ANSI ASC X12 837 v.4010A1 INPATIENT
Data Specifications

Change Log

Date of Change	Page	Loop/ Txn	Segment/ Element ID	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	1	2300	CLM02	Claim Information	Total Claim Charge Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	1	2300	CLM05-1	Claim Information	Facility Type	Added clarifying language on where to find code values.
12/15/2003	1	2300	CLM05-3	Claim Information	Claim Frequency Code	Added clarifying language on where to find code values and removed the value of “1” from the specifications since Medi-Cal accepts more than just the “1”.
12/15/2003	2	2300	CLM19	Claim Information		Added ‘Not Used’ field.
12/15/2003	2	2300	CLM20	Claim Information	Delay Reason Code	Corrected Min/Max length value.
12/15/2003	3	2300	DTP02	Statement Dates	Statement Date Qualifier	Added clarifying language that no spaces are allowed when submitting from/thru dates.
12/15/2003	4	2300	CL101	Institutional Claim Code	Admit Date	Added clarifying language.
12/15/2003	4	2300	CL102	Institutional Claim Code	Admit Source	Added clarifying language.
12/15/2003	4	2300	CL103	Institutional Claim Code	Patient Status	Added clarifying language.
12/15/2003	4	2300	AMT	Payer Estimated Amount Due		Added segment note.
12/15/2003	4	2300	AMT02	Payer Estimated Amount Due	Estimated Claim Due Amount	Added clarifying language about how this data is reported on the CMC error reports and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	AMT02	Patient Paid Amount	Patient Amount Paid	Edited for typo and changed the number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9.
12/15/2003	5	2300	REF01	Reference Number Qualifier Data Element Seperator	Qualifier	Corrected qualifier from GI to G1.
12/15/2003	6	2300	NTE	Claim Note		Changed clarifying language.
12/15/2003	6-7	2300	NTE	Billing Note		Changed clarifying language.
12/15/2003	7	2300	HI02	Principal, Admitting, E-code and Patient Reason for Visit Diagnosis Information	Admitting Diagnosis (Composite)	Removed bolding because Medi-Cal does not capture this information for processing.
12/15/2003	8	2300	HI01	Principal Procedure Information	Procedure Code (composite)	Added composite name.
12/15/2003	8	2300	HI01-03	Principal Procedure Information	Date Time Period Format Qualifier	Removed comment.
12/15/2003	8	2300	HI01-04	Principal Procedure Information	Date Time Period	Added comment.

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Date of Change	Page	Loop/ Txn	Segment/ Element ID	Segment Name	Data Element/Field Name (Industry)	Description of Change
12/15/2003	9	2300	HI01	Other Procedure Information	Procedure Code (composite)	Added composite name.
12/15/2003	9	2300	HI01-03	Other Procedure Information	Date Time Period Format Qualifier	Clarified comment.
12/15/2003	10	2300	HI01-04	Other Procedure Information	Date Time Period	Removed comment.
12/15/2003	10	2300	HI01-02	Occurrence Information	Occurrence Code	Added clarifying language on where to find the code values.
12/15/2003	10	2300	HI01-04	Occurrence Information	Accident/Injury Date or Discharge Date	Added clarifying language.
12/15/2003	10	2300	HI	Condition Information		Changed clarifying language.
12/15/2003	11	2300	HI01-02	Condition Information	Condition Code	Added clarifying language on where to find the code values.
12/15/2003	12	2310A	PRV01	Attending Physician Specialty Information	Provider Code Qualifier	Corrected data to reflect the qualifier instead of the name of the field.
12/15/2003	13	2310B	PRV			Deleted segment.
12/15/2003	15	2310C	PRV			Deleted segment.
12/15/2003	15	2310E	NM103	Service Facility Name	Last Name or Organization Name	Bolded since Medi-Cal captures this data. Added clarifying language.
12/15/2003	16	2310E	PRV			Deleted segment.
12/15/2003	16	2320	SBR02	Other Subscriber Information	Individual Relationship Code	Changed following data element terminator (1C) to data element separator (1D).
12/15/2003	17	2320	SBR09	Other Subscriber Information	Claim Filing Indicator Code	Bolded since Medi-Cal captures this data.
12/15/2003	20	2320	AMT02	Payer Prior Payment	Other Payer Patient Paid Amount	Changed number of characters captured by Medi-Cal (length in parenthesis) from 10 to 9. Added clarifying language.
12/15/2003	23	2400	SV201	Institutional Service Line	Service Line Revenue Code	Added clarifying language on where to find the code values.
12/15/2003	24	2400	SV202	Institutional Service Line	Service Line Procedure Code	Added data element separator following field.

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Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
2300	130	CLM	Claim Information			3	R	"CLM" Repeat Loop: 100	
			Data Element Separator			1		Hex '1D'	
		CLM01	Claim Submitter's Identifier	1028	AN	1/38 (1/20)	R	***Patient Account Number***	3
			Data Element Separator			1		Hex '1D'	
		CLM02	Monetary Amount	782	R	1/18(9)	R	***Total Claim Charge Amount***	47
			Data Element Separator			1		Hex '1D'	
		CLM03	Not Used	1032		1	N	Hex '1D'	
		CLM04	Not Used	1343		1	N	Hex '1D'	
		CLM05	Health Care Service Location	C023			R	***Type of Bill (Composite)*** **Medi-Cal previously did not require the Type of Bill for inpatient UB-92 claims. However, claims submitted on this format must contain an appropriate Type of Bill beginning with submissions on September 22, 2003.**	
		CLM05-1	Facility Code Value	1331	AN	1/2 (2)	R	***Facility Type* Code** **The full list of Facility Type codes may be found in the NUBC manual, field locator 4. A subset of this list may also be found in the Medi-Cal Inpatient Provider Manual.**	4
			Sub-element Separator			1		Hex '1F'	
		CLM05-2	Facility Code Qualifier	1332	ID	1	R	"A" Uniform Billing Claim Form Bill Type	
			Sub-element Separator			1		Hex '1F'	
		CLM05-3	Claim Frequency Type Code	1325	ID	1/1 (1)	R	***Claim Frequency Code*** **The full list of Claim Frequency codes may be found in the NUBC manual, field locator 4.**	4
			Data Element Separator			1		Hex '1D'	
		CLM06	Yes/No Condition or Response Code	1073	ID	1/1	R	*Provider or Supplier Signature Indicator*	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Data Element Separator			1		Hex '1D'	
		CLM07	Provider Accept Assignment Code	1359	ID	1/1	S	*Medicare Assignment Code*	
			Data Element Separator			1		Hex '1D'	
		CLM08	Yes/No Condition or Response Code	1073	ID	1/1	R	*Benefits Assignment Certification Indicator*	53
			Data Element Separator			1		Hex '1D'	
		CLM09	Yes/No Condition or Response Code	1363	ID	1/1 (1)	R	***Release of Information Code***	52
			Data Element Separator			1		Hex '1D'	
		CLM10	Not Used	1351			N	Hex '1D'	
		CLM11	Not Used	C024		1	N	Hex '1D'	
		CLM12	Not Used	1366		1	N	Hex '1D'	
		CLM13	Not Used	1073		1	N	Hex '1D'	
		CLM14	Not Used	1338		1	N	Hex '1D'	
		CLM15	Not Used	1073		1	N	Hex '1D'	
		CLM16	Not Used	1360		1	N	Hex '1D'	
		CLM17	Not Used	1029		1	N	Hex '1D'	
		CLM18	Yes/No Condition or Response Code	1073	ID	1/1	R	*Explanation of Benefits Indicator*	
			Data Element Separator			1			
		CLM19	Not Used			1	N	Hex '1D'	
		CLM20	Delay Reason Code	1514	ID	1/2 (2)	S	***Delay Reason Code (Billing Limit Exception)*** Required when claim is submitted late (past contracted date of filing limitation). **For claims with dates of service prior to September 22, 2003, the Medi-Cal local billing limit exception codes must be used. For dates of service on or after September 22, 2003, the national delay reason code values as referenced in the Institutional 837 version 4010A1 Implementation Guide must be used.**	31

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Discharge Hour			3	S	"DTP" Required on *final* inpatient claims/encounters.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"096" Discharge	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date/Time Period Format Qualifier	1250	ID	2/3	R	"TM" HHMM	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date/Time Period	1251	AN	1/35 (2)	R	***Discharge Hour***	21
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Statement Dates			3	R	"DTP"	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"434" Statement	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"RD8" CCYYMMDD-CCYYMMDD (no spaces)	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (8/17)	R	***Statement From or To Date (From / Through Dates of Service)***	6
			Segment Terminator			1		Hex '1C'	
2300	135	DTP	Admission Date/Hour			3	S	"DTP"	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"435" Admission	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"DT" CCYYMMDDHHMM	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35 (10)	R	***Admission Date and Hour***	17 & 18

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Segment Terminator					Hex '1C'	
2300	140	CL1	Institutional Claim Code			3	S	"CL1" Required for inpatient claims.	
			Data Element Separator			1		Hex '1D'	
		CL101	Admission Type Code	1315	ID	1/1	S	***Admission Type***	19
						(1)		Required when patient is being admitted for inpatient services.	
			Data Element Separator			1		Hex '1D'	
		CL102	Admission Source Code	1314	ID	1/1	S	***Admission Source***	20
						(1)		Required for all inpatient admissions.	
			Data Element Separator			1		Hex '1D'	
		CL103	Patient Status Code	1352	ID	1/2	S	***Patient Status***	22
						(2)		Required for Inpatient claims.	
			Segment Terminator			1		Hex '1C'	
2300	175	AMT	Payer Estimated Amount Due			3	S	"AMT" This segment is required when the Payer Estimated Amount Due is applicable to this claim.	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"C5" Claim Amount Due – Estimated	
			Data Element Separator			1		Hex '1D'	
		AMT02	Monetary Amount	782	R	1/18	R	***Estimated Claim Due Amount (Net Amount Billed)***	55
						(1/9)		Medi-Cal displays this field on the CMC error reports.	
			Segment Terminator			1		Hex '1C'	
2300	175	AMT	Patient Paid Amount			3	S	"AMT" Required if applicable to this claim	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"F5" Patient Paid Amount	
			Data Element Separator			1		Hex '1D'	
		AMT02	Monetary Amount	782	R	1/18	R	***Patient Amount Paid (Medi-Cal Share ofCost)***	54
						(1/9)			
			Segment Terminator			1		Hex '1C'	
2300	180	REF	Prior Authorization or Referral Number			3	S	"REF" Required where services on this claim were preauthorized.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Number Qualifier	128	ID	2/3	R	"G1" Prior Authorization Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30 (11)	R	***Prior Authorization Number (Medi-Cal Treatment Authorization Request Number)***	63
			Segment Terminator			1		Hex '1C'	
2300	180	REF	Medical Record Number			3	S	"REF" Required if provider needs to identify for future inquiries the actual medical record of the patient identified for this episode of care.	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference Number Qualifier	128	ID	2/3	R	"EA" Medical Record Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Number	127	AN	1/30	R	*Medical Record Number*	63
			Segment Terminator			1		Hex '1C'	
2300	185	K3	File Information			2	S	"K3" May be used as an "emergency" field to temporarily handle an unanticipated data element mandated by a state regulatory authority. X12 must agree that there is no method to meet the requirement. **Medi-Cal may use this segment at a future date for legislatively mandated data not otherwise accommodated by the Institutional 837 version.** Repeat: 10	
			Data Element Separator			1		Hex '1D'	
		K301	Fixed Format Information	449	AN	1/80	R	*Undetermined until mandated*	
			Segment Terminator			1		Hex '1C'	
2300	190	NTE (1)	Claim Note			3	S	"NTE" Required only when provider deems it necessary to transmit information not otherwise supported in this implementation. **Medi-Cal will use this segment to convey the diagnosis description of the primary diagnosis code previously submitted in the CMC *Remarks* field.**	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								Repeat: 10	
			Data Element Separator			1		Hex '1D'	
		NTE01	Note Reference Code	363	ID	3/3	R	"DGN" Diagnosis Description	
			Data Element Separator			1		Hex '1D'	
		NTE02	Description	352	AN	1/80 (30)	R	***Diagnosis Description (Primary Diagnosis Code)***	84
			Segment Terminator			1		Hex '1C'	
2300	190	NTE (2)	Claim Note			3	S	"NTE" **Medi-Cal will use this segment to convey the diagnosis description of the secondary diagnosis code previously submitted in the CMC *Remarks* field.**	
			Data Element Separator			1		Hex '1D'	
		NTE01	Note Reference Code	363	ID	3/3	R	"DGN" Diagnosis Description	
			Data Element Separator			1		Hex '1D'	
		NTE02	Description	352	AN	1/80 (30)	R	***Diagnosis Description (Secondary Diagnosis Code)***	84
			Segment Terminator			1		Hex '1C'	
2300	190	NTE (3)	Claim Note			3	S	"NTE" **Medi-Cal will use this segment to convey other additional information previously sent in the CMC *remarks* field.**	
			Data Element Separator			1		Hex '1D'	
		NTE01	Note Reference Code	363	ID	3/3	R	*Note Reference Code*	
			Data Element Separator			1		Hex '1D'	
		NTE02	Description	352	AN	1/80	R	***Claim Note Text (Remarks)***	84
			Segment Terminator			1		Hex '1C'	
2300	190	NTE	Billing Note			3	S	"**NTE**" Used to convey additional information necessary to adjudicate the claim. **Medi-Cal will use this segment to conveythe Emergency Certification Statement as defined by Medi-Cal policy. Other additional information previously sent in the CMC *Remarks* field may be submitted in this segment.**	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Data Element Separator			1		Hex '1D'	
		NTE01	Note Reference Code	363	ID	3/3	R	"ADD" Additional Information	
			Data Element Separator			1		Hex '1D'	
		NTE02	Description	352	AN	1/80	R	***Billing Note Text (Remarks)***	84
			Segment Terminator			1		Hex '1C'	
2300	231	HI	Principal, Admitting, E-Code, and Patient Reason for Visit Diagnosis Information			2	S	"HI" 1) Required on all claims and encounters except claims for Religious Non-medical claims (Bill Types 4XX and 5XX) and hospital other (Bill Types 14X). 2) The Admitting Diagnosis is required on all inpatient admission claims and encounters. 3) An E-Code diagnosis is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.	
			Data Element Separator			1		Hex '1D'	
		HI01	Health Care Code Information	C022			R	***Principal Diagnosis (Composite)***	
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	"BK" Principal Diagnosis (ICD-9-CM Volumes 1 and 2)	
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (3/5)	R	***Principal Diagnosis Code***	67
			Data Element Separator			1		Hex '1D'	
		HI02	Health Care Code Information	C022			R	*Admitting Diagnosis (Composite)* Required upon the patient's admission to the hospital.	
		HI02-01	Code List Qualifier Code	1270	ID	1/3	R	"BJ" Admitting Diagnosis (ICD-9-CM Volumes 1 and 2)	
			Subelement Separator			1		Hex '1F'	
		HI02-02	Industry Code	1271	AN	1/30	R	*Admitting Diagnosis Code*	76
			Segment Terminator			1		Hex '1C'	
2300	231	HI	Other Diagnosis Information			2	S	"HI" Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		HI01	Health Care Code Information	C022			R	***Diagnosis (Composite)***	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	"BF" Diagnosis (ICD-9-CM Volumes 1 and 2)	
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (3/5)	R	***Other Diagnosis (Secondary Diagnosis)***	68
			Segment Terminator			1		Hex '1C'	
2300	231	HI	Principal Procedure Information			2	S	"HI" Required on inpatient claims or encounters when a procedure was performed. **Medi-Cal uses this field to capture the surgical procedure code.**	
			Data Element Separator			1	S	Hex '1D'	
		HI01	Health Care Code Information	C022				***Procedure Code (Composite)***	
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	"BR" ICD-9-CM Principal Procedure "BP" Health Care Financing Administration Common Procedural Coding System (HCPCS) Principal Procedure	
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (3/5)	R	***Principal Procedure Code (Primary Surgical Code)*** **For claims with dates of service prior to September 22, 2003, the appropriate HCPCS level 1 (CPT-4) surgical code must be used. See a list of appropriate codes in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the ICD-9CM Volume 3 procedure code must be used.**	80
			Subelement Separator			1		Hex '1F'	
		HI01-03	Date Time Period Format Qualifier	1250	ID	1/3	S	"D8" CCYYMMDD	
			Subelement Separator			1		Hex '1F'	
		HI01-04	Date Time Period	1251	AN	1/35 (8)	S	***Principal Procedure Date (Surgery Date)*** Required when HI01-3 is used.	80
			Segment Terminator			1		Hex '1C'	
2300	231	HI	Other Procedure Information			2	S	"HI" Required on inpatient claims or encounters when additional procedures must be reported. **The 837 Implementation Guide allows for a total of 12 other procedure codes and their associated**	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								elements. However, Medi-Cal only uses one additional procedure code for processing.	
								Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		HI01	Health Care Code Information	C022			R	***Procedure Code (Composite)***	
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	"BQ" ICD-9-CM Procedure Code "BO" Health Care Financing Administration Common Procedural Coding System (HCPCS) Principal Procedure	
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (3/5)	R	***Procedure Code (Secondary Surgical Code)*** **For claims with dates of service prior to September 22, 2003, the appropriate HCPCS level 1 (CPT-4) surgical code must be used. See a list of appropriate codes in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the ICD-9CM Volume 3 procedure code must be used.**	81
			Subelement Separator			1		Hex '1F'	
		HI01-03	Date Time Period Format Qualifier	1250	ID	1/3	S	"D8" CCYYMMDD Required if ICD-9-CM is used in HI01-2. Use if needed to report a procedure date when the code reported is HCPCS.	
			Subelement Separator			1		Hex '1F'	
		HI01-04	Date Time Period	1251	AN	1/35 (8)	S	*Procedure Date*	81
			Segment Terminator			1		Hex '1C'	
2300	231	HI	Occurrence Information			2	S	"HI" Required if occurrence information applies. **See the Medi-Cal Provider Manual for a list of occurrence values used by Medi-Cal.**	
								Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		HI01	Health Care Code Information	C022			R	***Occurrence (Composite)***	
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	"BH" Occurrence	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (2)	R	***Occurrence Code*** Repeat HI0x-01 through HI0x-04 up to 12 times to convey additional occurrences. **A list of valid values may be found in the NUBC manual, field locator 32-35. A subset of this list may be found in the Medi-Cal Inpatient Provider Manual.**	32-35
			Subelement Separator			1		Hex '1F'	
		HI01-03	Date Time Period Format Qualifier	1250	ID	1/3	R	"D8" CCYYMMDD	
			Subelement Separator			1		Hex '1F'	
		HI01-04	Date Time Period	1251	AN	1/35 (8)	R	***Accident/Injury Date or Discharge Date*** **If a patient status (CL103) of discharge is indicated, then a discharge date in this segment is required. Please see the NUBC manual for the appropriate value for HI01-02 to indicate discharge date.**	32 - 35
			Segment Terminator			1		Hex '1C'	
2300	231	HI	Condition Information			2	S	"HI" Required when condition information applies to the claim. **For claims with dates of service prior to September 22, 2003, the current Medi-Cal value must be used. For dates of service on or after September 22, 2003, the national condition code values must be used. See the Medi-Cal Provider Manual for a list of condition values used by Medi-Cal.** Repeat: 2	
			Data Element Separator			1		Hex '1D'	
		HI01	Health Care Code Information	C022				***Condition (Composite)***	
		HI01-01	Code List Qualifier Code	1270	ID	1/3	R	"BG" Condition	
			Subelement Separator			1		Hex '1F'	
		HI01-02	Industry Code	1271	AN	1/30 (2)	R	***Condition Code*** Repeat HI0x-01 through HI0x-02 up to 5 times to convey additional conditions. **A list of valid values may be found in the NUBC manual, field locator 24-30. A subset of this list may be found in**	24 - 30

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								the Medi-Cal Inpatient Provider Manual.	
			Segment Terminator			1		Hex '1C'	
2300	240	QTY	Claim Quantity			3	S	"QTY" Required on inpatient claims/encounters when covered, co-insured, lifetime reserved, or non-covered days are being reported. Repeat: 4	
			Data Element Separator			1		Hex '1D'	
		QTY01	Quantity Qualifier	673	ID	2/2	R	"CA" Covered – Actual	
			Data Element Separator			1		Hex '1D'	
		QTY02	Quantity	380	R	1/15	R	*Claim Days Count*	7
			Data Element Separator			1		Hex '1D'	
		QTY03	Composite Unit of Measure	C001				*Unit of Measurement (Composite)*	
		QTY03-1	Unit or Basis for Measurement Code	355	ID	2/2	R	"DA" Days	
			Segment Terminator			1		Hex '1C'	
2310A	250	NM1	Attending Physician Name			3	R	"NM1" Required on all inpatient claims or encounters.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"71" Attending Physician	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"1" Person "2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35	R	*Attending Physician Last Name*	82
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Attending Physician First Name* Required if NM102 = 1 (person).	82
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Attending Physician Middle Name* Required if NM102 = 1 and middle name/initial is	82

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								known.	
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Attending Physician Name Suffix* Required if known	82
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Attending Physician Primary Identifier (NPI)*	
			Segment Terminator			1		Hex '1C'	
2310A	255	PRV	Attending Physician Specialty Information			3	S	"PRV" Required when adjudication is known to be impacted by the provider taxonomy code.	
			Data Element Separator			1		Hex '1D'	
		PRV01	Provider Code	1221	ID	1/3	R	"AT" Attending	
			Data Element Separator			1		Hex '1D'	
		PRV02	Reference Identification Qualifier	128	ID	2/3	R	"ZZ" Mutually Defined - Provider Taxonomy Code	
			Data Element Separator			1		Hex '1D'	
		PRV03	Reference Identification	127	AN	1/30 (10)	R	***Provider Taxonomy Code***	
			Segment Terminator			1		Hex '1C'	
2310A	271	REF	Attending Physician Secondary Identification			3	S	"REF" Use when a secondary number is necessary to identify the provider. **Medi-Cal uses this segment to capture the Medi-Cal provider identifier or the State license number of the attending physician.** Repeat: 5	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference ID Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number "0B" State License Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30	R	***Attending Physician Secondary Identifier (Medi-Cal***	82

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
						(1/9)		***Provider Identifier or State License Number)***	
			Segment Terminator			1		Hex '1C'	
2310B	250	NM1	Operating Physician Name			3	S	"NM1" Required if a surgical code is listed on the claim.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"72" Operation Physician	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"1" Person	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35	R	*Operating Physician Last Name*	83
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	R	*Operating Physician First Name* Required if NM102 = 1 (person).	83
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Operating Physician Middle Name* Required if NM102 = 1 and middle name/initial is known.	83
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Operating Physician Name Suffix* Required if known.	83
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Operating Physician Primary Identifier (NPI)*	
			Segment Terminator			1		Hex '1C'	
2310B	271	REF	Operating Physician Secondary Identification			3	S	"REF" Use when a secondary number is necessary to identify the provider. **Medi-Cal uses this segment to capture the Medi-Cal provider identifier or the State license number of the operating physician.**	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								Repeat: 5	
		REF01	Reference ID Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number "0B" State License Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30 (1/9)	R	***Operating Physician Secondary Identifier (Medi-Cal Provider Identifier or State License Number)***	83
			Segment Terminator			1		Hex '1C'	
2310C	250	NM1	Other Provider Name			3	S	"NM1" Required on inpatient claims/encounters to indicate the physician rendering service for the principal procedure if other than the operating physician reported in Loop 2310B. Required when the claim/encounter involves another provider such as but not limited to referring provider, ordering provider, assisting provider, etc.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"73" Other Physician	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"1" Person "2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35	R	*Other Physician Last Name (Admitting or Referring)*	83
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Other Physician First Name (Admitting or Referring)* Required if NM102=1 (person).	83
			Data Element Separator	1038		1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Other Physician Middle Name (Admitting or Referring)* Required if NM102=1 (person) and middle name/initial is known.	83
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used			1	N	Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
		NM107	Name Suffix	1039	AN	1/10	S	*Other Physician Name Suffix (Admitting or Referring)* Required if known.	83
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Other Physician Identifier*	
			Segment Terminator			1		Hex '1C'	
2310C	271	REF	Other Provider Secondary Identification			3	S	"REF" Use when a secondary number is necessary to identify the provider. **Medi-Cal uses this segment to capture the Medi-Cal provider identifier or the State license number of the attending or referring physician.** Repeat: 5	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference ID Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number "0B" State License Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30 (1/9)	R	***Other Physician Secondary Identifier (Admitting or Referring Medi-Cal Provider Identifier or State License Number)***	83
			Segment Terminator			1		Hex '1C'	
2310E	250	NM1	Service Facility Name			3	S	"NM1" Required when the location of health care services is different than that carried in loop 2010AA.	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"FA" Facility	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organization Name	1035	AN	1/35	R	***Laboratory or Facility Name*** When billing for outside laboratory services, state that the services rendered were performed at an "unaffiliated	83

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								laboratory" in the Note (NTE) Segment.	
			Data Element Separator			1		Hex '1D'	
		NM104	Not Used	1036		1	N	Hex '1D'	83
		NM105	Not Used	1037		1	N	Hex '1D'	83
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Not Used	1039		1	N	Hex '1D'	83
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Laboratory or Facility Primary Identifier*	
			Segment Terminator			1		Hex '1C'	
2310E	271	REF	Service Facility Secondary Identification			3	S	"REF" Use when a secondary number is necessary to identify the provider. **Medi-Cal uses this segment to capture the Medi-Cal Provider Identifier or the State license number of the outside laboratory or facility.** Repeat: 5	
			Data Element Separator			1		Hex '1D'	
		REF01	Reference ID Qualifier	128	ID	2/3	R	"1D" Medicaid Provider Number "0B" State License Number	
			Data Element Separator			1		Hex '1D'	
		REF02	Reference Identification	127	AN	1/30 (1/9)	R	***Laboratory or Facility Secondary Identifier (Medi-Cal Provider Identifier or State License Number)***	83
			Segment Terminator			1		Hex '1C'	
2320	290	SBR	Other Subscriber Information			3	S	"SBR" Required if other payers are known to potentially be involved in paying on this claim. Repeat Loop: 10	
			Data Element Separator			1		Hex '1D'	
		SBR01	Payer Responsibility Sequence Number Code	1138	ID	1/1	R	*Responsibility Payer Number Sequence Code*	
			Data Element Separator			1		Hex '1D'	
		SBR02	Individual Relationship Code	1069	ID	2/2	R	*Individual Relationship Code*	59
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
		SBR03	Reference Identification	127	AN	1/30	S	*Insured Group or Policy Number*	62
			Data Element Separator			1		Hex '1D'	
		SBR04	Name	93	AN	1/60	S	*Other Insured Group Name* Required when the Provider has the Plan (Group) Name within their files.	61
			Data Element Separator			1		Hex '1D'	
		SBR05	Not Used	1336		1	N	Hex '1D'	
		SBR06	Not Used	1143		1	N	Hex '1D'	
		SBR07	Not Used	1073		1	N	Hex '1D'	
		SBR08	Not Used	584		1	N	Hex '1D'	
		SBR09	Claim Filing Indicator Code	1032	ID	1/2	S	***Claim Filing Indicator Code*** Required prior to mandated use of PlanID. Not used after PlanID is mandated.	
			Segment Terminator			1		Hex '1C'	
2320	295	CAS	Claim Level Adjustment			3	S	"CAS" Required if prior payer identified in this loop has adjudicated claim, and there is claim level adjustment information. Repeat: 5	
			Data Element Separator			1		Hex '1D'	
		CAS01	Claim Adjustment Group Code	1033	ID	1/2	R	*Claim Adjustment Group Code*	
			Data Element Separator			1		Hex '1D'	
		CAS02	Claim Adjustment Reason Code	1034	ID	1/5	R	*Adjustment Reason Code*	
			Data Element Separator			1		Hex '1D'	
		CAS03	Monetary Amount	782	R	1/18	R	*Adjustment Amount*	
			Data Element Separator			1		Hex '1D'	
		CAS04	Quantity	380	R	1/15	S	*Adjustment Quantity*	
			Data Element Separator			1		Hex '1D'	
		CAS05	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Data Element Separator			1		Hex '1D'	
		CAS06	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS07	Quantity	380	R	1/15	S	*Adjustment Quantity* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS08	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS09	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS10	Quantity	380	R	1/15	S	*Adjustment Quantity* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS11	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS12	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS13	Quantity	380	R	1/15	S	*Adjustment Quantity*	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS14	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS15	Monetary Amount	782	R	1/18	S	*Adjustment Amount*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS16	Quantity	380	R	1/15	S	*Adjustment Quantity*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS17	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS18	Monetary Amount	782	R	1/18	S	*Adjustment Amount*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS19	Quantity	380	R	1/15	S	*Adjustment Quantity*	
								Used when additional adjustment information applies to the claim.	
			Segment Separator			1		Hex '1C'	
2320	300	AMT	Payer Prior Payment			3	S	"AMT" Required when the present payer has paid on this bill.	
			Data Element Separator			1		Hex '1D'	
		AMT01	Amount Qualifier Code	522	ID	1/3	R	"C4" Prior Payment - Actual	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Data Element Separator			1		Hex '1D'	
		AMT02	Monetary Amount	782	R	1/18 (9)	R	***Other Payer Patient Paid Amount (Other Coverage Amount)*** Other Health Coverage includes insurance carriers as well as pre-paid health plans (PHPs) and health maintenance organizations (HMOs) that provide any of the recipient's health care needs. Medi-Cal policy requires that, with certain exceptions, providers must bill the recipient's other health insurance coverage prior to billing Medi-Cal. (For details on Other Health Coverage, refer to *the Other Health Coverage* section in the Medi-Cal Provider Manual.)	54
			Segment Terminator			1		Hex '1C'	
2320	305	DMG	Other Subscriber Demographic Information			3	S	"DMG" Required when 2330A – Other Subscriber Name NM102 = 1 (Person).	
			Data Element Separator			1		Hex '1D'	
		DMG01	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DMG02	Date Time Period	1251	AN	1/35	R	*Other Insured Birth Date*	
			Data Element Separator			1		Hex '1D'	
		DMG03	Gender Code	1068	ID	1/1	R	*Other Insured Gender Code*	
			Segment Terminator			1		Hex '1C'	
2320	310	OI	Other Insurance Coverage Information			2	R	"OI" All information contained in the OI segment applies only to the payer who is identified in the 2330B loop of the iteration of the 2320 loop. It is specific only to that payer.	
			Data Element Separator			1		Hex '1D'	
		OI01	Not Used	1032		1	N	Hex '1D'	
		OI02	Not Used	1383		1	N	Hex '1D'	
		OI03	Yes/No Condition or Response Code	1073	ID	1/1	R	*Benefits Assignment Certification Indicator*	53

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Data Element Separator			1		Hex '1D'	
		OI04	Not Used	1351		1	N	Hex '1D'	
		OI05	Not Used	1360		1	N	Hex '1D'	
		OI06	Release of Information Code	1363	ID	1/1	R	*Release of Information Code*	52
			Segment Terminator			1		Hex '1C'	
2330A	325	NM1	Other Subscriber Name			3	R	"NM1"	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"IL" Insured or Subscriber	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"1" Person "2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organizational	1035	AN	1/35	R	*Other Insured Last Name*	58
			Data Element Separator			1		Hex '1D'	
		NM104	Name First	1036	AN	1/25	S	*Other Insured First Name* Required if NM102=1	58
			Data Element Separator			1		Hex '1D'	
		NM105	Name Middle	1037	AN	1/25	S	*Other Insured Middle Name* Required if NM102=1 and middle name/initial is known	58
			Data Element Separator			1		Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Name Suffix	1039	AN	1/10	S	*Other Insured Name Suffix* Required if known	58
			Data Element Separator			1		Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	"MI" Member Identification Number	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Other Insured Identifier*	60
			Segment Terminator			1		Hex '1C'	
2330A	332	N3	Other Subscriber Address			2	S	"N3" Required when the provider has the other	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								subscriber address information on file.	
			Data Element Separator			1		Hex '1D'	
		N301	Address Information	166	AN	1/55	R	*Other Insured Address*	
			Data Element Separator			1		Hex '1D'	
		N302	Address Information	166	AN	1/55	S	*Other Insured Address*	
			Segment Terminator			1		Hex '1C'	
2330A	340	N4	Other Subscriber City/State/ZIP Code			2	S	"N4" Required when the associated N3 segment is present.	
			Data Element Separator			1		Hex '1D'	
		N401	City Name	19	AN	2/30	R	*Other Insured City Name*	
			Data Element Separator			1		Hex '1D'	
		N402	State or Province Code	156	ID	2/2	R	*Other Insured State Code*	
			Data Element Separator			1		Hex '1D'	
		N403	Postal Code	116	ID	3/15	R	*Other Insured ZIP Code*	
			Segment Terminator			1		Hex '1C'	
2330B	325	NM1	Other Payer Name			3	R	"NM1"	
			Data Element Separator			1		Hex '1D'	
		NM101	Entity Identifier Code	98	ID	2/3	R	"PR" Payer	
			Data Element Separator			1		Hex '1D'	
		NM102	Entity Type Qualifier	1065	ID	1/1	R	"2" Non-Person Entity	
			Data Element Separator			1		Hex '1D'	
		NM103	Name Last or Organizational	1035	AN	1/35	R	*Other Payer Last or Organization Name*	50
			Data Element Separator			1		Hex '1D'	
		NM104	Not Used	1036		1	N	Hex '1D'	
		NM105	Not Used	1037		1	N	Hex '1D'	
		NM106	Not Used	1038		1	N	Hex '1D'	
		NM107	Not Used	1039		1	N	Hex '1D'	
		NM108	Identification Code Qualifier	66	ID	1/2	R	*Identification Code Qualifier*	
			Data Element Separator			1		Hex '1D'	
		NM109	Identification Code	67	AN	2/80	R	*Other Payer Primary Identifier*	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
			Segment Terminator			1		Hex '1C'	
2330B	350	DTP	Claim Adjudication Date			3	S	"DTP" Required when loop 2430 is not used and this payer has adjudicated the claim.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"573" Date Claim Paid	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date/Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date/Time Period	1251	AN	1/35	R	*Adjudication or Payment Date*	
			Segment Terminator			1		Hex '1C'	
2400	365	LX	Service Line Number			2	R	"LX" Repeat Loop: 999 **(Although the Institutional 837 version 4010A1 Implementation Guide allows up 999 LX/service line loops, Medi-Cal only accepts up to 22 lines per claim at this time.)**	
			Data Element Separator			1		Hex '1D'	
		LX01	Assigned Number	554	N0	1/6 (1/2)	R	***Line Number*** Begin with 1 and increment by 1 for each additional Service Line of the claim.	
			Segment Terminator			1		Hex '1C'	
2400	375	SV2	Institutional Service Line			3	R	"SV2"	
			Data Element Separator			1		Hex '1D'	
		SV201	Product/Service ID	234	AN	1/48 (4)	R	***Service Line Revenue Code (Accommodation/Ancillary Code)*** **For claims with dates of service prior to September 22, 2003, the Medi-Cal local accommodation code must be used. These are located in the Medi-Cal Provider Manual. For dates of service on or after September 22, 2003, the national revenue code must be used. A full list of national revenue codes may be found in the NUBC manual, field locator 42. A subset**	42

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								of this list may be found in the Medi-Cal Inpatient Provider Manual.	
			Data Element Separator			1		Hex '1D'	
		SV202	Composite Medical Procedure ID	C003			S	*Service Line Procedure Code* **Not used on inpatient Medi-Cal claims.**	
			Data Element Separator			1		Hex 'ID'	
		SV203	Monetary Amount	782	R	1/18 (1/10)	R	***Line Item Charge Amount***	47
			Data Element Separator			1		Hex '1D'	
		SV204	Unit of Basis for Measurement Code	355	ID	2/2	R	"DA" Day "UN" Units	
			Data Element Separator			1		Hex '1D'	
		SV205	Quantity	380	R	1/15 (1/3)	R	***Service Unit Count***	46
			Data Element Separator			1		Hex '1D'	
		SV206	Unit Rate	1371	R	1/10	S	*Service Line Rate* Required when the associated revenue code is 100 – 219.	44
			Data Element Separator			1		Hex '1D'	
		SV207	Monetary Amount	782	R	1/18	S	*Line Item Denied Charge or Non-Covered Charge Amount*	48
			Segment Terminator			1		Hex '1C'	
2430	540	SVD	Service Line Adjudication Information			3	S	"SVD" Required if claim has been previously adjudicated by payer identified in Loop 2330B and service line has adjustments. Repeat Loop: 25	
			Data Element Separator			1		Hex '1D'	
		SVD01	Identification Code	67	AN	2/80	R	*Payer Identifier*	
			Data Element Separator			1		Hex '1D'	
		SVD02	Monetary Amount	782	R	1/18	R	*Service Line Paid Amount*	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
		SVD03	Composite Medical Procedure	C003		1	S	Hex '1D'	
		SVD04	Product/Service ID	234	AN	1/48	R	*Service Line Revenue Code* Required when returned on an 835 payment for this claim.	
			Data Element Separator			1		Hex '1D'	
		SVD05	Quantity	380	R	1/15	R	*Adjustment Quantity*	
			Segment Terminator			1		Hex '1C'	
2430	545	CAS	Service Line Adjustment			3	S	"CAS" Required when the prior payment had service line adjustments reported on a remittance. Repeat: 99	
			Data Element Separator			1		Hex '1D'	
		CAS01	Claim Adjustment Group Code	1033	ID	1/2	R	*Claim Adjustment Group Code*	
			Data Element Separator			1		Hex '1D'	
		CAS02	Claim Adjustment Reason Code	1034	ID	1/5	R	*Adjustment Reason Code*	
			Data Element Separator			1		Hex '1D'	
		CAS03	Monetary Amount	782	R	1/18	R	*Adjustment Amount*	
			Data Element Separator			1		Hex '1D'	
		CAS04	Quantity	380	R	1/15	S	*Adjustment Quantity*	
			Data Element Separator			1		Hex '1D'	
		CAS05	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS06	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS07	Quantity	380	R	1/15	S	*Adjustment Quantity* Used when additional adjustment information applies to	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS08	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS09	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS10	Quantity	380	R	1/15	S	*Adjustment Quantity* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS11	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS12	Monetary Amount	782	R	1/18	S	*Adjustment Amount* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS13	Quantity	380	R	1/15	S	*Adjustment Quantity* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS14	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code* Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS15	Monetary Amount	782	R	1/18	S	*Adjustment Amount*	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS16	Quantity	380	R	1/15	S	*Adjustment Quantity*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS17	Claim Adjustment Reason Code	1034	ID	1/5	S	*Adjustment Reason Code*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS18	Monetary Amount	782	R	1/18	S	*Adjustment Amount*	
								Used when additional adjustment information applies to the claim.	
			Data Element Separator			1		Hex '1D'	
		CAS19	Quantity	380	R	1/15	S	*Adjustment Quantity*	
								Used when additional adjustment information applies to the claim.	
			Segment Terminator			1		Hex '1C'	
2430	550	DTP	Service Adjudication Date			3	S	"DTP" Required when a service line adjudication has been performed.	
			Data Element Separator			1		Hex '1D'	
		DTP01	Date/Time Qualifier	374	ID	3/3	R	"573" Date Claim Paid	
			Data Element Separator			1		Hex '1D'	
		DTP02	Date Time Period Format Qualifier	1250	ID	2/3	R	"D8" CCYYMMDD	
			Data Element Separator			1		Hex '1D'	
		DTP03	Date Time Period	1251	AN	1/35	R	*Service Adjudication or Payment Date*	
			Segment Terminator			1		Hex '1C'	
	555	SE	Transaction Set Trailer			2	R	"SE"	
			Data Element Separator			1		Hex '1D'	

Loop	Position	Segment ID	Segment Name/ Data Element Name	DE Ref #	Format	Length	Req. Des.	Value	UB-92 FL
		SE01	Number of Included Segments	96	N0	1/10	R	***Transaction Segment Count***	
			Data Element Separator			1		Hex '1D'	
		SE02	Transaction Set Control Number	329	AN	4/9	R	***Transaction Set Control Number*** The transaction set control numbers in ST02 and SE02 must be identical. The transaction set control number is assigned by the originator and must be unique within a functional group (GS-GE) and interchange (ISA-IEA). This unique number also aids in error resolution research.	
			Segment Terminator			1		Hex '1C'	