

Loop ID	Loop Name	Segment ID/X12 ID	Segment Name	Reference Description	Data Element ID	Data Element Name	Fixed or Variable (F/V)	Data or Source	Notes	070.04 Map
		ISA	Interchange Control Header	ISA01	001	Authorization Information Qualifier	F	00		
				ISA02	002	Authorization Information	F	.....	"*" = Space	
				ISA03	003	Security Information Qualifier	F	00		
				ISA04	004	Security Information	F	.....	"*" = Space	
				ISA05	005	Interchange ID Qualifier	F	ZZ		
				ISA06	006	Interchange Sender ID	V		"143" or "053" followed by 12 spaces	
				ISA07	005	Interchange ID Qualifier	F	ZZ		
				ISA08	007	Interchange Receiver ID	F	412	"412" followed by 12 spaces	
				ISA09	008	Interchange Date	V		YYMMDD	
				ISA10	009	Interchange Time	V		HHMM	
				ISA11	010	Repetition Separator	F	^		
				ISA12	011	Interchange Control Version Number	F	00501		
				ISA13	012	Interchange Control Number	V		ID1	
				ISA14	013	Acknowledgment Requested	F	0		
				ISA15	014	Usage Indicator	V		"P" or "I" Per IG	
				ISA16	015	Component Element Separator	F	:		
		GS	Functional Group Header	GS			F	GS		
				GS01	479	Functional Identifier Code	F	HC		
				GS02	142	Application Sender's Code	V		"143" or "053"	
				GS03	124	Application Receiver's Code	F	412		
				GS04	373	Date	V		CCYYMMDD	
				GS05	337	Time	V		HHMM	
				GS06	28	Group Control Number	V		ID2	
				GS07	455	Responsible Agency Code	F	X		
				GS08	480	Version/Release/Industry Identifier Code	F	005010X2232A2		
		ST	Transaction Set Header	ST			F	ST		
				ST01	143	Transaction Set Identifier Code	F	837		
				ST02	329	Transaction Set Control Number	V		ID3	
				ST03	1705	Implementation Convention Reference	F	005010X2232A2		
		BHT	Beginning of Hierarchical Transaction	BHT			F	BHT		
				BHT01	1005	Hierarchical Structure Code	F	0019		
				BHT02	353	Transaction Set Purpose Code	V		"00" or "18"	
				BHT03	127	Reference Identification	V		ID4	
				BHT04	373	Date	V		CCYYMMDD	
				BHT05	337	Time	V		HHMM	
				BHT06	640	Transaction Type Code	F	RP		
1000A	Submitter Name	NM1	Submitter Name	NM1			F	NM1		
				NM101	98	Entity Identifier Code	F	41		
				NM102	1065	Entity Type Qualifier	F	2		
				NM103	1035	Name Last or Organization Name	V		Use appropriate value	
				NM104	1036	Name First	F	Null		
				NM105	1037	Name Middle	F	Null		
				NM106	1038	Name Prefix	F	Null		
				NM107	1039	Name Suffix	F	Null		
				NM108	66	Identification Code Qualifier	F	46		
				NM109	67	Identification Code	V		"143" or "053"	
1000A	Submitter Name	PER	Submitter EDI Contact Information	PER			F	PER		
				PER01	366	Contact Function Code	F	IC		
				PER02	93	Name	V		Use appropriate value	
				PER03	365	Communication Number Qualifier	F	TE		
				PER04	364	Communication Number	V		Use appropriate value	
1000B	Receiver Name	NM1	Receiver Name	NM1			F	NM1		
				NM101	98	Entity Identifier Code	F	40		
				NM102	1065	Entity Type Qualifier	F	2		
				NM103	1035	Name Last or Organization Name	F	NSMHA		
				NM104	1036	Name First	F	Null		
				NM105	1037	Name Middle	F	Null		
				NM106	1038	Name Prefix	F	Null		
				NM107	1039	Name Suffix	F	Null		
				NM108	66	Identification Code Qualifier	F	46		
				NM109	67	Identification Code	F	412		
2000A	Billing/Pay-To Provider Hierarchical Level	HL	Billing/Pay-To Provider Hierarchical Level	HL			F	HL		
				HL01	628	Hierarchical ID Number	F	1		
				HL02	734	Hierarchical Parent ID Number	F	Null		
				HL03	735	Hierarchical Level Code	F	20		
				HL04	736	Hierarchical Child Code	F	1		
2000A	Billing Provider Hierarchical Level	PRV	Billing Provider Specialty Information	PRV			F	PRV		
				PRV01	1221	Provider Code	F	BI		
				PRV02	128	Reference Identification Qualifier	F	PXC		
				PRV03	127	Reference Identification	V		Inpatient Facility Taxonomy Code	
2010AA	Billing Provider Name	NM1	Billing Provider Name	NM1			F	NM1		
				NM101	98	Entity Identifier Code	F	85		
				NM102	1065	Entity Type Qualifier	F	2		
				NM103	1035	Name Last or Organization Name	V		Inpatient Facility Name	
				NM104	1036	Name First	F	Null		
				NM105	1037	Name Middle	F	Null		
				NM106	1038	Name Prefix	F	Null		
				NM107	1039	Name Suffix	F	Null		
				NM108	66	Identification Code Qualifier	F	XX		
				NM109	67	Identification Code	V		Inpatient Facility NPI	
2010AA	Billing Provider Name	N3	Billing Provider Address	N3			F	N3		
				N301	166	Address Information	V		Inpatient Facility Address	
				N302	166	Address Information	V		Inpatient Facility Address Addtl. Info.	
2010AA	Billing Provider Name	N4	Billing Provider City/State/ZIP	N4			F	N4		
				N401	19	City Name	V		Inpatient Facility City	
				N402	156	State or Province Code	V		Inpatient Facility State	
				N403	116	Postal Code	V		Inpatient Facility ZIP Code	
2010AA	Billing Provider Name	REF	Billing Provider Tax Identification	REF			F	REF		
				REF01	128	Reference Identification Qualifier	F	EI		
				REF02	127	Reference Identification	V		Inpatient Facility Tax Identification Number	
2010AA	Billing Provider Name	PER	Billing Provider Contact Information	PER			F	PER		
				PER01	366	Contact Function Code	F	IC		
				PER02	93	Name	V		Inpatient Facility Contact Name	
				PER03	365	Communication Number Qualifier	F	TE		
				PER04	364	Communication Number	V		Inpatient Facility Telephone Number	
2000B	Subscriber Hierarchical Level	HL	Subscriber Hierarchical Level	HL			F	HL		
				HL01	628	Hierarchical ID Number	V		ID from Sender	
				HL02	734	Hierarchical Parent ID Number	V		Parent ID	
				HL03	735	Hierarchical Level Code	F	22		
				HL04	736	Hierarchical Child Code	F	0		
2000B	Subscriber Hierarchical Level	SBR	Subscriber Information	SBR			F	SBR		
				SBR01	1138	Payer Responsibility Sequence Number Code	F	P		
				SBR02	1069	Individual Relationship Code	F	18		
				SBR03	127	Reference Identification	V		Client PN	PN
				SBR04	93	Name	F	Null		
				SBR05	1336	Insurance Type Code	F	Null		
				SBR06	1143	Coordination of Benefits Code	F	Null		
				SBR07	1073	Yes/No Condition or Response Code	F	Null		

			SBR08	584	Employment Status Code	F	Null		
			SBR09	1032	Claim Filing Indicator Code	F	MC		
2010BA	Subscriber Name	NM1	Subscriber Name	NM1		F	NM1		
			NM101	98	Entity Identifier Code	F	IL		
			NM102	1065	Entity Type Qualifier	F	1		
			NM103	1035	Name Last or Organization Name	V		Client Last Name	
			NM104	1036	Name First	V		Client First Name	
			NM105	1037	Name Middle	V		Client Middle Name or Initial	
			NM106	1038	Name Prefix	F	Null		
			NM107	1039	Name Suffix	F	Null		
			NM108	66	Identification Code Qualifier	F	MI		
			NM109	67	Identification Code	V		If Medicaid, P1 Client ID; Other-Client PN	PIC
2010BA	Subscriber Name	N3	Subscriber Address	N3		F	N3		
			N301	166	Address Information	V		If homeless, "Unknown", else Client Street	
			N302	166	Address Information	V		Additional Address Info If Necessary	
2010BA	Subscriber Name	N4	Subscriber City/State/ZIP	N4		F	N4		
			N401	19	City Name	V		If homeless, city of Inpt. Fac., else Client Street	
			N402	156	State or Province Code	V		If homeless, state of Inpt. Fac., else Client State	
			N403	116	Postal Code	V		If homeless, ZIP of Inpt. Fac., else Client ZIP	
2010BA	Subscriber Name	DMG	Subscriber Demographic Information	DMG		F	DMG		
			DMG01	1250	Date/Time Period Format Qualifier	F	D8		
			DMG02	1251	Date/Time Period Format Qualifier	F		Client DOB in CCYYMMDD format	
			DMG03	1068	Gender Code	V		Client Gender	

2010BB	Payer Name	NM1	Payer Name	NM1		F	NM1		
			NM101	98	Entity Identifier Code	F	PR		
			NM102	1065	Entity Type Qualifier	F	2		
			NM103	1035	Name Last or Organization Name	F	412		
			NM104	1036	Name First	F	Null		
			NM105	1037	Name Middle	F	Null		
			NM106	1038	Name Prefix	F	Null		
			NM107	1039	Name Suffix	F	Null		
			NM108	66	Identification Code Qualifier	F	PI		
			NM109	67	Identification Code	F	412		

2300	Claim Information	CLM	Claim Information	CLM		F	CLM		
			CLM01	1028	Claim Submit Identifier	V		RLGUID	RLGUID
			CLM02	782	Monetary Amount	F	0		
			CLM03	1032	Claim Filing Indicator Code	F	Null		
			CLM04	1343	Non-Institutional Claim Type Code	F	Null		
			CLM05	C023	Health Care Service Location	V			
			CLM05-1	1331	Facility Code Value	F	11		POS
			CLM05-2	1332	Facility Code Qualifier	F	A		
			CLM05-3	1325	Claim Frequency Type Code	V		Use appropriate value	RACTION
			CLM06	1073	Yes/No Condition or Response Code	F	Null		
			CLM07	1359	Provider Accept Assignment Code	F	A		
			CLM08	1073	Yes/No Condition or Response Code	V		Use appropriate value	
			CLM09	1363	Release of Information Code	V		Use appropriate value	ROICODE

2300	Claim Information	DTP	Discharge Hour	DTP		F	DTP		
			DTP01	374	Date/Time Qualifier	F	096		
			DTP02	1250	Date/Time Period Format Qualifier	F	TM		DTIME
			DTP03	1251	Date/Time Period	V		Use appropriate value in HHMM format	

2300	Claim Information	DTP	Statement Dates	DTP		F	DTP		
			DTP01	374	Date/Time Qualifier	F	434		
			DTP02	1250	Date/Time Period Format Qualifier	F	RD8		
			DTP03	1251	Date/Time Period	V		Use format CCYYMMDD-CCYYMMDD. On admission, use AdmitDate-AdmitDate. On discharge, use AdmitDate-DischargeDate.	ADATE & DDATE

2300	Claim Information	DTP	Admission Date/Hour	DTP		F	DTP		
			DTP01	374	Date/Time Qualifier	F	435		
			DTP02	1250	Date/Time Period Format Qualifier	F	DT		
			DTP03	1251	Date/Time Period	F		Admission Date and Time. Use format CCYYMMDDHHMM.	ATIME

2300	Claim Information	CL1	Institutional Claim Code	CL1		F	CL1		
			CL101	1315	Admission Type Code	V	2		ADTYPCD
			CL102	1314	Admission Source Code	V		8 - Involuntary, 2 - Voluntary	LSTAT & ADSRCCD
			CL103	1352	Patient Status Code	V		Use appropriate value	PSTATCD

2300	Claim Information	REF	Prior Authorization	REF		F	REF		
			REF01	128	Reference Identification Qualifier	F	G1		
			REF02	127	Reference Identification	V		Authorization Number	CERT

2300	Claim Information	NTE	Billing Note	NTE		F	NTE		
			NTE01	363	Note Reference Code	F	ADD		
			NTE02	352	Description	V		EPIS	EPIS
			NTE02-1	352-1	Episode ID	V		EPIS	EPIS
			NTE02-2	352-2	Episode Type	V		EPIS	EPIS
			NTE02-3	352-3	Initial Authorized Days	V		INITAUTH	INITAUTH
			NTE02-4	352-4	Total authorized Extension Days	V		AUTHTEXT	AUTHTEXT
			NTE02-5	352-5	Inpatient Facility RORG	V		Inpatient Facility RORG	RORG

2300	Claim Information	HI	Principal Diagnosis	HI		F	HI		
			HI01	C022	Health Care Code Information	F	BK		
			HI01-1	1270	Code List Code	V		Use appropriate value	AX1PD
			HI01-2	1271	Industry Code	V			

2300	Claim Information	HI	Admitting Diagnosis	HI		F	HI		
			HI01	C022	Health Care Code Information	F	BJ		
			HI01-1	1270	Code List Code	V		Use appropriate value	AX2SD
			HI01-2	1271	Industry Code	V			

2300	Claim Information	HI	Other Diagnosis Information	HI		F	HI		
			HI01	C022	Health Care Code Information	F	BF		
			HI01-1	1270	Code List Code	V		Use appropriate value	AX2PDX
			HI01-2	1271	Industry Code	V			
			HI02	C022	Health Care Code Information	F	BF		
			HI02-1	1270	Code List Code	V		Use appropriate value	AX2SDX
			HI02-2	1271	Industry Code	V			

2400	Service Line	LX	Service Line	LX		F	LX		
			LX01	554	Assigned Number	F	1		

2400	Service Line Number	SV2	Institutional Service Line	SV2		F	SV2		
			SV201	234	Product/Service ID	F	0124		
			SV202	C003	Composite Medical Procedure Identifier	F	Null		
			SV203	782	Monetary Amount	F	0		
			SV204	355	Unit or Basis for Measurement Code	F	DA		
			SV205	380	Quantity	V		Calculate number of days from AdmitDate to DischargeDate	DUR

		SE	Transaction Set Trailer	SE		F	SE		
			SE01	96	Number of Included Segments	F	#ofIncSegments		
			SE02	329	Transaction Set Control Number	F	ID3		

		GE	Functional Group Trailer	GE		F	GE		
			GE01	97	Number of Transaction Sets Included	F	#ofTSetIncluded		
			GE02	28	Group Control Number	F	ID2		

		IEA	Interchange Control Trailer	IEA		F	IEA		
			IEA01	116	Number of Included Functional Groups	F	#ofFuncGroups		
			IEA02	112	Interchange Control Number	F	ID1		