRAILING SPACES.
GS03	APPLICATION RECEIVER'S CODE	41-1674742-MN DEPT OF HUMAN SERVICES FEIN. THIS NUMBER MUST CONTAIN A HYPHEN.
GS04	FUNCTIONAL GROUP CREATION DATE	CURRENT DATE FORMATTED AS 8-DIGITS (CCYYMMDD).
GS05	CREATION TIME	CURRENT TIME FORMATTED AS 4-DIGITS (HHMM).
GS06	GROUP CONTROL NUMBER	**UNIQUE** 1-DIGIT TO 9-DIGIT NUMBER. PREFERABLY START AT 1 AND INCREMENT BY 1 FOR EACH SUCCESSIVE FUNCTIONAL GROUP FROM SENDER TO RECEIVER, AND NOT RESET TO STARTING VALUE OF 1 WITHIN EACH INTERCHANGE OR EACH DAY.

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GS07	RESPONSIBLE AGENCY CODE	X-ACCREDITED STANDARDS COMMITTEE X-12
GS08	VERSION/RELEASE/INDUSTRY IDENTIFIER CODE	005010X224A2-DRAFT STANDARDS APPROVED BY ASC X12 BOARD.

FUNCTIONAL GROUP TRAILER

REFERENCE DESCRIPTION	ELEMENT DESCRIPTION	837D VALUES
GE01	NUMBER OF TRANSACTION SETS INCLUDED	1 - 6 DIGITS. PROVIDER TRANSLATOR COUNTS NUMBER OF TRANSACTION SETS WITHIN THE FUNCTIONAL GROUP.
GE02	GROUP CONTROL NUMBER	MUST MATCH GS06 NUMBER.

APPENDIX – PAID AMOUNT AND ALLOWED AMOUNT RULES

- Include decimal in the value, so it represents dollars and cents: xx.xx
- Do not include commas
- 0.00 is valid, but a negative number is not
- Submit paid amount only on the CPT/HCPCS code line for which payment was determined or made. Submit this amount only once.
- All *other lines within the same claim* where payment is inclusive of another line should be sent with 0.00 in the paid amount
- Do *not* repeat the paid amount on every line within the claim
- All subsequent *claims* that are part of a package payment, where no additional payment is made (e.g., a global or surgical claim), submit 0.00 in the paid amount
- For any claim services that are payable outside of the global CPT/HCPCS code (e.g. physician-administered drugs), submit the paid amounts on the related line
- Capitated services should be submitted if they are calculated and go through the claim system, by line or on one line as is appropriate
- 837P –individual paid amounts are at line level
- 837I – claim total paid is on the header; individual paid amounts are at line level, according to the level at which payment was made. For example, if an inpatient claim is paid according to a DRG, the amount is at the header. If there are additional procedures which are paid on the claim, those are on lines. The total paid for the DRG and any additional payments is on the header. A different example is inpatient CD residential treatment, which is paid at the line. The total paid for the claim is put on the header.