




5010 Gap Analysis for Professional Claims

Based on ASC X12 837 v5010 TR3 X222A1


Version 2.0 August 2010



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PURPOSE

- The purpose of this document is to provide a high-level gap analysis between the
- current HIPAA-mandated Health Care Claim: Professional X098A1 837 version 4010
- and the HIPAA-mandated Health Care Claim: Professional X222A1 837 version 5010
- that has a compliance date of January 1, 2012.

- This document should be used along with the X12 5010 Professional TR3 X222A1. To
- obtain your copy of the TR3 visit the X12 Web Site at:

<http://store.X12.org>
Health Care Claims: Professional 837
ASC X12 837 (005010X222A1)

OVERALL GAP ANALYSIS REPORT

- The Overall Gap Analysis Report provides a list of all content changes in the order of
- the TR3. Changes that were considered non-substantive are not listed in this report.
- The Change Comment gives a brief summary of the change, and the columns listed to
- the right indicate the type of change.

NEW CONTENT REPORT

- The New Content Report provides a list of NEW data elements added in the 5010
- version of the transaction.

DELETED CONTENT REPORT

- The Deleted Content Report provides a list of the data elements REMOVED in the 5010
- version of the transaction.

USE CHANGE REPORT

- The Use Change Report provides a list of data elements where the TR3 usage changed
- from Situational to Required; Required to Situational; or the Situational Note changed.

SIZING CHANGE REPORT

- The Sizing Change Report provides a list of data elements where the min/max
- requirements changed in the 5010.

CODE CHANGE REPORT

- The Code Change Report provides a list of data elements where the code values within
- the data element were changed in 5010.

Overall Gap Analysis Report



5010 Gap Analysis

Professional Claims X222A1 Gap Analysis

Items in Red are flagged as Transitions Challenges.

Highlighted Items indicate Errata Changes.

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|---------|---------|------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| Header | ISA11 | ^ | Repetition Separator | Element changed from Interchange Control Standards Identifier to Repetition Separator. | | | | | | | | |
| Header | ISA12 | | Interchange Control Version Number | Code value 00401 changed to 00501. | | | | | | | | |
| Group | GS08 | | Version / Release Industry ID Code | X222A1: Code value changed to 005010X222A1. X222: Code value changed to 005010X222. | | | | | | | | |
| Table 1 | ST03 | 005010X222 | Implementation Convention Reference | X222A1: Code value is 005010X222A1 X222: Added ST03 to replace the Table 1 REF. Code value is 005010X222 | | | | | | | | |
| Table 1 | BHT03 | | Originator Application Transaction Identifier | For the purposes of the 837 5010 implementation the maximum field length is 30. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| Table 1 | BHT06 | | Claim or Encounter Identifier | Code value 31 (Subrogation Demand) was added. | | | | | | | | |
| Table 1 | REF01 | 87 | Reference Number Qualifier | Moved the Transmission Type to ST03. | | | | | | | | |
| Table 1 | REF02 | | Transmission Type Code | Moved the Transmission Type to ST03. | | | | | | | | |
| 1000A | NM103 | | Submitter Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 1000A | NM104 | | Submitter First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 1000A | PER02 | | Submitter Contact Name | Changed from Required to Situational. | | | | | | | | |
| 1000A | PER03 | List | Communication Number Qualifier | Qualifier ED was deleted. | | | | | | | | |
| 1000A | PER04 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER04 | ED | Submitter EDI Number | Deleted in 5010 due to lack of business requirement. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 1000A | PER04 | EM | Submitter E-mail | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER04 | FX | Submitter FAX Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER04 | TE | Submitter Telephone Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER05 | List | Communication Number Qualifier | Qualifier ED was deleted. | | | | | | | | |
| 1000A | PER06 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER06 | ED | Submitter EDI Number | Deleted in 5010 due to lack of business requirement. | | | | | | | | |
| 1000A | PER06 | EM | Submitter E-mail | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER06 | EX | Submitter Telephone Extension | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER06 | FX | Submitter FAX Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER06 | TE | Submitter Telephone Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER07 | List | Communication Number Qualifier | Qualifier ED was deleted. | | | | | | | | |
| 1000A | PER08 | ED | Submitter EDI Number | Deleted in 5010 due to lack of business requirement. | | | | | | | | |
| 1000A | PER08 | EM | Submitter E-mail | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER08 | EX | Submitter Telephone Extension | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER08 | FX | Submitter FAX Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000A | PER08 | TE | Submitter Telephone Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 1000B | NM103 | | Receiver Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2000A | PRV01 | BI | Provider Code | Qualifier PT was deleted. | | | | | | | | |
| 2000A | PRV02 | PXC | Reference Number Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | | | | | | | | |
| 2000A | PRV03 | BI | Billing Provider Taxonomy code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2000A | PRV03 | PT | Pay-to Provider Taxonomy code | Deleted Taxonomy Code as this is now Address Information only. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010AA | NM103 | | Billing Provider Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2010AA | NM104 | | Billing Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2010AA | NM108 | | Identification Code Qualifier | Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2010AA | NM109 | | Billing Provider Primary Identification Number | Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI. | | | | | | | | |
| 2010AA | NM109 | 24 | Billing Provider Employer Identification Number | Employer Identification Number (Qualifier 24) was relocated to a REF segment in the 2010AA Loop. The usage changed from Required to Situational. Required when the Provider is eligible for an NPI. | | | | | | | | |
| 2010AA | NM109 | 34 | Billing Provider Social Security Number | Social Security Number (Qualifier 34) was relocated to a REF segment in the 2010AA Loop. The usage changed from Required to Situational. Required when the Provider is eligible for an NPI. | | | | | | | | |
| 2010AA | NM109 | XX | Billing Provider National Provider Identifier | Changed from Required to Situational when the Billing Provider is eligible for an NPI. | | | | | | | | |
| 2010AA | N402 | | Billing Provider State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | | | | | | | | |
| 2010AA | N403 | | Billing Provider Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided. | | | | | | | | |
| 2010AA | N404 | | Billing Provider Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2010AA | N407 | | Billing Provider Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2010AA | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2010AA | REF02 | | Billing Provider Secondary Identifiers | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010AA | REF02 | 0B | Billing Provider State License Number | | | | | | | | | |
| 2010AA | REF02 | 1A | Billing Provider Blue Cross Number | | | | | | | | | |
| 2010AA | REF02 | 1B | Billing Provider Blue Shield Number | | | | | | | | | |
| 2010AA | REF02 | 1C | Billing Provider Medicare Number | | | | | | | | | |
| 2010AA | REF02 | 1D | Billing Provider Medicaid Number | | | | | | | | | |
| 2010AA | REF02 | 1G | Billing Provider UPIN | | | | | | | | | |
| 2010AA | REF02 | 1H | Billing Provider CHAMPUS Id Number | | | | | | | | | |
| 2010AA | REF02 | 1J | Billing Provider Facility ID Number | | | | | | | | | |
| 2010AA | REF02 | B3 | Billing Provider Preferred Provider Organization Number | | | | | | | | | |
| 2010AA | REF02 | BQ | Billing Provider Health Maintenance Organization Code Number | | | | | | | | | |
| 2010AA | REF02 | EI | Billing Provider Employer Identification Number | | | | | | | | | |
| 2010AA | REF02 | FH | Billing Provider Clinic Number | | | | | | | | | |
| 2010AA | REF02 | G2 | Billing Provider Commercial Number | | | | | | | | | |
| 2010AA | REF02 | G5 | Billing Provider Site Number | Deleted in 5010. However, Emdeon will continue to allow providers to use this for reporting purposes. The information will not be passed on to the payer. | | | | | | | | |
| 2010AA | REF02 | LU | Billing Provider Location Number | | | | | | | | | |
| 2010AA | REF02 | SY | Billing Provider Social Security Number | | | | | | | | | |
| 2010AA | REF02 | U3 | Billing Provider USIN Number | | | | | | | | | |
| 2010AA | REF02 | X5 | Billing Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2010AA | REF01 | List | Reference Number Qualifier | Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number. | | | | | | | | |
| 2010AA | REF02 | | Billing Provider Tax Identification Number | Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010AA | REF02 | EI | Employer Identification Number | Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010AA | REF02 | SY | Social Security Number | Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010AA | REF02 | | Billing Provider UPIN/License Information | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010AA | REF02 | 0B | State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010AA | REF02 | 1G | UPIN Number | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010AA | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2010AA | REF02 | | Billing Provider Credit Card Identifier | | | | | | | | | |
| 2010AA | REF02 | 06 | System Number | | | | | | | | | |
| 2010AA | REF02 | 8U | Bank Assigned Security Identifier | | | | | | | | | |
| 2010AA | REF02 | EM | Electronic Payment Reference Number | | | | | | | | | |
| 2010AA | REF02 | IJ | Standard Industry Classification (SIC) | | | | | | | | | |
| 2010AA | REF02 | LU | Location Number | | | | | | | | | |
| 2010AA | REF02 | RB | Rate Code Number | | | | | | | | | |
| 2010AA | REF02 | ST | Store Number | | | | | | | | | |
| 2010AA | REF02 | TT | Terminal Code | | | | | | | | | |
| 2010AA | PER02 | | Contact Name | Changed from Required to Situational. Clarification: the requirement of this element on the second repeat of the PER Segment. | | | | | | | | |
| 2010AA | PER04 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER04 | EM | Billing Provider Email | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER04 | FX | Billing Provider FAX | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER04 | TE | Billing Provider Telephone | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER06 | EM | Billing Provider Email | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER06 | EX | Billing Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER06 | FX | Billing Provider FAX | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER06 | TE | Billing Provider Telephone | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER08 | EM | Billing Provider Email | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER08 | EX | Billing Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AA | PER08 | FX | Billing Provider FAX | Min/Max changed from 1/80 to 1/256. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010AA | PER08 | TE | Billing Provider Telephone | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2010AB | NM103 | | Pay-to Provider Last/Org Name | | | | | | | | | |
| 2010AB | NM104 | | Pay-to Provider First Name | | | | | | | | | |
| 2010AB | NM105 | | Pay-to Provider Middle Name | | | | | | | | | |
| 2010AB | NM107 | | Pay-to Provider Name Suffix | | | | | | | | | |
| 2010AB | NM108 | | Identification Code Qualifier | | | | | | | | | |
| 2010AB | NM109 | | Pay-to Provider Primary Identifier | | | | | | | | | |
| 2010AB | NM109 | 24 | Pay-to Employer Identification Number | | | | | | | | | |
| 2010AB | NM109 | 34 | Pay-to Social Security Number | | | | | | | | | |
| 2010AB | NM109 | XX | Pay-to National Provider Identifier | | | | | | | | | |
| 2010AB | N402 | | Pay-to State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | | | | | | | | |
| 2010AB | N403 | | Pay-to Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2010AB | N404 | | Pay-to Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2010AB | N407 | | Pay-to Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2010AB | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2010AB | REF02 | | Pay-to Provider Secondary Identifiers | | | | | | | | | |
| 2010AB | REF02 | 0B | Pay-to Provider State License Number | | | | | | | | | |
| 2010AB | REF02 | 1A | Pay-to Provider Blue Cross Number | | | | | | | | | |
| 2010AB | REF02 | 1B | Pay-to Provider Blue Shield Number | | | | | | | | | |
| 2010AB | REF02 | 1C | Pay-to Provider Medicare Number | | | | | | | | | |
| 2010AB | REF02 | 1D | Pay-to Provider Medicaid Number | | | | | | | | | |
| 2010AB | REF02 | 1G | Pay-to Provider UPIN | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|-------------------------------------------------------------|---------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010AB | REF02 | 1H | Pay-to Provider CHAMPUS Id Number | | | | | | | | | |
| 2010AB | REF02 | 1J | Pay-to Provider Facility ID Number | | | | | | | | | |
| 2010AB | REF02 | B3 | Pay-to Provider Preferred Provider Organization Number | | | | | | | | | |
| 2010AB | REF02 | BQ | Pay-to Provider Health Maintenance Organization Code Number | | | | | | | | | |
| 2010AB | REF02 | EI | Pay-to Provider Employer Identification Number | | | | | | | | | |
| 2010AB | REF02 | FH | Pay-to Provider Clinic Number | | | | | | | | | |
| 2010AB | REF02 | G2 | Pay-to Provider Commercial Number | | | | | | | | | |
| 2010AB | REF02 | G5 | Pay-to Provider Site Number | | | | | | | | | |
| 2010AB | REF02 | LU | Pay-to Provider Location Number | | | | | | | | | |
| 2010AB | REF02 | SY | Pay-to Provider Social Security Number | | | | | | | | | |
| 2010AB | REF02 | U3 | Pay-to Provider USIN Number | | | | | | | | | |
| 2010AB | REF02 | X5 | Pay-to Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2010AC | NM103 | | Pay-to Plan Organization Name | | | | | | | | | |
| 2010AC | NM108 | List | Identification Code Qualifier | | | | | | | | | |
| 2010AC | NM109 | | Pay-to Plan Primary Identifier | | | | | | | | | |
| 2010AC | NM109 | PI | Pay-to Plan Payer ID | | | | | | | | | |
| 2010AC | NM109 | XV | Pay-to Plan CMS PlanID | | | | | | | | | |
| 2010AC | N301 | | Pay-to Plan Address Line 1 | | | | | | | | | |
| 2010AC | N302 | | Pay-to Plan Address Line 2 | | | | | | | | | |
| 2010AC | N401 | | Pay-to Plan City Name | | | | | | | | | |
| 2010AC | N402 | | Pay-to Plan State/Province Code | | | | | | | | | |
| 2010AC | N403 | | Pay-to Plan Postal Zone or Zip Code | | | | | | | | | |
| 2010AC | N404 | | Pay-to Plan Country Code | If N407 is present then N404 is required. | | | | | | | | |
| 2010AC | N407 | | Pay-to Plan Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2010AC | REF01 | List | Reference Number Qualifier | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010AC | REF02 | | Pay-to Plan Secondary Identifiers | | | | | | | | | |
| 2010AC | REF02 | 2U | Pay-to Plan Payer ID | | | | | | | | | |
| 2010AC | REF02 | FY | Pay-to Plan Claim Office Number | | | | | | | | | |
| 2010AC | REF02 | NF | Pay-to Plan National Association of Insurance Commissioners (NAIC) Number | | | | | | | | | |
| 2010AC | REF01 | | Reference Number Qualifier | | | | | | | | | |
| 2010AC | REF02 | EI | Pay-to Plan Tax Identification Number | Qualifier note restricts to 9 numerics - no hyphens. | | | | | | | | |
| 2000B | SBR01 | | Payer Responsibility Code | Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only. | | | | | | | | |
| 2000B | SBR03 | | Subscriber Group or Policy Number | Industry Name changed from insured to subscriber. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2000B | SBR09 | | Claim Filing Indicator Code | Code Values 09, 10, LI were deleted. Code Values 17 and FI were added. Code descriptions for VA and ZZ were modified (non-substantive). | | | | | | | | |
| 2010BA | NM103 | | Subscriber Last Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2010BA | NM104 | | Subscriber First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2010BA | NM108 | List | Identification Code Qualifier | X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X222:Qualifier II replaced ZZ for Standard Unique Health Identifier. Changed from Situational to Required to support the new definition of subscriber. | | | | | | | | |
| 2010BA | NM109 | | Subscriber Primary Identifier | X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when NM102 = 1. X222: Changed from Situational to Required to support the new definition of subscriber. | | | | | | | | |
| 2010BA | NM109 | ZZ | Mutually Defined | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010BA | N4 | | SUBSCRIBER CITY/STATE/ZIP CODE | X222A1: Changed to Situational. Required when the patient is the subscriber or considered to be the subscriber. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | | | | | | | | |
| 2010BA | N402 | | Subscriber State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | | | | | | | | |
| 2010BA | N403 | | Subscriber Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2010BA | N404 | | Subscriber Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2010BA | N407 | | Subscriber Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2010BA | REF01 | List | Reference Number Qualifier | Qualifiers 1W, 23, IG were deleted. Removed Note that SY may not be used for Medicare. Hyphens should be stripped from the value prior to sending. | | | | | | | | |
| 2010BA | REF02 | | Subscriber Secondary Identifiers | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BA | REF02 | 1W | Subscriber Member Identification Number | | | | | | | | | |
| 2010BA | REF02 | 23 | Subscriber Indian Health Service Number | | | | | | | | | |
| 2010BA | REF02 | IG | Subscriber Insurance Policy Number | | | | | | | | | |
| 2010BA | REF02 | SY | Subscriber Social Security Number | Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BA | REF02 | | Property Casualty Claim Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BA | PER01 | IC | Contact Function Code | | | | | | | | | |
| 2010BA | PER02 | | P&C Subscriber Information Contact | | | | | | | | | |
| 2010BA | PER03 | TE | Communication Number Qualifier | | | | | | | | | |
| 2010BA | PER04 | | P&C Subscriber Telephone Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010BA | PER05 | EX | Communication Number Qualifier | | | | | | | | | |
| 2010BA | PER06 | | P&C Subscriber Telephone Extension | | | | | | | | | |
| 2010BB | NM103 | | Payer Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2010BB | N4 | | PAYER CITY/STATE/ZIP CODE | X222A1: Changed to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | | | | | | | | |
| 2010BB | N402 | | Payer State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | | | | | | | | |
| 2010BB | N403 | | Payer Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2010BB | N404 | | Payer Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2010BB | N407 | | Payer Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2010BB | REF01 | List | Reference Number Qualifier | Qualifier TJ was removed. Qualifier EI was added. | | | | | | | | |
| 2010BB | REF02 | | Payer Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BB | REF02 | 2U | Payer Identification | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BB | REF02 | EI | Payer Employer Identification Number | Qualifier note restricts to 9 numeric - no hyphens. | | | | | | | | |
| 2010BB | REF02 | FY | Payer Claim Office Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BB | REF02 | NF | Payer National Association of Insurance Commissioners (NAIC) Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BB | REF02 | TJ | Payer Federal Taxpayer's Identification Number | | | | | | | | | |
| 2010BB | REF01 | List | Reference Number Qualifier | Qualifiers G2 and LU are the only valid Qualifiers. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010BB | REF02 | | Billing Provider Secondary Identifier | Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BB | REF02 | LU | Billing Provider Location Number | Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BB | REF02 | G2 | Billing Provider Payer Assigned ID | Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010BC | NM101 | | Name Qualifier | | | | | | | | | |
| 2010BC | NM102 | | Entity Type Qualifier | | | | | | | | | |
| 2010BC | NM103 | | Responsible Party Last/Org Name | | | | | | | | | |
| 2010BC | NM104 | | Responsible Party First Name | | | | | | | | | |
| 2010BC | NM105 | | Responsible Party Middle Name or Initial | | | | | | | | | |
| 2010BC | NM107 | | Responsible Party Suffix | | | | | | | | | |
| 2010BC | N301 | | Responsible Party Address 1 | | | | | | | | | |
| 2010BC | N302 | | Responsible Party Address 2 | | | | | | | | | |
| 2010BC | N401 | | Responsible Party City Name | | | | | | | | | |
| 2010BC | N402 | | Responsible Party State/Province Code | | | | | | | | | |
| 2010BC | N403 | | Responsible Party Postal Zone or Zip Code | | | | | | | | | |
| 2010BC | N404 | | Responsible Party Country Code | | | | | | | | | |
| 2010BD | NM101 | | Name Qualifier | | | | | | | | | |
| 2010BD | NM102 | | Entity Type Qualifier | | | | | | | | | |
| 2010BD | NM103 | | Credit/Debit Cardholder Last/Org Name | | | | | | | | | |
| 2010BD | NM104 | | Credit /Debit Cardholder First Name | | | | | | | | | |
| 2010BD | NM105 | | Credit /Debit Cardholder Middle Name or Initial | | | | | | | | | |
| 2010BD | NM107 | | Credit /Debit Cardholder Suffix | | | | | | | | | |
| 2010BD | NM108 | | Identification Code Qualifier | | | | | | | | | |
| 2010BD | NM109 | | Credit or Debit Card Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010BD | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2010BD | REF02 | BB | Credit/Debit Card Authorization Number | | | | | | | | | |
| 2010BD | REF02 | AB | Credit/Debit Card Acceptable Source Purchaser ID | | | | | | | | | |
| 2000C | PAT01 | | Individual Relationship Code | Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted. | | | | | | | | |
| 2010CA | NM103 | | Patient Last Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2010CA | NM104 | | Patient First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2010CA | NM108 | MI | Identification Code Qualifier | Deleted in 5010. If patient has a unique identifier then the patient is reported in the subscriber information. | | | | | | | | |
| 2010CA | NM109 | | Patient Primary Identifier | | | | | | | | | |
| 2010CA | NM109 | MI | Patient Member Identification Number | Deleted in 5010. If patient has a unique identifier then the patient is reported in the subscriber information. | | | | | | | | |
| 2010CA | NM109 | ZZ | Patient HIPAA Individual Identifier | | | | | | | | | |
| 2010CA | N402 | | Patient State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | | | | | | | | |
| 2010CA | N403 | | Patient Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2010CA | N404 | | Patient Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2010CA | N407 | | Patient Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2010CA | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2010CA | REF02 | | Reference Identification Number | | | | | | | | | |
| 2010CA | REF02 | 1W | Patient Member Identification Number | | | | | | | | | |
| 2010CA | REF02 | 23 | Patient Indian Health Service Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|--------|---------|-----------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2010CA | REF02 | IG | Patient Insurance Policy Number | | | | | | | | | |
| 2010CA | REF02 | SY | Patient Social Security Number | | | | | | | | | |
| 2010CA | REF | | PROPERTY AND CASUALTY PATIENT IDENTIFIER | X222A1: This Segment was added to accommodate Workers' Compensation in lieu of the removal of the Patient Secondary Identification Segment. | | | | | | | | |
| 2010CA | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2010CA | REF02 | | Reference Identification Number | | | | | | | | | |
| 2010CA | REF02 | 1W | Patient Member Identification Number | | | | | | | | | |
| 2010CA | REF02 | SY | Patient Social Security Number | | | | | | | | | |
| 2010CA | REF02 | | Property Casualty Claim Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2010CA | PER01 | | Information Contact | | | | | | | | | |
| 2010CA | PER02 | | P&C Patient Contact Name | | | | | | | | | |
| 2010CA | PER03 | TE | Communication Number Qualifier | | | | | | | | | |
| 2010CA | PER04 | | P&C Patient Telephone Number | | | | | | | | | |
| 2010CA | PER05 | EX | Communication Number Qualifier | | | | | | | | | |
| 2010CA | PER06 | | P&C Patient Telephone Extension | | | | | | | | | |
| 2300 | CLM02 | | Total Claim Charge Amount | Clarification: total claim charge amount cannot be less than zero. Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2300 | CLM05-2 | B | Facility Code Qualifier | Allowable value is B. | | | | | | | | |
| 2300 | CLM07 | List | Assignment or Plan Participation Code | Code value P was deleted. Code values remaining are A, B and C. Usage of this field changed and is no longer limited to Medicare Assignment. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting claims. | | | | | | | | |
| 2300 | CLM08 | List | Benefits Assignment Certification Indicator | Code value W added to replace CLM07- Provider Accept Assignment Indicator code value P - 'Patient refuses to assign benefits'. | | | | | | | | |
| 2300 | CLM09 | List | Release of Information Code | Code values A, M, N, O were deleted. Code values remaining are I and Y. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | CLM10 | List | Patient Signature Source Code | Code values B, C, M and S were deleted. Situational Rule changed. Required in 4010 when CLM09 value was other than 'N'. Situationally Required in 5010 when signed on behalf of patient. | | | | | | | | |
| 2300 | CLM11-1 | | Related-Causes Code | Code value 'AP' was deleted. | | | | | | | | |
| 2300 | CLM11-1 | AP | Another Party Responsible | Code value 'AP' was deleted. | | | | | | | | |
| 2300 | CLM11-2 | | Related-Causes Code | Code value 'AP' was deleted. | | | | | | | | |
| 2300 | CLM11-2 | AP | Another Party Responsible | Code value 'AP' was deleted. | | | | | | | | |
| 2300 | CLM11-3 | | Related-Causes Code | Deleted in 5010 as the maximum number of logical combinations of the allowable code values will never exceed 2. | | | | | | | | |
| 2300 | CLM11-3 | AA | Auto Accident | | | | | | | | | |
| 2300 | CLM11-3 | AP | Another Party Responsible | | | | | | | | | |
| 2300 | CLM11-3 | EM | Employment Related | | | | | | | | | |
| 2300 | CLM11-3 | OA | Other Accident | | | | | | | | | |
| 2300 | CLM12 | | Special Program Indicator | Code values 01, 07, 08 were deleted. Code 01 for EPSDT can be determined by other information in the claim. Codes 07 and 08 are now reported in Condition Codes. Code value clarifications were made on some codes. | | | | | | | | |
| 2300 | CLM16 | | Participation Agreement | CLM07 was redefined and includes participation in any health plan, including Medicare. This element was no longer needed. | | | | | | | | |
| 2300 | CLM20 | | Delay Reason Code | Code value 15 was added. Example was removed to eliminate confusion in use of the element. | | | | | | | | |
| 2300 | DTP02 | D8 | DTP Format Qualifier | Qualifier DT was deleted. | | | | | | | | |
| 2300 | DTP03 | 439 | Accident Hour | | | | | | | | | |
| 2300 | DTP01 | 438 | DTP Qualifier | | | | | | | | | |
| 2300 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2300 | DTP03 | | Similar Illness or Symptom Date | | | | | | | | | |
| 2300 | DTP01 | 360 | DTP Qualifier | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2300 | DTP03 | | Disability Begin Date | Moved to 2300 DTP - Date - Disability Dates. | | | | | | | | |
| 2300 | DTP01 | 361 | DTP Qualifier | | | | | | | | | |
| 2300 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2300 | DTP03 | | Disability End Date | Moved to 2300 DTP - Date - Disability Dates. | | | | | | | | |
| 2300 | DTP01 | List | DTP Qualifier | Qualifiers are 374, 314 and 360. | | | | | | | | |
| 2300 | DTP02 | List | DTP Format Qualifier | Qualifiers are D8 and RD8. The RD8 can only be used with Qualifier 314. | | | | | | | | |
| 2300 | DTP03 | | Disability Dates | | | | | | | | | |
| 2300 | DTP03 | 314 | Disability | | | | | | | | | |
| 2300 | DTP03 | 360 | Initial Disability Period Start | | | | | | | | | |
| 2300 | DTP03 | 361 | Initial Disability Period End | | | | | | | | | |
| 2300 | DTP01 | 444 | Date Time Qualifier | | | | | | | | | |
| 2300 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2300 | DTP03 | | First Visit or Consultation | | | | | | | | | |
| 2300 | DTP01 | 050 | Date Time Qualifier | | | | | | | | | |
| 2300 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2300 | DTP03 | | Repricer Received Date | | | | | | | | | |
| 2300 | PWK01 | List | Attachment Report Type Code | Code values 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21 A3, A4, AM, BR, BS, BT, CB, CK, D2, DB, DJ, HC, HR, I5, IR, LA, M1, OC, OD, OE, OX, P4, P5, PE, PQ, PY, RX, SG, V5, XP were added. | | | | | | | | |
| 2300 | PWK02 | List | Attachment Transmission Code | Code value FT was added. | | | | | | | | |
| 2300 | PWK06 | | Attachment Control Number | A realistic maximum of 50 was added to the notes. | | | | | | | | |
| 2300 | CN101 | List | Contract Type Code | Code value 01 - DRG was added. | | | | | | | | |
| 2300 | CN102 | | Contract Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2300 | CN104 | | Contract Code | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | AMT01 | MA | Amount Qualifier Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|--------------------------------------------------|------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | AMT02 | | Credit or Debit Card Maximum Amount | | | | | | | | | |
| 2300 | AMT02 | | Patient Amount Paid | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2300 | AMT01 | NE | Amount Qualifier Code | | | | | | | | | |
| 2300 | AMT02 | | Total Purchased Service Amount | | | | | | | | | |
| 2300 | REF02 | | Service Authorization Exception Code | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Medicare Section 4081 Indicator | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Mammography Certification Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2300 | REF02 | 9F | Referral Number | | | | | | | | | |
| 2300 | REF02 | G1 | Prior Authorization Number | | | | | | | | | |
| 2300 | REF01 | G1 | Reference Number Qualifier | | | | | | | | | |
| 2300 | REF02 | | Prior Authorization Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF01 | 9F | Reference Number Qualifier | | | | | | | | | |
| 2300 | REF02 | | Referral Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Payer Claim Control Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Clinical Laboratory Improvement Amendment Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Repriced Claim Reference Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Adjusted Repriced Claim Reference Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Investigational Device Exemption Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Value Added Network Trace Number | Min/Max changed from 1/30 to 1/50. Maximum length note was added to be 20 characters. | | | | | | | | |
| 2300 | REF01 | 1S | Reference Number Qualifier | | | | | | | | | |
| 2300 | REF02 | | Ambulatory Patient Group Number | | | | | | | | | |
| 2300 | REF02 | | Medical Record Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF02 | | Demonstration Project Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | REF01 | 1J | Reference Number Qualifier | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|------------------------------|--------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | REF02 | | Care Plan Oversight Number | | | | | | | | | |
| 2300 | NTE01 | List | Note Reference Code | Qualifier PMT was deleted. This information should be reported in the CAS, SVD and AMT segments as appropriate. | | | | | | | | |
| 2300 | CR103 | List | Ambulance Transport Code | Deleted in 5010 as no business case to support the use. | | | | | | | | |
| 2300 | CR212 | List | X-Ray Availability Indicator | Need for this element ended on Jan. 1, 2000. | | | | | | | | |
| 2300 | CRC03 | List | Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC04 | List | Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC05 | List | Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC06 | List | Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC07 | List | Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC03 | List | Vision Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC04 | List | Vision Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC05 | List | Vision Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC06 | List | Vision Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC07 | List | Vision Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC03 | IH | Homebound Indicator | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC03 | List | EPSDT Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC04 | List | EPSDT Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | CRC05 | List | EPSDT Condition Code | Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2300 | HI01-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | HI01-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI02-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI02-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI03-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI03-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI04-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI04-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI05-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI05-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI06-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI06-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI07-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | HI07-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI08-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI08-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI09 | | HealthCare Code Information | ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period. | | | | | | | | |
| 2300 | HI09-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI09-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI10 | | HealthCare Code Information | ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period. | | | | | | | | |
| 2300 | HI10-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI10-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI11 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI11-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI11-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI12 | | HealthCare Code Information | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | HI12-1 | List | Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | | | | | | | | |
| 2300 | HI12-2 | | Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | | | | | | | | |
| 2300 | HI01 | | HealthCare Code Information | The inclusion of this procedure code is a definite impact to the products as usually software allows either the Anesthesia Codes or the Surgical codes but not both. | | | | | | | | |
| 2300 | HI01-1 | BP | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI01-2 | | Anesthesia Related Surgical Procedure | Added to provide the Surgical Procedure Code associated with the Anesthesia. | | | | | | | | |
| 2300 | HI02 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI02-1 | BO | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI02-2 | | Anesthesia Related Surgical Procedure | Added to provide the Surgical Procedure Code associated with the Anesthesia. | | | | | | | | |
| 2300 | HI01 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI01-1 | BG | Code List Qualifier Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | HI01-2 | | Condition Code | <p>The Condition Codes approved for use on the 1500 Claim Form are available at www.nucc.org under Code Sets.</p> <p>AA Abortion Performed due to Rape AB Abortion Performed due to Incest AC Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality AD Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself AE Abortion Performed due to Physical Health of Mother that is not Life Endangering AF Abortion Performed due to Emotional/psychological Health of the Mother AG Abortion Performed due to Social or Economic Reasons AH Elective Abortion AI Sterilization</p> <p>The following is a list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form.</p> <p>W2 Duplicate of original bill W3 Level 1 appeal W4 Level 2 appeal W5 Level 3 appeal</p> | | | | | | | | |
| 2300 | HI02 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI02-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI02-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI03 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI03-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI03-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI04 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI04-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI04-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI05 | | HealthCare Code Information | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|-----------------------------|--------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | HI05-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI05-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI06 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI06-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI06-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI07 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI07-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI07-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI08 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI08-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI08-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI09 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI09-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI09-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI10 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI10-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI10-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI11 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI11-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI11-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HI12 | | HealthCare Code Information | | | | | | | | | |
| 2300 | HI12-1 | BG | Code List Qualifier Code | | | | | | | | | |
| 2300 | HI12-2 | | Condition Code | See HI01-2 for valid Codes. | | | | | | | | |
| 2300 | HCP02 | | Repriced Allowed Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2300 | HCP03 | | Repriced Savings Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2300 | HCP04 | | Repricing Organization Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | HCP06 | | Repriced Approved Ambulatory Patient Group Code | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2300 | HCP07 | | Repriced Approved Ambulatory Patient Group Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2305 | CR701 | | Discipline Type Code | | | | | | | | | |
| 2305 | CR702 | | Total Visits Rendered Count | | | | | | | | | |
| 2305 | CR703 | | Certification Period Projected Visit Count | | | | | | | | | |
| 2305 | HSD01 | | Quantity Qualifier | | | | | | | | | |
| 2305 | HSD02 | | Number Of Visits | | | | | | | | | |
| 2305 | HSD03 | | Modulus UBM Code | | | | | | | | | |
| 2305 | HSD04 | | Modulus Amount | | | | | | | | | |
| 2305 | HSD05 | | Time Period Qualifier | | | | | | | | | |
| 2305 | HSD06 | | Number of Periods | | | | | | | | | |
| 2305 | HSD07 | | Calendar Pattern Code | | | | | | | | | |
| 2305 | HSD08 | | Delivery Pattern Time Code | | | | | | | | | |
| 2310A | NM102 | 1 | Entity Type Qualifier | Qualifier 2 was deleted | | | | | | | | |
| 2310A | NM103 | | Referring Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2310A | NM104 | | Referring Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2310A | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2310A | NM109 | 24 | Referring Provider Employer Identification Number | | | | | | | | | |
| 2310A | NM109 | 34 | Referring Provider Social Security Number | | | | | | | | | |
| 2310A | PRV01 | RF | Provider Code | | | | | | | | | |
| 2310A | PRV02 | PXC | Provider Taxonomy Code | | | | | | | | | |
| 2310A | PRV03 | | Provider Taxonomy Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310A | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2310A | REF02 | | Referring Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310A | REF02 | 0B | Referring Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310A | REF02 | 1B | Referring Provider Blue Shield Number | | | | | | | | | |
| 2310A | REF02 | 1C | Referring Provider Medicare Number | | | | | | | | | |
| 2310A | REF02 | 1D | Referring Provider Medicaid Number | | | | | | | | | |
| 2310A | REF02 | 1G | Referring Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | | | | | | | | |
| 2310A | REF02 | 1H | Referring Provider Champus Number | | | | | | | | | |
| 2310A | REF02 | EI | Referring Provider Employer Identification Number | | | | | | | | | |
| 2310A | REF02 | G2 | Referring Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310A | REF02 | LU | Referring Provider Location Number | | | | | | | | | |
| 2310A | REF02 | N5 | Referring Provider Network ID Number | | | | | | | | | |
| 2310A | REF02 | SY | Referring Provider Social Security Number | | | | | | | | | |
| 2310A | REF02 | X5 | Referring Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2310B | NM103 | | Rendering Provider Last or Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2310B | NM104 | | Rendering Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2310B | NM108 | | Identification Code Qualifier | Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2310B | NM109 | | Rendering Provider Primary Identifier | | | | | | | | | |
| 2310B | NM109 | 24 | Rendering Provider Employer Identification Number | | | | | | | | | |
| 2310B | NM109 | 34 | Rendering Provider Social Security Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310B | PRV02 | PXC | Reference Identification Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | | | | | | | | |
| 2310B | PRV03 | | Provider Taxonomy Code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310B | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2310B | REF02 | | Rendering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310B | REF02 | 0B | Rendering Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310B | REF02 | 1B | Rendering Provider Blue Shield Number | | | | | | | | | |
| 2310B | REF02 | 1C | Rendering Provider Medicare Number | | | | | | | | | |
| 2310B | REF02 | 1D | Rendering Provider Medicaid Number | | | | | | | | | |
| 2310B | REF02 | 1G | Rendering Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | | | | | | | | |
| 2310B | REF02 | 1H | Rendering Provider Champus Number | | | | | | | | | |
| 2310B | REF02 | EI | Rendering Provider Employer Identification Number | | | | | | | | | |
| 2310B | REF02 | G2 | Rendering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310B | REF02 | LU | Rendering Provider Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310B | REF02 | N5 | Rendering Provider Network ID Number | | | | | | | | | |
| 2310B | REF02 | SY | Rendering Provider Social Security Number | | | | | | | | | |
| 2310B | REF02 | X5 | Rendering Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2310C | NM101 | QB | Purchased Service Provider Name Qualifier | | | | | | | | | |
| 2310C | NM102 | | Entity Type Qualifier | | | | | | | | | |
| 2310C | NM103 | | Purchased Service Provider Name Last or Organization Name | | | | | | | | | |
| 2310C | NM104 | | Purchased Service Provider Name First | | | | | | | | | |
| 2310C | NM105 | | Purchase Service Provider Name Middle or Initial | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310C | NM108 | | Identification Code Qualifier | | | | | | | | | |
| 2310C | NM109 | | Purchase Service Provider Primary Identifier | | | | | | | | | |
| 2310C | NM109 | 24 | Purchase Service Provider Employer Identification Number | | | | | | | | | |
| 2310C | NM109 | 34 | Purchase Service Provider Social Security Number | | | | | | | | | |
| 2310C | NM109 | XX | Purchase Service Provider National Provider Identifier | | | | | | | | | |
| 2310C | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2310C | REF02 | | Purchased Service Provider Secondary Identifier | | | | | | | | | |
| 2310C | REF02 | 0B | Purchase Service Provider State License Number | | | | | | | | | |
| 2310C | REF02 | 1A | Purchase Service Provider Blue Cross Number | | | | | | | | | |
| 2310C | REF02 | 1B | Purchase Service Provider Blue Shield Number | | | | | | | | | |
| 2310C | REF02 | 1C | Purchase Service Provider Medicare Number | | | | | | | | | |
| 2310C | REF02 | 1D | Purchase Service Provider Medicaid Number | | | | | | | | | |
| 2310C | REF02 | 1G | Purchase Service Provider UPIN | | | | | | | | | |
| 2310C | REF02 | 1H | Purchase Service Provider Champus Number | | | | | | | | | |
| 2310C | REF02 | EI | Purchase Service Provider Employer Identification Number | | | | | | | | | |
| 2310C | REF02 | G2 | Purchase Service Provider Commercial Number | 23 | | | | | | | | |
| 2310C | REF02 | LU | Purchase Service Provider Location Number | | | | | | | | | |
| 2310C | REF02 | N5 | Purchase Service Provider Network ID Number | | | | | | | | | |
| 2310C | REF02 | SY | Purchase Service Provider Social Security Number | | | | | | | | | |
| 2310C | REF02 | U3 | Purchase Service Provider Universal Supplier Identification Number (USIN) | | | | | | | | | |
| 2310C | REF02 | X5 | Purchase Service Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2310C | NM101 | 77 | Name Qualifier | Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310C | NM103 | | Laboratory or Facility Name | Changed from Situational to Required due to NPI Subpart rules. X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2310C | NM109 | 24 | Employer Identification Number | | | | | | | | | |
| 2310C | NM109 | 34 | Social Security Number | | | | | | | | | |
| 2310C | N402 | | Laboratory or Facility State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | | | | | | | | |
| 2310C | N403 | | Laboratory or Facility Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided. | | | | | | | | |
| 2310C | N404 | | Laboratory or Facility Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2310C | N407 | | Laboratory or Facility Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2310C | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2310C | REF02 | | Laboratory or Facility Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310C | REF02 | 0B | Laboratory or Facility State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310C | REF02 | 1A | Laboratory or Facility Blue Cross Number | | | | | | | | | |
| 2310C | REF02 | 1B | Laboratory or Facility Blue Shield Number | | | | | | | | | |
| 2310C | REF02 | 1C | Laboratory or Facility Medicare Number | | | | | | | | | |
| 2310C | REF02 | 1D | Laboratory or Facility Medicaid Number | | | | | | | | | |
| 2310C | REF02 | 1G | Service Facility Location UPIN | | | | | | | | | |
| 2310C | REF02 | 1H | Laboratory or Facility Champus Number | | | | | | | | | |
| 2310C | REF02 | G2 | Laboratory or Facility Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310C | REF02 | LU | Laboratory or Facility Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310C | REF02 | N5 | Laboratory or Facility Network ID Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310C | REF02 | SY | Laboratory or Facility Social Security Number | | | | | | | | | |
| 2310C | REF02 | TJ | Laboratory or Facility Taxpayer's Identification Number | | | | | | | | | |
| 2310C | REF02 | X4 | Laboratory or Facility Clinical Laboratory Improvement Amendment Number | | | | | | | | | |
| 2310C | REF02 | X5 | Laboratory or Facility State Industrial Accident Provider Number | | | | | | | | | |
| 2310C | PER01 | IC | Information Contact | | | | | | | | | |
| 2310C | PER02 | | P&C Service Facility Contact Name | | | | | | | | | |
| 2310C | PER03 | TE | Communication Number Qualifier | | | | | | | | | |
| 2310C | PER04 | | P&C Service Facility Telephone Number | | | | | | | | | |
| 2310C | PER05 | EX | Communication Number Qualifier | | | | | | | | | |
| 2310C | PER06 | | P&C Service Facility Telephone Extension | | | | | | | | | |
| 2310D | NM103 | | Supervising Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2310D | NM104 | | Supervising Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2310D | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2310D | NM109 | 24 | Supervising Provider Employer Identification Number | | | | | | | | | |
| 2310D | NM109 | 34 | Supervising Provider Social Security Number | | | | | | | | | |
| 2310D | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2310D | REF02 | | Supervising Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310D | REF02 | 0B | Supervising Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310D | REF02 | 1B | Supervising Provider Blue Shield Number | | | | | | | | | |
| 2310D | REF02 | 1C | Supervising Provider Medicare Number | | | | | | | | | |
| 2310D | REF02 | 1D | Supervising Provider Medicaid Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310D | REF02 | 1G | Supervising Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310D | REF02 | 1H | Supervising Provider Champus Number | | | | | | | | | |
| 2310D | REF02 | EI | Supervising Provider Employer Identification Number | | | | | | | | | |
| 2310D | REF02 | G2 | Supervising Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310D | REF02 | LU | Supervising Provider Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2310D | REF02 | N5 | Supervising Provider Network ID Number | | | | | | | | | |
| 2310D | REF02 | SY | Supervising Provider Social Security Number | | | | | | | | | |
| 2310D | REF02 | X5 | Supervising Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2310E | NM101 | PW | Name Qualifier | | | | | | | | | |
| 2310E | NM102 | 2 | Entity Type Qualifier | | | | | | | | | |
| 2310E | N301 | | Ambulance Pick-up Address Line 1 | | | | | | | | | |
| 2310E | N302 | | Ambulance Pick-up Address Line 2 | | | | | | | | | |
| 2310E | N401 | | Ambulance Pick-up City Name | | | | | | | | | |
| 2310E | N402 | | Ambulance Pick-up State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | | | | | | | | |
| 2310E | N403 | | Ambulance Pick-up Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2310E | N404 | | Ambulance Pick-up Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2310E | N407 | | Ambulance Pick-up Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2310F | NM101 | 45 | Name Qualifier | | | | | | | | | |
| 2310F | NM102 | 2 | Entity Type Qualifier | | | | | | | | | |
| 2310F | NM103 | | Ambulance Drop-off Location | | | | | | | | | |
| 2310F | N301 | | Ambulance Drop-off Address Line 1 | | | | | | | | | |
| 2310F | N302 | | Ambulance Drop-off Address Line 2 | | | | | | | | | |
| 2310F | N401 | | Ambulance Drop-off City Name | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2310F | N402 | | Ambulance Drop-off State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | | | | | | | | |
| 2310F | N403 | | Ambulance Drop-off Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2310F | N404 | | Ambulance Drop-off Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2310F | N407 | | Ambulance Drop-off Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2320 | SBR01 | List | Payer Responsibility Code | Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only. | | | | | | | | |
| 2320 | SBR02 | List | Individual Relationship Code | Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted. Code value 18 (self) is also valid at this level. | | | | | | | | |
| 2320 | SBR03 | | Insured Group or Policy Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2320 | SBR05 | List | Insurance Type Code | Changed from Required to Situational. Code values were modified to match SBR05 at 2000B. | | | | | | | | |
| 2320 | SBR09 | List | Claim Filing Indicator Code | Code values 09, 10, and LI were deleted. Codes MA Medicare Part A, 17 DMO, FI-Federal Employee Program was added. Code descriptions for VA and ZZ were modified (non-substantive). | | | | | | | | |
| 2320 | CAS03 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | CAS06 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | CAS09 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | CAS12 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | CAS15 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | CAS18 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | AMT02 | | Payer Paid Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | AMT01 | AAE | Amount Qualifier Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------------------------------|-----------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2320 | AMT02 | | Approved Amount | | | | | | | | | |
| 2320 | AMT01 | B6 | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Allowed Amount | | | | | | | | | |
| 2320 | AMT01 | F2 | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Patient Responsibility Amount | | | | | | | | | |
| 2320 | AMT01 | AU | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Covered Amount | | | | | | | | | |
| 2320 | AMT01 | D8 | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Discount Amount | | | | | | | | | |
| 2320 | AMT01 | DY | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Per Day Limit Amount | | | | | | | | | |
| 2320 | AMT01 | F5 | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Patient Paid Amount | | | | | | | | | |
| 2320 | AMT01 | T | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Tax Amount | | | | | | | | | |
| 2320 | AMT01 | T2 | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Other Payer Pre-Tax Claim Total Amount | | | | | | | | | |
| 2320 | AMT01 | A8 | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Non-Covered Charge Amount | | | | | | | | | |
| 2320 | AMT01 | AEF | Amount Qualifier Code | | | | | | | | | |
| 2320 | AMT02 | | Remaining Patient Liability | | | | | | | | | |
| 2320 | DMG01 | | DTP Qualifier | | | | | | | | | |
| 2320 | DMG02 | | Other Insured Birth Date | | | | | | | | | |
| 2320 | DMG03 | | Other Insured Gender Code | | | | | | | | | |
| 2320 | OI03 | | Benefits Assignment Certification Indicator | Code value of W-'Patient refused to assign benefits' was added. | | | | | | | | |
| 2320 | OI04 | | Patient Signature Source Code | Code values B, C, M and S were deleted. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2320 | OIO6 | | Release of Information Code | Code values of A, M, N, O were deleted. Code values I and Y are the only remaining values. | | | | | | | | |
| 2320 | MOA02 | | HCPSC Payable Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | MOA03 | | Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | | | | | | | | |
| 2320 | MOA04 | | Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | | | | | | | | |
| 2320 | MOA05 | | Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | | | | | | | | |
| 2320 | MOA06 | | Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | | | | | | | | |
| 2320 | MOA07 | | Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | | | | | | | | |
| 2320 | MOA08 | | End Stage Renal Disease Payment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2320 | MOA09 | | Non-payable Professional Component Billed Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2330A | NM103 | | Other Subscriber Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2330A | NM104 | | Other Subscriber First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2330A | NM108 | List | Identification Code Qualifier | Qualifier II replaced ZZ for Standard Unique Health Identifier. | | | | | | | | |
| 2330A | NM109 | II | Other Subscriber Standard Unique Health Identifier | Qualifier II changed to ZZ for Standard Unique Health Identifier. | | | | | | | | |
| 2330A | NM109 | ZZ | Mutually Defined | | | | | | | | | |
| 2330A | N4 | | OTHER SUBSCRIBER CITY /STATE /ZIP CODE | X222A1: Changed from Required to Situational. Required when the information is available. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | | | | | | | | |
| 2330A | N402 | | Other Subscriber State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2330A | N403 | | Other Subscriber Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2330A | N404 | | Other Subscriber Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2330A | N407 | | Other Subscriber Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2330A | REF01 | List | Reference Number Qualifier | Qualifies W, 23 and IG were deleted. | | | | | | | | |
| 2330A | REF02 | 1W | Other Subscriber Member Identification Number | | | | | | | | | |
| 2330A | REF02 | 23 | Other Subscriber Client Number (IHS) | | | | | | | | | |
| 2330A | REF02 | IG | Other Subscriber Insurance Policy Number | | | | | | | | | |
| 2330A | REF02 | SY | Other Subscriber Social Security Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | NM103 | | Other Payer Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2330B | PER01 | | Contact Function Code | | | | | | | | | |
| 2330B | PER02 | | Other Payer Contact Name | | | | | | | | | |
| 2330B | PER03 | | Communication Number Qualifier | | | | | | | | | |
| 2330B | PER04 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2330B | PER04 | ED | Payer EDI Access Number | | | | | | | | | |
| 2330B | PER04 | EM | Payer E-Mail | | | | | | | | | |
| 2330B | PER04 | FX | Payer Facsimile | | | | | | | | | |
| 2330B | PER04 | TE | Payer Telephone | | | | | | | | | |
| 2330B | PER05 | | Communication Number Qualifier | | | | | | | | | |
| 2330B | PER06 | ED | Payer EDI Access Number | | | | | | | | | |
| 2330B | PER06 | EM | Payer E-Mail | | | | | | | | | |
| 2330B | PER06 | EX | Payer Telephone Ext | | | | | | | | | |
| 2330B | PER06 | FX | Payer Facsimile | | | | | | | | | |
| 2330B | PER06 | TE | Payer Telephone | | | | | | | | | |
| 2330B | PER07 | | Communication Number Qualifier | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2330B | PER08 | ED | Payer EDI Access Number | | | | | | | | | |
| 2330B | PER08 | EM | Payer E-Mail | | | | | | | | | |
| 2330B | PER08 | EX | Payer Telephone Ext | | | | | | | | | |
| 2330B | PER08 | FX | Payer Facsimile | | | | | | | | | |
| 2330B | PER08 | TE | Payer Telephone | | | | | | | | | |
| 2330B | N301 | | Other Payer Address Line 1 | | | | | | | | | |
| 2330B | N302 | | Other Payer Address Line 2 | | | | | | | | | |
| 2330B | N4 | | OTHER PAYER CITY, STATE, ZIP CODE | X222A1: Changed from Required to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location. | | | | | | | | |
| 2330B | N401 | | Other Payer City Name | | | | | | | | | |
| 2330B | N402 | | Other Payer State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | | | | | | | | |
| 2330B | N403 | | Other Payer Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2330B | N404 | | Other Payer Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2330B | N407 | | Other Payer Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2330B | REF01 | List | Reference Number Qualifier | Qualifier F8 was deleted. New REF segment was added to support this data content. Qualifier EI was added to provide consistent identification of tax identification number and TJ was deleted. | | | | | | | | |
| 2330B | REF02 | | Other Payer Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | REF02 | 2U | Other Payer Identification Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | REF02 | EI | Other Payer Employer Identification Number | | | | | | | | | |
| 2330B | REF02 | F8 | Other Payer Original Reference Number | Qualifier F8 was deleted and moved to a separate 2330B REF to provide a unique element for this information. | | | | | | | | |
| 2330B | REF02 | FY | Other Payer Claim Office Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | REF02 | NF | Other Payer National Association of Insurance Commissioners (NAIC) Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2330B | REF02 | TJ | Other Payer Taxpayer's Identification Number | | | | | | | | | |
| 2330B | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2330B | REF02 | 9F | Other Payer Referral Number | | | | | | | | | |
| 2330B | REF02 | G1 | Other Payer Prior Authorization Number | | | | | | | | | |
| 2330B | REF01 | G1 | Reference Number Qualifier | | | | | | | | | |
| 2330B | REF02 | | Other Payer Prior Authorization Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | REF01 | 9F | Reference Number Qualifier | | | | | | | | | |
| 2330B | REF02 | | Other Payer Prior Authorization or Referral Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | REF02 | | Other Payer Claim Adjustment Indicator | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330B | REF01 | F8 | Reference Number Qualifier | Qualifier F8 is the only value. | | | | | | | | |
| 2330B | REF02 | | Other Payer's Claim Control Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330C | NM101 | | Name Qualifier | | | | | | | | | |
| 2330C | NM102 | | Entity Type Qualifier | | | | | | | | | |
| 2330C | NM108 | | Identification Code Qualifier | | | | | | | | | |
| 2330C | NM109 | | Other Payer Patient Primary Identifier | | | | | | | | | |
| 2330C | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2330C | REF02 | | Other Payer Patient Secondary Identifier | | | | | | | | | |
| 2330C | NM102 | 1 | Entity Type Qualifier | Qualifier 2 was deleted. Only a medical professional can initiate a referral. | | | | | | | | |
| 2330C | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2330C | REF02 | | Other Payer Referring Provider Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330C | REF02 | 0B | Other Payer Referring Provider State License Number | | | | | | | | | |
| 2330C | REF02 | 1B | Other Payer Referring Provider Blue Shield Number | | | | | | | | | |
| 2330C | REF02 | 1C | Other Payer Referring Provider Medicare Number | | | | | | | | | |
| 2330C | REF02 | 1D | Other Payer Referring Provider Medicaid Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2330C | REF02 | 1G | Other Payer Referring Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330C | REF02 | EI | Other Payer Referring Provider Employer Identification Number | | | | | | | | | |
| 2330C | REF02 | G2 | Other Payer Referring Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330C | REF02 | LU | Other Payer Referring Provider Location Number | | | | | | | | | |
| 2330C | REF02 | N5 | Other Payer Referring Provider Network ID Number | | | | | | | | | |
| 2330D | REF01 | List | Reference Number Qualifier | Allowable code values are 0B, 1G, G2 and LU | | | | | | | | |
| 2330D | REF02 | | Other Payer Rendering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330D | REF02 | 0B | Other Payer Rendering Provider State License Number | | | | | | | | | |
| 2330D | REF02 | 1B | Other Payer Rendering Provider Blue Shield Number | | | | | | | | | |
| 2330D | REF02 | 1C | Other Payer Rendering Provider Medicare Number | | | | | | | | | |
| 2330D | REF02 | 1D | Other Payer Rendering Provider Medicaid Number | | | | | | | | | |
| 2330D | REF02 | 1G | Other Payer Rendering Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330D | REF02 | EI | Other Payer Rendering Provider Employer Identification Number | | | | | | | | | |
| 2330D | REF02 | G2 | Other Payer Rendering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330D | REF02 | LU | Other Payer Rendering Provider Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330D | REF02 | N5 | Other Payer Rendering Provider Network ID Number | | | | | | | | | |
| 2330F | NM101 | | Name Qualifier | | | | | | | | | |
| 2330F | NM102 | | Entity Type Qualifier | | | | | | | | | |
| 2330F | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2330F | REF02 | | Other Payer Purchase Service Provider Secondary Identifier | | | | | | | | | |
| 2330E | NM101 | 77 | Name Qualifier | Qualifiers FA, LI and TL were deleted. | | | | | | | | |
| 2330E | REF01 | List | Reference Number Qualifier | Qualifiers 0B, G2, and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2330E | REF02 | | Other Payer Service Facility Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2330E | REF02 | 0B | Other Payer Service Facility State License Number | | | | | | | | | |
| 2330E | REF02 | 1A | Other Payer Service Facility Blue Cross Number | | | | | | | | | |
| 2330E | REF02 | 1B | Other Payer Service Facility Blue Shield Number | | | | | | | | | |
| 2330E | REF02 | 1C | Other Payer Service Facility Medicare Number | | | | | | | | | |
| 2330E | REF02 | 1D | Other Payer Service Facility Medicaid Number | | | | | | | | | |
| 2330E | REF02 | G2 | Other Payer Service Facility Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330E | REF02 | LU | Other Payer Service Facility Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330E | REF02 | N5 | Other Payer Service Facility Network ID Number | | | | | | | | | |
| 2330F | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2330F | REF02 | | Other Payer Supervising Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330F | REF02 | 0B | Other Payer Supervising Provider State License Number | | | | | | | | | |
| 2330F | REF02 | 1B | Other Payer Supervising Provider Blue Shield Number | | | | | | | | | |
| 2330F | REF02 | 1C | Other Payer Supervising Provider Medicare Number | | | | | | | | | |
| 2330F | REF02 | 1D | Other Payer Supervising Provider Medicaid Number | | | | | | | | | |
| 2330F | REF02 | 1G | Other Payer Supervising Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330F | REF02 | EI | Other Payer Supervising Provider Employer Identification Number | | | | | | | | | |
| 2330F | REF02 | G2 | Other Payer Supervising Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330F | REF02 | LU | Other Payer Supervising Provider Location Number | | | | | | | | | |
| 2330F | REF02 | N5 | Other Payer Supervising Provider Network ID Number | | | | | | | | | |
| 2330G | NM101 | 85 | Name Qualifier | | | | | | | | | |
| 2330G | NM102 | | Entity Type Qualifier | | | | | | | | | |
| 2330G | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2330G | REF02 | | Other Payer Billing Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2330G | REF02 | G2 | Other Payer Billing Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2330G | REF02 | LU | Other Payer Billing Provider Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | SV101-1 | List | Product or Service ID Qualifier | Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes. | | | | | | | | |
| 2400 | SV101-7 | | Procedure Code Description | Added in 5010 to support NOC procedure codes. This information was carried in the NTE segment in 4010. During the transition, the information may be carried in either place. | | | | | | | | |
| 2400 | SV102 | List | Line Item Charge Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | SV103 | | Unit or Basis of Measurement Code | Code F2 was deleted. This information is supported in CTP Segment. Code MJ is now required for anesthesia claims. | | | | | | | | |
| 2400 | SV104 | | Service Unit Count | Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. | | | | | | | | |
| 2400 | SV107 | | Composite Diagnosis Code Pointer | Changed from Situational to Required to support the requirement of the diagnosis code on all claims. | | | | | | | | |
| 2400 | SV107-1 | | Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | | | | | | | | |
| 2400 | SV107-2 | | Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | | | | | | | | |
| 2400 | SV107-3 | | Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | | | | | | | | |
| 2400 | SV107-4 | | Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | | | | | | | | |
| 2400 | SV504 | | DME Rental Amount | Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | SV505 | | DME Purchase Price | Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | SV506 | List | Rental Unit Price Indicator | Changed from Situational to Required element. | | | | | | | | |
| 2400 | PWK01 | List | Line Item Attachment Report Type Code | | | | | | | | | |
| 2400 | PWK02 | List | Line Item Attachment Transmission Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2400 | PWK05 | AC | Identification Code Qualifier | | | | | | | | | |
| 2400 | PWK06 | | Line Item Attachment Control Number | | | | | | | | | |
| 2400 | CR103 | | Ambulance Transport Code | Deleted in 5010 as no business case to support the use. | | | | | | | | |
| 2400 | CR208 | | Spinal Manipulation Nature of Condition Code | | | | | | | | | |
| 2400 | CR210 | | Spinal Manipulation Patient Condition Description | | | | | | | | | |
| 2400 | CR211 | | Spinal Manipulation Patient Condition Description | | | | | | | | | |
| 2400 | CR212 | | Spinal Manipulation X-Ray Availability Indicator | | | | | | | | | |
| 2400 | CR501 | | Oxygen Certification Type Code | | | | | | | | | |
| 2400 | CR502 | | Oxygen Treatment Period Count | | | | | | | | | |
| 2400 | CR510 | | Oxygen Arterial Blood Gas Quantity | | | | | | | | | |
| 2400 | CR511 | | Oxygen Saturation Quantity | | | | | | | | | |
| 2400 | CR512 | | Oxygen Test Condition Code | | | | | | | | | |
| 2400 | CR513 | 1 | Oxygen Test Finding Code | | | | | | | | | |
| 2400 | CR514 | 2 | Oxygen Test Finding Code | | | | | | | | | |
| 2400 | CR515 | 3 | Oxygen Test Findings Code | | | | | | | | | |
| 2400 | CRC03 | List | Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC04 | List | Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Clarification Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC05 | List | Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC06 | List | Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC07 | | Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC03 | 65 | Condition Indicator | Min/Max changed from 2/2 to 2/3. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2400 | CRC01 | 09 | Code Category | Code value 11 was deleted. All oxygen information is now reported in the 2440 loop. | | | | | | | | |
| 2400 | CRC03 | List | DMERC Condition Indicator | Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC04 | List | DMERC Condition Indicator | Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3. | | | | | | | | |
| 2400 | CRC05 | List | DMERC Condition Indicator | | | | | | | | | |
| 2400 | CRC06 | List | DMERC Condition Indicator | | | | | | | | | |
| 2400 | CRC07 | List | DMERC Condition Indicator | | | | | | | | | |
| 2400 | DTP01 | 471 | DTP Qualifier | | | | | | | | | |
| 2400 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2400 | DTP03 | | Prescription Date | | | | | | | | | |
| 2400 | DTP01 | 304 | DTP Qualifier | | | | | | | | | |
| 2400 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2400 | DTP03 | | Treatment or Therapy Date | | | | | | | | | |
| 2400 | DTP01 | List | Date Time Qualifier | | | | | | | | | |
| 2400 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2400 | DTP03 | 119 | Test Performed | | | | | | | | | |
| 2400 | DTP03 | 480 | Arterial Blood Gas Test | | | | | | | | | |
| 2400 | DTP03 | 481 | Oxygen Saturation Test | | | | | | | | | |
| 2400 | DTP01 | 431 | Date Time Qualifier | | | | | | | | | |
| 2400 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2400 | DTP03 | | Onset Date | | | | | | | | | |
| 2400 | DTP01 | 453 | Date - Acute Manifestation | | | | | | | | | |
| 2400 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2400 | DTP03 | | Acute Manifestation Date | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2400 | DTP01 | 438 | Onset of Similar Symptom or Illness | | | | | | | | | |
| 2400 | DTP02 | D8 | DTP Format Qualifier | | | | | | | | | |
| 2400 | DTP03 | | Similar Illness or Symptom Date | | | | | | | | | |
| 2400 | QTY01 | PT | Quantity Qualifier | Qualifier PT is the only valid value. | | | | | | | | |
| 2400 | QTY02 | | Ambulance Patient Count | | | | | | | | | |
| 2400 | QTY01 | FL | Quantity Qualifier | Qualifier FL is the only valid value. | | | | | | | | |
| 2400 | QTY02 | | Obstetric Additional Units | | | | | | | | | |
| 2400 | MEA02 | List | Measurement Qualifier | Qualifiers GRA and ZO were deleted. Oxygen test results have been removed as this information is reported in the 2440 Loop. | | | | | | | | |
| 2400 | CN102 | | Contract Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | CN104 | | Contract Code | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF02 | | Repriced Line Item Reference Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF02 | | Adjusted Repriced Line Item Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2400 | REF02 | 9F | Referral Number | | | | | | | | | |
| 2400 | REF02 | G1 | Prior Authorization | | | | | | | | | |
| 2400 | REF01 | G1 | Reference Number Qualifier | | | | | | | | | |
| 2400 | REF02 | | Prior Authorization Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF04 | | Reference Identifier | | | | | | | | | |
| 2400 | REF04-1 | | Reference Identification Qualifier | | | | | | | | | |
| 2400 | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2400 | REF02 | | Line Item Control Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF02 | | Mammography Certification Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF02 | | Clinical Laboratory Improvement Amendment Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF02 | | Referring CLIA Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF02 | | Immunization Batch Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2400 | REF01 | 1S | Reference Number Qualifier | | | | | | | | | |
| 2400 | REF02 | | Ambulatory Patient Group Number | | | | | | | | | |
| 2400 | REF01 | TP | Reference Number Qualifier | | | | | | | | | |
| 2400 | REF02 | | Oxygen Flow Rate | | | | | | | | | |
| 2400 | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2400 | REF02 | OZ | Universal Product Number | | | | | | | | | |
| 2400 | REF02 | VP | Vendor Product Number | | | | | | | | | |
| 2400 | REF01 | 9F | Reference Number Qualifier | | | | | | | | | |
| 2400 | REF02 | | Referral Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | REF04 | | Reference Identifier | | | | | | | | | |
| 2400 | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2400 | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2400 | AMT02 | | Sales Tax Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | AMT01 | AAE | Amount Qualifier Code | | | | | | | | | |
| 2400 | AMT02 | | Approved Amount | | | | | | | | | |
| 2400 | AMT02 | | Postage Claimed Amount | Situational Note revised to clearly state this is informational and not used in balancing the claim. Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | NTE01 | TPO | Note Reference Code | | | | | | | | | |
| 2400 | NTE02 | | Line Note Text | | | | | | | | | |
| 2400 | PS101 | | Purchased Service Provider Identifier | Clarification: provider identifier reported here must be the same as the 2420B. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | PS102 | | Purchased Service Charge Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | HSD01 | | Quantity Qualifier | | | | | | | | | |
| 2400 | HSD02 | | Quantity (Number of Visits) | | | | | | | | | |
| 2400 | HSD03 | List | Unit or Basis for Measurement Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2400 | HSD04 | | Sample Selection Modulus | | | | | | | | | |
| 2400 | HSD05 | List | Time Period Qualifier | | | | | | | | | |
| 2400 | HSD06 | | Number of Periods (Duration of Visits, Number of Units) | | | | | | | | | |
| 2400 | HSD07 | List | Ship/Delivery or Calendar Pattern Code | | | | | | | | | |
| 2400 | HSD08 | List | Delivery Pattern Time Code | | | | | | | | | |
| 2400 | HCP02 | | Repriced Allowed Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | HCP03 | | Repriced Savings Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | HCP04 | | Repricing Organization Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | HCP06 | | Repriced Approved Ambulatory Patient Group Code | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2400 | HCP07 | | Repriced Approved Ambulatory Patient Group Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2400 | HCP09 | List | Product or Service ID Qualifier | Code value ER changed to ZZ. Code value WK was added. | | | | | | | | |
| 2400 | HCP11 | List | Unit or Basis for Measurement Code | Code value DA was deleted Code value MJ was added. | | | | | | | | |
| 2400 | HCP12 | | Repriced Approved Service Unit Count | Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. This aligns with the Service Line Unit in the SV104. | | | | | | | | |
| 2410 | LIN | | DRUG IDENTIFICATION | X222A1: Situational Rule changed to include specific references to submission of Universal Product Numbers within this Segment. | | | | | | | | |
| 2410 | LIN02 | N4 | Product / Service ID Qualifier | X222A1: New code values EN, EO, HI, UK, UP and ON added to support submission of UPN. | | | | | | | | |
| 2410 | CTP03 | | Drug Unit Price | Deleted in 5010 as this is the same amount reported in the SV102. | | | | | | | | |
| 2410 | CTP05-1 | List | Drug Unit Type | Code value ME was added. | | | | | | | | |
| 2410 | REF01 | List | Reference Number Qualifier | Qualifier VY was added for use when a prescription drug does not have a prescription number. | | | | | | | | |
| 2410 | REF02 | | Prescription Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420A | NM103 | | Rendering Provider Last or Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420A | NM104 | | Rendering Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2420A | NM108 | | Identification Code Qualifier | Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier. | | | | | | | | |
| 2420A | NM109 | | Rendering Provider Primary Identifier | Changed from Required to Situational when the Rendering Provider is eligible for an NPI. | | | | | | | | |
| 2420A | NM109 | 24 | Rendering Provider Employer Identification Number | | | | | | | | | |
| 2420A | NM109 | 34 | Rendering Provider Social Security Number | | | | | | | | | |
| 2420A | NM109 | XX | Rendering Provider National Provider Identifier | Changed from Required to Situational when the Rendering Provider is eligible for an NPI. | | | | | | | | |
| 2420A | PRV02 | PXC | Reference Identification Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | | | | | | | | |
| 2420A | PRV03 | | Rendering Provider Taxonomy Code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420A | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2420A | REF02 | | Rendering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420A | REF02 | 0B | Rendering Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420A | REF02 | 1B | Rendering Provider Blue Shield Number | | | | | | | | | |
| 2420A | REF02 | 1C | Rendering Provider Medicare Number | | | | | | | | | |
| 2420A | REF02 | 1D | Rendering Provider Medicaid Number | | | | | | | | | |
| 2420A | REF02 | 1G | Rendering Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | | | | | | | | |
| 2420A | REF02 | 1H | Rendering Provider Champus Number | | | | | | | | | |
| 2420A | REF02 | EI | Rendering Provider Employer Identification Number | | | | | | | | | |
| 2420A | REF02 | G2 | Rendering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420A | REF02 | LU | Rendering Provider Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420A | REF02 | N5 | Rendering Provider Network ID Number | | | | | | | | | |
| 2420A | REF02 | SY | Rendering Provider Social Security Number | | | | | | | | | |
| 2420A | REF02 | X5 | Rendering Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2420A | REF04 | | Reference Identifier | | | | | | | | | |
| 2420A | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2420A | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2420B | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2420B | NM109 | 24 | Purchase Service Provider Employer Identification Number | | | | | | | | | |
| 2420B | NM109 | 34 | Purchase Service Provider Social Security Number | | | | | | | | | |
| 2420B | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2420B | REF02 | | Purchase Service Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420B | REF02 | 0B | Purchase Service Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420B | REF02 | 1A | Purchase Service Provider Blue Cross Number | | | | | | | | | |
| 2420B | REF02 | 1B | Purchase Service Provider Blue Shield Number | | | | | | | | | |
| 2420B | REF02 | 1C | Purchase Service Provider Medicare Number | | | | | | | | | |
| 2420B | REF02 | 1D | Purchase Service Provider Medicaid Number | | | | | | | | | |
| 2420B | REF02 | 1G | Purchase Service Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420B | REF02 | 1H | Purchase Service Provider Champus Number | | | | | | | | | |
| 2420B | REF02 | EI | Purchase Service Provider Employer Identification Number | | | | | | | | | |
| 2420B | REF02 | G2 | Purchase Service Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420B | REF02 | LU | Purchase Service Provider Location Number | | | | | | | | | |
| 2420B | REF02 | N5 | Purchase Service Provider Network ID Number | | | | | | | | | |
| 2420B | REF02 | SY | Purchase Service Provider Social Security Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420B | REF02 | U3 | Purchase Service Provider Universal Supplier Identification Number (USIN) | | | | | | | | | |
| 2420B | REF02 | X5 | Purchase Service Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2420B | REF04 | | Reference Identifier | | | | | | | | | |
| 2420B | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2420B | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2420C | NM101 | 77 | Name Qualifier | Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value. | | | | | | | | |
| 2420C | NM103 | | Laboratory or Facility Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2420C | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2420C | NM109 | 24 | Service Facility Location Employer Identification Number | | | | | | | | | |
| 2420C | NM109 | 34 | Service Facility Location Social Security Number | | | | | | | | | |
| 2420C | N402 | | Laboratory or Facility State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | | | | | | | | |
| 2420C | N403 | | Laboratory or Facility Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided. | | | | | | | | |
| 2420C | N404 | | Service Facility Location Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2420C | N407 | | Service Facility Location Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2420C | REF01 | List | Reference Number Qualifier | Qualifiers G2 and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2420C | REF02 | | Service Facility Location Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420C | REF02 | 0B | Service Facility Location State License Number | | | | | | | | | |
| 2420C | REF02 | 1A | Service Facility Location Blue Cross Number | | | | | | | | | |
| 2420C | REF02 | 1B | Service Facility Location Blue Shield Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420C | REF02 | 1C | Service Facility Location Medicare Number | | | | | | | | | |
| 2420C | REF02 | 1D | Service Facility Location Medicaid Number | | | | | | | | | |
| 2420C | REF02 | 1G | Service Facility Location UPIN | | | | | | | | | |
| 2420C | REF02 | 1H | Service Facility Location Champus Number | | | | | | | | | |
| 2420C | REF02 | G2 | Service Facility Location Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420C | REF02 | LU | Service Facility Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420C | REF02 | N5 | Service Facility Location Network ID Number | | | | | | | | | |
| 2420C | REF02 | TJ | Service Facility Location Taxpayer's Identification Number | | | | | | | | | |
| 2420C | REF02 | X4 | Service Facility Location Clinical Laboratory Improvement Amendment Number | | | | | | | | | |
| 2420C | REF02 | X5 | Service Facility Location State Industrial Accident Provider Number | | | | | | | | | |
| 2420C | REF04 | | Reference Identifier | | | | | | | | | |
| 2420C | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2420C | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2420D | NM103 | | Supervising Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2420D | NM104 | | Supervising Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2420D | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2420D | NM109 | 24 | Supervising Provider Employer Identification Number | | | | | | | | | |
| 2420D | NM109 | 34 | Supervising Provider Social Security Number | | | | | | | | | |
| 2420D | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2420D | REF02 | | Supervising Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420D | REF02 | 0B | Supervising Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420D | REF02 | 1B | Supervising Provider Blue Shield Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420D | REF02 | 1C | Supervising Provider Medicare Number | | | | | | | | | |
| 2420D | REF02 | 1D | Supervising Provider Medicaid Number | | | | | | | | | |
| 2420D | REF02 | 1G | Supervising Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | | | | | | | | |
| 2420D | REF02 | 1H | Supervising Provider Champus Number | | | | | | | | | |
| 2420D | REF02 | EI | Supervising Provider Employer Identification Number | | | | | | | | | |
| 2420D | REF02 | G2 | Supervising Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420D | REF02 | LU | Supervising Provider Location Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420D | REF02 | N5 | Supervising Provider Network ID Number | | | | | | | | | |
| 2420D | REF02 | SY | Supervising Provider Social Security Number | | | | | | | | | |
| 2420D | REF02 | X5 | Supervising Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2420D | REF04 | | Reference Identifier | | | | | | | | | |
| 2420D | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2420D | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2420E | NM103 | | Ordering Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2420E | NM104 | | Ordering Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2420E | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2420E | NM109 | 24 | Ordering Provider Employer Identification Number | | | | | | | | | |
| 2420E | NM109 | 34 | Ordering Provider Social Security Number | | | | | | | | | |
| 2420E | N4 | | ORDERING PROVIDER CITY, STATE, ZIP CODE | X222A1: Changed from Required to Situational. Required when a DMERC CMN or DIF is included on this service line. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420E | N402 | | Ordering Provider State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | | | | | | | | |
| 2420E | N403 | | Ordering Provider Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2420E | N404 | | Ordering Provider Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2420E | N407 | | Ordering Provider Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2420E | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2420E | REF02 | | Ordering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420E | REF02 | 0B | Ordering Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420E | REF02 | 1B | Ordering Provider Blue Shield Number | | | | | | | | | |
| 2420E | REF02 | 1C | Ordering Provider Medicare Number | | | | | | | | | |
| 2420E | REF02 | 1D | Ordering Provider Medicaid Number | | | | | | | | | |
| 2420E | REF02 | 1G | Ordering Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420E | REF02 | 1H | Ordering Provider Champus Number | | | | | | | | | |
| 2420E | REF02 | EI | Ordering Provider Employer Identification Number | | | | | | | | | |
| 2420E | REF02 | G2 | Ordering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420E | REF02 | LU | Ordering Provider Location Number | | | | | | | | | |
| 2420E | REF02 | N5 | Ordering Provider Network ID Number | | | | | | | | | |
| 2420E | REF02 | SY | Ordering Provider Social Security Number | | | | | | | | | |
| 2420E | REF02 | X5 | Ordering Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2420E | REF04 | | Reference Identifier | | | | | | | | | |
| 2420E | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2420E | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420E | PER02 | | Ordering Provider Contact Name | Changed from Required to Situational. | | | | | | | | |
| 2420E | PER04 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER04 | EM | Ordering Provider Email | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER04 | FX | Ordering Provider Fax | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER04 | TE | Ordering Provider Telephone | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER06 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER06 | EM | Ordering Provider Email | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER06 | EX | Ordering Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER06 | FX | Ordering Provider Fax | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER06 | TE | Ordering Provider Telephone | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER08 | | Communication Number | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER08 | EM | Ordering Provider Email | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER08 | EX | Ordering Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER08 | FX | Ordering Provider Fax | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420E | PER08 | TE | Ordering Provider Telephone | Min/Max changed from 1/80 to 1/256. | | | | | | | | |
| 2420F | NM103 | | Referring Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | | | | | | | | |
| 2420F | NM104 | | Referring Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | | | | | | | | |
| 2420F | NM108 | | Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | | | | | | | | |
| 2420F | NM109 | 24 | Referring Provider Employer Identification Number | | | | | | | | | |
| 2420F | NM109 | 34 | Referring Provider Social Security Number | | | | | | | | | |
| 2420F | PRV01 | | Provider Code | | | | | | | | | |
| 2420F | PRV02 | | Mutually Defined | | | | | | | | | |
| 2420F | PRV03 | | Referring Provider Taxonomy Code | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420F | REF01 | List | Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | | | | | | | | |
| 2420F | REF02 | | Referring Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420F | REF02 | 0B | Referring Provider State License Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420F | REF02 | 1B | Referring Provider Blue Shield Number | | | | | | | | | |
| 2420F | REF02 | 1C | Referring Provider Medicare Number | | | | | | | | | |
| 2420F | REF02 | 1D | Referring Provider Medicaid Number | | | | | | | | | |
| 2420F | REF02 | 1G | Referring Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420F | REF02 | 1H | Referring Provider Champus Number | | | | | | | | | |
| 2420F | REF02 | EI | Referring Provider Employer Identification Number | | | | | | | | | |
| 2420F | REF02 | G2 | Referring Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | | | | | | | | |
| 2420F | REF02 | LU | Referring Provider Location Number | | | | | | | | | |
| 2420F | REF02 | N5 | Referring Provider Network ID Number | | | | | | | | | |
| 2420F | REF02 | SY | Referring Provider Social Security Number | | | | | | | | | |
| 2420F | REF02 | X5 | Referring Provider State Industrial Accident Provider Number | | | | | | | | | |
| 2420F | REF04 | | Reference Identifier | | | | | | | | | |
| 2420F | REF04-1 | 2U | Reference Identification Qualifier | | | | | | | | | |
| 2420F | REF04-2 | | Other Payer Primary Identifier | | | | | | | | | |
| 2420G | NM101 | PR | Name Qualifier | | | | | | | | | |
| 2420G | NM102 | 2 | Entity Type Qualifier | | | | | | | | | |
| 2420G | NM103 | | Other Payer Name | | | | | | | | | |
| 2420G | NM108 | List | Identification Code Qualifier | | | | | | | | | |
| 2420G | NM109 | | Other Payer Identification Number | | | | | | | | | |
| 2420G | REF01 | List | Reference Number Qualifier | | | | | | | | | |
| 2420G | REF02 | G1 | Prior Authorization Number | | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|-------|---------|-----------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2420G | NM101 | PW | Name Qualifier | | | | | | | | | |
| 2420G | NM102 | 2 | Entity Type Qualifier | | | | | | | | | |
| 2420G | N301 | | Ambulance Pick-up Address Line 1 | | | | | | | | | |
| 2420G | N302 | | Ambulance Pick-up Address Line 2 | | | | | | | | | |
| 2420G | N401 | | Ambulance Pick-up City Name | | | | | | | | | |
| 2420G | N402 | | Ambulance Pick-up State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | | | | | | | | |
| 2420G | N403 | | Ambulance Pick-up Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2420G | N404 | | Ambulance Pick-up Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2420G | N407 | | Ambulance Pick-up Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2420H | NM101 | 45 | Name Qualifier | | | | | | | | | |
| 2420H | NM102 | 2 | Entity Type Qualifier | | | | | | | | | |
| 2420H | NM103 | | Ambulance Drop-off Location | | | | | | | | | |
| 2420H | N301 | | Ambulance Drop-off Address Line 1 | | | | | | | | | |
| 2420H | N302 | | Ambulance Drop-off Address Line 2 | | | | | | | | | |
| 2420H | N401 | | Ambulance Drop-off City Name | | | | | | | | | |
| 2420H | N402 | | Ambulance Drop-off State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | | | | | | | | |
| 2420H | N403 | | Ambulance Drop-off Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | | | | | | | | |
| 2420H | N404 | | Ambulance Drop-off Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | | | | | | | | |
| 2420H | N407 | | Ambulance Drop-off Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | | | | | | | | |
| 2430 | SVD02 | | Service Line Paid Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | SVD03-1 | List | Product or Service ID Qualifier | Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes. | | | | | | | | |

| Loop | Segment | Qualifier | Description | Change Comment | New | Del | Relocate | TR3 Use | Code | Qualifier | X12 Use | X12 Size |
|------|---------|-----------|-----------------------------|--------------------------------------------------------------------------|-----|-----|----------|---------|------|-----------|---------|----------|
| 2430 | CAS03 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | CAS06 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | CAS09 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | CAS12 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | CAS15 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | CAS18 | | Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | | | | | | | | |
| 2430 | AMT01 | EAF | Amount Qualifier Code | | | | | | | | | |
| 2430 | AMT02 | | Remaining Patient Liability | | | | | | | | | |
| 2440 | | | FORM IDENTIFICATION CODE | Repeat changed from 5 to greater than 1. | | | | | | | | |
| 2440 | FRM03 | | Question Response | Min/Max changed from 1/30 to 1/50. | | | | | | | | |

New Content Report



emdeon®

5010 Gap Analysis Professional Claim X222A1 New Content

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.



| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------|----------------------------------------------------------------------------------------|--------|---------|-----------|-----|
| Repetition Separator | Element changed from Interchange Control Standards Identifier to Repetition Separator. | Header | ISA11 | ^ | R |
| Billing Provider Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2010AA | N407 | | S |
| Pay-to Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2010AB | N407 | | S |
| Pay-to Plan Organization Name | | 2010AC | NM103 | | R |
| Identification Code Qualifier | | 2010AC | NM108 | List | R |
| Pay-to Plan Primary Identifier | | 2010AC | NM109 | | R |
| Pay-to Plan Payer ID | | 2010AC | NM109 | PI | R |
| Pay-to Plan CMS PlanID | | 2010AC | NM109 | XV | R |
| Pay-to Plan Address Line 1 | | 2010AC | N301 | | R |
| Pay-to Plan Address Line 2 | | 2010AC | N302 | | S |
| Pay-to Plan City Name | | 2010AC | N401 | | R |
| Pay-to Plan State/Province Code | | 2010AC | N402 | | S |
| Pay-to Plan Postal Zone or Zip Code | | 2010AC | N403 | | S |
| Pay-to Plan Country Code | If N407 is present then N404 is required. | 2010AC | N404 | | S |
| Pay-to Plan Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2010AC | N407 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------|---------|-----------|-----|
| Reference Number Qualifier | | 2010AC | REF01 | List | R |
| Pay-to Plan Secondary Identifiers | | 2010AC | REF02 | | R |
| Pay-to Plan Payer ID | | 2010AC | REF02 | 2U | R |
| Pay-to Plan Claim Office Number | | 2010AC | REF02 | FY | R |
| Pay-to Plan National Association of Insurance Commissioners (NAIC) Number | | 2010AC | REF02 | NF | R |
| Reference Number Qualifier | | 2010AC | REF01 | | R |
| Pay-to Plan Tax Identification Number | Qualfier note restricts to 9 numerics - no hyphens. | 2010AC | REF02 | EI | R |
| Subscriber Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2010BA | N407 | | S |
| Contact Function Code | | 2010BA | PER01 | IC | R |
| P&C Subscriber Information Contact | | 2010BA | PER02 | | S |
| Communication Number Qualifier | | 2010BA | PER03 | TE | R |
| P&C Subscriber Telephone Number | | 2010BA | PER04 | | R |
| Communication Number Qualifier | | 2010BA | PER05 | EX | S |
| P&C Subscriber Telephone Extension | | 2010BA | PER06 | | S |
| Payer Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2010BB | N407 | | S |
| Payer Employer Identification Number | Qualifier note restricts to 9 numeric - no hyphens. | 2010BB | REF02 | EI | R |
| Patient Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2010CA | N407 | | S |
| Reference Number Qualifier | | 2010CA | REF01 | List | R |
| Reference Identification Number | | 2010CA | REF02 | | R |
| Patient Member Identification Number | | 2010CA | REF02 | 1W | R |
| Patient Social Security Number | | 2010CA | REF02 | SY | R |
| Information Contact | | 2010CA | PER01 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|-------------|----------|
| P&C Patient Contact Name | | 2010CA | PER02 | | S |
| Communication Number Qualifier | | 2010CA | PER03 | TE | R |
| P&C Patient Telephone Number | | 2010CA | PER04 | | R |
| Communication Number Qualifier | | 2010CA | PER05 | EX | S |
| P&C Patient Telephone Extension | | 2010CA | PER06 | | R |
| Facility Code Qualifier | Allowable value is B. | 2300 | CLM05-2 | B | R |
| Date Time Qualifier | | 2300 | DTP01 | 444 | R |
| DTP Format Qualifier | | 2300 | DTP02 | D8 | R |
| First Visit or Consultation | | 2300 | DTP03 | | R |
| Date Time Qualifier | | 2300 | DTP01 | 050 | R |
| DTP Format Qualifier | | 2300 | DTP02 | D8 | R |
| Repricer Received Date | | 2300 | DTP03 | | R |
| Reference Number Qualifier | | 2300 | REF01 | 1J | R |
| Care Plan Oversight Number | | 2300 | REF02 | | R |
| HealthCare Code Information | ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period. | 2300 | HI09 | | S |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI09-1 | List | R |
| Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | 2300 | HI09-2 | | R |
| HealthCare Code Information | ABF was added to support ICD10-CM. External formats that will be enhanced to support ICD-10 will need a qualifier field added to support the two different code sets during the transition period. | 2300 | HI10 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------|-----|
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI10-1 | List | R |
| Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | 2300 | HI10-2 | | R |
| HealthCare Code Information | | 2300 | HI11 | | S |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI11-1 | List | R |
| Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | 2300 | HI11-2 | | R |
| HealthCare Code Information | | 2300 | HI12 | | S |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI12-1 | List | R |
| Diagnosis Code | ICD-10 codes are a new set of diagnosis codes ranging from 3-7 bytes. New code tables will be needed to support ICD-10. Both code sets will be used for some period of time to support run-out claims | 2300 | HI12-2 | | R |
| HealthCare Code Information | The inclusion of this procedure code is a definite impact to the products as usually software allows either the Anesthesia Codes or the Surgical codes but not both. | 2300 | HI01 | | R |
| Code List Qualifier Code | | 2300 | HI01-1 | BP | R |
| Anesthesia Related Surgical Procedure | Added to provide the Surgical Procedure Code associated with the Anesthesia. | 2300 | HI01-2 | | R |
| HealthCare Code Information | | 2300 | HI02 | | S |
| Code List Qualifier Code | | 2300 | HI02-1 | BO | R |
| Anesthesia Related Surgical Procedure | Added to provide the Surgical Procedure Code associated with the Anesthesia. | 2300 | HI02-2 | | R |
| HealthCare Code Information | | 2300 | HI01 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------|-----|
| Code List Qualifier Code | | 2300 | HI01-1 | BG | R |
| Condition Code | <p>The Condition Codes approved for use on the 1500 Claim Form are available at www.nucc.org under Code Sets.</p> <p>AA Abortion Performed due to Rape AB Abortion Performed due to Incest AC Abortion Performed due to Serious Fetal Genetic Defect, Deformity, or Abnormality AD Abortion Performed due to a Life Endangering Physical Condition Caused by, Arising from or Exacerbated by the Pregnancy Itself AE Abortion Performed due to Physical Health of Mother that is not Life Endangering AF Abortion Performed due to Emotional/psychological Health of the Mother AG Abortion Performed due to Social or Economic Reasons AH Elective Abortion AI Sterilization</p> <p>The following is a list of Condition Codes for worker's compensation claims that are valid for use on the 1500 Health Care Claim Form.</p> <p>W2 Duplicate of original bill W3 Level 1 appeal W4 Level 2 appeal W5 Level 3 appeal</p> | 2300 | HI01-2 | | R |
| HealthCare Code Information | | 2300 | HI02 | | S |
| Code List Qualifier Code | | 2300 | HI02-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI02-2 | | R |
| HealthCare Code Information | | 2300 | HI03 | | S |
| Code List Qualifier Code | | 2300 | HI03-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI03-2 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-----------------------------|-----------------------------|------|---------|-----------|-----|
| HealthCare Code Information | | 2300 | HI04 | | S |
| Code List Qualifier Code | | 2300 | HI04-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI04-2 | | R |
| HealthCare Code Information | | 2300 | HI05 | | S |
| Code List Qualifier Code | | 2300 | HI05-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI05-2 | | R |
| HealthCare Code Information | | 2300 | HI06 | | S |
| Code List Qualifier Code | | 2300 | HI06-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI06-2 | | R |
| HealthCare Code Information | | 2300 | HI07 | | S |
| Code List Qualifier Code | | 2300 | HI07-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI07-2 | | R |
| HealthCare Code Information | | 2300 | HI08 | | S |
| Code List Qualifier Code | | 2300 | HI08-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI08-2 | | R |
| HealthCare Code Information | | 2300 | HI09 | | S |
| Code List Qualifier Code | | 2300 | HI09-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI09-2 | | R |
| HealthCare Code Information | | 2300 | HI10 | | S |
| Code List Qualifier Code | | 2300 | HI10-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI10-2 | | R |
| HealthCare Code Information | | 2300 | HI11 | | S |
| Code List Qualifier Code | | 2300 | HI11-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI11-2 | | R |
| HealthCare Code Information | | 2300 | HI12 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Code List Qualifier Code | | 2300 | HI12-1 | BG | R |
| Condition Code | See HI01-2 for valid Codes. | 2300 | HI12-2 | | R |
| Laboratory or Facility Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2310C | N407 | | S |
| Information Contact | | 2310C | PER01 | IC | R |
| P&C Service Facility Contact Name | | 2310C | PER02 | | S |
| Communication Number Qualifier | | 2310C | PER03 | TE | R |
| P&C Service Facility Telephone Number | | 2310C | PER04 | | R |
| Communication Number Qualifier | | 2310C | PER05 | EX | S |
| P&C Service Facility Telephone Extension | | 2310C | PER06 | | R |
| Name Qualifier | | 2310E | NM101 | PW | R |
| Entity Type Qualifier | | 2310E | NM102 | 2 | R |
| Ambulance Pick-up Address Line 1 | | 2310E | N301 | | R |
| Ambulance Pick-up Address Line 2 | | 2310E | N302 | | S |
| Ambulance Pick-up City Name | | 2310E | N401 | | R |
| Ambulance Pick-up State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2310E | N402 | | S |
| Ambulance Pick-up Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2310E | N403 | | S |
| Ambulance Pick-up Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2310E | N404 | | S |
| Ambulance Pick-up Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2310E | N407 | | S |
| Name Qualifier | | 2310F | NM101 | 45 | R |
| Entity Type Qualifier | | 2310F | NM102 | 2 | R |
| Ambulance Drop-off Location | | 2310F | NM103 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Ambulance Drop-off Address Line 1 | | 2310F | N301 | | R |
| Ambulance Drop-off Address Line 2 | | 2310F | N302 | | S |
| Ambulance Drop-off City Name | | 2310F | N401 | | R |
| Ambulance Drop-off State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2310F | N402 | | S |
| Ambulance Drop-off Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2310F | N403 | | S |
| Ambulance Drop-off Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2310F | N404 | | S |
| Ambulance Drop-off Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2310F | N407 | | S |
| Amount Qualifier Code | | 2320 | AMT01 | A8 | R |
| Non-Covered Charge Amount | | 2320 | AMT02 | | R |
| Amount Qualifier Code | | 2320 | AMT01 | AEF | R |
| Remaining Patient Liability | | 2320 | AMT02 | | R |
| Other Subscriber Standard Unique Health Identifier | Qualifier II changed to ZZ for Standard Unique Health Identifier. | 2330A | NM109 | II | R |
| Other Subscriber Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2330A | N407 | | S |
| Other Payer Address Line 1 | | 2330B | N301 | | R |
| Other Payer Address Line 2 | | 2330B | N302 | | S |
| Other Payer City Name | | 2330B | N401 | | R |
| Other Payer State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2330B | N402 | | S |
| Other Payer Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2330B | N403 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-----------|----------|
| Other Payer Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2330B | N404 | | S |
| Other Payer Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2330B | N407 | | S |
| Other Payer Employer Identification Number | | 2330B | REF02 | EI | R |
| Other Payer Referring Provider State License Number | | 2330C | REF02 | OB | R |
| Other Payer Rendering Provider State License Number | | 2330D | REF02 | OB | R |
| Other Payer Service Facility State License Number | | 2330E | REF02 | OB | R |
| Other Payer Supervising Provider State License Number | | 2330F | REF02 | OB | R |
| Other Payer Supervising Provider Location Number | | 2330F | REF02 | LU | R |
| Name Qualifier | | 2330G | NM101 | 85 | R |
| Entity Type Qualifier | | 2330G | NM102 | | R |
| Procedure Code Description | Added in 5010 to support NOC procedure codes. This information was carried in the NTE segment in 4010. During the transition, the information may be carried in either place. | 2400 | SV101-7 | | S |
| Line Item Attachment Report Type Code | | 2400 | PWK01 | List | R |
| Line Item Attachment Transmission Code | | 2400 | PWK02 | List | R |
| Identification Code Qualifier | | 2400 | PWK05 | AC | S |
| Line Item Attachment Control Number | | 2400 | PWK06 | | S |
| DTP Qualifier | | 2400 | DTP01 | 471 | R |
| DTP Format Qualifier | | 2400 | DTP02 | D8 | R |
| Prescription Date | | 2400 | DTP03 | | R |
| Quantity Qualifier | Qualifier PT is the only valid value. | 2400 | QTY01 | PT | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|----------------------------------------------------|---------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Ambulance Patient Count | | 2400 | QTY02 | | R |
| Quantity Qualifier | Qualifier FL is the only valid value. | 2400 | QTY01 | FL | R |
| Obstetric Additional Units | | 2400 | QTY02 | | R |
| Reference Identifier | | 2420A | REF04 | | S |
| Reference Identification Qualifier | | 2420A | REF04-1 | 2U | R |
| Other Payer Primary Identifier | | 2420A | REF04-2 | | R |
| Reference Identifier | | 2420B | REF04 | | S |
| Reference Identification Qualifier | | 2420B | REF04-1 | 2U | R |
| Other Payer Primary Identifier | | 2420B | REF04-2 | | R |
| Service Facility Location Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2420C | N407 | | S |
| Reference Identifier | | 2420C | REF04 | | S |
| Reference Identification Qualifier | | 2420C | REF04-1 | 2U | R |
| Other Payer Primary Identifier | | 2420C | REF04-2 | | R |
| Reference Identifier | | 2420D | REF04 | | S |
| Reference Identification Qualifier | | 2420D | REF04-1 | 2U | R |
| Other Payer Primary Identifier | | 2420D | REF04-2 | | R |
| Ordering Provider Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2420E | N407 | | S |
| Reference Identifier | | 2420E | REF04 | | S |
| Reference Identification Qualifier | | 2420E | REF04-1 | 2U | R |
| Other Payer Primary Identifier | | 2420E | REF04-2 | | R |
| Reference Identifier | | 2420F | REF04 | | S |
| Reference Identification Qualifier | | 2420F | REF04-1 | 2U | R |
| Other Payer Primary Identifier | | 2420F | REF04-2 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Name Qualifier | | 2420G | NM101 | PW | R |
| Entity Type Qualifier | | 2420G | NM102 | 2 | R |
| Ambulance Pick-up Address Line 1 | | 2420G | N301 | | R |
| Ambulance Pick-up Address Line 2 | | 2420G | N302 | | S |
| Ambulance Pick-up City Name | | 2420G | N401 | | R |
| Ambulance Pick-up State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2420G | N402 | | S |
| Ambulance Pick-up Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2420G | N403 | | S |
| Ambulance Pick-up Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2420G | N404 | | S |
| Ambulance Pick-up Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2420G | N407 | | S |
| Name Qualifier | | 2420H | NM101 | 45 | R |
| Entity Type Qualifier | | 2420H | NM102 | 2 | R |
| Ambulance Drop-off Location | | 2420H | NM103 | | S |
| Ambulance Drop-off Address Line 1 | | 2420H | N301 | | R |
| Ambulance Drop-off Address Line 2 | | 2420H | N302 | | S |
| Ambulance Drop-off City Name | | 2420H | N401 | | R |
| Ambulance Drop-off State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2420H | N402 | | S |
| Ambulance Drop-off Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2420H | N403 | | S |
| Ambulance Drop-off Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2420H | N404 | | S |
| Ambulance Drop-off Country Subdivision Code | Only one of N402 or N407 may be present. If N407 is present then N404 is required. | 2420H | N407 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-----------------------------|---------------------|------|---------|-----------|-----|
| Amount Qualifier Code | | 2430 | AMT01 | EAF | R |
| Remaining Patient Liability | | 2430 | AMT02 | | R |

Deleted Content Report





5010 Gap Analysis Professional Claim X222A1 Deleted Content

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.



| Description | Loop | Segment | Qualifier |
|--------------------------------------------------------------|--------------|--------------|-----------|
| Submitter EDI Number | 1000A | PER04 | ED |
| Submitter EDI Number | 1000A | PER06 | ED |
| Submitter EDI Number | 1000A | PER08 | ED |
| Pay-to Provider Taxonomy code | 2000A | PRV03 | PT |
| Reference Number Qualifier | 2010AA | REF01 | List |
| Billing Provider Blue Cross Number | 2010AA | REF02 | 1A |
| Billing Provider Blue Shield Number | 2010AA | REF02 | 1B |
| Billing Provider Medicare Number | 2010AA | REF02 | 1C |
| Billing Provider Medicaid Number | 2010AA | REF02 | 1D |
| Billing Provider CHAMPUS Id Number | 2010AA | REF02 | 1H |
| Billing Provider Facility ID Number | 2010AA | REF02 | 1J |
| Billing Provider Preferred Provider Organization Number | 2010AA | REF02 | B3 |
| Billing Provider Health Maintenance Organization Code Number | 2010AA | REF02 | BQ |
| Billing Provider Clinic Number | 2010AA | REF02 | FH |
| Billing Provider Site Number | 2010AA | REF02 | G5 |
| Billing Provider USIN Number | 2010AA | REF02 | U3 |
| Billing Provider State Industrial Accident Provider Number | 2010AA | REF02 | X5 |
| Reference Number Qualifier | 2010AA | REF01 | List |
| System Number | 2010AA | REF02 | 06 |

| Description | Loop | Segment | Qualifier |
|--------------------------------------------------------|---------------|--------------|-----------|
| Bank Assigned Security Identifier | 2010AA | REF02 | 8U |
| Electronic Payment Reference Number | 2010AA | REF02 | EM |
| Standard Industry Classification (SIC) | 2010AA | REF02 | IJ |
| Location Number | 2010AA | REF02 | LU |
| Rate Code Number | 2010AA | REF02 | RB |
| Store Number | 2010AA | REF02 | ST |
| Terminal Code | 2010AA | REF02 | TT |
| Pay-to Provider Last/Org Name | 2010AB | NM103 | |
| Pay-to Provider First Name | 2010AB | NM104 | |
| Pay-to Provider Middle Name | 2010AB | NM105 | |
| Pay-to Provider Name Suffix | 2010AB | NM107 | |
| Identification Code Qualifier | 2010AB | NM108 | |
| Pay-to Employer Identification Number | 2010AB | NM109 | 24 |
| Pay-to Social Security Number | 2010AB | NM109 | 34 |
| Pay-to National Provider Identifier | 2010AB | NM109 | XX |
| Reference Number Qualifier | 2010AB | REF01 | List |
| Pay-to Provider State License Number | 2010AB | REF02 | 0B |
| Pay-to Provider Blue Cross Number | 2010AB | REF02 | 1A |
| Pay-to Provider Blue Shield Number | 2010AB | REF02 | 1B |
| Pay-to Provider Medicare Number | 2010AB | REF02 | 1C |
| Pay-to Provider Medicaid Number | 2010AB | REF02 | 1D |
| Pay-to Provider UPIN | 2010AB | REF02 | 1G |
| Pay-to Provider CHAMPUS Id Number | 2010AB | REF02 | 1H |
| Pay-to Provider Facility ID Number | 2010AB | REF02 | 1J |
| Pay-to Provider Preferred Provider Organization Number | 2010AB | REF02 | B3 |

| Description | Loop | Segment | Qualifier |
|-------------------------------------------------------------|--------|---------|-----------|
| Pay-to Provider Health Maintenance Organization Code Number | 2010AB | REF02 | BQ |
| Pay-to Provider Employer Identification Number | 2010AB | REF02 | EI |
| Pay-to Provider Clinic Number | 2010AB | REF02 | FH |
| Pay-to Provider Commercial Number | 2010AB | REF02 | G2 |
| Pay-to Provider Site Number | 2010AB | REF02 | G5 |
| Pay-to Provider Location Number | 2010AB | REF02 | LU |
| Pay-to Provider Social Security Number | 2010AB | REF02 | SY |
| Pay-to Provider USIN Number | 2010AB | REF02 | U3 |
| Pay-to Provider State Industrial Accident Provider Number | 2010AB | REF02 | X5 |
| Mutually Defined | 2010BA | NM109 | ZZ |
| Subscriber Member Identification Number | 2010BA | REF02 | 1W |
| Subscriber Indian Health Service Number | 2010BA | REF02 | 23 |
| Subscriber Insurance Policy Number | 2010BA | REF02 | IG |
| Payer Federal Taxpayer's Identification Number | 2010BB | REF02 | TJ |
| Name Qualifier | 2010BC | NM101 | |
| Entity Type Qualifier | 2010BC | NM102 | |
| Responsible Party Last/Org Name | 2010BC | NM103 | |
| Responsible Party First Name | 2010BC | NM104 | |
| Responsible Party Middle Name or Initial | 2010BC | NM105 | |
| Responsible Party Suffix | 2010BC | NM107 | |
| Responsible Party Address 1 | 2010BC | N301 | |
| Responsible Party Address 2 | 2010BC | N302 | |
| Responsible Party City Name | 2010BC | N401 | |
| Responsible Party State/Province Code | 2010BC | N402 | |
| Responsible Party Postal Zone or Zip Code | 2010BC | N403 | |

| Description | Loop | Segment | Qualifier |
|--------------------------------------------------|---------------|--------------|-----------|
| Responsible Party Country Code | 2010BC | N404 | |
| Name Qualifier | 2010BD | NM101 | |
| Entity Type Qualifier | 2010BD | NM102 | |
| Credit/Debit Cardholder Last/Org Name | 2010BD | NM103 | |
| Credit /Debit Cardholder First Name | 2010BD | NM104 | |
| Credit /Debit Cardholder Middle Name or Initial | 2010BD | NM105 | |
| Credit /Debit Cardholder Suffix | 2010BD | NM107 | |
| Identification Code Qualifier | 2010BD | NM108 | |
| Reference Number Qualifier | 2010BD | REF01 | List |
| Credit/Debit Card Authorization Number | 2010BD | REF02 | BB |
| Credit/Debit Card Acceptable Source Purchaser ID | 2010BD | REF02 | AB |
| Identification Code Qualifier | 2010CA | NM108 | MI |
| Patient Member Identification Number | 2010CA | NM109 | MI |
| Patient HIPAA Individual Identifier | 2010CA | NM109 | ZZ |
| Reference Number Qualifier | 2010CA | REF01 | List |
| Patient Member Identification Number | 2010CA | REF02 | 1W |
| Patient Indian Health Service Number | 2010CA | REF02 | 23 |
| Patient Insurance Policy Number | 2010CA | REF02 | IG |
| Patient Social Security Number | 2010CA | REF02 | SY |
| Another Party Responsible | 2300 | CLM11-1 | AP |
| Another Party Responsible | 2300 | CLM11-2 | AP |
| Related-Causes Code | 2300 | CLM11-3 | |
| Auto Accident | 2300 | CLM11-3 | AA |
| Another Party Responsible | 2300 | CLM11-3 | AP |
| Employment Related | 2300 | CLM11-3 | EM |

| Description | Loop | Segment | Qualifier |
|--------------------------------------------|------|---------|-----------|
| Other Accident | 2300 | CLM11-3 | OA |
| Participation Agreement | 2300 | CLM16 | |
| Accident Hour | 2300 | DTP03 | 439 |
| DTP Qualifier | 2300 | DTP01 | 438 |
| DTP Format Qualifier | 2300 | DTP02 | D8 |
| Similar Illness or Symptom Date | 2300 | DTP03 | |
| Amount Qualifier Code | 2300 | AMT01 | MA |
| Credit or Debit Card Maximum Amount | 2300 | AMT02 | |
| Amount Qualifier Code | 2300 | AMT01 | NE |
| Total Purchased Service Amount | 2300 | AMT02 | |
| Reference Number Qualifier | 2300 | REF01 | 1S |
| Ambulatory Patient Group Number | 2300 | REF02 | |
| Ambulance Transport Code | 2300 | CR103 | List |
| X-Ray Availability Indicator | 2300 | CR212 | List |
| Discipline Type Code | 2305 | CR701 | |
| Total Visits Rendered Count | 2305 | CR702 | |
| Certification Period Projected Visit Count | 2305 | CR703 | |
| Quantity Qualifier | 2305 | HSD01 | |
| Number Of Visits | 2305 | HSD02 | |
| Modulus UBM Code | 2305 | HSD03 | |
| Modulus Amount | 2305 | HSD04 | |
| Time Period Qualifier | 2305 | HSD05 | |
| Number of Periods | 2305 | HSD06 | |
| Calendar Pattern Code | 2305 | HSD07 | |
| Delivery Pattern Time Code | 2305 | HSD08 | |

| Description | Loop | Segment | Qualifier |
|--------------------------------------------------------------|-------|---------|-----------|
| Referring Provider Employer Identification Number | 2310A | NM109 | 24 |
| Referring Provider Social Security Number | 2310A | NM109 | 34 |
| Provider Code | 2310A | PRV01 | RF |
| Provider Taxonomy Code | 2310A | PRV02 | PXC |
| Provider Taxonomy Code | 2310A | PRV03 | |
| Referring Provider Blue Shield Number | 2310A | REF02 | 1B |
| Referring Provider Medicare Number | 2310A | REF02 | 1C |
| Referring Provider Medicaid Number | 2310A | REF02 | 1D |
| Referring Provider Champus Number | 2310A | REF02 | 1H |
| Referring Provider Employer Identification Number | 2310A | REF02 | EI |
| Referring Provider Location Number | 2310A | REF02 | LU |
| Referring Provider Network ID Number | 2310A | REF02 | N5 |
| Referring Provider Social Security Number | 2310A | REF02 | SY |
| Referring Provider State Industrial Accident Provider Number | 2310A | REF02 | X5 |
| Rendering Provider Employer Identification Number | 2310B | NM109 | 24 |
| Rendering Provider Social Security Number | 2310B | NM109 | 34 |
| Rendering Provider Blue Shield Number | 2310B | REF02 | 1B |
| Rendering Provider Medicare Number | 2310B | REF02 | 1C |
| Rendering Provider Medicaid Number | 2310B | REF02 | 1D |
| Rendering Provider Champus Number | 2310B | REF02 | 1H |
| Rendering Provider Employer Identification Number | 2310B | REF02 | EI |
| Rendering Provider Network ID Number | 2310B | REF02 | N5 |
| Rendering Provider Social Security Number | 2310B | REF02 | SY |
| Rendering Provider State Industrial Accident Provider Number | 2310B | REF02 | X5 |
| Purchased Service Provider Name Qualifier | 2310C | NM101 | QB |

| Description | Loop | Segment | Qualifier |
|---------------------------------------------------------------------------|-------|---------|-----------|
| Entity Type Qualifier | 2310C | NM102 | |
| Purchased Service Provider Name Last or Organization Name | 2310C | NM103 | |
| Purchased Service Provider Name First | 2310C | NM104 | |
| Purchase Service Provider Name Middle or Initial | 2310C | NM105 | |
| Identification Code Qualifier | 2310C | NM108 | |
| Purchase Service Provider Employer Identification Number | 2310C | NM109 | 24 |
| Purchase Service Provider Social Security Number | 2310C | NM109 | 34 |
| Purchase Service Provider National Provider Identifier | 2310C | NM109 | XX |
| Reference Number Qualifier | 2310C | REF01 | List |
| Purchase Service Provider State License Number | 2310C | REF02 | 0B |
| Purchase Service Provider Blue Cross Number | 2310C | REF02 | 1A |
| Purchase Service Provider Blue Shield Number | 2310C | REF02 | 1B |
| Purchase Service Provider Medicare Number | 2310C | REF02 | 1C |
| Purchase Service Provider Medicaid Number | 2310C | REF02 | 1D |
| Purchase Service Provider UPIN | 2310C | REF02 | 1G |
| Purchase Service Provider Champus Number | 2310C | REF02 | 1H |
| Purchase Service Provider Employer Identification Number | 2310C | REF02 | EI |
| Purchase Service Provider Commercial Number | 2310C | REF02 | G2 |
| Purchase Service Provider Location Number | 2310C | REF02 | LU |
| Purchase Service Provider Network ID Number | 2310C | REF02 | N5 |
| Purchase Service Provider Social Security Number | 2310C | REF02 | SY |
| Purchase Service Provider Universal Supplier Identification Number (USIN) | 2310C | REF02 | U3 |
| Purchase Service Provider State Industrial Accident Provider Number | 2310C | REF02 | X5 |
| Employer Identification Number | 2310C | NM109 | 24 |
| Social Security Number | 2310C | NM109 | 34 |

| Description | Loop | Segment | Qualifier |
|-------------------------------------------------------------------------|-------|---------|-----------|
| Laboratory or Facility Blue Cross Number | 2310C | REF02 | 1A |
| Laboratory or Facility Blue Shield Number | 2310C | REF02 | 1B |
| Laboratory or Facility Medicare Number | 2310C | REF02 | 1C |
| Laboratory or Facility Medicaid Number | 2310C | REF02 | 1D |
| Service Facility Location UPIN | 2310C | REF02 | 1G |
| Laboratory or Facility Champus Number | 2310C | REF02 | 1H |
| Laboratory or Facility Network ID Number | 2310C | REF02 | N5 |
| Laboratory or Facility Social Security Number | 2310C | REF02 | SY |
| Laboratory or Facility Taxpayer's Identification Number | 2310C | REF02 | TJ |
| Laboratory or Facility Clinical Laboratory Improvement Amendment Number | 2310C | REF02 | X4 |
| Laboratory or Facility State Industrial Accident Provider Number | 2310C | REF02 | X5 |
| Supervising Provider Employer Identification Number | 2310D | NM109 | 24 |
| Supervising Provider Social Security Number | 2310D | NM109 | 34 |
| Supervising Provider Blue Shield Number | 2310D | REF02 | 1B |
| Supervising Provider Medicare Number | 2310D | REF02 | 1C |
| Supervising Provider Medicaid Number | 2310D | REF02 | 1D |
| Supervising Provider Champus Number | 2310D | REF02 | 1H |
| Supervising Provider Employer Identification Number | 2310D | REF02 | EI |
| Supervising Provider Network ID Number | 2310D | REF02 | N5 |
| Supervising Provider Social Security Number | 2310D | REF02 | SY |
| Supervising Provider State Industrial Accident Provider Number | 2310D | REF02 | X5 |
| Amount Qualifier Code | 2320 | AMT01 | AAE |
| Approved Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | B6 |
| Allowed Amount | 2320 | AMT02 | |

| Description | Loop | Segment | Qualifier |
|-----------------------------------------------|-------|---------|-----------|
| Amount Qualifier Code | 2320 | AMT01 | F2 |
| Other Payer Patient Responsibility Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | AU |
| Other Payer Covered Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | D8 |
| Other Payer Discount Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | DY |
| Other Payer Per Day Limit Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | F5 |
| Other Payer Patient Paid Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | T |
| Other Payer Tax Amount | 2320 | AMT02 | |
| Amount Qualifier Code | 2320 | AMT01 | T2 |
| Other Payer Pre-Tax Claim Total Amount | 2320 | AMT02 | |
| DTP Qualifier | 2320 | DMG01 | |
| Other Insured Birth Date | 2320 | DMG02 | |
| Other Insured Gender Code | 2320 | DMG03 | |
| Mutually Defined | 2330A | NM109 | ZZ |
| Other Subscriber Member Identification Number | 2330A | REF02 | 1W |
| Other Subscriber Client Number (IHS) | 2330A | REF02 | 23 |
| Other Subscriber Insurance Policy Number | 2330A | REF02 | IG |
| Contact Function Code | 2330B | PER01 | |
| Other Payer Contact Name | 2330B | PER02 | |
| Communication Number Qualifier | 2330B | PER03 | |
| Payer EDI Access Number | 2330B | PER04 | ED |

| Description | Loop | Segment | Qualifier |
|---------------------------------------------------------------|-------|---------|-----------|
| Payer E-Mail | 2330B | PER04 | EM |
| Payer Facsimile | 2330B | PER04 | FX |
| Payer Telephone | 2330B | PER04 | TE |
| Communication Number Qualifier | 2330B | PER05 | |
| Payer EDI Access Number | 2330B | PER06 | ED |
| Payer E-Mail | 2330B | PER06 | EM |
| Payer Telephone Ext | 2330B | PER06 | EX |
| Payer Facsimile | 2330B | PER06 | FX |
| Payer Telephone | 2330B | PER06 | TE |
| Communication Number Qualifier | 2330B | PER07 | |
| Payer EDI Access Number | 2330B | PER08 | ED |
| Payer E-Mail | 2330B | PER08 | EM |
| Payer Telephone Ext | 2330B | PER08 | EX |
| Payer Facsimile | 2330B | PER08 | FX |
| Payer Telephone | 2330B | PER08 | TE |
| Other Payer Taxpayer's Identification Number | 2330B | REF02 | TJ |
| Name Qualifier | 2330C | NM101 | |
| Entity Type Qualifier | 2330C | NM102 | |
| Identification Code Qualifier | 2330C | NM108 | |
| Reference Number Qualifier | 2330C | REF01 | List |
| Other Payer Referring Provider Blue Shield Number | 2330C | REF02 | 1B |
| Other Payer Referring Provider Medicare Number | 2330C | REF02 | 1C |
| Other Payer Referring Provider Medicaid Number | 2330C | REF02 | 1D |
| Other Payer Referring Provider Employer Identification Number | 2330C | REF02 | EI |
| Other Payer Referring Provider Location Number | 2330C | REF02 | LU |

| Description | Loop | Segment | Qualifier |
|-----------------------------------------------------------------|-------|---------|-----------|
| Other Payer Referring Provider Network ID Number | 2330C | REF02 | N5 |
| Other Payer Rendering Provider Blue Shield Number | 2330D | REF02 | 1B |
| Other Payer Rendering Provider Medicare Number | 2330D | REF02 | 1C |
| Other Payer Rendering Provider Medicaid Number | 2330D | REF02 | 1D |
| Other Payer Rendering Provider Employer Identification Number | 2330D | REF02 | EI |
| Other Payer Rendering Provider Network ID Number | 2330D | REF02 | N5 |
| Name Qualifier | 2330F | NM101 | |
| Entity Type Qualifier | 2330F | NM102 | |
| Reference Number Qualifier | 2330F | REF01 | List |
| Other Payer Service Facility Blue Cross Number | 2330E | REF02 | 1A |
| Other Payer Service Facility Blue Shield Number | 2330E | REF02 | 1B |
| Other Payer Service Facility Medicare Number | 2330E | REF02 | 1C |
| Other Payer Service Facility Medicaid Number | 2330E | REF02 | 1D |
| Other Payer Service Facility Network ID Number | 2330E | REF02 | N5 |
| Other Payer Supervising Provider Blue Shield Number | 2330F | REF02 | 1B |
| Other Payer Supervising Provider Medicare Number | 2330F | REF02 | 1C |
| Other Payer Supervising Provider Medicaid Number | 2330F | REF02 | 1D |
| Other Payer Supervising Provider Employer Identification Number | 2330F | REF02 | EI |
| Other Payer Supervising Provider Network ID Number | 2330F | REF02 | N5 |
| Ambulance Transport Code | 2400 | CR103 | |
| Spinal Manipulation Nature of Condition Code | 2400 | CR208 | |
| Spinal Manipulation Patient Condition Description | 2400 | CR210 | |
| Spinal Manipulation Patient Condition Description | 2400 | CR211 | |
| Spinal Manipulation X-Ray Availability Indicator | 2400 | CR212 | |
| Oxygen Certification Type Code | 2400 | CR501 | |

| Description | Loop | Segment | Qualifier |
|-------------------------------------|------|---------|-----------|
| Oxygen Treatment Period Count | 2400 | CR502 | |
| Oxygen Arterial Blood Gas Quantity | 2400 | CR510 | |
| Oxygen Saturation Quantity | 2400 | CR511 | |
| Oxygen Test Condition Code | 2400 | CR512 | |
| Oxygen Test Finding Code | 2400 | CR513 | 1 |
| Oxygen Test Finding Code | 2400 | CR514 | 2 |
| Oxygen Test Findings Code | 2400 | CR515 | 3 |
| Date Time Qualifier | 2400 | DTP01 | List |
| DTP Format Qualifier | 2400 | DTP02 | D8 |
| Test Performed | 2400 | DTP03 | 119 |
| Arterial Blood Gas Test | 2400 | DTP03 | 480 |
| Oxygen Saturation Test | 2400 | DTP03 | 481 |
| Date Time Qualifier | 2400 | DTP01 | 431 |
| DTP Format Qualifier | 2400 | DTP02 | D8 |
| Onset Date | 2400 | DTP03 | |
| Date - Acute Manifestation | 2400 | DTP01 | 453 |
| DTP Format Qualifier | 2400 | DTP02 | D8 |
| Acute Manifestation Date | 2400 | DTP03 | |
| Onset of Similar Symptom or Illness | 2400 | DTP01 | 438 |
| DTP Format Qualifier | 2400 | DTP02 | D8 |
| Similar Illness or Symptom Date | 2400 | DTP03 | |
| Reference Number Qualifier | 2400 | REF01 | 1S |
| Ambulatory Patient Group Number | 2400 | REF02 | |
| Reference Number Qualifier | 2400 | REF01 | TP |
| Oxygen Flow Rate | 2400 | REF02 | |

| Description | Loop | Segment | Qualifier |
|--------------------------------------------------------------|-------|---------|-----------|
| Reference Number Qualifier | 2400 | REF01 | List |
| Universal Product Number | 2400 | REF02 | OZ |
| Vendor Product Number | 2400 | REF02 | VP |
| Amount Qualifier Code | 2400 | AMT01 | AAE |
| Approved Amount | 2400 | AMT02 | |
| Quantity Qualifier | 2400 | HSD01 | |
| Quantity (Number of Visits) | 2400 | HSD02 | |
| Unit or Basis for Measurement Code | 2400 | HSD03 | List |
| Sample Selection Modulus | 2400 | HSD04 | |
| Time Period Qualifier | 2400 | HSD05 | List |
| Number of Periods (Duration of Visits, Number of Units) | 2400 | HSD06 | |
| Ship/Delivery or Calendar Pattern Code | 2400 | HSD07 | List |
| Delivery Pattern Time Code | 2400 | HSD08 | List |
| Drug Unit Price | 2410 | CTP03 | |
| Rendering Provider Employer Identification Number | 2420A | NM109 | 24 |
| Rendering Provider Social Security Number | 2420A | NM109 | 34 |
| Rendering Provider Blue Shield Number | 2420A | REF02 | 1B |
| Rendering Provider Medicare Number | 2420A | REF02 | 1C |
| Rendering Provider Medicaid Number | 2420A | REF02 | 1D |
| Rendering Provider Champus Number | 2420A | REF02 | 1H |
| Rendering Provider Employer Identification Number | 2420A | REF02 | EI |
| Rendering Provider Network ID Number | 2420A | REF02 | N5 |
| Rendering Provider Social Security Number | 2420A | REF02 | SY |
| Rendering Provider State Industrial Accident Provider Number | 2420A | REF02 | X5 |
| Purchase Service Provider Employer Identification Number | 2420B | NM109 | 24 |

| Description | Loop | Segment | Qualifier |
|----------------------------------------------------------------------------|-------|---------|-----------|
| Purchase Service Provider Social Security Number | 2420B | NM109 | 34 |
| Purchase Service Provider Blue Cross Number | 2420B | REF02 | 1A |
| Purchase Service Provider Blue Shield Number | 2420B | REF02 | 1B |
| Purchase Service Provider Medicare Number | 2420B | REF02 | 1C |
| Purchase Service Provider Medicaid Number | 2420B | REF02 | 1D |
| Purchase Service Provider Champus Number | 2420B | REF02 | 1H |
| Purchase Service Provider Employer Identification Number | 2420B | REF02 | EI |
| Purchase Service Provider Location Number | 2420B | REF02 | LU |
| Purchase Service Provider Network ID Number | 2420B | REF02 | N5 |
| Purchase Service Provider Social Security Number | 2420B | REF02 | SY |
| Purchase Service Provider Universal Supplier Identification Number (USIN) | 2420B | REF02 | U3 |
| Purchase Service Provider State Industrial Accident Provider Number | 2420B | REF02 | X5 |
| Service Facility Location Employer Identification Number | 2420C | NM109 | 24 |
| Service Facility Location Social Security Number | 2420C | NM109 | 34 |
| Service Facility Location State License Number | 2420C | REF02 | 0B |
| Service Facility Location Blue Cross Number | 2420C | REF02 | 1A |
| Service Facility Location Blue Shield Number | 2420C | REF02 | 1B |
| Service Facility Location Medicare Number | 2420C | REF02 | 1C |
| Service Facility Location Medicaid Number | 2420C | REF02 | 1D |
| Service Facility Location UPIN | 2420C | REF02 | 1G |
| Service Facility Location Champus Number | 2420C | REF02 | 1H |
| Service Facility Location Network ID Number | 2420C | REF02 | N5 |
| Service Facility Location Taxpayer's Identification Number | 2420C | REF02 | TJ |
| Service Facility Location Clinical Laboratory Improvement Amendment Number | 2420C | REF02 | X4 |
| Service Facility Location State Industrial Accident Provider Number | 2420C | REF02 | X5 |

| Description | Loop | Segment | Qualifier |
|----------------------------------------------------------------|-------|---------|-----------|
| Supervising Provider Employer Identification Number | 2420D | NM109 | 24 |
| Supervising Provider Social Security Number | 2420D | NM109 | 34 |
| Supervising Provider Blue Shield Number | 2420D | REF02 | 1B |
| Supervising Provider Medicare Number | 2420D | REF02 | 1C |
| Supervising Provider Medicaid Number | 2420D | REF02 | 1D |
| Supervising Provider Champus Number | 2420D | REF02 | 1H |
| Supervising Provider Employer Identification Number | 2420D | REF02 | EI |
| Supervising Provider Network ID Number | 2420D | REF02 | N5 |
| Supervising Provider Social Security Number | 2420D | REF02 | SY |
| Supervising Provider State Industrial Accident Provider Number | 2420D | REF02 | X5 |
| Ordering Provider Employer Identification Number | 2420E | NM109 | 24 |
| Ordering Provider Social Security Number | 2420E | NM109 | 34 |
| Ordering Provider Blue Shield Number | 2420E | REF02 | 1B |
| Ordering Provider Medicare Number | 2420E | REF02 | 1C |
| Ordering Provider Medicaid Number | 2420E | REF02 | 1D |
| Ordering Provider Champus Number | 2420E | REF02 | 1H |
| Ordering Provider Employer Identification Number | 2420E | REF02 | EI |
| Ordering Provider Location Number | 2420E | REF02 | LU |
| Ordering Provider Network ID Number | 2420E | REF02 | N5 |
| Ordering Provider Social Security Number | 2420E | REF02 | SY |
| Ordering Provider State Industrial Accident Provider Number | 2420E | REF02 | X5 |
| Referring Provider Employer Identification Number | 2420F | NM109 | 24 |
| Referring Provider Social Security Number | 2420F | NM109 | 34 |
| Provider Code | 2420F | PRV01 | |
| Mutually Defined | 2420F | PRV02 | |

| Description | Loop | Segment | Qualifier |
|--------------------------------------------------------------|-------|---------|-----------|
| Referring Provider Taxonomy Code | 2420F | PRV03 | |
| Referring Provider Blue Shield Number | 2420F | REF02 | 1B |
| Referring Provider Medicare Number | 2420F | REF02 | 1C |
| Referring Provider Medicaid Number | 2420F | REF02 | 1D |
| Referring Provider Champus Number | 2420F | REF02 | 1H |
| Referring Provider Employer Identification Number | 2420F | REF02 | EI |
| Referring Provider Location Number | 2420F | REF02 | LU |
| Referring Provider Network ID Number | 2420F | REF02 | N5 |
| Referring Provider Social Security Number | 2420F | REF02 | SY |
| Referring Provider State Industrial Accident Provider Number | 2420F | REF02 | X5 |

Use Change Report



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5010 Gap Analysis

Professional Claim X222A1 TR3 Use Changes

Items in Red are flagged as Transitions Issue

Highlighted Items indicate Errata Changes.



| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|----------|
| Submitter Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 1000A | NM103 | | R |
| Submitter First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 1000A | NM104 | | S |
| Submitter Contact Name | Changed from Required to Situational. | 1000A | PER02 | | S |
| Receiver Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 1000B | NM103 | | R |
| Reference Number Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | 2000A | PRV02 | PXC | R |
| Billing Provider Taxonomy code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | 2000A | PRV03 | BI | R |
| Billing Provider Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010AA | NM103 | | R |
| Billing Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2010AA | NM104 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|----------|
| Identification Code Qualifier | Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2010AA | NM108 | | S |
| Billing Provider Primary Identification Number | Changed from Required to Situational. Situational Rule added NPI is required when provider is eligible for an NPI. | 2010AA | NM109 | | R |
| Billing Provider National Provider Identifier | Changed from Required to Situational when the Billing Provider is eligible for an NPI. | 2010AA | NM109 | XX | S |
| Billing Provider State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | 2010AA | N402 | | S |
| Billing Provider Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided. | 2010AA | N403 | | S |
| Billing Provider Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2010AA | N404 | | S |
| Contact Name | Changed from Required to Situational. Clarification: the requirement of this element on the second repeat of the PER Segment. | 2010AA | PER02 | | S |
| Pay-to State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | 2010AB | N402 | | S |
| Pay-to Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2010AB | N403 | | S |
| Pay-to Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2010AB | N404 | | S |
| Pay-to Plan Organization Name | | 2010AC | NM103 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-----------|-----|
| Pay-to Plan State/Province Code | | 2010AC | N402 | | S |
| Pay-to Plan Country Code | If N407 is present then N404 is required. | 2010AC | N404 | | S |
| Subscriber Last Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010BA | NM103 | | R |
| Subscriber First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2010BA | NM104 | | S |
| Identification Code Qualifier | X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1. X222:Qualifier II replaced ZZ for Standard Unique Health Identifier. Changed from Situational to Required to support the new definition of subscriber. | 2010BA | NM108 | List | S |
| Subscriber Primary Identifier | X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when NM102 = 1. X222: Changed from Situational to Required to support the new definition of subscriber. | 2010BA | NM109 | | S |
| SUBSCRIBER CITY/STATE/ZIP CODE | X222A1: Changed to Situational. Required when the patient is the subscriber or considered to be the subscriber. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | 2010BA | N4 | | S-1 |
| Subscriber State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | 2010BA | N402 | | S |
| Subscriber Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2010BA | N403 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|------------|
| Subscriber Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2010BA | N404 | | S |
| SUBSCRIBER DEMOGRAPHIC INFORMATION | Situational Rule changed to align with new definition of Subscriber/Patient. | 2010BA | DMG | | S-1 |
| SUBSCRIBER SECONDARY IDENTIFICATION | Repeat changed from 4 to 1. | 2010BA | REF | | S-1 |
| Payer Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010BB | NM103 | | R |
| PAYER CITY/STATE/ZIP CODE | X222A1: Changed to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | 2010BB | N4 | | S-1 |
| Payer State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | 2010BB | N402 | | S |
| Payer Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2010BB | N403 | | S |
| Payer Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2010BB | N404 | | S |
| Patient Last Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010CA | NM103 | | R |
| Patient First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2010CA | NM104 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|------------|
| Patient State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from Optional (O) to Conditional (X). Only one of N402 or N407 may be present. | 2010CA | N402 | | S |
| Patient Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2010CA | N403 | | S |
| Patient Country Code | X12 Attribute changed from Optional (O) to Conditional (X). If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2010CA | N404 | | S |
| DATE - ACUTE MANIFESTATION | Repeats changed from 5 to 1. | 2300 | DTP | | S-1 |
| DATE - ACCIDENT | Repeat changed from 10 to 1. | 2300 | DTP | | S-1 |
| CONTRACT INFORMATION | Situational Rule changed to state that it is required when a submitter is contractually obligated to supply this information on post adjudicated claims. | 2300 | CN1 | | S-1 |
| CLINICAL LABORATORY IMPROVEMENT AMENDMENT (CLIA) NUMBER | Repeats changed from 3 to 1. Situational Rule modified to state no longer required for Medicare/Medicaid. It's now required for a CLIA facility. | 2300 | REF | | S-1 |
| AMBULANCE TRANSPORT INFORMATION | Situational Note change to used when patient is transported. | 2300 | CR1 | | S-1 |
| AMBULANCE CERTIFICATION | Situational Note changed to indicate use only when the patient is being transported. | 2300 | CRC | | S-3 |
| HEALTH CARE DIAGNOSIS CODE | Changed from Situational to Required. | 2300 | HI | | R-1 |
| Referring Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310A | NM103 | | R |
| Referring Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2310A | NM104 | | S |
| REFERRING PROVIDER SECONDARY IDENTIFICATION | Repeat changed from 5 to 3. | 2310A | REF | | S-3 |
| Rendering Provider Last or Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310B | NM103 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Rendering Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2310B | NM104 | | S |
| Identification Code Qualifier | Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2310B | NM108 | | S |
| Rendering Provider Primary Identifier | | 2310B | NM109 | | S |
| Reference Identification Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | 2310B | PRV02 | PXC | R |
| Provider Taxonomy Code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | 2310B | PRV03 | | R |
| RENDERING PROVIDER SECONDARY IDENTIFICATION | Repeat changed from 5 to 4. | 2310B | REF | | S-4 |
| Laboratory or Facility Name | Changed from Situational to Required due to NPI Subpart rules. X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310C | NM103 | | R |
| Laboratory or Facility State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | 2310C | N402 | | S |
| Laboratory or Facility Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided. | 2310C | N403 | | S |
| Laboratory or Facility Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2310C | N404 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-------------|----------|
| SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | Clarification: only used if provider is not eligible for NPI. Repeat changed from 5 to 3. | 2310C | REF | | S-3 |
| Supervising Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310D | NM103 | | R |
| Supervising Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2310D | NM104 | | S |
| SUPERVISING PROVIDER SECONDARY IDENTIFICATION NUMBERS | Clarification: only used if provider is not eligible for NPI. Repeat changed from 5 to 4. | 2310D | REF | | S-4 |
| Ambulance Pick-up State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2310E | N402 | | S |
| Ambulance Pick-up Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2310E | N404 | | S |
| Ambulance Drop-off Location | | 2310F | NM103 | | S |
| Ambulance Drop-off State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2310F | N402 | | S |
| Ambulance Drop-off Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2310F | N404 | | S |
| Insurance Type Code | Changed from Required to Situational. Code values were modified to match SBR05 at 2000B. | 2320 | SBR05 | List | S |
| CLAIM LEVEL ADJUSTMENTS | | 2320 | CAS | | S-5 |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA03 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA04 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA05 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA06 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|------------|
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA07 | | S |
| Other Subscriber Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2330A | NM103 | | R |
| Other Subscriber First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2330A | NM104 | | S |
| OTHER SUBSCRIBER CITY /STATE /ZIP CODE | X222A1: Changed from Required to Situational. Required when the information is available. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | 2330A | N4 | | S-1 |
| Other Subscriber State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | 2330A | N402 | | S |
| Other Subscriber Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2330A | N403 | | S |
| Other Subscriber Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2330A | N404 | | S |
| OTHER SUBSCRIBER SECONDARY IDENTIFICATION | Repeat was changed from 3 to 1. | 2330A | REF | | S-1 |
| Other Payer Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2330B | NM103 | | R |
| OTHER PAYER CITY, STATE, ZIP CODE | X222A1: Changed from Required to Situational. Required when the payer address is available to the submitter and the submitter intends for the claim to be printed at the next EDI location. | 2330B | N4 | | S-1 |
| OTHER PAYER CLAIM ADJUSTMENT INDICATOR | Repeat changed from 2 to 1. | 2330B | REF | | S-1 |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|-----------|------------|
| Composite Diagnosis Code Pointer | Changed from Situational to Required to support the requirement of the diagnosis code on all claims. | 2400 | SV107 | | R |
| Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | 2400 | SV107-1 | | R |
| DURABLE MEDICAL EQUIPMENT SERVICE | Situational Note added to indicate use only when necessary to report both the Rental Price and Purchase Price on DME. | 2400 | SV5 | | S-1 |
| DME Rental Amount | Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal. | 2400 | SV504 | | R |
| DME Purchase Price | Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal. | 2400 | SV505 | | R |
| Rental Unit Price Indicator | Changed from Situational to Required element. | 2400 | SV506 | List | R |
| AMBULANCE TRANSPORT INFORMATION | Situational Note change to used when patient is transported. | 2400 | CR1 | | S-1 |
| AMBULANCE CERTIFICATION | Situational Note changed to indicate use only when the patient is being transported. | 2400 | CRC | | S-3 |
| CONDITION INDICATOR/DURABLE MEDICAL EQUIPMENT | Repeat was changed from 2 to 1. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. | 2400 | CRC | | S-1 |
| DATE - DATE LAST SEEN DATE | Situational Note changed to remove requirements for physical or occupational therapy. | 2400 | DTP | | S-1 |
| DTP Qualifier | | 2400 | DTP01 | 304 | R |
| DTP Format Qualifier | | 2400 | DTP02 | D8 | R |
| Treatment or Therapy Date | | 2400 | DTP03 | | R |
| DATE - INITIAL TREATMENT DATE | In 4010 this element was only reported on Spinal Manipulation claims for Medicare Part B. Situational Note modified to include spinal manipulation, physical therapy, occupational therapy or speech language pathology. | 2400 | DTP | | S-1 |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|------|
| TEST RESULT | Repeat changed from 20 to 5. Oxygen test results have been removed as this information is reported in the 2440 Loop. | 2400 | MEA | | S-5 |
| PRIOR AUTHORIZATION | Split into separate segments to prevent sending 2 REFS. with the same qualifier. REF04 was added to point to the payer associated with the Prior Authorization Number. | 2400 | REF | | S-5 |
| LOOP ID 2410 DRUG IDENTIFICATION | Repeat changed from 25 to 1. | 2410 | | | S-1 |
| DRUG QUANTITY | Changed from Situational to Required Segment. | 2410 | CTP | | R-1 |
| Rendering Provider Last or Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420A | NM103 | | R |
| Rendering Provider First Name | Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2420A | NM104 | | S |
| Identification Code Qualifier | Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier. | 2420A | NM108 | | S |
| Rendering Provider Primary Identifier | Changed from Required to Situational when the Rendering Provider is eligible for an NPI. | 2420A | NM109 | | S |
| Rendering Provider National Provider Identifier | Changed from Required to Situational when the Rendering Provider is eligible for an NPI. | 2420A | NM109 | XX | S |
| Reference Identification Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | 2420A | PRV02 | PXC | R |
| Rendering Provider Taxonomy Code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | 2420A | PRV03 | | R |
| RENDERING PROVIDER SECONDARY IDENTIFICATION | Repeats increased from 5 to 20 to support other payer assigned provider secondary identifiers. | 2420A | REF | | S-20 |
| PURCHASE SERVICE PROVIDER SECONDARY IDENTIFICATION | Repeat changed from 5 to 20. | 2420B | REF | | S-20 |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Laboratory or Facility Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420C | NM103 | | R |
| Laboratory or Facility State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | 2420C | N402 | | S |
| Laboratory or Facility Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. When reporting zip codes for US addresses the full nine digit zip code must be provided. | 2420C | N403 | | S |
| Service Facility Location Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2420C | N404 | | S |
| SERVICE FACILITY LOCATION SECONDARY IDENTIFICATION | Repeat changed from 5 to 3. | 2420C | REF | | S-3 |
| Supervising Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420D | NM103 | | R |
| Supervising Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2420D | NM104 | | S |
| SUPERVISING PROVIDER SECONDARY IDENTIFICATION NUMBERS | Repeat changed from 5 to 20. | 2420D | REF | | S-20 |
| Ordering Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420E | NM103 | | R |
| Ordering Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2420E | NM104 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|------|
| ORDERING PROVIDER CITY, STATE, ZIP CODE | X222A1: Changed from Required to Situational. Required when a DMERC CMN or DIF is included on this service line. X222: Changed from Situational to Required. The X12 Portal for HIPAA Interpretations addresses this information in HIR 778. | 2420E | N4 | | S-1 |
| Ordering Provider State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. X12 Attribute changed from O to X. Only one of N402 or N407 may be present. | 2420E | N402 | | S |
| Ordering Provider Postal Zone or Zip Code | Changed from Required to Situational. Required when US or it's territories or Canada. | 2420E | N403 | | S |
| Ordering Provider Country Code | X12 Attribute changed from O to X. If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2420E | N404 | | S |
| ORDERING PROVIDER SECONDARY IDENTIFICATION | Repeat changed from 5 to 20. | 2420E | REF | | S-20 |
| Ordering Provider Contact Name | Changed from Required to Situational. | 2420E | PER02 | | S |
| Referring Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420F | NM103 | | R |
| Referring Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. Min/Max changed from 1/25 to 1/35. | 2420F | NM104 | | S |
| REFERRING PROVIDER SECONDARY IDENTIFICATION | Repeat changed from 5 to 20. | 2420F | REF | | S-20 |
| Ambulance Pick-up State/Province Code | Changed from Required to Situational. Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2420G | N402 | | S |
| Ambulance Pick-up Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2420G | N404 | | S |
| Ambulance Drop-off Location | | 2420H | NM103 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------|---------|-----------|------|
| Ambulance Drop-off State/Province Code | Required when US or it's territories or Canada. Only one of N402 or N407 may be present. | 2420H | N402 | | S |
| Ambulance Drop-off Country Code | If N407 is present then N404 is required. Clarification added to use ISO 1366 Part 1 Alpha list. | 2420H | N404 | | S |
| LOOP ID 2430 SERVICE LINE ADJUDICATION INFORMATION | Repeat changed from 25 to 15. | 2430 | | | S-15 |
| LINE ADJUSTMENT | Repeat changed from 99 to 5. | 2430 | CAS | | S-5 |
| FORM IDENTIFICATION CODE | Repeat changed from 5 to greater than 1. | 2440 | | | S>1 |

Sizing Change Report



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5010 Gap Analysis Professional Claim X222A1 Sizing Change Report

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Originator Application Transaction Identifier | For the purposes of the 837 5010 implementation the maximum field length is 30. Min/Max changed from 1/30 to 1/50. | Table 1 | BHT03 | | R |
| Submitter Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 1000A | NM103 | | R |
| Submitter First Name | Required when NM102 equals 1 and the person has a first name. | 1000A | NM104 | | S |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER04 | | R |
| Submitter E-mail | Min/Max changed from 1/80 to 1/256. | 1000A | PER04 | EM | R |
| Submitter FAX Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER04 | FX | R |
| Submitter Telephone Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER04 | TE | R |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER06 | | S |
| Submitter E-mail | Min/Max changed from 1/80 to 1/256. | 1000A | PER06 | EM | S |
| Submitter Telephone Extension | Min/Max changed from 1/80 to 1/256. | 1000A | PER06 | EX | S |
| Submitter FAX Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER06 | FX | S |
| Submitter Telephone Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER06 | TE | S |
| Submitter E-mail | Min/Max changed from 1/80 to 1/256. | 1000A | PER08 | EM | S |
| Submitter Telephone Extension | Min/Max changed from 1/80 to 1/256. | 1000A | PER08 | EX | S |
| Submitter FAX Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER08 | FX | S |
| Submitter Telephone Number | Min/Max changed from 1/80 to 1/256. | 1000A | PER08 | TE | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|----------|
| Receiver Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 1000B | NM103 | | R |
| Billing Provider Taxonomy code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | 2000A | PRV03 | BI | R |
| Billing Provider Last/Org Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010AA | NM103 | | R |
| Billing Provider First Name | Required when NM102 equals 1 and the person has a first name. | 2010AA | NM104 | | S |
| Billing Provider Tax Identification Number | Billing Provider Tax Identification moved into a required REF segment specifically for Tax Identification Number. Min/Max changed from 1/30 to 1/50. | 2010AA | REF02 | | R |
| Employer Identification Number | Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50. | 2010AA | REF02 | EI | R |
| Social Security Number | Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50. | 2010AA | REF02 | SY | R |
| Billing Provider UPIN/License Information | Min/Max changed from 1/30 to 1/50. | 2010AA | REF02 | | R |
| State License Number | Min/Max changed from 1/30 to 1/50. | 2010AA | REF02 | OB | R |
| UPIN Number | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2010AA | REF02 | 1G | R |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 2010AA | PER04 | | R |
| Billing Provider Email | Min/Max changed from 1/80 to 1/256. | 2010AA | PER04 | EM | S |
| Billing Provider FAX | Min/Max changed from 1/80 to 1/256. | 2010AA | PER04 | FX | R |
| Billing Provider Telephone | Min/Max changed from 1/80 to 1/256. | 2010AA | PER04 | TE | R |
| Billing Provider Email | Min/Max changed from 1/80 to 1/256. | 2010AA | PER06 | EM | S |
| Billing Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | 2010AA | PER06 | EX | S |
| Billing Provider FAX | Min/Max changed from 1/80 to 1/256. | 2010AA | PER06 | FX | S |
| Billing Provider Telephone | Min/Max changed from 1/80 to 1/256. | 2010AA | PER06 | TE | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|----------|
| Billing Provider Email | Min/Max changed from 1/80 to 1/256. | 2010AA | PER08 | EM | S |
| Billing Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | 2010AA | PER08 | EX | S |
| Billing Provider FAX | Min/Max changed from 1/80 to 1/256. | 2010AA | PER08 | FX | S |
| Billing Provider Telephone | Min/Max changed from 1/80 to 1/256. | 2010AA | PER08 | TE | S |
| Subscriber Group or Policy Number | Industry Name changed from insured to subscriber. Min/Max changed from 1/30 to 1/50. | 2000B | SBR03 | | S |
| Subscriber Last Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010BA | NM103 | | R |
| Subscriber First Name | Required when NM102 equals 1 and the person has a first name. | 2010BA | NM104 | | S |
| Subscriber Secondary Identifiers | Min/Max changed from 1/30 to 1/50. | 2010BA | REF02 | | R |
| Subscriber Social Security Number | Qualifier note restricts to 9 numeric - no hyphens. Min/Max changed from 1/30 to 1/50. | 2010BA | REF02 | SY | R |
| Property Casualty Claim Number | Min/Max changed from 1/30 to 1/50. | 2010BA | REF02 | | R |
| Payer Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010BB | NM103 | | R |
| Payer Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | | R |
| Payer Identification | Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | 2U | R |
| Payer Claim Office Number | Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | FY | R |
| Payer National Association of Insurance Commissioners (NAIC) Number | Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | NF | R |
| Billing Provider Secondary Identifier | Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | | R |
| Billing Provider Location Number | Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | LU | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------|-----------|----------|
| Billing Provider Payer Assigned ID | Remaining Secondary Provider Identifiers were removed from the 2010AA Loop and moved to the Payer Loop. Min/Max changed from 1/30 to 1/50. | 2010BB | REF02 | G2 | R |
| Patient Last Name | X12 Attribute changed from Optional (O) to Conditional (X). Min/Max changed from 1/35 to 1/60. | 2010CA | NM103 | | R |
| Patient First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. | 2010CA | NM104 | | S |
| Property Casualty Claim Number | Min/Max changed from 1/30 to 1/50. | 2010CA | REF02 | | R |
| Total Claim Charge Amount | Clarification: total claim charge amount cannot be less than zero. Maximum length note was added to be 11 characters including the decimal. | 2300 | CLM02 | | R |
| Attachment Control Number | A realistic maximum of 50 was added to the notes. | 2300 | PWK06 | | S |
| Contract Amount | Maximum length note was added to be 11 characters including the decimal. | 2300 | CN102 | | S |
| Contract Code | Min/Max changed from 1/30 to 1/50. | 2300 | CN104 | | S |
| Patient Amount Paid | Maximum length note was added to be 11 characters including the decimal. | 2300 | AMT02 | | R |
| Service Authorization Exception Code | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Medicare Section 4081 Indicator | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Mammography Certification Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Prior Authorization Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Referral Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Payer Claim Control Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Clinical Laboratory Improvement Amendment Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Repriced Claim Reference Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Adjusted Repriced Claim Reference Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------|------|---------|-----------|-----|
| Investigational Device Exemption Identifier | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Value Added Network Trace Number | Min/Max changed from 1/30 to 1/50. Maximum length note was added to be 20 characters. | 2300 | REF02 | | R |
| Medical Record Number | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Demonstration Project Identifier | Min/Max changed from 1/30 to 1/50. | 2300 | REF02 | | R |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC03 | List | R |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC04 | List | S |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC05 | List | S |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC06 | List | S |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC07 | List | S |
| Vision Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC03 | List | R |
| Vision Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC04 | List | S |
| Vision Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC05 | List | S |
| Vision Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC06 | List | S |
| Vision Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC07 | List | S |
| Homebound Indicator | Min/Max changed from 2/2 to 2/3. | 2300 | CRC03 | IH | R |
| EPSDT Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC03 | List | R |
| EPSDT Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC04 | List | S |
| EPSDT Condition Code | Min/Max changed from 2/2 to 2/3. | 2300 | CRC05 | List | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Repriced Allowed Amount | Maximum length note was added to be 11 characters including the decimal. | 2300 | HCP02 | | R |
| Repriced Savings Amount | Maximum length note was added to be 11 characters including the decimal. | 2300 | HCP03 | | S |
| Repricing Organization Identifier | Min/Max changed from 1/30 to 1/50. | 2300 | HCP04 | | S |
| Repriced Approved Ambulatory Patient Group Code | Min/Max changed from 1/30 to 1/50. | 2300 | HCP06 | | S |
| Repriced Approved Ambulatory Patient Group Amount | Maximum length note was added to be 11 characters including the decimal. | 2300 | HCP07 | | S |
| Referring Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310A | NM103 | | R |
| Referring Provider First Name | Required when NM102 equals 1 and the person has a first name. | 2310A | NM104 | | S |
| Referring Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2310A | REF02 | | R |
| Referring Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2310A | REF02 | 0B | R |
| Referring Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | 2310A | REF02 | 1G | R |
| Referring Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2310A | REF02 | G2 | R |
| Rendering Provider Last or Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310B | NM103 | | R |
| Rendering Provider First Name | Required when NM102 equals 1 and the person has a first name. | 2310B | NM104 | | S |
| Provider Taxonomy Code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | 2310B | PRV03 | | R |
| Rendering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2310B | REF02 | | R |
| Rendering Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2310B | REF02 | 0B | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Rendering Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | 2310B | REF02 | 1G | R |
| Rendering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2310B | REF02 | G2 | R |
| Rendering Provider Location Number | Min/Max changed from 1/30 to 1/50. | 2310B | REF02 | LU | R |
| Laboratory or Facility Name | Changed from Situational to Required due to NPI Subpart rules. X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310C | NM103 | | R |
| Laboratory or Facility Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2310C | REF02 | | R |
| Laboratory or Facility State License Number | Min/Max changed from 1/30 to 1/50. | 2310C | REF02 | OB | R |
| Laboratory or Facility Commercial Number | Min/Max changed from 1/30 to 1/50. | 2310C | REF02 | G2 | R |
| Laboratory or Facility Location Number | Min/Max changed from 1/30 to 1/50. | 2310C | REF02 | LU | R |
| Supervising Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2310D | NM103 | | R |
| Supervising Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. | 2310D | NM104 | | S |
| Supervising Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2310D | REF02 | | R |
| Supervising Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2310D | REF02 | OB | R |
| Supervising Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2310D | REF02 | 1G | R |
| Supervising Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2310D | REF02 | G2 | R |
| Supervising Provider Location Number | Min/Max changed from 1/30 to 1/50. | 2310D | REF02 | LU | R |
| Insured Group or Policy Number | Min/Max changed from 1/30 to 1/50. | 2320 | SBR03 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | CAS03 | | R |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | CAS06 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|--------------------------------------------------|------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | CAS09 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | CAS12 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | CAS15 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | CAS18 | | S |
| Payer Paid Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | AMT02 | | R |
| HCPCS Payable Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | MOA02 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA03 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA04 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA05 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA06 | | S |
| Claim Payment Remark Code | Min/Max changed from 1/30 to 1/50 However, the current code values do not exceed 5 characters. | 2320 | MOA07 | | S |
| End Stage Renal Disease Payment Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | MOA08 | | S |
| Non-payable Professional Component Billed Amount | Maximum length note was added to be 11 characters including the decimal. | 2320 | MOA09 | | S |
| Other Subscriber Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2330A | NM103 | | R |
| Other Subscriber First Name | Required when NM102 equals 1 and the person has a first name. | 2330A | NM104 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------|-------|---------|-----------|-----|
| Other Subscriber Social Security Number | Min/Max changed from 1/30 to 1/50. | 2330A | REF02 | SY | R |
| Other Payer Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2330B | NM103 | | R |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 2330B | PER04 | | |
| Other Payer Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | | R |
| Other Payer Identification Number | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | 2U | R |
| Other Payer Claim Office Number | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | FY | R |
| Other Payer National Association of Insurance Commissioners (NAIC) Number | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | NF | R |
| Other Payer Prior Authorization Number | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | | R |
| Other Payer Prior Authorization or Referral Number | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | | R |
| Other Payer Claim Adjustment Indicator | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | | R |
| Other Payer's Claim Control Number | Min/Max changed from 1/30 to 1/50. | 2330B | REF02 | | R |
| Other Payer Referring Provider Identifier | Min/Max changed from 1/30 to 1/50. | 2330C | REF02 | | R |
| Other Payer Referring Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2330C | REF02 | 1G | R |
| Other Payer Referring Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2330C | REF02 | G2 | R |
| Other Payer Rendering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2330D | REF02 | | R |
| Other Payer Rendering Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2330D | REF02 | 1G | R |
| Other Payer Rendering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2330D | REF02 | G2 | R |
| Other Payer Rendering Provider Location Number | Min/Max changed from 1/30 to 1/50. | 2330D | REF02 | LU | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Other Payer Service Facility Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2330E | REF02 | | R |
| Other Payer Service Facility Commercial Number | Min/Max changed from 1/30 to 1/50. | 2330E | REF02 | G2 | R |
| Other Payer Service Facility Location Number | Min/Max changed from 1/30 to 1/50. | 2330E | REF02 | LU | R |
| Other Payer Supervising Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2330F | REF02 | | R |
| Other Payer Supervising Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2330F | REF02 | 1G | R |
| Other Payer Supervising Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2330F | REF02 | G2 | R |
| Other Payer Billing Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2330G | REF02 | | R |
| Other Payer Billing Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2330G | REF02 | G2 | R |
| Other Payer Billing Provider Location Number | Min/Max changed from 1/30 to 1/50. | 2330G | REF02 | LU | R |
| Line Item Charge Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | SV102 | List | R |
| Service Unit Count | Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. | 2400 | SV104 | | R |
| DME Rental Amount | Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal. | 2400 | SV504 | | R |
| DME Purchase Price | Changed from Situational to Required element. Maximum length note was added to be 11 characters including the decimal. | 2400 | SV505 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------|-----|
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC03 | List | R |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Clarification Min/Max changed from 2/2 to 2/3. | 2400 | CRC04 | List | S |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC05 | List | S |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC06 | List | S |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC07 | | S |
| Condition Indicator | Min/Max changed from 2/2 to 2/3. | 2400 | CRC03 | 65 | R |
| DMERC Condition Indicator | Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3. | 2400 | CRC03 | List | R |
| DMERC Condition Indicator | Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3. | 2400 | CRC04 | List | S |
| DMERC Condition Indicator | | 2400 | CRC05 | List | N/U |
| DMERC Condition Indicator | | 2400 | CRC06 | List | N/U |
| DMERC Condition Indicator | | 2400 | CRC07 | List | N/U |
| Contract Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | CN102 | | S |
| Contract Code | Min/Max changed from 1/30 to 1/50. | 2400 | CN104 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------|-----|
| Repriced Line Item Reference Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Adjusted Repriced Line Item Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Prior Authorization Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Line Item Control Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Mammography Certification Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Clinical Laboratory Improvement Amendment Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Referring CLIA Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Immunization Batch Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Referral Number | Min/Max changed from 1/30 to 1/50. | 2400 | REF02 | | R |
| Sales Tax Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | AMT02 | | R |
| Postage Claimed Amount | Situational Note revised to clearly state this is informational and not used in balancing the claim. Maximum length note was added to be 11 characters including the decimal. | 2400 | AMT02 | | R |
| Purchased Service Provider Identifier | Clarification: provider identifier reported here must be the same as the 2420B. Min/Max changed from 1/30 to 1/50. | 2400 | PS101 | | R |
| Purchased Service Charge Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | PS102 | | R |
| Repriced Allowed Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | HCP02 | | R |
| Repriced Savings Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | HCP03 | | S |
| Repricing Organization Identifier | Min/Max changed from 1/30 to 1/50. | 2400 | HCP04 | | S |
| Repriced Approved Ambulatory Patient Group Code | Min/Max changed from 1/30 to 1/50. | 2400 | HCP06 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Repriced Approved Ambulatory Patient Group Amount | Maximum length note was added to be 11 characters including the decimal. | 2400 | HCP07 | | S |
| Repriced Approved Service Unit Count | Maximum length was defined at 9 including a decimal position in the guide. The maximum number of positions allowed to the right of the decimal is three. This aligns with the Service Line Unit in the SV104. | 2400 | HCP12 | | S |
| Prescription Number | Min/Max changed from 1/30 to 1/50. | 2410 | REF02 | | R |
| Rendering Provider Last or Organization Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420A | NM103 | | R |
| Rendering Provider First Name | Required when NM102 equals 1 and the person has a first name. | 2420A | NM104 | | S |
| Rendering Provider Taxonomy Code | X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. Min/Max changed from 1/30 to 1/50. | 2420A | PRV03 | | R |
| Rendering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2420A | REF02 | | R |
| Rendering Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2420A | REF02 | 0B | R |
| Rendering Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | 2420A | REF02 | 1G | R |
| Rendering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2420A | REF02 | G2 | R |
| Rendering Provider Location Number | Min/Max changed from 1/30 to 1/50. | 2420A | REF02 | LU | R |
| Purchase Service Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2420B | REF02 | | R |
| Purchase Service Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2420B | REF02 | 0B | R |
| Purchase Service Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2420B | REF02 | 1G | R |
| Purchase Service Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2420B | REF02 | G2 | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Laboratory or Facility Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420C | NM103 | | R |
| Service Facility Location Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2420C | REF02 | | R |
| Service Facility Location Commercial Number | Min/Max changed from 1/30 to 1/50. | 2420C | REF02 | G2 | R |
| Service Facility Location Number | Min/Max changed from 1/30 to 1/50. | 2420C | REF02 | LU | R |
| Supervising Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420D | NM103 | | R |
| Supervising Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. | 2420D | NM104 | | S |
| Supervising Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2420D | REF02 | | R |
| Supervising Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2420D | REF02 | 0B | R |
| Supervising Provider UPIN | Min/Max changed from 1/30 to 1/50. Must be X99999 or XXX999. | 2420D | REF02 | 1G | R |
| Supervising Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2420D | REF02 | G2 | R |
| Supervising Provider Location Number | Min/Max changed from 1/30 to 1/50. | 2420D | REF02 | LU | R |
| Ordering Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420E | NM103 | | R |
| Ordering Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. | 2420E | NM104 | | S |
| Ordering Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2420E | REF02 | | R |
| Ordering Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2420E | REF02 | 0B | R |
| Ordering Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2420E | REF02 | 1G | R |
| Ordering Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2420E | REF02 | G2 | R |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 2420E | PER04 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Ordering Provider Email | Min/Max changed from 1/80 to 1/256. | 2420E | PER04 | EM | R |
| Ordering Provider Fax | Min/Max changed from 1/80 to 1/256. | 2420E | PER04 | FX | R |
| Ordering Provider Telephone | Min/Max changed from 1/80 to 1/256. | 2420E | PER04 | TE | R |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 2420E | PER06 | | S |
| Ordering Provider Email | Min/Max changed from 1/80 to 1/256. | 2420E | PER06 | EM | S |
| Ordering Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | 2420E | PER06 | EX | S |
| Ordering Provider Fax | Min/Max changed from 1/80 to 1/256. | 2420E | PER06 | FX | S |
| Ordering Provider Telephone | Min/Max changed from 1/80 to 1/256. | 2420E | PER06 | TE | S |
| Communication Number | Min/Max changed from 1/80 to 1/256. | 2420E | PER08 | | S |
| Ordering Provider Email | Min/Max changed from 1/80 to 1/256. | 2420E | PER08 | EM | S |
| Ordering Provider Telephone Extension | Min/Max changed from 1/80 to 1/256. | 2420E | PER08 | EX | S |
| Ordering Provider Fax | Min/Max changed from 1/80 to 1/256. | 2420E | PER08 | FX | S |
| Ordering Provider Telephone | Min/Max changed from 1/80 to 1/256. | 2420E | PER08 | TE | S |
| Referring Provider Last Name | X12 Attribute changed from O to X. Min/Max changed from 1/35 to 1/60. | 2420F | NM103 | | R |
| Referring Provider First Name | Changed from Required to Situational. Required when NM102 equals 1 and the person has a first name. | 2420F | NM104 | | S |
| Referring Provider Secondary Identifier | Min/Max changed from 1/30 to 1/50. | 2420F | REF02 | | R |
| Referring Provider State License Number | Min/Max changed from 1/30 to 1/50. | 2420F | REF02 | OB | R |
| Referring Provider UPIN | Must be X99999 or XXX999. Min/Max changed from 1/30 to 1/50. | 2420F | REF02 | 1G | R |
| Referring Provider Commercial Number | Min/Max changed from 1/30 to 1/50. | 2420F | REF02 | G2 | R |
| Service Line Paid Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | SVD02 | | R |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | CAS03 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|--------------------------|--------------------------------------------------------------------------|------|---------|-----------|-----|
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | CAS06 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | CAS09 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | CAS12 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | CAS15 | | S |
| Adjustment Amount | Maximum length note was added to be 11 characters including the decimal. | 2430 | CAS18 | | S |
| FORM IDENTIFICATION CODE | Repeat changed from 5 to greater than 1. | 2440 | | | S>1 |
| Question Response | Min/Max changed from 1/30 to 1/50. | 2440 | FRM03 | | S |

Code Value Change Report



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5010 Gap Analysis

Professional Claim X222A1 Code Changes

Items in Red are flagged as Transitions Issues.

Highlighted Items indicate Errata Changes.

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|----------|
| Interchange Control Version Number | Code value 00401 changed to 00501. | Header | ISA12 | | R |
| Version / Release Industry ID Code | X22A1: Code value changed to 005010X222A1. X222: Code value changed to 005010X222. | Group | GS08 | | R |
| Claim or Encounter Identifier | Code value 31 (Subrogation Demand) was added. | Table 1 | BHT06 | | R |
| Communication Number Qualifier | Qualifier ED was deleted. | 1000A | PER03 | List | R |
| Communication Number Qualifier | Qualifier ED was deleted. | 1000A | PER05 | List | S |
| Communication Number Qualifier | Qualifier ED was deleted. | 1000A | PER07 | List | S |
| Provider Code | Qualifier PT was deleted. | 2000A | PRV01 | BI | R |
| Reference Number Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | 2000A | PRV02 | PXC | R |
| Identification Code Qualifier | Changed from Required to Situational. Required when the Provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2010AA | NM108 | | S |
| Payer Responsibility Code | Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only. | 2000B | SBR01 | | R |
| Claim Filing Indicator Code | Code Values 09, 10, LI were deleted. Code Values 17 and FI were added. Code descriptions for VA and ZZ were modified (non- substantive). | 2000B | SBR09 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-----------|-----|
| Identification Code Qualifier | <p>X222A1: Changed from Required to Situational to accommodate Workers' Compensation. Required when the NM102 = 1.</p> <p>X222:Qualifier II replaced ZZ for Standard Unique Health Identifier.</p> <p>Changed from Situational to Required to support the new</p> | 2010BA | NM108 | List | S |
| Reference Number Qualifier | Qualifiers 1W, 23, IG were deleted. Removed Note that SY may not be used for Medicare. Hyphens should be stripped from the value prior to sending. | 2010BA | REF01 | List | R |
| Reference Number Qualifier | Qualifier TJ was removed. Qualifier EI was added. | 2010BB | REF01 | List | R |
| Individual Relationship Code | Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted. | 2000C | PAT01 | | R |
| Assignment or Plan Participation Code | <p>Code value P was deleted.</p> <p>Code values remaining are A, B and C.</p> <p>Usage of this field changed and is no longer limited to Medicare Assignment. This could be a significant change to provider software and products if a payer is requiring the use of this field to define their relationship with the provider submitting</p> | 2300 | CLM07 | List | R |
| Benefits Assignment Certification Indicator | Code value W added to replace CLM07- Provider Accept Assignment Indicator code value P - 'Patient refuses to assign benefits'. | 2300 | CLM08 | List | R |
| Release of Information Code | <p>Code values A, M, N, O were deleted.</p> <p>Code values remaining are I and Y.</p> | 2300 | CLM09 | List | R |
| Patient Signature Source Code | <p>Code values B, C, M and S were deleted.</p> <p>Situational Rule changed.</p> <p>Required in 4010 when CLM09 value was other than 'N'.</p> <p>Situationally Required in 5010 when signed on behalf of patient.</p> | 2300 | CLM10 | List | S |
| Related-Causes Code | Code value 'AP' was deleted. | 2300 | CLM11-1 | | R |
| Another Party Responsible | Code value 'AP' was deleted. | 2300 | CLM11-1 | AP | R |
| Related-Causes Code | Code value 'AP' was deleted. | 2300 | CLM11-2 | | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|-----------|-----|
| Another Party Responsible | Code value 'AP' was deleted. | 2300 | CLM11-2 | AP | R |
| Special Program Indicator | Code values 01, 07, 08 were deleted. Code 01 for EPSDT can be determined by other information in the claim. Codes 07 and 08 are now reported in Condition Codes. Code value clarifications were made on some codes. | 2300 | CLM12 | | S |
| Delay Reason Code | Code value 15 was added. Example was removed to eliminate confusion in use of the element. | 2300 | CLM20 | | S |
| DTP Format Qualifier | Qualifier DT was deleted. | 2300 | DTP02 | D8 | R |
| Attachment Report Type Code | Code values 03, 04, 05, 06, 07, 08, 09, 10, 11, 13, 15, 21 A3, A4, AM, BR, BS, BT, CB, CK, D2, DB, DJ, HC, HR, I5, IR, LA, M1, OC, OD, OE, OX, P4, P5, PE, PQ, PY, RX, SG, V5, XP were added. | 2300 | PWK01 | List | R |
| Attachment Transmission Code | Code value FT was added. | 2300 | PWK02 | List | R |
| Contract Type Code | Code value 01 - DRG was added. | 2300 | CN101 | List | R |
| Note Reference Code | Qualifier PMT was deleted. This information should be reported in the CAS, SVD and AMT segments as appropriate. | 2300 | NTE01 | List | R |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC03 | List | R |
| Ambulance Condition Code | Code values 02, 03, and 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2300 | CRC04 | List | S |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI01-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI02-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI03-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI04-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI05-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI06-1 | List | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI07-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI08-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI09-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI10-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI11-1 | List | R |
| Diagnosis Type Code | Qualifier ABK was added to support ICD-10-CM. | 2300 | HI12-1 | List | R |
| Entity Type Qualifier | Qualifier 2 was deleted | 2310A | NM102 | 1 | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2310A | NM108 | | S |
| Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2310A | REF01 | List | R |
| Identification Code Qualifier | Changed from Required to Situational. Situational Rule: NPI is required when provider is eligible for an NPI. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2310B | NM108 | | S |
| Reference Identification Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | 2310B | PRV02 | PXC | R |
| Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2310B | REF01 | List | R |
| Name Qualifier | Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value. | 2310C | NM101 | 77 | R |
| Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2310C | REF01 | List | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2310D | NM108 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2310D | REF01 | List | R |
| Payer Responsibility Code | Code values A-H and U were added to support payers 4-11. Provider Products should not allow U as a valid value since this is for Payer to Payer COB only. | 2320 | SBR01 | List | R |
| Individual Relationship Code | Code Values 01, 19, 20, 21, 39, 40, 53 and G8 are the only remaining values. All other code values were deleted. Code value 18 (self) is also valid at this level. | 2320 | SBR02 | List | R |
| Claim Filing Indicator Code | Code values 09, 10, and LI were deleted. Codes MA Medicare Part A, 17 DMO, FI-Federal Employee Program was added. Code descriptions for VA and ZZ were modified (non-substantive). | 2320 | SBR09 | List | S |
| Benefits Assignment Certification Indicator | Code value of W-'Patient refused to assign benefits' was added. | 2320 | OI03 | | R |
| Patient Signature Source Code | Code values B, C, M and S were deleted. | 2320 | OI04 | | S |
| Release of Information Code | Code values of A, M, N, O were deleted. Code values I and Y are the only remaining values. | 2320 | OI06 | | R |
| Identification Code Qualifier | Qualifier II replaced ZZ for Standard Unique Health Identifier. | 2330A | NM108 | List | R |
| Other Subscriber Standard Unique Health Identifier | Qualifier II changed to ZZ for Standard Unique Health Identifier. | 2330A | NM109 | II | R |
| Reference Number Qualifier | Qualifies W, 23 and IG were deleted. | 2330A | REF01 | List | R |
| Reference Number Qualifier | Qualifier F8 was deleted. New REF segment was added to support this data content. Qualifier EI was added to provide consistent identification of tax identification number and TJ was deleted. | 2330B | REF01 | List | R |
| Entity Type Qualifier | Qualifier 2 was deleted. Only a medical professional can initiate a referral. | 2330C | NM102 | 1 | R |
| Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2330C | REF01 | List | R |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Reference Number Qualifier | Allowable code values are 0B, 1G, G2 and LU | 2330D | REF01 | List | R |
| Name Qualifier | Qualifiers FA, LI and TL were deleted. | 2330E | NM101 | 77 | R |
| Reference Number Qualifier | Qualifiers 0B, G2, and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2330E | REF01 | List | R |
| Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2330F | REF01 | List | R |
| Product or Service ID Qualifier | Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes. | 2400 | SV101-1 | List | R |
| Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | 2400 | SV107-1 | | R |
| Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | 2400 | SV107-2 | | S |
| Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | 2400 | SV107-3 | | S |
| Diagnosis Code Pointer | Code values changed to allow pointers to additional diagnosis codes. Code values are not 1-12. However, only 4 pointers allowed per line. | 2400 | SV107-4 | | S |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC03 | List | R |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Clarification Min/Max changed from 2/2 to 2/3. | 2400 | CRC04 | List | S |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC05 | List | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------|----------|
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC06 | List | S |
| Ambulance Condition Code | Code values, 02, 03, 60 were deleted. Code value 12 was added. Min/Max changed from 2/2 to 2/3. | 2400 | CRC07 | | S |
| Code Category | Code value 11 was deleted. All oxygen information is now reported in the 2440 loop. | 2400 | CRC01 | 09 | R |
| DMERC Condition Indicator | Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3. | 2400 | CRC03 | List | R |
| DMERC Condition Indicator | Code values 37, AL and P1 were deleted. Situational Notes revised to remove Oxygen Therapy as that information is reported in the 2440 Loop. Min/Max changed from 2/2 to 2/3. | 2400 | CRC04 | List | S |
| Measurement Qualifier | Qualifiers GRA and ZO were deleted. Oxygen test results have been removed as this information is reported in the 2440 Loop. | 2400 | MEA02 | List | R |
| Product or Service ID Qualifier | Code value ER changed to ZZ. Code value WK was added. | 2400 | HCP09 | List | S |
| Unit or Basis for Measurement Code | Code value DA was deleted Code value MJ was added. | 2400 | HCP11 | List | S |
| Product / Service ID Qualifier | X222A1: New code values EN, EO, HI, UK, UP and ON added to support submission of UPN. | 2410 | LIN02 | N4 | R |
| Drug Unit Type | Code value ME was added. | 2410 | CTP05-1 | List | R |
| Reference Number Qualifier | Qualifier VY was added for use when a prescription drug does not have a prescription number. | 2410 | REF01 | List | R |
| Identification Code Qualifier | Changed from Required to Situational. Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid Qualifier. | 2420A | NM108 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Reference Identification Qualifier | Qualifier ZZ changed to PXC. X12 Attribute changed from Mandatory (M) to Conditional (X) with the condition if either PRV02 or PRV03 is present the other is required. | 2420A | PRV02 | PXC | R |
| Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2420A | REF01 | List | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2420B | NM108 | | S |
| Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2420B | REF01 | List | R |
| Name Qualifier | Qualifiers FA, LI and TL were deleted. Qualifier 77 is the only valid value. | 2420C | NM101 | 77 | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2420C | NM108 | | S |
| Reference Number Qualifier | Qualifiers G2 and LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2420C | REF01 | List | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2420D | NM108 | | S |
| Reference Number Qualifier | Qualifiers 0B, 1G, G2, LU are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2420D | REF01 | List | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2420E | NM108 | | S |
| Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2420E | REF01 | List | R |
| Identification Code Qualifier | Qualifiers 24 and 34 were deleted. Due to NPI mandate, NPI (XX) is the only valid qualifier. | 2420F | NM108 | | S |

| Description | 5010 Change Comment | Loop | Segment | Qualifier | Use |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------|---------|-----------|-----|
| Reference Number Qualifier | Qualifiers 0B, 1G, and G2 are the only remaining values. Qualifier G2 note added to specify use as the 'Payer Assigned Identifier'. | 2420F | REF01 | List | R |
| Product or Service ID Qualifier | Qualifier ZZ was changed to ER. Qualifier WK was added to support ABC codes. | 2430 | SVD03-1 | List | R |