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Loop	Loop Repeat	4010 Segment/ Data	Description	X12 Page No.	ID	4010 Min.	4010 Usage	Valid Values	Comments
___	1	ISA	INTERCHANGE CONTROL HEADER	B.3			R		
		ISA08	Interchange Receiver ID		AN	15-15	R		For THIN Medicaid Claims TCHP receiver ID is TXCSM
		ISA15	Usage Indicator		ID	1-1	R	P, T	Provider must notify TCHP of test file submission and EDI vendor used. TCHP recommends THIN, other EDI vendors accepted are WebMD, only as requested by the provider/submitter.
___	1	GS	FUNCTIONAL GROUP HEADER	B.8			R		
		GS03	Application Receiver Code		AN	2-15	R		For THIN Medicaid Claims TCHP receiver ID is TXCSM.
___	1	ST	TRANSACTION SET HEADER	62			R		
___	1	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	63			R		
___	1	REF	TRANSMISSION TYPE IDENTIFICATION	66			R		
		REF02	Transmission Type Code		AN	1-30	R	004010X098DA1 004010X098A1	When sending test files transmission type code must be 004010X098DA1; When sending production files transmission type code must be 004010X098A1
1000A	1	NM1	SUBMITTER NAME	67			R		
	2	PER	SUBMITTER EDI CONTACT INFORMATION	71			R		If submitting via EDI Vendor check specific requirements for that vendor.
1000B	1	NM1	RECEIVER NAME	74			R		

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2000A	>1	HL		BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	77			R	
	1	PRV		BILLING/PAY-TO PROVIDER SPECIALTY INFORMATION	79			S	This segment is required if the receiver/payer id in NM109, Loop 2010BB begins with F for commercial payers.
			PRV06	Provider Organization Code		ID	3-3	N/U	
2010AA	1	NM1		Billing Provider Name	84			R	
			NM109	Billing Provider Identifier		AN	2-80	R	
	1	N3		BILLING PROVIDER ADDRESS	88			R	
	1	N4		BILLING PROVIDER CITY/STATE/ZIP CODE	89			R	
	8	REF		BILLING PROVIDER SECONDARY IDENTIFICATION	91			S	At least one REF segment is required.
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5 Required
			REF02	Billing Provider Additional Identifier		AN	1-30	R	Submit providers TPI number for Payer ID TXCSM
	8	REF		CREDIT/DEBIT CARD BILLING INFORMATION	94			S	
	2	PER		BILLING PROVIDER CONTACT INFORMATION	96			S	
2010AB	1	NM1		PAY-TO PROVIDER NAME	99			S	Required if the Pay-To-Provider is a different entity than the Billing Provider

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			NM108	Identification Code Qualifier		ID	1-2	R	24, 34	
			NM109	Pay-to Provider Identifier		AN	2-80	R		Enter the federally assigned T.I.N. (tax identification number) of the pay-to-provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the pay-to-provider. Must be nine (9) numerics.
	1	N3		PAY-TO PROVIDER ADDRESS	103			R		
	1	N4		PAY-TO PROVIDER CITY/STATE/ZIP CODE	104			R		
	5	REF		PAY-TO PROVIDER SECONDARY IDENTIFICATION	106			S		Use when different from the billing provider number in REF02, Loop 2010AA.
			REF02	Pay-to Provider Identifier		AN	1-30	R		Enter provider number as required by payer. Only the first 15 bytes will be used. For Payer ID TXCSM submit providers TPI number
2000B	>1	HL		SUBSCRIBER HIERARCHICAL LEVEL	108			R		
			HL01	Hierarchical ID Number		AN	1-12	R		
			HL02	Hierarchical Parent ID Number		AN	1-12	R		
			HL03	Hierarchical Level Code		ID	1-2	R	22	
			HL04	Hierarchical Child Code		ID	1-1	R	0, 1	
	1	SBR		SUBSCRIBER INFORMATION	110			R		This segment is used to record information specific to the primary insured and the insurance carrier for the insured.
	1	PAT		PATIENT INFORMATION	114			S		
2010BA	1	NM1		SUBSCRIBER NAME	117			R		Enter the member/patient policy number as indicated on the ID Care including and alpha characters. TCHP member/patient policy numbers are 9 characters/digits in length. Must be valid member number. EDI provider will edit claim on member number and reject back to provider if member is not correct. All TCHP members are subscribers.
			NM108	Identification Code Qualifier		ID	1-2	S	MI, ZZ	

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			NM109	Subscriber Primary Identifier		AN	2-80	S	Enter the member/patient policy number as it appears on the ID Card including any alpha characters.
	1	N3		SUBSCRIBER ADDRESS	121			S	
	1	N4		SUBSCRIBER CITY/STATE/ZIP CODE	122			S	Required if the patient is the same person as the subscriber. Required for print to paper payers.
	1	DMG		SUBSCRIBER DEMOGRAPHIC INFORMATION	124			S	Entire segment required
	4	REF		SUBSCRIBER SECONDARY IDENTIFICATION	126			S	
	1	REF		PROPERTY AND CASUALTY CLAIM NUMBER	128			S	
2010BB	1	NM1		PAYER NAME	130			R	
	1	N3		PAYER ADDRESS	134			S	Required for print to paper payers.
	1	N4		PAYER CITY/STATE/ZIP CODE	135			S	Required for print to paper payers.
	3	REF		PAYER SECONDARY IDENTIFICATION	137			S	
2010BC	1	NM1		RESPONSIBLE PARTY NAME	139			S	The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
	1	N3		RESPONSIBLE PARTY ADDRESS	143			R	

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	1	N4		RESPONSIBLE PARTY CITY/STATE/ZIP CODE	144			R	
2010BD	1	NM1		CREDIT/DEBIT CARD HOLDER NAME	146			S	
	2	REF		CREDIT/DEBIT CARD INFORMATION	150			S	
2000C	>1	HL		PATIENT HIERARCHICAL LEVEL	152			S	
	1	PAT		PATIENT INFORMATION	154			R	
2010CA	1	NM1		PATIENT NAME	157			R	
			NM109	Patient Primary Identifier		AN	2-80	S	All TCHP member are subscribers for payer ID TXCSM
	1	N3		PATIENT ADDRESS	161			R	
	1	N4		PATIENT CITY/STATE/ZIP CODE	162			R	
	1	DMG		PATIENT DEMOGRAPHIC INFORMATION	164			R	
	5	REF		PATIENT SECONDARY IDENTIFICATION	166			S	
	1	REF		PROPERTY AND CASUALTY CLAIM NUMBER	168			S	

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2300	100	CLM	CLAIM INFORMATION	170			R	
			CLM01	Patient Account Number	AN	1-38	R	Only the first 17 bytes will be used.
			CLM02	Total Claim Charge Amount	R	1-18	R	
			CLM03	Claim Filing Indicator Code	ID	1-2	N/U	
			CLM04	Non-Institutional Claim Type Code	ID	1-2	N/U	
			CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			R	
			CLM05-1	Facility Type Code (Place of Service)	AN	1-2	R	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 53, 54, 55, 56, 50, 60, 61, 62, 65, 71, 72, 81, 99
			CLM05-2	Facility Code Qualifier	ID	1-2	N/U	
			CLM05-3	Claim Frequency Code	ID	1-1	R	1 - Original, 6 - Corrected, 7 - Replacement, 8 - Void
			CLM06	Provider or Supplier Signature Indicator	ID	1-1	R	N, Y
			CLM07	Provider Accept Assignment Code (Medicare Assignment Code)	ID	1-1	R	A, B, C, P
			CLM08	Benefits Assignment Certification Indicator	ID	1-1	R	Y, N
			CLM09	Release of Information Code	ID	1-1	R	A, I, M, N, O, Y
			CLM10	Patient Signature Source Code	ID	1-1	S	B, C, M, P, S Required when CLM09 does not equal N.
			CLM11	RELATED CAUSES INFORMATION			S	
			CLM11-1	Related Causes Code	ID	2-3	R	AA, AP, EM, OA
			CLM11-2	Related Causes Code	ID	2-3	S	AA, AP, EM, OA
			CLM11-3	Related Causes Code	ID	2-3	S	AA, AP, EM, OA
			CLM11-4	Auto Accident State or Province Code	ID	2-2	S	
			CLM11-5	Country Code	ID	2-3	S	See Source code 5 for ANSI values
			CLM12	Special Program Indicator	ID	2-3	S	01, 02, 03, 05, 07, 08, 09
			CLM13	Yes/No Condition or Response Code	ID	1-1	N/U	

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			CLM14	Level of Service Code		ID	1-3	N/U		
			CLM15	Yes/No Condition or Response Code		ID	1-1	N/U		
			CLM16	Participation Agreement		ID	1-1	S	P	
			CLM17	Claim Status Code		ID	1-2	N/U		
			CLM18	Yes/No Condition or Response Code		ID	1-1	N/U		
			CLM19	Claim Submission Reason Code		ID	2-2	N/U		
			CLM20	Delay Reason Code		ID	1-2	S	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	
	1	DTP		DATE - INITIAL TREATMENT	182			S		
	1	DTP		DATE - DATE LAST SEEN	186			S		
	1	DTP		DATE - ONSET OF CURRENT ILLNESS/SYMPTOM	188			S		
	5	DTP		DATE - ACUTE MANIFESTATION	190			S		
	10	DTP		DATE - SIMILAR ILLNESS/SYMPTOM ONSET	192			S		
	10	DTP		DATE - ACCIDENT	194			S		Required when CLM11-1, 2 or 3 = AA, AB, AP, or OA
	1	DTP		DATE - LAST MENSTRUAL PERIOD	196			S		
	1	DTP		DATE - LAST X-RAY	197			S		
	1	DTP		DATE - HEARING AND VISION PRESCRIPTION DATE	200			S		

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	5	DTP		DATE - DISABILITY BEGIN	201			S	
	5	DTP		DATE - DISABILITY END	203			S	
	1	DTP		DATE - LAST WORKED	205			S	
	1	DTP		DATE - AUTHORIZED RETURN TO WORK	206			S	
	1	DTP		DATE - ADMISSION	208			S	Required when place of service in CLM05-1 = 21, 31, 51, 52, or 61. Admission date must not be after the condition date.
	1	DTP		DATE - DISCHARGE	210			S	Required segement when CLM05 -1 = 21,31,51,52 or 61 and DTP has admission date
			DTP01	Date Time Qualifier		ID	3-3	R	096
			DTP02	Date Time Period Format Qualifier		ID	2-3	R	D8
			DTP03	Related Hospitalization Discharge Date		AN	1-35	R	CCYYMMDD
	2	DTP		DATE - ASSUMED AND RELINQUISHED CARE DATES	212			S	
	10	PWK		CLAIM SUPPLEMENTAL INFORMATION	214			S	
			PWK01	Attachment Report Type Code		ID	2-2	R	77, AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, RT
			PWK02	Attachment Transmission Code		ID	1-2	R	AA, BM, EL, EM, FX
			PWK03	Report Copies Needed		NO	1-2	N/U	
			PWK04	Entity Identifier Code		ID	2-3	N/U	
			PWK05	Identification Code Qualifier		ID	1-2	S	AC
			PWK06	Attachment Control Number		AN	2-80	S	Only the first 17 bytes will be used.

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			PWK07	Description		AN	1-80	N/U		
			PWK08	ACTIONS INDICATED				N/U		
			PWK09	Request Category Code		ID	1-2	N/U		
	1	CN1		CONTRACT INFORMATION	217			S		
	1	AMT		CREDIT/DEBIT CARD MAXIMUM AMOUNT	219			S		
	1	AMT		PATIENT AMOUNT PAID	220			S		Negative values are invalid. Cannot be greater than 9 bytes for Blue Shield.
			AMT01	Amount Qualifier Code		ID	1-3	R	F5	
			AMT02	Patient Amount Paid		R	1-18	R		Max length is 10 bytes. But only 7 bytes will be used at this time.
			AMT03	Credit/Debit Flag Code		ID	1-1	N/U		
	1	AMT		TOTAL PURCHASED SERVICE AMOUNT	221			S		
			AMT01	Amount Qualifier Code		ID	1-3	R	NE	
			AMT02	Total Purchased Service Amount		R	1-18	R		Max Length is 10 bytes. But only 7 bytes will be used at this time.
			AMT03	Credit/Debit Flag Code		ID	1-1	N/U		
	1	REF		SERVICE AUTHORIZATION EXCEPTION CODE	222			S		
	1	REF		MANDATORY MEDICARE (SECTION 4081) CROSSOVER INDICATOR	224			S		
	1	REF		MAMMOGRAPHY CERTIFICATION NUMBER	226			S		Use as required by Payer
	2	REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	227			S		Required segement if service requires auth or referral

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			REF01	Reference Identification Qualifier		ID	2-3	R	9F, G1	
			REF02	Prior Authorization or Referral Number		AN	1-30	R		
			REF03	Description		AN	1-80	N/U		
			REF04	REFERENCE IDENTIFIER				N/U		
	1	REF		ORIGINAL REFERENCE NUMBER (ICN/DCN)	229			S		
	3	REF		CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER	231			S		Use as required by Payer
	1	REF		REPRICED CLAIM NUMBER	233			S		Used for Third Party Organization claims only - Payer id equals GTPO01.
	1	REF		ADJUSTED REPRICED CLAIM NUMBER	235			S		
	1	REF		INVESTIGATIONAL DEVICE EXEMPTION NUMBER	236			S		
	1	REF		CLAIM IDENTIFICATION NUMBER FOR CLEARING HOUSES AND OTHER TRANSMISSION INTERMEDIARIES	238			S		
	4	REF		AMBULATORY PATIENT GROUP (APG)	240			S		
	1	REF		MEDICAL RECORD NUMBER	241			S		
	1	REF		DEMONSTRATION PROJECT IDENTIFIER	242			S		
	10	K3		FILE INFORMATION	244			S		

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	1	NTE		CLAIM NOTE	246			S	
			NTE01	Note Reference Code		ID	3-3	R	ADD, CER, DCP,DGN,PMT,TPO
			NTE02	Claim Note Text		AN	1-80	R	
	1	CR1		AMBULANCE TRANSPORT INFORMATION	248			S	Required when transport services are used
	1	CR2		SPINAL MANIPULATION SERVICE INFORMATION	251			S	
	3	CRC		AMBULANCE CERTIFICATION	257			S	Use as required by Payer
	3	CRC		PATIENT CONDITION INFORMATION: VISION	260			S	
	1	CRC		HOMEBOUND INDICATOR	263			S	
	1	CRC		EPSDT REFERRAL	Addenda page 37.			S	Required by TCHP
			CRC01	Code Category		ID	2-2	R	ZZ
			CRC02	Yes/No Condition		ID	1-1	R	N, Y
			CRC03	Condition Indicator		ID	2-2	R	AV, NU, S2, ST
			CRC04	Condition Indicator		ID	2-2	S	
			CRC05	Condition Indicator		ID	2-2	S	
			CRC06	Condition Indicator		ID	2-2	S	
			CRC07	Condition Indicator		ID	2-2	S	

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	1	HI		HEALTH CARE DIAGNOSIS CODE	265			S		Required Diagnosis codes must be coded to the highest level of specificity, i.e., coding to the fourth or fifth digit. There are multiple iterations of this segment all must have valid diagnosis codes
		HI02		HEALTH CARE CODE INFORMATION				S		
		HI03		HEALTH CARE CODE INFORMATION				S		
		HI04		HEALTH CARE CODE INFORMATION				S		
		HI05		HEALTH CARE CODE INFORMATION				S		
		HI06		HEALTH CARE CODE INFORMATION				S		
		HI07		HEALTH CARE CODE INFORMATION				S		
		HI08		HEALTH CARE CODE INFORMATION				S		Not used at this time by Blue Shield (when NM109, Loop 2010BB begins with G)
	1	HCP		CLAIM PRICING/REPRICING INFORMATION	271			S		
			HCP01	Pricing Methodology		ID	2-2	R	07, 08, 09, 10, 11, 12, 13, 14	
			HCP02	Repriced Allowed Amount		R	1-18	R		Max length is 10 bytes. But only 7 bytes will be used at this time.
			HCP03	Repriced Saving Amount		R	1-18	S		Max length is 10 bytes. But only 7 bytes will be used at this time.
			HCP04	Repricing Organization Identifier		AN	1-30	S		
			HCP05	Repricing Per Diem or Flat Rate Amount		R	1-9	S		Max length is 10 bytes. But only 7 bytes will be used at this time.
			HCP06	Repriced Approved Ambulatory Patient Group Code		AN	1-30	S		
			HCP07	Repriced Approved Ambulatory Patient Group Amount		R	1-18	S		Max length is 10 bytes. But only 7 bytes will be used at this time.
			HCP08	Product/Service ID		AN	1-48	N/U		

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			HCP09	Product/Service ID Qualifier		ID	2-2	N/U		
			HCP10	Product/Service ID		AN	1-48	N/U		
			HCP11	Unit or Basis for Measurement Code		ID	2-2	N/U		
			HCP12	Quantity		R	1-15	N/U		
			HCP13	Reject Reason Code		ID	2-2	S	T1, T2, T3, T4, T5, T6	
			HCP14	Policy Compliance Code		ID	1-2	S	1, 2, 3, 4, 5	
			HCP15	Exception Code		ID	1-2	S	1, 2, 3, 4, 5, 6	
2305	6	CR7		HOME HEALTH CARE PLAN INFORMATION	276			S		
	3	HSD		HEALTH CARE SERVICES DELIVERY	278			S		
2310A	2	NM1		REFERRING PROVIDER NAME	282			S		
			NM101	Entity Identifier Code		ID	2-3	R	DN, P3	
			NM102	Entity Type Qualifier		ID	1-1	R	1, 2	
			NM103	Referring Provider Last Name		AN	1-35	R		
			NM104	Referring Provider First Name		AN	1-25	S		
			NM105	Referring Provider Middle Name		AN	1-25	S		
			NM106	Name Prefix		AN	1-10	N/U		
			NM107	Referring Provider Name Suffix		AN	1-10	S		
			NM108	Identification Code Qualifier		ID	1-2	S	24, 34	
			NM109	Referring Provider Identifier		AN	2-80	S		
			NM110	Entity Relationship Code		ID	2-2	N/U		
			NM111	Entity Identifier Code		ID	2-3	N/U		

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	1	PRV		REFERRING PROVIDER SPECIALTY INFORMATION	285			S	
			PRV01	Provider Code		ID	1-3	R	RF
			PRV02	Reference Identification Qualifier		ID	2-3	R	ZZ
			PRV03	Provider Taxonomy Code		AN	1-30	R	
			PRV04	State or Province Code		ID	2-2	N/U	
			PRV05	PROVIDER SPECIALTY INFORMATION				N/U	
			PRV06	Provider Organization Code		ID	3-3	N/U	
	5	REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	288			S	TCHP requires TPI number for payer id TXCSM
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1B, 1C, 1D, 1G, 1H, E1, G2, LU, N5, SY, X5 For provider UPIN, use qualifier 1G. Otherwise use qualifier that best describes the referring provider.
			REF02	Referring Provider Secondary Identifier		AN	1-30	R	TCHP requires TPI number for payer id TXCSM
			REF03	Description		AN	1-80	N/U	
			REF04	REFERENCE IDENTIFIER				N/U	
2310B	1	NM1		RENDERING PROVIDER NAME	290			S	Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops respectively.
			NM101	Entity Identifier Code		ID	2-3	R	82
			NM102	Entity Type Qualifier		ID	1-1	R	1 = Person 2 = Non-Person Entity
			NM103	Rendering Provider Last or Organization Name		AN	1-35	R	
			NM104	Rendering Provider First Name		AN	1-25	S	
			NM105	Rendering Provider Middle Name		AN	1-25	S	
			NM106	Name Prefix		AN	1-10	N/U	
			NM107	Rendering Provider Name Suffix		AN	1-10	S	
			NM108	Identification Code Qualifier		ID	1-2	R	24, 34

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			NM109	Rendering Provider Identifier		AN	2-80	R		
			NM110	Entity Relationship Code		ID	2-2	N/U		
			NM111	Entity Identifier Code		ID	2-3	N/U		
	1	PRV		RENDERING PROVIDER SPECIALTY INFORMATION	293			S		
			PRV01	Provider Code		ID	1-3	R	PE	
			PRV02	Reference Identification Qualifier		ID	2-3	R	ZZ	
			PRV03	Provider Taxonomy Code		AN	1-30	R		This is a 10-byte taxonomy code. For a list of the taxonomy codes, visit web site www.wpc-edi.com
			PRV04	State or Province Code		ID	2-2	N/U		
			PRV05	PROVIDER SPECIALTY INFORMATION				N/U		
			PRV06	Provider Organization Code		ID	3-3	N/U		
	5	REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	296			S		TCHP requires TPI number for payer id TXCSM
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, X5	Medicare, qualifier 1C is required. When the payer id begins with D for Medicaid, qualifier 1D is required. When the payer id begins with F for commercial, qualifier G2 is required or whichever qualifier is applicable. When the payer id begins with G for Blue Shield, qualifier 1B is required. When the payer id begins with H for CHAMPUS, qualifier 1H is required. Otherwise enter the qualifier that best describes the rendering provider.
			REF02	Rendering Provider Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
			REF03	Description		AN	1-80	N/U		
			REF04	REFERENCE IDENTIFIER				N/U		
2310C	1	NM1		PURCHASED SERVICE PROVIDER NAME	298			S		
			NM101	Entity Identifier Code		ID	2-3	R	QB	
			NM102	Entity Type Qualifier		ID	1-1	R	1, 2	
			NM106	Name Prefix		AN	1-10	N/U		
			NM107	Name Suffix		AN	1-10	N/U		

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			NM108	Identification Code Qualifier		ID	1-2	S	24, 34	
			NM109	Purchased Service Provider Identifier		AN	2-80	S		
			NM110	Entity Relationship Code		ID	2-2	N/U		
			NM111	Entity Identifier Code		ID	2-3	N/U		
	5	REF		PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	301			S		
			REF01	Reference Identification Qualifier		ID	2-3	R	0B,1A,1B,1C,1D,1G,1H, E1,G2,LU,N5,SY,U3,X5	Enter the qualifier that best describes the provider.
			REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
			REF03	Description		AN	1-80	N/U		
			REF04	REFERENCE IDENTIFIER				N/U		
2310D	1	NM1		SERVICE FACILITY LOCATION	303			S		
			NM101	Entity Identifier Code		ID	2-3	R	77, FA, LI, TL	
			NM102	Entity Type Qualifier		ID	1-1	R	2	
			NM103	Laboratory or Facility Name		AN	1-35	S		
			NM104	Name First		AN	1-25	N/U		
			NM105	Name Middle		AN	1-25	N/U		
			NM106	Name Prefix		AN	1-10	N/U		
			NM107	Name Suffix		AN	1-10	N/U		
			NM108	Identification Code Qualifier		ID	1-2	S	24, 34	
			NM109	Laboratory or Facility Primary Identifier		AN	2-80	S		Enter the federally assigned T.I.N. (tax identification number) of the service facility. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the service facility. Must be nine (9) numerics.
			NM110	Entity Relationship Code		ID	2-2	N/U		
			NM111	Entity Identifier Code		ID	2-3	N/U		

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	1	N3		SERVICE FACILITY LOCATION ADDRESS	307			R		
	1	N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP	308			R		
	5	REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	310			S		Enter facility id as required by payer.
			REF01	Reference Identification Qualifier		ID	2-3	R	0B,1A,1B,1C,1D,1G,1H, G2,LU,N5,TJ,X4,X5	Enter qualifier that best describes the provider.
			REF02	Laboratory or Facility Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
			REF03	Description		AN	1-80	N/U		
			REF04	REFERENCE IDENTIFIER				N/U		
2310E	1	NM1		SUPERVISING PROVIDER NAME	312			S		
			NM109	Supervising Provider Identifier		AN	2-80	S		Enter the federally assigned T.I.N. (tax identification number) of the supervising provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the supervising provider. Must be nine (9) numerics.
	5	REF		SUPERVISING PROVIDER SECONDARY IDENTIFIER	316			S		
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1B, 1C, 1D, 1G, 1H, E1, G2, LU, N5, SY, X5	Enter the qualifier that best describes the supervising provider.
			REF02	Supervising Provider Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
2320	10	SBR		OTHER SUBSCRIBER INFORMATION	318			S		
			SBR04	Other Insured Group Name		AN	1-60	S		Required by most commercial payers.
	5	CAS		CLAIM LEVEL ADJUSTMENTS	323			S		

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	1	AMT		COB PAYER PAID AMOUNT	332			S	Amount paid by primary payer.
	1	AMT		COB APPROVED AMOUNT	333			S	This is the other payer approved amount.
	1	AMT		COB ALLOWED AMOUNT	334			S	
	1	AMT		COB PATIENT RESPONSIBILITY AMOUNT	335			S	
	1	AMT		COB COVERED AMOUNT	336			S	
	1	AMT		COB DISCOUNT AMOUNT	337			S	
	1	AMT		COB PER DAY LIMIT AMOUNT	338			S	
	1	AMT		COB PATIENT PAID AMOUNT	339			S	
	1	AMT		COB TAX AMOUNT	340			S	
	1	AMT		COB TOTAL CLAIM BEFORE TAXES AMOUNT	341			S	
	1	DMG		OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION	342			S	
	1	OI		OTHER INSURANCE COVERAGE INFORMATION	344			R	

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	1	MOA		MEDICARE OUTPATIENT ADJUDICATION INFORMATION	347			S	
2330A	1	NM1		OTHER SUBSCRIBER NAME	350			R	
	1	N3		OTHER SUBSCRIBER ADDRESS	354			S	
			N301	Other Insured Address Line		AN	1-55	R	The first 30 bytes will be used.
			N302	Other Insured Address Line		AN	1-55	S	The first 30 bytes will be used.
	1	N4		OTHER SUBSCRIBER CITY/STATE/ZIP CODE	355			S	
	3	REF		OTHER SUBSCRIBER SECONDARY IDENTIFICATION	357			S	
2330B	1	NM1		OTHER PAYER NAME	359			R	
	2	PER		OTHER PAYER CONTACT INFORMATION	363			S	
	1	DTP		CLAIM ADJUDICATION DATE	366			S	
	2	REF		OTHER PAYER SECONDARY IDENTIFIER	368			S	
	2	REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	370			S	
	2	REF		OTHER PAYER CLAIM ADJUSTMENT INDICATOR	372			S	

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2330C	1	NM1		OTHER PAYER PATIENT INFORMATION	374			S		
	3	REF		OTHER PAYER PATIENT IDENTIFICATION	376			S		
2330D	2	NM1		OTHER PAYER REFERRING PROVIDER	378			S		
	3	REF		OTHER PAYER REFERRING PROVIDER IDENTIFICATION	380			R		
2330E	1	NM1		OTHER PAYER RENDERING PROVIDER	382			S		
	3	REF		OTHER PAYER RENDERING PROVIDER SECONDARY IDENTIFICATION	384			R		
2330F	1	NM1		OTHER PAYER PURCHASED SERVICE PROVIDER	386			S		
	3	REF		OTHER PAYER PURCHASED SERVICE PROVIDER IDENTIFICATION	388			R		
2330G	1	NM1		OTHER PAYER SERVICE FACILITY LOCATION	390			S		
	3	REF		OTHER PAYER SERVICE FACILITY LOCATION IDENTIFICATION	392			R		
2330H	1	NM1		OTHER PAYER SUPERVISING PROVIDER	394			S		
	3	REF		OTHER PAYER SUPERVISING PROVIDER IDENTIFICATION	396			R		

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2400	50	LX		SERVICE LINE	398			R	
			LX01	Assigned Number		N0	1-6	R	
	1	SV1		PROFESSIONAL SERVICE	400			R	
			SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R	
			SV101-1	Product or Service ID Qualifier		ID	2-2	R	HC, IV, ZZ
			SV101-2	Procedure Code		AN	1-48	R	
			SV101-3	Procedure Modifier		AN	2-2	S	
			SV101-4	Procedure Modifier		AN	2-2	S	
			SV101-5	Procedure Modifier		AN	2-2	S	
			SV101-6	Procedure Modifier		AN	2-2	S	
			SV101-7	Description		AN	1-80	N/U	
			SV102	Line Item Charge Amount		R	1-18	R	Negative values are invalid. Max length is 10 bytes. But only 7 bytes will be used at this time.
			SV103	Unit or Basis for Measurement Code		ID	2-2	R	F2,MJ,UN
			SV104	Service Unit Count		R	1-15	R	
			SV105	Place of Service Code		AN	1-2	S	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 50, 51, 52, 53, 54, 55, 56, 60, 61, 62, 65, 71, 72, 81, 99
			SV106	Service Type Code		ID	1-2	N/U	
			SV107	COMPOSITE DIAGNOSIS CODE POINTER				S	
			SV107-1	Diagnosis Code Pointer		N0	1-2	R	
			SV107-2	Diagnosis Code Pointer		N0	1-2	S	
			SV107-3	Diagnosis Code Pointer		N0	1-2	S	
			SV107-4	Diagnosis Code Pointer		N0	1-2	S	
			SV108	Monetary Amount		R	1-18	N/U	

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			SV109	Emergency Indicator		ID	1-1	S	N, Y	
			SV110	Multiple Procedure Code		ID	1-2	N/U		
			SV111	EPSDT Indicator		ID	1-1	S	Y	
			SV112	Family Planning Indicator		ID	1-1	S	Y	
			SV113	Review Code		ID	1-2	N/U		
			SV114	National or Local Assigned Review Value		AN	1-2	N/U		
			SV115	Co-Pay Status Code		ID	1-1	S	0	
			SV116	Health Care Professional Shortage Area Code		ID	1-1	N/U		
			SV117	Reference Identification		AN	1-30	N/U		
			SV118	Postal Code		ID	3-15	N/U		
			SV119	Monetary Amount		R	1-18	N/U		
			SV120	Level of Care Code		ID	1-1	N/U		
			SV121	Provider Agreement Code		ID	1-1	N/U		
			SV5	DURABLE MEDICAL EQUIPMENT SERVICE	Addenda Page 58		1	S		New Segment.
	1		PWK	DMERC CMN INDICATOR	410			S		
			PWK01	Attachment Report Type Code		ID	2-2	R	CT	
			PWK02	Attachment Transmission Code		ID	1-2	R	AB, AD, AF, AG, NS	
			PWK03	Report Copies Needed		N0	1-2	N/U		
			PWK04	Entity Identifier Code		ID	2-3	N/U		
			PWK05	Identification Code Qualifier		ID	1-2	N/U		
			PWK06	Identification Code		AN	2-80	N/U		
			PWK07	Description		AN	1-80	N/U		
			PWK08	ACTIONS INDICATED				N/U		

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		PWK09	Request Category Code		ID	1-2	N/U		
	1	CR1	AMBULANCE TRANSPORT INFORMATION	412			S		Required when transport is used
	5	CR2	SPINAL MANIPULATION SERVICE INFORMATION	415			S		
	1	CR3	DURABLE MEDICAL EQUIPMENT CERTIFICATION	421			S		Use when required by payer.
		CR301	Certification Type Code		ID	1-1	R	I,R,S	
		CR302	Unit or Basis for Measurement Code		ID	2-2	R	MO	
		CR303	Durable Medical Equipment Duration 9(2)		R	1-15	R		
		CR304	Insulin Dependent Code		ID	1-1	N/U		
		CR305	Description		AN	1-80	N/U		
	1	CR5	HOME OXYGEN THERAPY INFORMATION	423			S		Use when required by payer.
	3	CRC	AMBULANCE CERTIFICATION	427			S		Use when required by payer
	1	CRC	HOSPICE EMPLOYEE INDICATOR	430			S		Use when required by payer.
	2	CRC	DMERC CONDITION INDICATOR	432			S		Use when required by payer.
	1	DTP	DATE - SERVICE DATE	435			R		
	1	DTP	DATE - CERTIFICATION REVISION DATE	437			S		

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	1	DTP		DATE - BEGIN THERAPY DATE	440			S	
	1	DTP		DATE - LAST CERTIFICATION DATE	442			S	
	1	DTP		DATE - DATE LAST SEEN	445			S	
	2	DTP		DATE - TEST	447			S	
	3	DTP		DATE - OXYGEN SATURATION/ARTERIAL BLOOD GAS TEST	449			S	
	1	DTP		DATE - SHIPPED	451			S	
	1	DTP		DATE - ONSET OF CURRENT SYMPTOM/ILLNESS	452			S	
	1	DTP		DATE - LAST X-RAY	454			S	
	1	DTP		DATE - ACUTE MANIFESTATION	456			S	
	1	DTP		DATE - INITIAL TREATMENT	458			S	
	1	DTP		DATE - SIMILAR ILLNESS/SYMPTOM ONSET	460			S	
	20	MEA		TEST RESULTS	464			S	
	1	CN1		CONTRACT INFORMATION	466			S	

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	1	REF		REPRICED LINE ITEM REFERENCE NUMBER	468			S	
	1	REF		ADJUSTED REPRICED LINE ITEM REFERENCE NUMBER	469			S	
	2	REF		PRIOR AUTHORIZATION OR REFERRAL NUMBER	470			S	
	1	REF		LINE ITEM CONTROL NUMBER	472			S	
	1	REF		MAMMOGRAPHY CERTIFICATION NUMBER	474			S	Use as required by payer
	1	REF		CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) IDENTIFICATION	475			S	Use as required by payer
	1	REF		REFERRING CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) FACILITY IDENTIFICATION	477			S	Use as required by payer.
	1	REF		IMMUNIZATION BATCH NUMBER	478			S	Use as required by payer.
	4	REF		AMBULATORY PATIENT GROUP (APG)	479			S	Use as required by payer.
		REF		OXYGEN FLOW RATE	480			S	
	1	REF		UNIVERSAL PRODUCT NUMBER (UPN)	482			S	
	1	AMT		SALES TAX AMOUNT	484			S	

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	1	AMT		APPROVED AMOUNT	485			S		This is the other payer approved amount at the service line level.
	1	AMT		POSTAGE CLAIMED AMOUNT	486			S		
	1	NTE		LINE NOTE	488			S		Required when procedure code used is 'Not Otherwise Classified' or as directed by payer.
	1	PS1		PURCHASED SERVICE INFORMATION	489			S		
	1	HSD		HEALTH CARE SERVICES DELIVERY	491			S		
	1	HCP		LINE PRICING/REPRICING INFORMATION	495			S		
2410	1	LIN		DRUG IDENTIFICATION	Addenda Page 71		1	S		
	1	CTP		DRUG PRICING	Addenda Page 74		1	S		New Segment. For TX Blue Shield, New Mexico and Illinois Blue Shield, use NTE segment until Oct 16, 2003.
	1	REF		PRESCRIPTION NUMBER	Addenda Page 77		1	S		New Segment
2420A	1	NM1		RENDERING PROVIDER NAME	501			S		Use this segment when different from the rendering provider data in Loop 2310B. For Blue Shield, data entered in this Loop will overwrite data in Loop 2310B.
			NM109	Rendering Provider Identifier		AN	2-80	R		
	1	PRV		RENDERING PROVIDER SPECIALTY INFORMATION	504			S		Usage changed from required to situational.

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	5	REF		RENDERING PROVIDER SECONDARY IDENTIFICATION	507			S		Use this segment when different from the rendering provider data in Loop 2310B. For Blue Shield, data entered in this Loop will overwrite data in Loop 2310B.
			REF02	Rendering Provider Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
2420B	1	NM1		PURCHASED SERVICE PROVIDER NAME	509			S		
			NM109	Purchased Service Provider Identifier		AN	2-80	S		
	5	REF		PURCHASED SERVICE PROVIDER SECONDARY IDENTIFICATION	512			S		
			REF01	Reference Identification Qualifier		ID	2-3	R	0B, 1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, U3, X5	
			REF02	Purchased Service Provider Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
			REF03	Description		AN	1-80	N/U		
			REF04	REFERENCE IDENTIFIER				N/U		
2420C	1	NM1		SERVICE FACILITY LOCATION	514			S		Only use if different from facility data in Loop 2310D. For Blue Shield any data entered in this Loop will overwrite data from Loop 2310D.
			NM109	Laboratory or Facility Primary Identifier		AN	2-80	S		
	1	N3		SERVICE FACILITY LOCATION ADDRESS	518			R		
		N4		SERVICE FACILITY LOCATION CITY/STATE/ZIP	519		1	R		
	5	REF		SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION	521			S		
			REF02	Service Facility Location Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM

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2420D	1	NM1		SUPERVISING PROVIDER NAME	523			S	Use if different from supervising provider data in Loop 2310E.
			NM109	Supervising Provider Identifier		AN	2-80	S	
	1	N2		ADDITIONAL SUPERVISING PROVIDER NAME INFORMATION	526			N/U	Segment defined as deleted.
	5	REF		SUPERVISING PROVIDER SECONDARY IDENTIFICATION	527			S	Use if different from supervising provider data in Loop 2310E.
			REF02	Supervising Provider Secondary Identifier		AN	1-30	R	TCHP requires TPI number for payer id TXCSM
2420E	1	NM1		ORDERING PROVIDER NAME	529			S	
			NM109	Ordering Provider Identifier		AN	2-80	S	
	1	N3		ORDERING PROVIDER ADDRESS	533			S	
	1	N4		ORDERING PROVIDER CITY/STATE/ZIP CODE	534			S	
	5	REF		ORDERING PROVIDER SECONDARY IDENTIFICATION	536			S	
			REF02	Ordering Provider Secondary Identifier		AN	1-30	R	TCHP requires TPI number for payer id TXCSM
	1	PER		ORDERING PROVIDER CONTACT INFORMATION	538			S	

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2420F	2	NM1		REFERRING PROVIDER NAME	541			S		Use this segment when the number is different from the rendering provider number in Loop 2310A. For Blue Shield, when present this data will overwrite the data in Loop 2310A.
			NM109	Referring Provider Identifier		AN	2-80	S		
	1	PRV		REFERRING PROVIDER SPECIALTY INFORMATION	544			S		Use this segment when different from the referring provider data in Loop 2310A.
	5	REF		REFERRING PROVIDER SECONDARY IDENTIFICATION	547			S		Use this segment when the number is different from the referring provider data in Loop 2310A.
			REF02	Referring Provider Secondary Identifier		AN	1-30	R		TCHP requires TPI number for payer id TXCSM
2420G	4	NM1		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	549			S		
	2	REF		OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	552			R		
2430	25	SVD		LINE ADJUDICATION INFORMATION	554			S		
	99	CAS		LINE ADJUSTMENT	558			S		
	1	DTP		LINE ADJUDICATION DATE	566			R		
2440	5	LQ		FORM IDENTIFICATION CODE	567			S		
	99	FRM		SUPPORTING DOCUMENTATION	569			S		

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---	1	SE		TRANSACTION SET TRAILER	572			R	
---	1	GE		FUNCTION GROUP TRAILER	B.10			R	
---	1	IEA		INTERCHANGE CONTROL TRAILER	B.7			R	

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