New Hampshire Healthcare Facilities Discharge Data (UHFDDS)

SUBMISSION MANUAL

Version 2022

Rule in Effect April 20, 2022
Applies to Discharges Beginning July 1, 2022

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New Hampshire Hospital Association
(Updated May 2022)

Table of Contents

Summary of Changes Between Versions 2017 and 2022: 1

1. UHFDDS Introduction 1

2. Purpose of This Manual 2

3. Hospital Data Submission Record Selection Requirements 3

4. Filing Requirements 4

5. Filing Periods 5

6. Testing 5

7. Electronic Transmissions 6

8. Required Data Elements 7

8.1 UB-04 Specific Data Elements 7

8.2 Race, Ethnicity and Language (REaL) Data 10

9. 837i Specific Data Elements (Optional) 12

10. 5010 837i Data Submission Mapping 12

Summary of Changes Between Versions 2017 and 2022:

Administrative Rule Change:

- Submission requirements are now under He-C 1501 effective April 20, 2022. These rules apply to discharges beginning July 1, 2022.

Data Submission Record Selection Requirement Clarifications: *(See page 3 for more details.)*

- DO report recurring outpatient appointments as individual claims when possible
- Do NOT report Swing Bed Encounters (UB-04 Form Locator 04 - "Type of Bill" = 18x)
- Do NOT report Ambulance Encounters (pre-hospital, refer to RSA 153-A)
- Do NOT include primary care practices or rural health clinic data

Additional Data Elements Required for Submission *(See Mapping for details. New additions in RED.)*

- UB-04 Form Locator 08: Patient Name Fields
- UB-04 Form Locator 58: Subscriber* Name Fields
- UB-04 Form Locator 38: Subscriber Date of Birth, Gender, Address (if available)
- Secondary and Tertiary Payer Fields (if available) for:
  - UB-04 Form Locator 50
  - UB-04 Form Locator 51
  - UB-04 Form Locator 58
  - UB-04 Form Locator 59

New Race Code

- R6 = Multi-Race is now available as an option for patients

Additional 837i Specific Data Elements (Optional) *(See Mapping for details. New additions in RED.)*

- Hospital DRG Code
- Service Facility Location Name
- Service Facility Location Address

* "Subscriber" and "insured" are used interchangeably throughout this manual.

1. UHFDDS Introduction

The New Hampshire Uniform Healthcare Facility Discharge Data Set (UHFDDS) contains discharge data from all 30 hospitals within New Hampshire. This data set, collected under the authority of RSA 126-25 and CHAPTER He-C 1500, is used by public health officials and healthcare planners to analyze hospital utilization as well as the burden of disease and injury among New Hampshire residents. In addition, this data is released to hospitals and outside entities by application for independent research.

2. Purpose of This Manual

This manual contains the instructions for submission of health care facility discharge data in accordance with rule He-C 1501 Data Submission of Health Care Facility Discharge Data.

This document provides guidelines for creating an **ANSI ASC X12-837 Version 5010** file as it is implemented for the New Hampshire rule He-C 1501 Data Submission of Health Care Facility Discharge Data. This format is based on the 837 Health Care Service Data Reporting implementation guide (X156). This document is to be used as an addendum document to the ANSI ASC X12 implementation guides and assumes the reader is familiar with the 837 Claim/Encounter Standard.

It is expected that the reader familiarizes themselves with the ANSI ASC X12 837 standard and relevant implementation guides which are available from the Washington Publishing Company website at: www.wpc-edi.com

Note 1: Although this guide references discharge data as "claims" or "encounters", it must be noted that an X12-837 created with only the submission required segments will not be complete enough for payer submissions. Conversely, an X12-837 created with only the payer required segments will not be complete enough for these submissions. The additional data needed is noted in this document.

Note 2: Any data included in 837 submissions required by payer systems but not necessary for this submission will be ignored by the processing system. Additional data submitted will NOT cause a rejection.

The UB-04 and X12-837 are the standards governing New Hampshire hospital discharge data submissions. As those standards change it is the intent to keep this submission manual current. If the manual is or becomes inconsistent with defined UB-04 and X12-837 standards users should submit data according to UB-04 and X12-837 standards.

3. Hospital Data Submission Record Selection Requirements

New Hampshire Administrative Rule He-C 1501 specifies that health care facilities licensed in accordance with RSA 151:2, I(a) and (d) must submit health care facility discharge data pursuant to RSA 126:25 and 27. The rule further specifies that all inpatient discharges and encounters shall be submitted. Below are some clarifications on submissions for Inpatient and Outpatient encounters.

Inpatient

Do NOT Report:

- Swing Bed Encounters (UB-04 Form Locator 04 - "Type of Bill" = 18x)

Outpatient

Do Report:

- Outpatient hospital records that are typically billed on a UB-04 with a type of bill code of '013x' under the general acute care hospitals tax ID.
- Everything not on the Do NOT Report list (below). When in doubt, report the information, since the State further categorizes the data records received so that hospitals, public health, researchers, and others using the data set can be assured of consistent record sets across facilities.
- When possible, report recurring appointments as individual claims rather than as a single claim

Do NOT Report:

- Professional claims (those typically billed on a CMS 1500) billed under the hospital tax ID or other tax IDs.
    - Note: the technical component of professional claims and bundled technical/professional claim lines at Critical Access Hospitals should be reported.
- Lab specimen only records
- Ambulance encounters (pre-hospital, refer to RSA 153-A)
- Primary Care Practice data
- Rural Health Clinic data

4. Filing Requirements

Health care facilities shall submit standard claims transactions representing a completed data set for patients. The submissions must be in a format compliant with the Official UB-04 Data Specifications Manual (2022 Edition) using the ANSI ASC X12N 837 electronic file format pursuant to 45 CFR 162 as specified later in this manual. Data will be submitted beginning with discharges occurring on July 1, 2022 and continuing at least quarterly thereafter. Data may be submitted either monthly or quarterly following the filing periods outlined below.

The table below identifies the three-character hospital code for each of the New Hampshire facilities reporting to be used as part of the file name. Refer to Data Submissions Mapping for file naming convention.

Hospital Code	Hospital Name	Type
APD	Alice Peck Day Memorial Hospital	Acute Care
AVH	Androscoggin Valley Hospital	Acute Care
CHE	Cheshire Medical Center	Acute Care
CMC	Catholic Medical Center	Acute Care
CON	Concord Hospital	Acute Care
COT	Cottage Hospital	Acute Care
DHM	Dartmouth Hitchcock Medical Center (includes psych unit)	Acute Care
ELL	Elliot Hospital	Acute Care
EXE	Exeter Hospital	Acute Care
FMH	Frisbie Memorial Hospital	Acute Care
FRH	Concord Hospital - Franklin	Acute Care
HAM	Hampstead Hospital	Specialty Care
HSR	Encompass Health Rehabilitation Hospital of Concord	Specialty Care
HUG	Huggins Hospital	Acute Care
LIT	Littleton Regional Hospital	Acute Care
LRG	Concord Hospital - Laconia	Acute Care
MCH	Monadnock Community Hospital	Acute Care
MEM	Memorial Hospital	Acute Care
NHH	New Hampshire Hospital	Specialty Care
NLH	New London Hospital	Acute Care
NRH	Northeast Rehabilitation Hospital	Specialty Care
PMC	Parkland Medical Center	Acute Care
POR	Portsmouth Regional Hospital (includes psych unit)	Acute Care
SMH	Speare Memorial Hospital	Acute Care
SNH	Southern New Hampshire Medical Center	Acute Care
STJ	St. Joseph Hospital	Acute Care
UCV	Upper Connecticut Valley Hospital	Acute Care
VRH	Valley Regional Hospital	Acute Care
WDH	Wentworth-Douglass Hospital	Acute Care
WMC	Weeks Medical Center	Acute Care

5. Filing Periods

The discharge data set shall be submitted 60 days after the close of a month or quarter.

Monthly Data for:	**Due Date:**
January	March 31
February	April 30
March	May 31
April	June 30
May	July 31
June	August 31
July	September 30
August	October 31
September	November 30
October	December 31
November	January 31
December	February 28

Quarterly Data for:	**Due Date:**
January - March	May 31
April - June	August 31
July - September	November 30
October - December	February 28

6. Testing

Testing will be required for every facility upon the adoption of rules He-C 1501 (effective April 20, 2022 which apply to discharges beginning July 1, 2022) and each time a facility changes information services vendor. Records submitted for testing should consist of one month's worth of discharge records.

Hospitals can test their file submission formats as well as review their data quality at any time using the test environment link on the NH UHFDDS Data Management System. Hospitals are encouraged to submit data in the test environment at any time if there are changes to internal systems that could impact the data submitted to the NH UHFDDS.

7. Electronic Transmissions

Upon registration, the New Hampshire Hospital Association's agent will provide facility contacts with the details regarding the following information:

- Secure ftp site for upload of data submission file
- Security credentials (username and password) to access secure ftp site for file submissions.

The following guidelines are relevant for all submissions.

- Submission shall be made using the ANSI ASC X12N 837 institutional electronic file format pursuant to 45 CFR 162.
- Each encounter is represented by a separate CLM detail segment in the 837 electronic file.
- A single file must be submitted for each facility

Details associated with transmittal record will be contained in the transactional header sections of the 837 electronic file in the following table. Sections 7: "Electronic Transmissions", 8: "Required Data Elements", 9: 837i Specific Data Elements (Optional), and 10: "5010 837i Data Submission Mapping" of this manual detail the individual data elements and their requirements.

Transmittal Data Element	**Descriptor** **Loop ID**	**HIPAA 837 Reference Designator**
Submitting health care facility name	Submitter Name 1000A	NM103
Submitting health care facility tax id	Interchange Control Header; Submitter Name 1000A	ISA06; NM109
Submitting health care facility Medicare provider number	Functional Group Header	GS02
If different from submitting health care facility, the name and address of the location where discharges in the submitted records occurred;	Separate 837 file submission	
File name;	Beginning Hierarchal Transaction	BHT03
Contact person name;	Submitter EDI Contact Information 1000A	PER02
Contact person telephone number;	Submitter EDI Contact Information 1000A	PER03 = "TE" and PER04
Contact person e-mail address;	Submitter EDI Contact Information 1000A	PER05 = "EM" and PER06
Date processed;	Beginning Hierarchal Transaction	BHT04
Time processed;	Beginning Hierarchal Transaction	BHT05
Submission date;	Interchange Control Header	ISA09

8. Required Data Elements

RSA 126: 25 Rule He-C 1501 Data Submission of Health Care Facility Discharge Data specifies health care facilities shall submit data as standard claims transactions in a format compliant with the Official UB-04 Data Specifications Manual published by the National Uniform Billing Committee. Please Note:

1. Unless otherwise specified in He-C 1501.06, the Official UB-04 Data Specifications Manual (Edition 2022) shall be the code source to be utilized for discharge data submission.
2. Unless otherwise specified in He-C 1501.06, data elements shall be required as defined by the UB-04 reporting standard in the Official UB-04 Data Specifications Manual (Edition 2022).
3. Data submissions shall be made using the ANSI ASC X12N 837 electronic file format pursuant to 45 CFR 162.

8.1 UB-04 Specific Data Elements

The following elements from the UB-04 reporting standard shall be submitted as follows:

(1) UB-04 Form Locator 01, “billing provider name, address and telephone number”;

(2) UB-04 Form Locator 02, “pay-to name and address”;

(3) UB-04 Form Locator 03a, “patient control number”;

(4) UB-04 Form Locator 03b, “medical/health record number”;

(5) UB-04 Form Locator 04, “type of bill”;

(6) UB-04 Form Locator 05, “federal tax ID number”;

(7) UB-04 Form Locator 06, “statement covers period from/through”;

(8) UB-04 Form Locator 08, “patient name/identifier”, which shall be divided into 4 distinct components containing:

a. Patient last name;

b. Patient first name;

c. Patient middle name, if available; and

d. Patient generational identifier suffix, if available;

(9) UB-04 Form Locator 09, “patient address street, city/town, state, 5-digit zip code, and country code” which shall be:

a. “YYYYY” 5-digit zip code for other country residents; and

b. “XXXXX” 5-digit zip code for unknown or no fixed address;

c. Address line 1 is for physical street address where patient is residing, whether the address is permanent or temporary, leave blank if no physical address is available.

d. Address line 2 is for additional information – i.e.: Apt #, PO box or mailing address, name of long term care facility, “homeless”, “temporary address”, “housing insecure”, etc.

(10) UB-04 Form Locator 10, “patient birth date”;

(11) UB-04 Form Locator 11, “patient sex”;

(12) UB-04 Form Locator 12, “admission/start of care date”;

(13) UB-04 Form Locator 13, “admission hour”;

(14) UB-04 Form Locator 14, “priority (type) of admission or visit”;

(15) UB-04 Form Locator 15, “point of origin for admission or visit”;

(16) UB-04 Form Locator 16, “discharge hour;

(17) UB-04 Form Locator 17, “patient discharge status”;

(18) UB-04 Form Locator 18 through 28, “condition codes”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted where applicable for “02” = Patient alleges the medical condition or injury causing this episode of care is due to the employment environment or events such as workers' compensation or black lung;

(19) UB-04 Form Locator 31 through 34, “occurrence codes and dates”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted where applicable for 04 = Accident/employment related;

(20) UB-04 Form Locator 35 and 36, “occurrence span codes and dates”;

(21) UB-04 Form Locator 38, “insured date of birth, sex, and address”, if applicable;

(22) UB-04 Form Locator 39 through 41, “value codes and amounts”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted where applicable for:

1. 54 = Newborn Birth Weight in Grams; and

2. P0 = For newborns, mother’s medical record number;

(23) UB-04 Form Locator 42, “revenue codes”;

(24) UB-04 Form Locator 44, “HCPCS or CPT/accommodation rates/HIPPS rate codes”, except the length limit shall not apply;

(25) UB-04 Form Locator 45, “service dates”;

(26) UB-04 Form Locator 46, “service units”;

(27) UB-04 Form Locator 47, “total charges”;

(28) UB-04 Form Locator 50, “payer name – primary, secondary, tertiary”, except the length limit shall not apply;

(29) UB-04 Form Locator 51, “health plan identification number – primary, secondary, tertiary”;

(30) UB-04 Form Locator 56, “national provider identifier – billing provider”;

(31) UB-04 Form Locator 57, “other billing provider identifier”;

(32) UB-04 Form Locator 58, “insured name – primary, secondary, tertiary”;

(33) UB-04 Form Locator 59, “patient’s relationship to insured – primary, secondary, tertiary”;

(34) UB-04 Form Locator 64, “document control number”;

(35) UB-04 Form Locator 65, “employer name (of the insured)”, which shall:

a. When the employer is not known, be recorded as “UNKNOWN”; and

b. When not employed, be recorded as “NA.”;

Note: UB-04 Form Locator 65 only applies to Workers Compensation cases

(36) UB-04 Form Locator 66, “diagnosis and procedure code qualifier (ICD version indicator)”;

(37) UB-04 Form Locator 67, “principal diagnosis code and present on admission indicator” which for the present on admission (POA) element shall only be recorded on inpatient discharges;

(38) UB-04 Form Locator 67A-Q, “other diagnosis codes and present on admission indicator” which for the POA element shall only be recorded on inpatient discharges;

(39) UB-04 Form Locator 69, “admitting diagnosis code”;

(40) UB-04 Form Locator 70A-C, “patient’s reason for visit codes”;

(41) UB-04 Form Locator 72A-C, “external cause of injury (ECI) codes and present on admission indicator”, which shall be reported in order for every applicable principal and other diagnoses;

(42) UB-04 Form Locator 74, “principal procedure code and date”;

(43) UB-04 Form Locator 74A-E, “other procedure codes and dates”;

(44) UB-04 Form Locator 76, “attending provider name and identifiers”;

(45) UB-04 Form Locator 77, “operating physician name and identifiers”;

(46) UB-04 Form Locator 78 and 79, “other provider (individual) names and identifiers”;

(47) UB-04 Form Locator 80, “remarks”; and

(48) UB-04 Form Locator 81A-D, “code-code field”, which shall:

a. Be submitted as recorded; and

b. Be collected, recorded, and submitted for 81 which means race and ethnicity.

8.2 Race, Ethnicity and Language (REaL) Data

Race and Ethnicity*:* Race and ethnicity codes will follow the standard associated with the U.S. Centers for Disease Control and Prevention (CDC) code set for use in coding race and ethnicity (see http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf). This hierarchical code set consists of two tables: (1) Race and (2) Ethnicity.

Race: The OMB *minimum* categories for data on race are American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. The standard requires the recording multiple races for the same individual. Health care facilities must allow for recording and submittal of multiple codes.

The highest level codes representing the race code set are as follows:

R1 = American Indian / Alaskan Native
R2 = Asian
R3 = Black or African American
R4 = Native Hawaiian or Other Pacific Islander
R5 = White
R6 = Multi-Race
R7 = Refused/declined to provide
R8 = Unknown
R9 = Other Race

Race codes are further detailed (if available) by building on the R1-R9 code set as in the following example:

R1 = American Indian or Alaska Native
R1.01 = American Indian
R1.02 = Alaska Native
R2 = Asian
R2.01 = Asian Indian
R2.02 = Bangladeshi
R2.03 = Bhutanese
R2.04 = Burmese
R2.05 = Cambodian
R2.06 = Chinese
R2.07 = Taiwanese
R2.08 = Filipino
R2.09 = Hmong
…

Ethnicity: There are two OMB minimum categories for data on ethnicity: Hispanic or Latino, and Not Hispanic or Latino. The highest-level codes representing the ethnicity code set are as follows:

E1 = Hispanic or Latino
E2 = Not Hispanic or Latino
E7 = Refused/declined to provide
E8 = Unknown

Ethnicity codes are also further detailed (if available) by building on the E1 and E2 code set as follows:

E1 = Hispanic or Latino
E1.01 = Spaniard
E1.02 = Mexican
E1.03 = Central American
E1.04 = South American
E1.05 = Latin American
E1.06 = Puerto Rican
E1.07 = Cuban
E1.08 = Dominican

Language:

The health care facility shall submit information to the Department regarding primary language spoken as the health care facility has coded it in spreadsheet format, mapping internal codes to the language. Whenever health care facility internal mapping changes occur, the health care facility shall submit to the Department an updated spreadsheet.

DHHS recommends that facilities use the ISO 639-2 language groups/codes: (https://www.loc.gov/standards/iso639-2/php/code_list.php)

9. 837i Specific Data Elements (Optional)

The following data elements are requested for submission if the hospital is able to provide the information for discharges and/or encounters. These data elements are part of the 837i file but not part of UB-04.

- Hospital Diagnosis Related Group (DRG)
- Service Facility Address: street address, city, and zip of location where patient received services.
- Service Facility Name: The name of the location where patient received services (main campus or other location)

10. 5010 837i Data Submission Mapping

NH UHFDDS

5010 837i Data Submission Mapping: Submission File Creation

File Name	File names should begin with the designated 3-character code of the hospital as identified in section 3 Filing Requirements of this Data Submission Manual. Files should be uploaded to the specific hospital Production or Test folder on the sFTP server.
Delimiters	Submission files are created with the following delimiters: *Data Element Separator* : Asterisk (*) *Repetition Separator* : Caret (^) *Component Element Separator* : Colon (:) *Segment Terminator* : Tilde (~) Values sent in ISA-11 (Repetition Separator) and ISA-16 (Component Element Separator) should be as indicated above.
Health Care Facility	Only one Health Care Facility per file. A Health Care Facility is defined as the organization providing services under a distinct Medicare Provider Number. The claim/discharge events contained in the file must all have occured at the one Health Care Facility reported in the file. Three different Health Care Facility identifiers are defined throughout the New Hampshire Uniform Health Facility Discharge Data Set (UHFDDS) Submission Manual: Federal Tax ID (ISA06, 1000A-NM109, 2010AA-REF02) Medicare Provider Number (GS02) National Provider ID (210AA-NM109) These identifiers refer to the same submitting Health Care Facility.
Functional Groups	Only 1 GS-GE Functional Group envelope per file.
Transaction Sets	Any number of ST-SE Transaction Set envelopes can be contained within the GS-GE Functional Group. There is no requirement to group or otherwise organize claim/discharge events into different Transaction Sets.
Submitter (Loop 1000A)	One per file submission. Identifies the Health Care Facility submitting the file.
Receiver (Loop 1000B)	Optional

NH UHFDDS

5010 837i Data Submission Mapping: Submission File Creation

Billing/Service Provider (Loop 2000A)	Only one Billing/Service Provider per ST-SE Transaction Set envelope. If multiple Transaction Sets are created, the same one Billing/Service Provider must be contained within each.
Subscriber (Loop 2000B)	Multiple Subscribers may be reported for the Billing/Service Provider. Subscribers refers to both insured claimants as well as individuals/patients making private payments (i.e., Self Pay). Special values are used in Payer Loop 2010BB to represent Self Pay events.
Payer (Loop 2010BB)	Only one Payer per Subscriber. Must be the Primary Payer as indicated by the required value P in the 2000B-SBR01 field (Payer Responsibility Sequence Number Code).
Patient (Loop 2000C)	Segments in this Loop are included only when the Subscriber is not also the Patient (the value of the 2000B-SBR02 field is not "18"). Multiple Patients may be sent for one Subscriber.
Other Subscriber (Loop 2320)	Segments in this Loop are included when other subscribers and payers are known to potentially be involved in paying this claim.
Claim (Loop 2300)	Multiple Claims can be sent for one Patient. When multiple Claims are sent, each must represent a different encounter represented by a unique Patient Bill Number in Claim Loop 2300 field CLM01. Only Claims for the Primary Payer should be sent (to remain consistent with the value P - meaning Primary - required in Subscriber Loop 2000B field SBR01).

NH UHFDDS

5010 837i Data Submission Mapping: Mapping Key

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
5010 Loop ID	Segment and Field ID in 5010 837i Specification	Field Name in 5010 837i Specification	Required value in NH UHFDDS Implementation Non-italicized text indicates a literal value Italicized text describes the data value expected from the Health Care Facility Blank entry indicates no value is required	Description/meaning of NH UHFDDS Implementation Value	REQUIRED SITUATIONAL NOT USED	Field Locator (FL) for UB Form	AN = Alphanumeric ID = Coded Value (Alphanumeric characters allowed) N = Numeric (whole numbers) DT = Date value (value must represent a date - Numeric only) R = Numeric with explicit decimal precision (the decimal point is included in the field value). Values sent without a decimal point are assumed to have no decimal precision : **Value** **Interpreted as** 301.75 301.57 301 301.00 TM = Time (HHMM) (Numeric values only) Number in parenthesis indicated maximum number of characters	Additional explanation as needed.
LOOP ID - LOOP NAME (1)				*Primary Loops (Subscriber, Claim, etc.) are highlighted in light blue with number of times the loop may repeat indicated in parenthesis (a value of n indicates the loop is unbounded and may repeat as many times as needed).*				
LOOP ID **SEGMENT CODE - Segment Name** (1)				*Segments are highlighted in gray with number of times segment may repeat within the loop indicated in parenthesis (a value of n indicates the loop is unbounded and may repeat as many times as needed).*				

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
	ISA - Interchange Control Header (1)				**REQUIRED**			
	ISA01	Authorization Information Qualifier	00	No Authorization Information Present (No Meaningful Information in ISA02)	REQUIRED		ID (2)	
	ISA02	Authorization Information			NOT USED			
	ISA03	Security Information Qualifier	00	No Security Information Present (No Meaningful Information in ISA04)	REQUIRED		ID (2)	
	ISA04	Security Information			NOT USED			
	ISA05	Interchange ID Qualifier	ZZ	Mutually Defined	REQUIRED		ID (2)	Indicates the Sender and Receiver have mutually defined value appearing in ISA06
	ISA06	Interchange Sender ID	*Federal Tax ID (EIN) of the Health Care Facility (no leading zeros)*	Federal Tax ID	REQUIRED		AN (15)	The Health Care Facility identified as the Interchange Sender in this field must be the same Health Care Facility identified in Loop 1000A (Submitter) and Loop 2010AA (Billing/Service Provider). Accordingly, the same Federal Tax ID value must also appear in the following 2 fields: 1000A:NM109 (Submitter) 2010AA:REF02 (Billing/Service Provider)
	ISA07	Interchange ID Qualifier	ZZ	Mutually Defined	REQUIRED		ID (2)	Indicates the Sender and Receiver have mutually defined value for ISA08
	ISA08	Interchange Receiver ID	DHHS-NHHDD	Interchange Receiver ID	REQUIRED		ID (10)	
	ISA09	Interchange Date	*Submission Date (YYMMDD format)*	Submission Date	REQUIRED		DT (6)	Date of submission
	ISA10	Interchange Time			NOT USED			
	ISA11	Repetition Separator	^	Repetition Separator	REQUIRED		AN (1)	The caret character is used to separate repeating field values where multiple values can be submitted for one field.
	ISA12	Interchange Control Version Number			NOT USED			
	ISA13	Interchange Control Number	*Control number assigned by the Health Care Facility*	Interchange Control Number	REQUIRED		AN (9)	A different value must be assigned each time data is transmitted. Same value must also appear in the following fields: IEA02 (Interchange Control Trailer) GS06 (Functional Group Header) GE02 (Functional Group Trailer)
	ISA14	Acknowledgement Requested			NOT USED			
	ISA15	Usage Indicator			NOT USED			
	ISA16	Component Element Separator	:	Component Element Separator	REQUIRED		AN (1)	The colon character is used as the separator between the component values of a Composite field.
	GS - Functional Group Header (1)				**REQUIRED**			Only one Functional Group per file
	GS01	Functional Identifier Code	HC	Health Care Claim (837)	REQUIRED		ID (2)	
	GS02	Application Sender Code	*Medicare Provider Number of the Health Care Facility (no leading zeros)*	Medicare Provider Number	REQUIRED		AN (15)	Must be the same Health Care Facility appearing in: ISA (Interchange Control Header) 1000A (Submitter) 2010AA (Billing/Service Provider)
	GS03	Application Receiver Code	DHHS-NHHDD	Application Receiver Code	REQUIRED		ID (10)	
	GS04	Date			NOT USED			
	GS05	Time			NOT USED			
	GS06	Group Control Number	*Control number assigned by the Health Care Facility*	Group Control Number	REQUIRED		AN (9)	Same value as ISA13 (Interchange Control Header) This same value must also appear in the following fields: IEA02 (Interchange Control Trailer) GE02 (Functional Group Trailer)
	GS07	Responsible Agency Code	X	Accredited Standards Committee X12	REQUIRED		ID (1)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
	GS08	Version Identifier Code	*Any one of the following values* 005010X223 005010X223A1 005010X223A2	Version Identifier Code	REQUIRED		AN (15)	
	ST - Transaction Set Header (n)				**REQUIRED**			
	ST01	Transaction Set Identifier Code	837	Health Care Claim	REQUIRED		ID (3)	
	ST02	Transaction Set Control Number	*Control number assigned by the Health Care Facility to uniquely identify the Transaction Set*	Transaction Set Control Number	REQUIRED		AN (10)	Must be a unique value for each Transaction Set appearing within the ISA-IEA Interchange envelope. Same value must appear in SE02 (Transaction Set Trailer).
	ST03	Implementation Convention Reference			NOT USED			
	BHT - Beginning of Hierarchical Transaction (1)				**REQUIRED**			Must appear once following each ST segment
	BHT01	Hierarchical Structure Code	0019	Information Source, Subscriber, Dependent	REQUIRED		ID (4)	Indicates the HL Segment types to follow (note: Information Source = Billing/Service Provider, Dependent = Patient)
	BHT02	Transaction Set Purpose Code	*one of the following values* --- 00 --- 18 ---	--- Original --- Reissue ---	REQUIRED		ID (2)	Original transmissions are transmissions which have never been sent to the receiver. If a transmission was disrupted and the receiver requests a retransmission, the sender uses "Reissue" to indicate the transmission has been previously sent.
	BHT03	Reference Identification	*Serial or transmission number assigned by the Health Care Facility to identify the transaction within their own business application system*	Originator Application Transaction ID	REQUIRED		AN (50)	
	BHT04	Transaction Set Creation Date	*Date transaction was created (CCYYMMDD format)*		REQUIRED		DT (8)	
	BHT05	Transaction Set Creation Time	*Time transaction was created (HHMM format)*		REQUIRED		TM (4)	
	BHT06	Transaction Type Code			NOT USED			
	1000A - SUBMITTER (1)				**REQUIRED**			
1000A	**NM1 - Submitter Name** (1)				**REQUIRED**			
1000A	NM101	Entity Identifier Code	41	Submitter	REQUIRED		ID (2)	
1000A	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
1000A	NM103	Submitter Last or Organization Name	*Health Care Facility Name*	Health Care Facility Name	REQUIRED		AN (60)	This same value also appears in 210AA:NM103 (Billing/Service Provider)
1000A	NM104	Submitter First Name			NOT USED			
1000A	NM105	Submitter Middle Name			NOT USED			
1000A	NM106	Name Prefix			NOT USED			
1000A	NM107	Name Suffix			NOT USED			
1000A	NM108	Identification Code Qualifier	46	Electronic Transmitter Identification Number (ETIN)	REQUIRED		ID (2)	
1000A	NM109	Submitter Identifier	*Federal Tax ID (EIN) of the Health Care Facility (no leading zeros)*	Federal Tax ID	REQUIRED		AN (15)	Same value must also appear in ISA06 (Interchange Control Header) 2010AA:REF02 (Billing/Service Provider)
1000A	NM110	Entity Relationship Code			NOT USED			
1000A	NM111	Entity Identifier Code			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
1000A	NM112	Name Last or Organization Name			NOT USED			
1000A	**PER - Submitter EDI Contact Information** (1)				**REQUIRED**			Contact information for person responsible for file creation/submission.
1000A	PER01	Contact Function Code	IC	Information Contact	REQUIRED		ID (2)	
1000A	PER02	Submitter Contact Name	*First and last name of Submitter Contact at Health Care Facility*	Submitter Contact Name	REQUIRED		AN (60)	
1000A	PER03	Communication Number Qualifier	TE	Telephone	REQUIRED		ID (2)	
1000A	PER04	Communication Number	*Telephone number of Submitter Contact at Health Care Facility*	Submitter Contact Telephone Number	REQUIRED		AN (60)	Free form text with no formatting requirement, but please include area code as a prefix and any extension as a suffix to the main 7 digit telephone number.
1000A	PER05	Communication Number Qualifier	*one of the following values* --- EM --- FX ---	--- Electronic Mail address --- Fax Number ---	REQUIRED		ID (2)	
1000A	PER06	Communication Number	*One of the following values as indicated above in 1000A:PER05* *e-mail of Submitter Contact* *or* *Fax number of Submitter Contact*	Email or Fax Number	REQUIRED		AN (60)	
1000A	PER07	Communication Number Qualifier			NOT USED			
1000A	PER08	Communication Number			NOT USED			
1000A	PER09	Contact Inquiry Reference			NOT USED			
	1000B - RECEIVER (1)				**OPTIONAL**			
1000B	**NM1 - Receiver Name** (1)				**REQUIRED**			Segment is required if sending this loop
1000B	NM101	Entity Identifier Code	40	Receiver	REQUIRED		ID (2)	
1000B	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
1000B	NM103	Receiver Name	DHHS-NHHDD	Receiver Name	REQUIRED		ID (10)	
1000B	NM104	Name First			NOT USED			
1000B	NM105	Name Middle			NOT USED			
1000B	NM106	Name Prefix			NOT USED			
1000B	NM107	Name Suffix			NOT USED			
1000B	NM108	Identification Code Qualifier			NOT USED			
1000B	NM109	Receiver Primary Identifier			NOT USED			
1000B	NM110	Entity Relationship Code			NOT USED			
1000B	NM111	Entity Identifier Code			NOT USED			
1000B	NM112	Name Last or Organization Name			NOT USED			
	2000A - BILLING/SERVICE PROVIDER (1)							Only one Billing/Service Provider per Transaction Set and must be the same Health Care Facility identified in Loop 1000A (Submitter), ISA (Interchange Control Header) and GS (Functional Group Header). If multiple Transaction Sets are sent, the same Billing/Service Provider is expected in each.
2000A	**HL - Billing/Service Provider Hierarchical Level** (1)				**REQUIRED**			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2000A	HL01	Hierarchical ID Number	1	Hierarchical ID Number for the Billing/Service Provider	REQUIRED		N	Within a Transaction Set (ST-SE envelope), the value for HL01 in the first HL segment must be 1, and this value is incremented by 1 for each subsequent HL segment appearing in the Transaction Set at any hierarchical level (i.e., Billing/Provider, Subscriber or Patient). The value for HL01 will always be 1 for the Billing/Service Provider HL Segment because it appears first in the Transaction Set AND because only one Billing/Service Provider HL Segment is permitted per Transaction Set.
2000A	HL02	Hierarchical Parent ID Number			NOT USED			The Billing/Service Provider HL Segment has no parent HL segment.
2000A	HL03	Hierarchical Level Code	20	Information Source	REQUIRED		ID (2)	
2000A	HL04	Hierarchical Child Code	1	Additional subordinate (child) HL Segments exist below this HL Segment (i.e., 1 or more child HL Subscriber Segments are present for the Billing/Service provider HL Segment).	REQUIRED		ID (1)	
2010AA (1)	**NM1 - Billing/Service Provider Name** (1)				**REQUIRED**			
2010AA	NM101	Entity Identifier Code	85	Billing/Service Provider	REQUIRED		ID (2)	
2010AA	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
2010AA	NM103	Name Last or Organization Name	*Health Care Facility Name*	Health Care Facility Name	REQUIRED	FL 01	AN (60)	This same value also appears in 1000A:NM103 (Submitter)
2010AA	NM104	Name First			NOT USED			
2010AA	NM105	Name Middle			NOT USED			
2010AA	NM106	Name Prefix			NOT USED			
2010AA	NM107	Name Suffix			NOT USED			
2010AA	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	REQUIRED		ID (2)	
2010AA	NM109	Identification Code	*Health Care Facility NPI*	Health Care Facility NPI	REQUIRED	FL 05 FL 56	AN (10)	
2010AA	NM110	Entity Relationship Code			NOT USED			
2010AA	NM111	Entity Identifier Code			NOT USED			
2010AA	NM112	Name Last or Organization Name			NOT USED			
2010AA	**N3 - Billing/Service Provider Address** (1)				**REQUIRED**			
2010AA	N301	Address Information	*Health Care Facility address: Line 1*	Health Care Facility Address Line	REQUIRED	FL 01	AN (60)	
2010AA	N302	Address Information	*Health Care Facility address: Line 2*	Health Care Facility Address Line 2	SITUATIONAL	FL 01	AN (60)	
2010AA	**N4 - Billing/Service Provider City, State, Zip Code** (1)				**REQUIRED**			
2010AA	N401	City Name	*Health Care Facility address: City Name*	Health Care Facility City Name	REQUIRED	FL 01	AN (60)	
2010AA	N402	State or Province Code	*Health Care Facility address: State Code*	Health Care Facility State	REQUIRED	FL 01	ID (2)	
2010AA	N403	Postal Code	*Health Care Facility address: Zip Code*	Health Care Facility ZIP Code	REQUIRED	FL 01	AN (15)	
2010AA	N404	Country Code			NOT USED			
2010AA	N405	Location Qualifier			NOT USED			
2010AA	N406	Location Identifier			NOT USED			
2010AA	N407	Country Subdivision Code			NOT USED			
2010AA	**REF - Billing/Service Provider Tax Identification** (1)				**SITUATIONAL**			
2010AA	REF01	Reference Identification Qualifier	EI	Employer Identification Number	REQUIRED		ID (2)	Required when Segment is sent

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010AA	REF02	Reference Identification	*Federal Tax ID (EIN) of the Health Care Facility (no leading zeros)*	Federal Tax ID	REQUIRED	FL 57	AN (15)	Same value must also appear in ISA06 (Interchange Control Header) 1000A:NM109 (Submitter)
2010AA	REF03	Description			NOT USED			
2010AA	REF04	Reference Identifier			NOT USED			
2010AA	**PER - Billing/Service Provider Contact Information** (1)				**SITUATIONAL**			Provide when contact information is different than contact information provided in 1000A:PER (Submitter). The contact identified in this segment addresses issues related to data and business meaning of the file content.
2010AA	PER01	Contact Function Code	IC	Information Contact	REQUIRED		ID (2)	
2010AA	PER02	Name	*First and last name of Billing/Service Provider contact*	Billing/Service Provider Contact Name	REQUIRED		AN (60)	
2010AA	PER03	Communication Number Qualifier	TE	Telephone	REQUIRED		ID (2)	
2010AA	PER04	Communication Number	*Telephone number of Billing/Service provider contact identified in PER02*	Billing/Service Provider Contact Telephone Number	REQUIRED	FL 01	AN (60)	Free form text with no formatting requirement, but please include area code as a prefix and any extension as a suffix to the main 7 digit telephone number.
2010AA	PER05	Communication Number Qualifier			NOT USED			
2010AA	PER06	Communication Number			NOT USED			
2010AA	PER07	Communication Number Qualifier			NOT USED			
2010AA	PER08	Communication Number			NOT USED			
2010AA	PER09	Contact Inquiry Reference			NOT USED			
2010AB	**NM1 - Pay-To Address Name** (1)				**SITUATIONAL**			If different than information provided in 2010AA:NM1 - Billing/Service Provider Name
2010AB	NM101	Entity Identifier Code	87	Pay-To Organization	REQUIRED		ID (2)	
2010AB	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
2010AB	NM103	Name Last or Organization Name	*Pay-To organization name*	Pay-To Organization Name	REQUIRED	FL 02	AN (60)	
2010AB	NM104	Name First			NOT USED			
2010AB	NM105	Name Middle			NOT USED			
2010AB	NM106	Name Prefix			NOT USED			
2010AB	NM107	Name Suffix			NOT USED			
2010AB	NM108	Identification Code Qualifier			NOT USED			
2010AB	NM109	Identification Code	*NPI of Pay-To organization*	Pay-To Organization NPI	SITUATIONAL		AN (60)	if available
2010AB	NM110	Entity Relationship Code			NOT USED			
2010AB	NM111	Entity Identifier Code			NOT USED			
2010AB	NM112	Name Last or Organization Name			NOT USED			
2010AB	**N3 - Pay-To Address - Address** (1)				**SITUATIONAL**			If different than information provided in 2010AA:N3 - Billing/Service Provider Address
2010AB	N301	Address Information	*Pay-To Address: Line 1*	Pay-To Address Line 1	REQUIRED	FL 02	AN (60)	
2010AB	N302	Address Information	*Pay-To Address: Line 2*	Pay-To Address Line 2	SITUATIONAL	FL 02	AN (60)	
2010AB	**N4 - Pay-To Address City, State, Zip Code** (1)				**SITUATIONAL**			If different than information provided in 2010AA:N4 - Billing/Service Provider Address City, State, Zip Code
2010AB	N401	City Name	*Pay-To Address: City Name*	Pay-To City Name	REQUIRED	FL 02	AN (60)	
2010AB	N402	State or Province Code	*Pay-To Address: State Code*	Pay-To State Code	REQUIRED	FL 02	ID (2)	
2010AB	N403	Postal Code	*Pay-To Address: Zip Code*	Pay-To Postal Zone or Zip Code	REQUIRED	FL 02	AN (15)	
2010AB	N404	Country Code			NOT USED			
2010AB	N405	Location Qualifier			NOT USED			
2010AB	N406	Location Identifier			NOT USED			
2010AB	N407	Country Subdivision Code			NOT USED			
	2000B - SUBSCRIBER (n)				**REQUIRED**			
2000B	**HL - Billing Provider Hierarchical Level** (1)				**REQUIRED**			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2000B	HL01	Hierarchical ID Number	*Incremented HL numeric sequence within Transaction Set*	Hierarchical ID Number - Subscriber	REQUIRED		N	
2000B	HL02	Hierarchical Parent ID Number	1	Hierarchical ID Number of parent Billing Provider in 2000A:HL01	REQUIRED		N	Must be 1 because only one Billing/Service Provider HL Segment is allowed in a Transaction Set, and the 2000A:HL01 value of the Billing/Service Provider HL Segment will always be 1.
2000B	HL03	Hierarchical Level Code	22	Subscriber	REQUIRED		ID (2)	
2000B	HL04	Hierarchical Child Code	*one of the following values*		REQUIRED		ID (1)	
			---	---				
			0	No Subordinate (child) HL Segment exists below this HL Segment (i.e., Subscriber is the Patient and no Patient HL Segments exist for this Subscriber HL Segment).				
			---	---				
			1	Additional Subordinate (child) HL Segments exist below this HL Segment (i.e, Subscriber is not the Patient and one or more Patient HL Segments exist for this Subscriber HL Segment).				
			---	---				
2000B	**SBR - Subscriber Information** (1)				**REQUIRED**			
2000B	SBR01	Payer Responsibility Sequence Number Code	P	Primary	REQUIRED		ID (1)	
2000B	SBR02	Individual Relationship Code	one of the following values		SITUATIONAL	FL 59	ID (2)	When the Subscriber is also the Patient, value is 18 (Self), otherwise no value is provided and the Subscriber-Patient relationship is expressed in the 2000C:PAT01 field.
			---	---				
			18	Subscriber is the Patient				
			---	---				
				Subscriber is not the Patient				
			---	---				
2000B	SBR03	Reference Identification			NOT USED			
2000B	SBR04	Name			NOT USED			
2000B	SBR05	Insurance Type Code			NOT USED			
2000B	SBR06	Coordination of Benefits Code			NOT USED			
2000B	SBR07	Yes/No Condition or Response Code			NOT USED			
2000B	SBR08	Employment Status Code			NOT USED			
2000B	SBR09	Claim Filing Indicator Code			NOT USED			
2010BA (1)	**NM1 - Subscriber Name** (1)				**REQUIRED**			
2010BA	NM101	Entity Identifier Code	IL	Insured or Subscriber	REQUIRED		ID (2)	
2010BA	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2010BA	NM103	Name Last or Organization Name			REQUIRED		AN (60)	FL 08 if Patient is Subscriber. Otherwise, FL 58 if the Patient is NOT the Subscriber.
2010BA	NM104	Name First			SITUATIONAL		AN (35)	Required if Subscriber/Patient has a first name.
2010BA	NM105	Name Middle			SITUATIONAL		AN (35)	Required if Subscriber/Patient has a middle name.
2010BA	NM106	Name Prefix			NOT USED			
2010BA	NM107	Name Suffix			SITUATIONAL		AN (10)	
2010BA	NM108	Identification Code Qualifier			NOT USED			
2010BA	NM109	Identification Code			NOT USED			
2010BA	NM110	Entity Relationship Code			NOT USED			
2010BA	NM111	Entity Identifier Code			NOT USED			
2010BA	NM112	Name Last or Organization Name			NOT USED			
2010BA	**N3 - Subscriber Address** (1)				**SITUATIONAL**			Provide when available
2010BA	N301	Address Information	*Subscriber's address: Line 1*	Subscriber Address Line 1	REQUIRED	FL 09	AN (60)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010BA	N302	Address Information	*Subscriber's address: Line 2*	Subscriber Address Line 2	SITUATIONAL	FL 09	AN (60)	Provide when available
2010BA	**N4 - Subscriber City, State, Zip Code** (1)				**SITUATIONAL**			Provide when available
2010BA	N401	City Name	*Subscriber's address: City name*	Subscriber City Name	REQUIRED	FL 09	AN (60)	
2010BA	N402	State or Province Code			REQUIRED	FL 09	ID (2)	
			one of the following values					
			---	---				
			Subscriber's address: U.S. State or Canadian Province code	U.S. or Canadian Address				
			---	---				
			XX	All other locations				
			---	---				
2010BA	N403	Postal Code	*one of the following values*		REQUIRED	FL 09	AN (15)	
			---	---				
			Subscriber's address: Postal or Zip code	Known Address				
			---	---				
			XXXXX	Unknown or No Fixed Address				
			YYYYY	Out-of-Country				
			---	---				
2010BA	N404	Country Code			SITUATIONAL		AN (10)	
			one of the following values					
			---	---				
				U.S. Address				
			---	---				
			Subscriber's address: Country code	All other locations				
			---	---				
2010BA	N405	Location Qualifier			NOT USED			
2010BA	N406	Location Identifier			NOT USED			
2010BA	N407	Country Subdivision Code			NOT USED			
2010BA	**DMG - Subscriber Demographic Information** (1)				**REQUIRED**			
2010BA	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED		ID (2)	
2010BA	DMG02	Date Time Period	*Subscriber's birth date, expressed in CCYYMMDD format*	Subscriber Birth Date	SITUATIONAL	FL 10	DT (8)	Provide when available
2010BA	DMG03	Sex Code			SITUATIONAL	FL 11	ID (1)	Provide when available
			one of the following values					
			---	---				
			F	Female				
			---	---				
			M	Male				
			---	---				
			U	Unknown				
			---	---				
2010BA	DMG04	Marital Status Code			NOT USED			
2010BA	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION			REQUIRED	FL 81		
2010BA	DMG05-1				NOT USED			
2010BA	DMG05-2	Reference Code Qualifier	RET	Race Ethnicity Code	REQUIRED		ID (3)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010BA	DMG05-3	Race Ethnicity Code			SITUATIONAL		ID (2)	Provide when available.
			one or more of the following Race Codes:					
			R1	American Indian / Alaskan Native				Multiple Race Ethnicity code values can be transmitted using the Repeating Field separator character "^" as defined in ISA11.
			R2	Asian				
			R3	Black or African American				
			R4	Native Hawaiian or Pacific Islander				
			R5	White				
			R6	Multi-race				
			R7	Refused / Declined to Provide				
			R8	Unknown				
			R9	Other Race				
			one of the following Ethnicity Codes:					
			E1	Hispanic or Latino				
			E2	Not Hispanic or Latino				
			E7	Refused / Declined to Provide				
			E8	Unknown				
2010BA	DMG06	Citizenship Status Code			NOT USED			
2010BA	DMG07	Country Code			NOT USED			
2010BA	DMG08	Basis of Verification Code			NOT USED			
2010BA	DMG09	Quantity			NOT USED			
2010BA	DMG10	Code List Qualifier Code			NOT USED			
2010BA	DMG11	Industry Code			NOT USED			
	2010BB - PAYER (1)				**REQUIRED**			Information describing the Subscriber's Primary Payer
2010BB	**NM1 - Payer Name** (1)				**REQUIRED**			
2010BB	NM101	Entity Identifier Code	PR	Payer	REQUIRED		ID (2)	
2010BB	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	
2010BB	NM103	Name Last or Organization Name	*one of the following:*		REQUIRED	FL 50	AN (60)	
			SELF PAY	Self Pay / Private Payment				
			Payer Name	Payment made through insurance				
2010BB	NM104	Name First			NOT USED			
2010BB	NM105	Name Middle			NOT USED			
2010BB	NM106	Name Prefix			NOT USED			
2010BB	NM107	Name Suffix			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010BB	NM108	Identification Code Qualifier	*one of the following values* --- PI --- XV ---	--- Payer Identification --- Centers for Medicare and Medicaid Services PlanID (when available) ---	REQUIRED		ID (2)	must use PI for Self Pay claims
2010BB	NM109	Identification Code	one of the following values --- 009 --- *Health Care Facility's Payer Identification* --- *National Plan ID (when available)* ---	--- Self Pay / Private Payment --- Payment made through insurance --- Centers for Medicare and Medicaid Services PlanID (when available) ---	REQUIRED	FL 51	AN (60)	Value for Self Pay / Private Payment must always be 009
2010BB	NM110	Entity Relationship Code			NOT USED			
2010BB	NM111	Entity Identifier Code			NOT USED			
2010BB	NM112	Name Last or Organization Name			NOT USED			
	2000C - PATIENT (n)				**SITUATIONAL**			Loop 2000C segments are provided only when the patient and the subscriber are not the same person (value in 2000B:SBR02 is not 18). Note that multiple patients can be associated with one subscriber. Each patient will have one or more claims represented in Loop 2300.
2000C	**HL - Patient Hierarchical Level** (1)				**SITUATIONAL**			Required when creating 2000C Segments to define a Patient assoaciated with a Subscriber
2000C	HL01	Hierarchical ID Number	*Incremented HL numeric sequence within Transaction Set*	Hierarchical ID Number - Patient	REQUIRED		N	
2000C	HL02	Hierarchical Parent ID Number	*Hierarchical ID Number of parent Subscriber HL Segment in 2000B:HL01*	Parent HL ID Number	REQUIRED		N	
2000C	HL03	Hierarchical Level Code	23	Dependent	REQUIRED		ID (2)	
2000C	HL04	Hierarchical Child Code	0	No Subordinate (child) HL Segment exists below this HL Segment	REQUIRED		N	
2000C	**PAT - Patient Information** (1)				**REQUIRED**			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2000C	PAT01	Individual Relationship Code			REQUIRED	FL 59	ID (2)	Describes the relationship of the Patient and Subscriber
			one of the following values					
			01	Spouse				
			19	Child				
			20	Employee				
			21	Unknown				
			39	Organ Donor				
			40	Cadaver Donor				
			53	Life Partner				
			G8	Other Relationship				
2000C	PAT02	Patient Location Code			NOT USED			
2000C	PAT03	Employment Status Code			NOT USED			
2000C	PAT04	Student Status Code			NOT USED			
2000C	PAT05	Date Time Period Format Qualifier			NOT USED			
2000C	PAT06	Date Time Period			NOT USED			
2000C	PAT07	Unit or Basis for Measurement Code			NOT USED			
2000C	PAT08	Weight			NOT USED			
2000C	PAT09	Yes/No Condition or Response Code			NOT USED			
	2010CA - PATIENT NAME (1)				**SITUATIONAL**			Loop 2010CA segments are provided within an instance of Loop 2000C
2010CA (1)	**NM1 - Patient Name** (1)				**REQUIRED**			
2010CA	NM101	Entity Identifier Code	QC	Patient	REQUIRED		ID (2)	
2010CA	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2010CA	NM103	Name Last or Organization Name			REQUIRED	FL 08	AN (60)	
2010CA	NM104	Name First			SITUATIONAL	FL 08	AN (35)	Required if Patient has a first name.
2010CA	NM105	Name Middle			SITUATIONAL	FL 08	AN (35)	Required if Patient has a middle name.
2010CA	NM106	Name Prefix			NOT USED			
2010CA	NM107	Name Suffix			SITUATIONAL	FL 08	AN (10)	
2010CA	NM108	Identification Code Qualifier			NOT USED			
2010CA	NM109	Identification Code			NOT USED			
2010CA	NM110	Entity Relationship Code			NOT USED			
2010CA	NM111	Entity Identifier Code			NOT USED			
2010CA	NM112	Name Last or Organization Name			NOT USED			
2010CA	**N3 - Patient Address** (1)				**REQUIRED**			
2010CA	N301	Address Information	*Patient's address: Line 1*	Patient Address Line 1	REQUIRED	FL 09	AN (60)	
2010CA	N302	Address Information	*Patient's address: Line 2*	Patient Address Line 2	SITUATIONAL	FL 09	AN (60)	
2010CA	**N4 - Patient City, State, Zip Code** (1)				**REQUIRED**			
2010CA	N401	City Name	*Patient's address: City name*	Patient City Name	REQUIRED	FL 09	AN (60)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010CA	N402	State or Province Code	*one of the following values*		REQUIRED	FL 09	ID (2)	
			Patient's address: U.S. State or Canadian Province code	U.S. or Canadian Address				
			XX	All other locations				
2010CA	N403	Postal Code	*one of the following values*		REQUIRED	FL 09	AN (15)	
			Patient's address: Postal or Zip code	Known Address				
			XXXXX	Unknown or no fixed Address				
			YYYYY	Out-of-Country				
2010CA	N404	Country Code	*one of the following values*		SITUATIONAL		AN (10)	
				U.S. Address				
			Patient's address: Country code	All other locations				
2010CA	N405	Location Qualifier			NOT USED			
2010CA	N406	Location Identifier			NOT USED			
2010CA	N407	Country Subdivision Code			NOT USED			
2010CA	**DMG - Patient Demographic Information** (1)				**REQUIRED**			
2010CA	DMG01	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED		ID (2)	
2010CA	DMG02	Date Time Period	*Patient's birth date, expressed in CCYYMMDD format*	Patient Birth Date	REQUIRED	FL 10	DT (8)	
2010CA	DMG03	Sex Code	*one of the following values*		REQUIRED	FL 11	ID (1)	
			F	Female				
			M	Male				
			U	Unknown				
2010CA	DMG04	Marital Status Code			NOT USED			
2010CA	DMG05	COMPOSITE RACE OR ETHNICITY INFORMATION			NOT USED	FL 81		
2010CA	DMG05-1				NOT USED			
2010CA	DMG05-2	Reference Code Qualifier	RET	Race Ethnicity Code	REQUIRED		ID (3)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2010CA	DMG05-3	Race Ethnicity Code			REQUIRED		ID (2)	Multiple Race Ethnicity code values can be transmitted using the Repeating Field separator character "^" as defined in ISA11.
			one or more of the following Race Codes:					
			R1	American Indian / Alaskan Native				
			R2	Asian				
			R3	Black or African American				
			R4	Native Hawaiian or Pacific Islander				
			R5	White				
			R6	Multi-race				
			R7	Refused / Declined to Provide				
			R8	Unknown				
			R9	Other Race				
			one of the following Ethnicity Codes:					
			E1	Hispanic or Latino				
			E2	Not Hispanic or Latino				
			E7	Refused / Declined to Provide				
			E8	Unknown				
2010CA	DMG06	Citizenship Status Code			NOT USED			
2010CA	DMG07	Country Code			NOT USED			
2010CA	DMG08	Basis of Verification Code			NOT USED			
2010CA	DMG09	Quantity			NOT USED			
2010CA	DMG10	Code List Qualifier Code			NOT USED			
2010CA	DMG11	Industry Code			NOT USED			
	2300 - CLAIM (100)				**REQUIRED**			
2300	**CLM - Claim Information** (1)				**REQUIRED**			
2300	CLM01	Claim Submitter's Identifier	*Billing number assigned by Health Care Facility*	Patient Bill Number	REQUIRED	FL 03a	AN (50)	
2300	CLM02	Monetary Amount	*Total of charges reported in 2400:SV203 for all Service Lines associated with the claim.*	Total Claim Charge Amount	REQUIRED	FL 47	R	
2300	CLM03	Claim Filing Indicator Code			NOT USED			
2300	CLM04	Non-Institutional Claim Type Code			NOT USED			
2300	CLM05	COMPOSITE HEALTH CARE SERVICE LOCATION INFORMATION						
2300	CLM05-1	Facility Code Value	*First two character positions of the Uniform Bill Type Code (FL 04)*	Facility Type Code	REQUIRED	FL 04	ID (2)	Note that the leading zero in the UB Type of Bill (FL 04) value is not reported on the 837
2300	CLM05-2	Facility Code Qualifier	A	Uniform Billing Claim Form Bill Type	REQUIRED		ID (1)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	CLM05-3	Claim Frequency Type Code	*Last character position of the Uniform Bill Type Code (FL 04)*	Claim Frequency Code	REQUIRED	FL 04	ID (1)	
2300	CLM06	Yes/No Condition or Response Code			NOT USED			
2300	CLM07	Provider Accept Assignment Code			NOT USED			
2300	CLM08	Yes/No Condition or Response Code	*one of the following values*	Assignment of Benefits Indicator	REQUIRED		ID (1)	Answers the question whether or not the insured has authorized the plan to remit payment directly to the provider.
			N	No				Use code 'W' when the patient refuses to assign benefits.
			W	Not Applicable				
			Y	Yes				
2300	CLM09	Release of Information Code	*one of the following values*		REQUIRED		ID (1)	Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations.
			I	Informed Consent to Release Medical Information				
			Y	Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim				
2300	CLM10	Patient Signature Source Code			NOT USED			
2300	CLM11	RELATED CAUSES INFORMATION			NOT USED			
2300	CLM12	Special Program Code			NOT USED			
2300	CLM13	Yes/No Condition or Response Code			NOT USED			
2300	CLM14	Level of Service Code			NOT USED			
2300	CLM15	Yes/No Condition or Response Code			NOT USED			
2300	CLM16	Provider Agreement Code			NOT USED			
2300	CLM17	Claim Status Code			NOT USED			
2300	CLM18	Yes/No Condition or Response Code			NOT USED			
2300	CLM19	Claim Submission Reason Code			NOT USED			
2300	CLM20	Delay Reason Code			NOT USED			
2300	**DTP - Discharge Hour** (1)				**SITUATIONAL**			For Inpatient only
2300	DTP01	Date/Time Qualifier	096	Discharge	REQUIRED		ID (3)	
2300	DTP02	Date Time Period Format Qualifier	TM	Time Expressed in Format HHMM	REQUIRED		ID (2)	
2300	DTP03	Date Time Period	*Time of discharge expressed in HHMM format*	Discharge Time	REQUIRED	FL 16	TM	Time patient Discharged
2300	**DTP - Statement Dates** (1)				**REQUIRED**			
2300	DTP01	Date/Time Qualifier	434	Statement	REQUIRED		ID (3)	
2300	DTP02	Date Time Period Format Qualifier	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	REQUIRED		ID (3)	
2300	DTP03	Date Time Period	*Claim statement period begin and end dates expressed in CCYYMMDD-CCYYMMDD format*	Date Time Period	REQUIRED	FL 06	AN (17)	When the statement is for a single date of service, the begin and end dates are the same value.
2300	**DTP - Admission Date/Hour** (1)				**SITUATIONAL**			for Inpatient only
2300	DTP01	Date/Time Qualifier	435	Admission	REQUIRED		ID (3)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	DTP02	Date Time Period Format Qualifier	DT	Date and Time formatted as CCYYMMDDHHMM	REQUIRED		ID (2)	
2300	DTP03	Date Time Period	*Date and Time of admission expressed in CCYYMMDDHHMM format*	Admission Date and Hour	REQUIRED	FL 12 FL 13	DT	
2300	**CL1 Institutional Claim Code** (1)				**REQUIRED**			
2300	CL101	Admission Type Code	*National Uniform Billing Committee (NUBC) Admission Type Code*	Admission Type Code	SITUATIONAL	FL 14	ID (1)	for Inpatient Services
2300	CL102	Admission Source Code	*National Uniform Billing Committee (NUBC) Admission Source Code*	Admission Source Code	SITUATIONAL	FL 15	ID (1)	for Inpatient Services
2300	CL103	Patient Status Code	*National Uniform Billing Committee (NUBC) Patient Status Code*	Patient Status Code	REQUIRED	FL 17	ID (2)	also known as Discharge Status or Patient Disposition
2300	CL104	Nursing Home Residential Status Code			NOT USED			
2300	**REF - Payer Claim Control number** (1)				**OPTIONAL**			
2300	REF01	Reference Identification Qualifier	F8	Original Reference Number	REQUIRED		ID (2)	Required if this segment is submitted
2300	REF02	Reference Identification	*Claim control number assigned by Payer*	Payer Claim Control Number	REQUIRED	FL 64	AN (60)	Required if this segment is submitted
2300	REF03	Description			NOT USED			
2300	REF04	Reference Identifier			NOT USED			
2300	**REF - Medical Record Number** (1)				**REQUIRED**			
2300	REF01	Reference Identification Qualifier	EA	Medical Record Identification Number	REQUIRED		ID (2)	
2300	REF02	Reference Identification	*Medical Record Number assigned by the Health Care Facility to identify the person receiving services in this claim.*	Medical Record Number	REQUIRED	FL 03b	AN (50)	
2300	REF03	Description			NOT USED			
2300	REF04	Reference Identifier			NOT USED			
2300	**NTE - Claim Note**(1)				**SITUATIONAL**			Submitted if Primary Language is recorded/captured by the Health Care Facility
2300	NTE01	Note Reference Code	UPI	Updated Information	REQUIRED		ID (3)	
2300	NTE02	Description	*Primary Language spoken by the person receiving services in this claim.*	Primary Language	REQUIRED		AN (30)	Submitted as recorded in the Health Care Facility's system until further notice
2300	**HI - Principal Diagnosis** (1)				**REQUIRED**			
2300	HI01	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			only HI01 is used (HI02 through HI12 are not used)
2300	HI01-1	Code List Qualifier Code	*one of the following values* --- ABK ---	Principal Diagnosis --- ICD-10-CM Principal Diagnosis Code ---	REQUIRED		ID (3)	
2300	HI01-2	Industry Code	*ICD Diagnosis Code*	Principal Diagnosis Code	REQUIRED	FL 67	AN (7)	
2300	HI01-3	Date Time Period Format Qualifier			NOT USED			
2300	HI01-4	Date Time Period			NOT USED			
2300	HI01-5	Monetary Amount			NOT USED			
2300	HI01-6	Quantity			NOT USED			
2300	HI01-7	Version Identifier			NOT USED			
2300	HI01-8	Industry Code			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI01-9	Yes/No Condition or Response Code	*National Uniform Billing Committee (NUBC)* *Present on Admission Code*	Present on Admission Indicator	SITUATIONAL	FL 67		For Inpatient claims, Present on Admission Indicator is provided when/as directed by the National Uniform Billing Committee (NUBC) billing manual. Optional for outpatient.
2300	**HI - Admitting Diagnosis** (1)				**SITUATIONAL**			Required for Inpatient claims. Optional for outpatient.
2300	HI01	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			only HI01 is used (HI02 through HI12 are not used)
2300	HI01-1	Code List Qualifier Code	*one of the following values* --- ABJ ---	--- ICD-10-CM Admitting Diagnosis Code ---	REQUIRED		ID (3)	
2300	HI01-2	Industry Code	*ICD Diagnosis Code*	Admitting Diagnosis Code	REQUIRED	FL 69	AN (7)	
2300	HI01-3	Date Time Period Format Qualifier			NOT USED			
2300	HI01-4	Date Time Period			NOT USED			
2300	HI01-5	Monetary Amount			NOT USED			
2300	HI01-6	Quantity			NOT USED			
2300	HI01-7	Version Identifier			NOT USED			
2300	HI01-8	Industry Code			NOT USED			
2300	HI01-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Patient's Reason for Visit** (1)				**SITUATIONAL**			Required for Outpatient, optional for Inpatient
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 03
2300	HI[nn]-1	Code List Qualifier Code	*one of the following values* --- APR ---	--- ICD-10-CM Reason for Visit Code ---	REQUIRED		ID (3)	
2300	HI[nn]-2	Industry Code	*ICD Diagnosis Code*	Patient Reason for Visit	REQUIRED	FL 70	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - External Cause of Injury** (2)				**SITUATIONAL**			This segment provides 12 composite HI fields to document External Cause of Injury Codes and the segment may appear twice providing for a total of 24 External Cause of Injury Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	*one of the following values* --- ABN ---	--- ICD-10-CM External Cause of Injury Code ---	REQUIRED		ID (3)	
2300	HI[nn]-2	Industry Code	*ICD Diagnosis Code*	External Cause of Injury Code	REQUIRED	FL 72	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Diagnosis Related Group (DRG)** (1)				**OPTIONAL**			
2300	HI01	COMPOSITE HEALTH CARE CODE INFORMATION			OPTIONAL			only HI01 is used (HI02 through HI12 are not used)
2300	HI01-1	Code List Qualifier Code	DR	Diagnosis Related Group (DRG)	OPTIONAL		ID (3)	
2300	HI01-2	Industry Code	*DRG Code*		REQUIRED		AN (3)	
2300	HI01-3	Date Time Period Format Qualifier			NOT USED			
2300	HI01-4	Date Time Period			NOT USED			
2300	HI01-5	Monetary Amount			NOT USED			
2300	HI01-6	Quantity			NOT USED			
2300	HI01-7	Version Identifier			NOT USED			
2300	HI01-8	Industry Code			NOT USED			
2300	HI01-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Other Diagnosis Information** (2)				**SITUATIONAL**			This segment provides 12 composite HI fields to document Other Diagnosis Codes and the segment may appear twice providing for a total of 24 Other Diagnosis Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	*one of the following values* --- ABF ---	--- ICD-10-CM Other Diagnosis Code ---	REQUIRED		ID (3)	
2300	HI[nn]-2	Industry Code	*ICD Diagnosis Code*	Other Diagnosis Code	REQUIRED	FL 67	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code	*National Uniform Billing Committee (NUBC)* *Present on Admission Code*	Present on Admission Indicator	SITUATIONAL	FL 67	AN (1)	For Inpatient claims, Present on Admission Indicator is provided when/as directed by the National Uniform Billing Committee (NUBC) billing manual. Optional for outpatient.
2300	**HI - Principal Procedure Information** (1)				**SITUATIONAL**			Required for Inpatient claims where a Principal Procedure was performed.
2300	HI01	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			only HI01 is used (HI02 through HI12 are not used)
2300	HI01-1	Code List Qualifier Code	*one of the following values* --- BBR ---	--- ICD-10-CM Principal Procedure Code ---	REQUIRED		ID (3)	
2300	HI01-2	Industry Code	*ICD Procedure Code*	Principal Procedure Code	REQUIRED	FL 74	AN (7)	
2300	HI01-3	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED			
2300	HI01-4	Date Time Period	*Date Procedure performed, expressed in CCYYMMDD format*	Procedure Date	REQUIRED	FL 74	DT	
2300	HI01-5	Monetary Amount			NOT USED			
2300	HI01-6	Quantity			NOT USED			
2300	HI01-7	Version Identifier			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI01-8	Industry Code			NOT USED			
2300	HI01-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Other Procedure Information** (2)				**SITUATIONAL**			Required for Inpatient claims where significant procedures other then the Principal Procedure were performed. The segment contains 12 composite HI fields to document 12 Procedure Codes and the segment may appear twice, providing for a total of 24 Other Procedure Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	*one of the following values* --- BBQ ---	--- ICD-10-CM Other Procedure Code ---	REQUIRED		ID (3)	
2300	HI[nn]-2	Industry Code	*ICD Procedure Code*	Other Procedure Code	REQUIRED	FL 74	AN (7)	
2300	HI[nn]-3	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED			
2300	HI[nn]-4	Date Time Period	*Date Procedure performed, expressed in CCYYMMDD format*	Procedure Date	REQUIRED	FL 74	DT	
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Occurrence Span Information** (2)				**SITUATIONAL**			Required when NUBC Occurrence Span information has been recorded on the claim. This segment provides 12 composite HI fields to document Occurrence Span Codes and the segment may appear twice providing for a total of 24 Occurrence Span Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BI	Occurrence Span	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	*National Uniform Billing Committee (NUBC) Occurrence Span Code*	Occurrence Span Code	REQUIRED	FL 35	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	REQUIRED		ID (3)	
2300	HI[nn]-4	Date Time Period	*Begin and end dates of Occurrence Span expressed in CCYYMMDD-CCYYMMDD format*	Occurrence Span Code Dates	REQUIRED	FL 36	AN (17)	
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Occurrence Information** (2)				**SITUATIONAL**			Required when NUBC Occurrence information has been recorded on the claim. This segment provides 12 composite HI fields to document Occurrence Codes and the segment may appear twice providing for a total of 24 Occurrence Codes.

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BH	Occurrence	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	*National Uniform Billing Committee (NUBC) Occurrence Code*	Occurrence Code	REQUIRED	Code FL 31 - FL 34	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	REQUIRED		ID (2)	
2300	HI[nn]-4	Date Time Period	*Begin and end dates of Occurrence expressed in CCYYMMDD format*	Occurrence Code Date	REQUIRED	Date FL 31 - FL 34	DT	
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Value Information** (2)				**SITUATIONAL**			Required when NUBC Value Code information has been recorded on the claim. This segment provides 12 composite HI fields to document Value Codes and the segment may appear twice providing for a total of 24 Value Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BE	Value	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	*National Uniform Billing Committee (NUBC) Value Code*	Value Code	REQUIRED	Code FL 39 - FL 41	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount	*Value amount*	Value Code Amount	REQUIRED	Value FL 39 - FL 41	R	
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			
2300	**HI - Condition Information** (2)				**SITUATIONAL**			Required when Condition Code information has been recorded on the claim. This segment provides 12 composite HI fields to document Condition Codes and the segment may appear twice providing for a total of 24 Condition Codes.
2300	HI[nn]	COMPOSITE HEALTH CARE CODE INFORMATION			REQUIRED			where [nn] is 01 through 12
2300	HI[nn]-1	Code List Qualifier Code	BG	Condition	REQUIRED		ID (2)	
2300	HI[nn]-2	Industry Code	*National Uniform Billing Committee (NUBC) Condition Code*	Condition Code	REQUIRED	FL 18 - FL 28	ID (2)	
2300	HI[nn]-3	Date Time Period Format Qualifier			NOT USED			
2300	HI[nn]-4	Date Time Period			NOT USED			
2300	HI[nn]-5	Monetary Amount			NOT USED			
2300	HI[nn]-6	Quantity			NOT USED			
2300	HI[nn]-7	Version Identifier			NOT USED			
2300	HI[nn]-8	Industry Code			NOT USED			
2300	HI[nn]-9	Yes/No Condition or Response Code			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2310A (1)	**NM1 - Attending Provider Name** (1)				**SITUATIONAL**			Required for Inpatient claims
2310A	NM101	Entity Identifier Code	71	Attending Physician	REQUIRED		ID (2)	
2310A	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2310A	NM103	Name Last or Organization Name	*Last name of Attending provider*	Attending Provider Last Name	REQUIRED	FL 76	AN (60)	
2310A	NM104	Name First	*First name of Attending provider*	Attending Provider First Name	REQUIRED	FL 76	AN (35)	
2310A	NM105	Name Middle	*Middle name or middle initial of Attending provider*	Attending Provider Middle Name or Initial	SITUATIONAL		AN (35)	
2310A	NM106	Name Prefix			NOT USED			
2310A	NM107	Name Suffix	*Suffix to Attending provider's name*	Attending Provider Name Suffix	SITUATIONAL		AN (10)	Examples: Jr, Sr, I, II, III, IV, etc.
2310A	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	SITUATIONAL			Required if NPI is available
2310A	NM109	Identification Code	*Attending provider's NPI*	Attending Provider Primary Identifier - NPI	SITUATIONAL	FL 76	AN (10)	Required if NPI is available
2310A	NM110	Entity Relationship Code			NOT USED			
2310A	NM111	Entity Identifier Code			NOT USED			
2310A	NM112	Name Last or Organization Name			NOT USED			
2310A	**REF - Attending Provider Secondary Identification** (1)				**SITUATIONAL**			Required when NPI is not available
2310A	REF01	Reference Identification Qualifier	*one of the following values*		REQUIRED		ID (2)	
			---	---				
			0B	State License Number				
			---	---				
			1G	Provider UPIN Number				
			---	---				
			G2	Provider Commercial Number				
			---	---				
2310A	REF02	Reference Identification	*Secondary identifier for Attending provider from the source defined above in 2310A:REF01*	Attending Provider Secondary Identifier	REQUIRED	FL 76	AN (50)	
2310A	REF03	Description			NOT USED			
2310A	REF04	Reference Identifier			NOT USED			
2310B (1)	**NM1 - Operating Physician Name** (1)				**SITUATIONAL**			
2310B	NM101	Entity Identifier Code	72	Operating Physician	REQUIRED		ID (2)	
2310B	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2310B	NM103	Name Last or Organization Name	*Last name of Operating physician*	Operating Physician Last Name	REQUIRED	FL 77	AN (60)	
2310B	NM104	Name First	*First name of Operating physician*	Operating Physician First Name	REQUIRED	FL 77	AN (35)	
2310B	NM105	Name Middle	*Middle name or middle initial of Operating physician*	Operating Physician Middle Name or Initial	SITUATIONAL		AN (35)	
2310B	NM106	Name Prefix			NOT USED			
2310B	NM107	Name Suffix	*Suffix to Operating physician name*	Operating Physician Name Suffix	REQUIRED		AN (10)	Examples: Jr, Sr, I, II, III, IV, etc.
2310B	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	SITUATIONAL			Required if NPI is available
2310B	NM109	Identification Code	*Operating physician's NPI*	Operating Physician Primary Identifier - NPI	SITUATIONAL	FL 77	AN (10)	Required if NPI is available
2310B	NM110	Entity Relationship Code			NOT USED			
2310B	NM111	Entity Identifier Code			NOT USED			
2310B	NM112	Name Last or Organization Name			NOT USED			
2310B	**REF - Operating Physician Secondary Identification** (1)				**SITUATIONAL**			Required when NPI is not available

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2310B	REF01	Reference Identification Qualifier	*one of the following values*		REQUIRED		ID (2)	
			---	---				
			0B	State License Number				
			---	---				
			1G	Provider UPIN Number				
			---	---				
			G2	Provider Commercial Number				
			---	---				
2310B	REF02	Reference Identification	*Secondary identifier for Attending provider from the source defined above in 2310A:REF01*	Operating Physician Secondary Identifier	REQUIRED	FL 77	AN (50)	
2310B	REF03	Description			NOT USED			
2310B	REF04	Reference Identifier			NOT USED			
2310C (1)	**NM1 - Other Operating Physician Name** (1)				**SITUATIONAL**			
2310C	NM101	Entity Identifier Code	ZZ	Other Operating Physician	REQUIRED		ID (2)	
2310C	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2310C	NM103	Name Last or Organization Name	*Last name of Other Operating physician*	Other Operating Physician Last Name	REQUIRED	FL 77	AN (60)	
2310C	NM104	Name First	*First name of Other Operating physician*	Other Operating Physician First Name	REQUIRED	FL 77	AN (35)	
2310C	NM105	Name Middle	*Middle name or middle initial of Other Operating physician*	Other Operating Middle Name or Initial	SITUATIONAL		AN (35)	
2310C	NM106	Name Prefix			NOT USED			
2310C	NM107	Name Suffix	*Suffix to Other Operating physician name*	Other Operating Physician Name Suffix	SITUATIONAL		AN (10)	Examples: Jr, Sr, I, II, III, IV, etc.
2310C	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	SITUATIONAL			Required if NPI is available
2310C	NM109	Identification Code	*Other Operating physician's NPI*	Other Operating Physician Primary Identifier - NPI	SITUATIONAL	FL 77	AN (10)	Required if NPI is available
2310C	NM110	Entity Relationship Code			NOT USED			
2310C	NM111	Entity Identifier Code			NOT USED			
2310C	NM112	Name Last or Organization Name			NOT USED			
2310C	**REF - Other Operating Physician Secondary Identification** (1)				**SITUATIONAL**			Required when NPI is not available
2310C	REF01	Reference Identification Qualifier	*one of the following values*		REQUIRED		ID (2)	
			---	---				
			0B	State License Number				
			---	---				
			1G	Provider UPIN Number				
			---	---				
			G2	Provider Commercial Number				
			---	---				
2310C	REF02	Reference Identification	*Secondary identifier for Other Operating Physician from the source defined above in 2310A:REF01*	Other Operating Physician Secondary Identifier	REQUIRED	FL 77	AN (50)	
2310C	REF03	Description			NOT USED			
2310C	REF04	Reference Identifier			NOT USED			
2310E	**NM1 - Service Facility Location Name**				**OPTIONAL**			
2310E	NM101	Entity Identifier Code	77	Service Location	OPTIONAL		ID (2)	
2310E	NM102	Entity Type Qualifier	2	Non-Person Entity	OPTIONAL		ID (1)	
2310E	NM103	Name Last or Organization Name	*Laboratory or Facility Name*	Laboratory or Facility Name	OPTIONAL	FL 01	AN (60)	
2310E	NM104	Name First			NOT USED			
2310E	NM105	Name Middle			NOT USED			
2310E	NM106	Name Prefix			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2310E	NM107	Name Suffix			NOT USED			
2310E	NM108	Identification Code Qualifier	XX	Centers for Medicare and Medicaid Services National Provider Identifier	OPTIONAL		ID (2)	
2310E	NM109	Identification Code	*Health Care Facility NPI*	Health Care Facility NPI	OPTIONAL	FL 05 FL 56	AN (10)	
2310E	NM110	Entity Relationship Code			NOT USED			
2310E	NM111	Entity Identifier Code			NOT USED			
2310E	NM112	Name Last or Organization Name			NOT USED			
2310E	**N3 - Service Facility Location Address**				**OPTIONAL**			Required when Service Facility is provided in Loop 2310E Segment NM1
2310E	N301	Address Information	*Laboratory or Facility address: Line 1*	Laboratory or Facility Address Line	OPTIONAL	FL 01	AN (60)	
2310E	N302	Address Information	*Laboratory or Facility address: Line 2*	Laboratory or Facility Address Line 2	SITUATIONAL	FL 01	AN (60)	
2310E	**N4 - Service Facility Location City, State, Zip Code**				**OPTIONAL**			Required when Service Facility is provided in Loop 2310E Segment NM1
2310E	N401	City Name	*Laboratory or Facility address: City Name*	Laboratory or Facility City Name	OPTIONAL	FL 01	AN (60)	
2310E	N402	State or Province Code	*Laboratory or Facility address: State Code*	Laboratory or Facility State	OPTIONAL	FL 01	ID (2)	
2310E	N403	Postal Code	*Laboratory or Facility address: Zip Code*	Laboratory or Facility ZIP Code	OPTIONAL	FL 01	AN (15)	
2310E	N404	Country Code			NOT USED			
2310E	N405	Location Qualifier			NOT USED			
2310E	N406	Location Identifier			NOT USED			
2310E	N407	Country Subdivision Code			NOT USED			
2320	**SBR - Other Subscriber Information**				**SITUATIONAL**			Up to 10 other subscribers can be provided
2320	SBR01	Payer Responsibility Sequence Number Code	S	Secondary	REQUIRED		ID (1)	
2320	SBR02	Individual Relationship Code	*one of the following values* --- 01 --- 19 --- 20 --- 21 --- 39 --- 40 --- 53 --- G8 ---	 --- Spouse --- Child --- Employee --- Unknown --- Organ Donor --- Cadaver Donor --- Life Partner --- Other Relationship ---	REQUIRED		ID (2)	Describes the relationship of the Patient and the Other Subscriber
2320	SBR03	Reference Identification			NOT USED			
2320	SBR04	Name			NOT USED			
2320	SBR05	Insurance Type Code			NOT USED			
2320	SBR06	Coordination of Benefits Code			NOT USED			
2320	SBR07	Yes/No Condition or Response Code			NOT USED			
2320	SBR08	Employment Status Code			NOT USED			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2320	SBR09	Claim Filing Indicator Code			NOT USED			
2330A	**NM1 - Other Subscriber Name**				**REQUIRED**			Required for each Other Subscriber identified in Loop 2320 SBR segment
2330A	NM101	Entity Identifier Code	IL	Insured or Subscriber	REQUIRED		ID (2)	
2330A	NM102	Entity Type Qualifier	1	Person	REQUIRED		ID (1)	
2330A	NM103	Name Last or Organization Name			REQUIRED		AN (60)	
2330A	NM104	Name First			SITUATIONAL		AN (35)	Required if Other Subscriber has a first name.
2330A	NM105	Name Middle			SITUATIONAL		AN (35)	Required if Other Subscriber has a middle name.
2330A	NM106	Name Prefix			NOT USED			
2330A	NM107	Name Suffix			SITUATIONAL		AN (10)	
2330A	NM108	Identification Code Qualifier			NOT USED			
2330A	NM109	Identification Code			NOT USED			
2330A	NM110	Entity Relationship Code			NOT USED			
2330A	NM111	Entity Identifier Code			NOT USED			
2330A	NM112	Name Last or Organization Name			NOT USED			
2330A	**N3 - Other Subscriber Address**				**SITUATIONAL**			Provide when available
2330A	N301	Address Information	*Other subscriber's address: Line 1*	Other Subscriber Address Line 1	REQUIRED		AN (60)	
2330A	N302	Address Information	*Other subscriber's address: Line 2*	Other Subscriber Address Line 2	SITUATIONAL		AN (60)	Provide when available
2330A	**N4 -Other Subscriber City, State, Zip Code**				**SITUATIONAL**			Provide when available
2330A	N401	City Name	*Other Subscriber's address: City name*	Other Subscriber City Name	REQUIRED		AN (60)	
2330A	N402	State or Province Code			REQUIRED		ID (2)	
			one of the following values					
			---	---				
			Other *Subscriber's address: U.S. State or Canadian Province code*	U.S. or Canadian Address				
			---	---				
			XX	All other locations				
			---	---				
2330A	N403	Postal Code	*one of the following values*		REQUIRED		AN (15)	
			---	---				
			Other *Subscriber's address: Postal or Zip code*	Known Address				
			---	---				
			XXXXX YYYYY	Unknown or No Fixed Address Out-of-Country				
			---	---				
2330A	N404	Country Code			SITUATIONAL		AN (10)	
			one of the following values					
			---	---				
				U.S. Address				
			---	---				
			Other *Subscriber's address: Country code*	All other locations				
			---	---				
2330A	N405	Location Qualifier			NOT USED			
2330A	N406	Location Identifier			NOT USED			
2330A	N407	Country Subdivision Code			NOT USED			
2330B	**NM1 - Other Payer Name**				**REQUIRED**			**1 per Other Subscriber**
2330B	NM101	Entity Identifier Code	PR	Payer	REQUIRED		ID (2)	
2330B	NM102	Entity Type Qualifier	2	Non-Person Entity	REQUIRED		ID (1)	

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2330B	NM103	Name Last or Organization Name	*one of the following:* --- SELF PAY --- *Payer Name* ---	--- Self Pay / Private Payment --- Payment made through insurance ---	REQUIRED		AN (60)	
2330B	NM104	Name First			NOT USED			
2330B	NM105	Name Middle			NOT USED			
2330B	NM106	Name Prefix			NOT USED			
2330B	NM107	Name Suffix			NOT USED			
2330B	NM108	Identification Code Qualifier	*one of the following values* --- PI --- XV ---	--- Payer Identification --- Centers for Medicare and Medicaid Services PlanID (when available) ---	REQUIRED		ID (2)	must use PI for Self Pay claims
2330B	NM109	Identification Code	one of the following values --- 009 --- *Health Care Facility's Payer Identification* --- *National Plan ID (when available)* ---	--- Self Pay / Private Payment --- Payment made through insurance --- Centers for Medicare and Medicaid Services PlanID (when available) ---	REQUIRED		AN (60)	Value for Self Pay / Private Payment must always be 009
2330B	NM110	Entity Relationship Code			NOT USED			
2330B	NM111	Entity Identifier Code			NOT USED			
2330B	NM112	Name Last or Organization Name			NOT USED			
2330B	**REF - Other Payer Claim Control Number**				**SITUATIONAL**			
2330B	REF01	Reference Identification Qualifier	*F8*	Original Reference Number	REQUIRED		ID (2)	
2330B	REF02	Reference Identification		Other Payer's Claim Control Number	REQUIRED		AN (50)	
2330B	REF03	Description			NOT USED			
2330B	REF04	Reference Identifier			NOT USED			
	2400 - SERVICE LINE (999)				**REQUIRED**			
2400	**LX - Service Line Number** (1)				**REQUIRED**			
2400	LX01	Assigned Number	Service line	Service Sequence	REQUIRED		N	Numeric sequence of charge lines starting at 1
2400	**SV2 - Institutional Service Line** (1)				**REQUIRED**			
2400	SV201	Product/Service ID	*National Uniform Billing Committee (NUBC)* *Revenue Code*	Service Line Revenue Code	REQUIRED	FL 42	ID (4)	Must be full 4 character Revenue Code per NUBC requirements.

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
2400	SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			SITUATIONAL			Required for Outpatient
2400	SV202-1	Product/Service ID Qualifier	*one of the following values* --- HC --- IV ---	--- CMS Health Care Financing Administration Common Procedural Coding System (HCPCS) Code --- Home Infusion EDI Coalition (HIEC) Code ---	REQUIRED		ID (2)	CPT codes from the American Medical Association are identical to HCPCS Level I codes and they are reported here under HC.
2400	SV202-2	Product/Service ID	*Product or Service code from the source defined above in 2400:SV202-1*	Product/Service Code	REQUIRED	FL 44	ID (50)	
2400	SV202-3	Procedure Modifier	*HCPCS/CPT Procedure Code Modifier Code*	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV202-4	Procedure Modifier	*HCPCS/CPT Procedure Code Modifier Code*	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV202-5	Procedure Modifier	*HCPCS/CPT Procedure Code Modifier Code*	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV202-6	Procedure Modifier	*HCPCS/CPT Procedure Code Modifier Code*	HCPCS or CPT Procedure Code Modifier	SITUATIONAL	FL 44	ID (5)	when available for HCPCS or CPT code submitted in 2400:SV202-2
2400	SV203	Monetary Amount	*Charge amount*	Line Item Charge Amount	REQUIRED		R	
2400	SV204	Unit or Basis for Measurement Code	one of the following values --- DA --- UN ---	--- Day --- Unit ---	REQUIRED		ID (2)	
2400	SV205	Quantity	*Quantity of service expressed in units defined in 2400:SVC204*	Service Units	REQUIRED	FL 46	R	
2400	SV206	Unit Rate			NOT USED			
2400	SV207	Monetary Amount			NOT USED			
2400	SV208	Yes/No Condition or Response Code			NOT USED			
2400	SV209	Nursing Home Residential Status Code			NOT USED			
2400	SV210	Level of Care Code			NOT USED			
2400	**DTP - Date - Service Date** (1)				**SITUATIONAL**			Required for Outpatient
2400	DTP01	Date/Time Qualifier	472	Service	REQUIRED		ID (3)	
2400	DTP02	Date Time Period Format Qualifier	*one of the following values* --- D8 --- RD8 ---	--- Date Expressed in Format CCYYMMDD --- Range of Dates Expressed in Format CCYYMMDD - CCYYMMDD ---	REQUIRED		ID (3)	
2400	DTP03	Date Time Period	*Date or date range services were rendered, expressed in format indicated above in 2400:DTP02*	Service Date	REQUIRED	FL 45	AN (17)	
	SE - Transaction Set Trailer (n)				**REQUIRED**			

Loop ID	837i Segment / Field	837i Field Name	NH UHFDDS Implementation Value	NH UHFDDS Description	NH UHFDDS Usage	UB Field	Data Type	Notes
	SE01	Number of Included Segments	*count of segments contained within the Transaction Set (ST-SE envelope) including the ST and SE segments*	Segment Count			N	
	SE02	Transaction Set Control Number	*control number assigned by the facility used to uniquely identify the Transaction Set*				AN (10)	Must be same value as ST02 (Transaction Set Header)
	GE - Functional Group Trailer (1)				**REQUIRED**			
	GE01	Number of Transaction Sets Included	*count of Transaction Sets (ST-SE envelopes) appearing within the Functional Group (GS-GE envelope)*	Transaction Set Count	REQUIRED		N	
	GS02	Group Control Number	*control number assigned by the sending facility*	Group Control Number	REQUIRED		AN (15)	Same value as GS06 (Functional Group Header) This same value must also appear in the following fields: IEA02 (Interchange Control Trailer) ISA13 (Interchange Control Header)
	IEA - Interchange Control Trailer (1)				**REQUIRED**			
	IEA01	Number of Included Functional Groups	1	Functional Group Count	REQUIRED		N	Only one Functional Group per file submission
	IEA02	Interchange Control Number	*control number assigned by the sending facility*	Interchange Control Number	REQUIRED		AN (15)	Same value as ISA13 (Interchange Control Header) This same value must also appear in the following fields: GS06 (Functional Group Header) GE02 (Functional Group Trailer)