

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
		ISA	Interchange Control Header	ISA			F	ISA	
				ISA01	I01	Authorization Information Qualifier	F	00	
				ISA02	I02	Authorization Information	F	"." = Space
				ISA03	I03	Security Information Qualifier	F	00	
				ISA04	I04	Security Information	F	"." = Space
				ISA05	I05	Interchange ID Qualifier	F	ZZ	
				ISA06	I06	Interchange Sender ID	F		Use appropriate value
				ISA07	I05	Interchange ID Qualifier	F	ZZ	
				ISA08	I07	Interchange Receiver ID	F	412.....	"." = Space
				ISA09	I08	Interchange Date	V		YYMMDD
				ISA10	I09	Interchange Time	V		HHMM
				ISA11	I10	Interchange Control Standards Identifier	F	U	
				ISA12	I11	Interchange Control Version Number	F	00401	
				ISA13	I12	Interchange Control Number	V		ID1
				ISA14	I13	Acknowledgment Requested	F	0	
				ISA15	I14	Usage Indicator	V	"P" or "T"	Per IG
				ISA16	I15	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		Use appropriate value
				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	004010X098A1	
		ST	Transaction Set Header	ST			F	ST	
				ST01	143	Transaction Set Identifier Code	F	837	
				ST02	329	Transaction Set Control Number	V		ID3
		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		HHMMSSDD
				BHT06	640	Transaction Type Code	F	RP	
		REF	Transmission Type Identification	REF			F	REF	
				REF01	128	Reference Identification Qualifier	F	87	
				REF02	127	Reference Identification	F	004010X098A1	
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		SD for Sound Data, IF for Interfaith
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	
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		Agency 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		Agency NPI
2010AA	Billing Provider Name	N3	Billing Provider Address	N3			F	N3	
				N301	166	Address Information	V		
2010AA	Billing Provider Name	N4	Billing Provider City/State/ZIP	N4			F	N4	
				N401	19	City Name	V		Agency City
				N402	156	State or Province Code	V		Agency State
				N403	116	Postal Code	V		Agency ZIP
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
				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	V		Enter if known
				NM108	66	Identification Code Qualifier	F	MI	
				NM109	67	Identification Code	V		Medicaid-P1 Client ID; Other-Client PN
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		
2010BA	Subscriber Name	N4	Subscriber City/State/ZIP	N4			F	N4	
				N401	19	City Name	V		If homeless, city of service provider
				N402	156	State or Province Code	V		If homeless, state of service provider
				N403	116	Postal Code	V		If homeless, ZIP of service provider
				N404	26	Country Code	V		Use county code if outside US
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	V		Client DOB
				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	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	PI	
				NM109	67	Identification Code	F	412	

2300	Claim Information	CLM	Claim Information	CLM			F	CLM	
				CLM01	1028	Claim Submit Identifier	V		
				CLM02	782	Monetary Amount	F	0	
				CLM03	1032	Claim Filing Indicator Code	F	Null	
				CLM04	1343	Non-Institutional Claim Type Code	F	Null	
				CLM05-1	1331	Facility Code Value	V		Use Appropriate Value
				CLM05-2	1332	Facility Code Qualifier	F	Null	
				CLM05-3	1325	Claim Frequency Type Code	V		Use Appropriate Value
				CLM06	1073	Yes/No Condition or Response Code	F	Y	
				CLM07	1359	Provider Accept Assignment Code	F	A	
				CLM08	1073	Yes/No Condition or Response Code	F	Y	
				CLM09	1363	Release of Information Code	V		Use Appropriate Value
				CLM10	1351	Patient Signature Source Code	V		Use Appropriate Value
2300	Claim Information	REF	Prior Authorization or Referral Number	REF			F	REF	
				REF01	128	Reference Identification Qualifier	F	G1	
				REF02	127	Reference Identification	V		Use Appropriate Value
2300	Claim Information	HI	Health Care Diagnosis Code	HI			F	HI	
				HI01-1	1270	Code List Code	F	BK	
				HI01-2	1271	Industry Code	V		Use Appropriate Value
				HI02-1	1270	Code List Code	V	BF	Only if present
				HI02-2	1271	Industry Code	V		Only if present
				HI03-1	1270	Code List Code	V	BF	Only if present
				HI03-2	1271	Industry Code	V		Only if present
				HI04-1	1270	Code List Code	V	BF	Only if present
				HI04-2	1271	Industry Code	V		Only if present

2400	Service Line	LX	Service Line	LX			F	LX	
				LX01	554	Assigned Number	V		1, 2, ...#
2400	Service Line	SV1	Professional Service	SV			F	SV	
				SV101-1	235	Product/Service ID Qualifier	F	HC	
				SV101-2	234	Product/Service ID	V		Use Appropriate Value
				SV101-3	1339	Procedure Modifier	V		Only if present
				SV101-4	1339	Procedure Modifier	V		Only if present
				SV101-5	1339	Procedure Modifier	V		Only if present
				SV101-6	1339	Procedure Modifier	V		Only if present
				SV101-7	352	Description	F	Null	
				SV102	782	Monetary Amount	F	0	
				SV103	355	Unit or Basis for Measurement Code	V		"UN" or "MJ"
				SV104	380	Quantity	V		Use Appropriate Value
				SV105	1334	Facility Code Value	F	Null	
				SV106	1365	Service Type Code	F	Null	
				SV107-1	1328	Diagnosis Code Pointer	V		Use Appropriate Value
				SV107-2	1328	Diagnosis Code Pointer	V		Use Appropriate Value
				SV107-3	1328	Diagnosis Code Pointer	V		Use Appropriate Value
				SV107-4	1328	Diagnosis Code Pointer	V		Use Appropriate Value
				SV108	782	Monetary Amount	F	Null	
				SV109	1073	Yes/No Condition or Response Code	F	Null	
				SV110	1340	Multiple Procedure Code	F	Null	
				SV111	1073	Yes/No Condition or Response Code	V		Use Appropriate Value
2400	Service Line	DTP	Date - Service Date	DTP			F	DTP	
				DTP01	374	Date/Time Qualifier	F	472	
				DTP02	1250	Date Time Period Format Qualifier	F	D8	
				DTP03	1251	Date Time Period	V		Use Appropriate Value
2400	Service Line	REF	Line Item Control Number	REF			F	REF	
				REF01	128	Reference Identification Qualifier	F	6R	
				REF02	127	Reference Identification	V		_RLGUID
2400	Service Line	NTE	Line Note	NTE			F	NTE	
				NTE01	363	Note Reference Code	F	ADD	
				NTE02-1	352-1	Episode ID	V		Use Appropriate Value
				NTE02-2	352-2	Episode Type Code	V		Use Appropriate Value
				NTE02-3	352-3	Provider Type Code	V		Use Appropriate Value
				NTE02-4	352-4	Facility Code	V		Use Appropriate Value

2420A	Rendering Provider Name	NM1	Rendering Provider Name	NM1			F	NM1	
				NM101	98	Entity Identifier Code	F	82	
				NM102	1065	Entity Type Qualifier	F	1	
				NM103	1035	Name Last or Organization Name	V		Clinician Last Name
				NM104	1036	Name First	V		Clinician First Name
				NM105	1037	Name Middle	V		Clinician Middle Name/Initial If Known
				NM106	1038	Name Prefix	F	Null	
				NM107	1039	Name Suffix	V		Clinician Suffix If Known
				NM108	66	Identification Code Qualifier	F	XX	
				NM109	67	Identification Code	V		Clinician NPI

2420C	Service Facility Location	NM1	Service Facility Location	NM1			F	NM1	
				NM101	98	Entity Identifier Code	F	77	
				NM102	1065	Entity Type Qualifier	F	2	
				NM103	1035	Name Last or Organization Name	V		Agency 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	

2420C	Service Facility Location	N3	Service Facility Location Address	NM109	67	Identification Code	V		Agency NPI
				N3			F	N3	
				N301	166	Address Information	V		Use Appropriate Value
2420C	Service Facility Location	N4	Service Facility Location City/State/ZIP	N302	166	Address Information	V		Use Appropriate Value
				N4			F	N4	
				N401	19	City Name	V		Use Appropriate Value
				N402	156	State or Province Code	V		Use Appropriate Value
				N403	116	Postal Code	V		Use Appropriate Value
		SE	Transaction Set Trailer	SE			F	SE	
				SE01	96	Number of Included Segments	V		# of Included Segments
				SE02	329	Transaction Set Control Number	V		ID3
		GE	Functional Group Trailer	GE			F	GE	
				GE01	97	Number of Transaction Sets Included	V		# of ITS Included
				GE02	28	Group Control Number	V		ID2
		IEA	Interchange Control Trailer	IEA			F	IEA	
				IEA01	116	Number of Included Functional Groups	V		# of Functional Groups
				IEA02	112	Interchange Control Number	V		ID1