

# Vermont MMIS HIPAA Tech Specs

## 837 – Institutional

### Inpatient

| Field                            | HIPAA Guide Name                         | Page |       | HIPAA Medicaid |   |
|----------------------------------|--|------|-------|----------------|---|
|                                  |  | #    | Usage | Note           | MMIS Instruction                                    |
| -----                            |  |      |       |                |   |
| NA (Interchange Control Header)  |  |      |       |                |   |
| -----                            |  |      |       |                |   |
| ISA (Interchange Control Header) |  |      |       |                |   |
| ISA01                            | Authorization Information Qualifier      | B.3  | R     | Y              | Use value 00  |
| ISA02                            | Authorization Information                | B.3  | R     | N              |   |
| ISA03                            | Security Information Qualifier           | B.4  | R     | Y              | Use value 00  |
| ISA04                            | Security Information                     | B.4  | R     | N              |   |
| ISA05                            | Interchange Sender ID Qualifier          | B.4  | R     | Y              | Use value ZZ for VT Medicaid.                       |
| ISA06                            | Interchange Sender ID                    | B.4  | R     | Y              | Use the Trading Partner ID assigned by VT Medicaid. |
| ISA07                            | Interchange Receiver ID Qualifier        | B.4  | R     | Y              | Use ZZ for VT Medicaid.                             |
| ISA08                            | Interchange Receiver ID                  | B.5  | R     | Y              | Use 752548221 - the VT Medicaid EIN                 |
| ISA09                            | Interchange Date                         | B.5  | R     | N              |   |
| ISA10                            | Interchange Time                         | B.5  | R     | N              |   |
| ISA11                            | Interchange Control Standards Identifier | B.5  | R     | N              |   |
| ISA12                            | Interchange Control Version Number       | B.5  | R     | N              |   |
| ISA13                            | Interchange Control Number               | B.5  | R     | N              |   |
| ISA14                            | Acknowledgment Requested                 | B.6  | R     | N              |   |
| ISA15                            | Usage Indicator                          | B.6  | R     | N              |   |
| ISA16                            | Component Element Separator              | B.6  | R     | N              |   |

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#### NA (Functional Group Header)

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#### GS (Functional Group Header)

|      |                             |     |   |   |   |
|------|-----------------------------|-----|---|---|---|
| GS01 | Functional ID Code          | B.8 | R | N |   |
| GS02 | Application Sender's Code   | B.8 | R | Y | Use the Trading Partner ID assigned by VT Medicaid. |
| GS03 | Application Receiver's Code | B.8 | R | Y | Use 752548221 - the VT Medicaid EIN                 |
| GS04 | Date                        | B.8 | R | N |   |
| GS05 | Time                        | B.8 | R | N |   |
| GS06 | Group Control Number        | B.9 | R | N |   |
| GS07 | Responsible Agency Code     | B.9 | R | N |   |
| GS08 | Version/Release ID Code     | B.9 | R | Y | Use 004010X096A1                                    |

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#### NA (NoLoopName)

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#### ST (Transaction Set Header)

|      |                                 |    |   |   |  |
|------|---------------------------------|----|---|---|--|
| ST01 | Transaction Set Identifier Code | 56 | R | N |  |
| ST02 | Transaction Set Control Number  | 56 | R | N |  |

#### BHT (Beginning Of Hierarchical Transaction)

|       |                               |    |   |   |   |
|-------|-------------------------------|----|---|---|---|
| BHT01 | Hierarchical Structure Code   | 57 | R | N |   |
| BHT02 | Transaction Set Purpose Code  | 58 | R | N |   |
| BHT03 | Reference Identification      | 58 | R | N |   |
| BHT04 | Date                          | 58 | R | N |   |
| BHT05 | Transaction Set Creation Time | 58 | R | N |   |
| BHT06 | Transaction Type Code         | 59 | R | Y | Vermont Medicaid will only process files with CH in this field.. Any files sent with other values will be rejected. |

#### REF (Transmission Type Identification)

|       |                                    |    |   |   |                  |
|-------|------------------------------------|----|---|---|------------------|
| REF01 | Reference Identification Qualifier | 60 | R | N |                  |
| REF02 | Reference Identification           | 60 | R | Y | Use 004010X096A1 |

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#### 1000A (Submitter Name)

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##### NM1 (Submitter Name)

|       |                                |    |   |   |  |
|-------|--------------------------------|----|---|---|--|
| NM101 | Entity Identifier Code         | 62 | R | N |  |
| NM102 | Entity Type Qualifier          | 62 | R | N |  |
| NM103 | Name Last or Organization Name | 62 | R | N |  |
| NM104 | Name First                     | 62 | S | N |  |
| NM105 | Name Middle                    | 62 | S | N |  |
| NM108 | Identification Code Qualifier  | 62 | R | N |  |
| NM109 | Identification Code            | 63 | R | Y | Enter the 3 byte submitter ID assigned by VT Medicaid. |

##### PER (Submitter EDI Contact Information)

|       |                                |    |   |   |   |
|-------|--------------------------------|----|---|---|---|
| PER01 | Contact Function Code          | 65 | R | Y | VT Medicaid will only capture information from the first PER segment. |
| PER02 | Name                           | 65 | R | N |   |
| PER03 | Communication Number Qualifier | 65 | R | Y | VT Medicaid will utilize TE, EM or FX.                                |
| PER04 | Communication Number           | 65 | R | N |   |
| PER05 | Communication Number Qualifier | 65 | S | Y | VT Medicaid will prefer to have TE, EX, EM or FX.                     |
| PER06 | Communication Number           | 66 | S | N |   |
| PER07 | Communication Number Qualifier | 66 | S | Y | VT Medicaid will prefer to have TE, EX, EM or FX.                     |
| PER08 | Communication Number           | 66 | S | N |   |

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#### 1000B (Receiver Name)

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##### NM1 (Receiver Name)

|       |                                |    |   |   |                                      |
|-------|--------------------------------|----|---|---|--------------------------------------|
| NM101 | Entity Identifier Code         | 68 | R | N |                                      |
| NM102 | Entity Type Qualifier          | 68 | R | N |                                      |
| NM103 | Name Last or Organization Name | 68 | R | Y | Enter "VT MEDICAID"                  |
| NM108 | Identification Code Qualifier  | 68 | R | N |                                      |
| NM109 | Identification Code            | 68 | R | Y | Use 752548221 - the VT Medicaid EIN. |

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2000A (Billing/Pay-to Provider Hierarchical Level)

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HL (Billing/Pay-to Provider Hierarchical Level)

|      |                         |    |   |   |
|------|-------------------------|----|---|---|
| HL01 | Hierarchical ID Number  | 70 | R | N |
| HL03 | Hierarchical Level Code | 70 | R | N |
| HL04 | Hierarchical Child Code | 70 | R | N |

PRV (Billing/Pay-to Provider Specialty Information)

|       |                                    |    |   |   |  |
|-------|------------------------------------|----|---|---|--|
| PRV01 | Provider Code                      | 71 | R | N |  |
| PRV02 | Reference Identification Qualifier | 72 | R | N |  |
| PRV03 | Reference Identification           | 72 | R | Y | The Taxonomy code is required by VT Medicaid |

CUR (Foreign Currency Information)

|       |                        |    |   |   |
|-------|------------------------|----|---|---|
| CUR01 | Entity Identifier Code | 74 | R | X |
| CUR02 | Currency Code          | 74 | R | X |

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#### 2010AA (Billing Provider Name)

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#### NM1 (Billing Provider Name)

|       |                                |    |   |   |                        |
|-------|--------------------------------|----|---|---|------------------------|
| NM101 | Entity Identifier Code         | 77 | R | N |                        |
| NM102 | Entity Type Qualifier          | 77 | R | N |                        |
| NM103 | Name Last or Organization Name | 77 | R | N |                        |
| NM108 | Identification Code Qualifier  | 77 | R | Y | Enter XX               |
| NM109 | Identification Code            | 78 | R | Y | Enter the 10-digit NPI |

#### N3 (Billing Provider Address)

|      |                     |    |   |   |  |
|------|---------------------|----|---|---|--|
| N301 | Address Information | 79 | R | N |  |
| N302 | Address Information | 79 | S | N |  |

#### N4 (Billing Provider City/State/ZIP Code)

|      |              |    |   |   |  |
|------|--------------|----|---|---|--|
| N401 | City Name    | 80 | R | N |  |
| N402 | State        | 81 | R | N |  |
| N403 | Postal Code  | 81 | R | N |  |
| N404 | Country Code | 81 | S | N |  |

#### REF (Billing Provider Secondary Identification)

|       |                                    |    |   |   |  |
|-------|------------------------------------|----|---|---|--|
| REF01 | Reference Identification Qualifier | 83 | R | N |  |
| REF02 | Reference Identification           | 84 | R | N |  |

#### REF (Credit/Debit Card Billing Information)

|       |                                    |    |   |   |  |
|-------|------------------------------------|----|---|---|--|
| REF01 | Reference Identification Qualifier | 85 | R | X |  |
| REF02 | Reference Identification           | 86 | R | X |  |

#### PER (Billing Provider Contact Information)

|       |                                |    |   |   |  |
|-------|--------------------------------|----|---|---|--|
| PER01 | Contact Function Code          | 88 | R | N |  |
| PER02 | Name                           | 88 | R | N |  |
| PER03 | Communication Number Qualifier | 88 | R | N |  |
| PER04 | Communication Number           | 88 | R | N |  |
| PER05 | Communication Number Qualifier | 89 | S | N |  |

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|       |                                |    |   |   |
|-------|--------------------------------|----|---|---|
| PER06 | Communication Number           | 89 | S | N |
| PER07 | Communication Number Qualifier | 89 | S | N |
| PER08 | Communication Number           | 89 | S | N |

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#### 2010AB (Pay-to Provider Name)

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##### NM1 (Pay-to Provider Name)

|       |                                |    |   |   |  |
|-------|--------------------------------|----|---|---|--|
| NM101 | Entity Identifier Code         | 92 | R | N |  |
| NM102 | Entity Type Qualifier          | 92 | R | N |  |
| NM103 | Name Last or Organization Name | 92 | R | N |  |
| NM108 | Identification Code Qualifier  | 92 | R | Y | If this loop is used, enter XX               |
| NM109 | Identification Code            | 93 | R | Y | If this loop is used, enter the 10-digit NPI |

##### N3 (Pay-to Provider Address)

|      |                     |    |   |   |
|------|---------------------|----|---|---|
| N301 | Address Information | 94 | R | N |
| N302 | Address Information | 94 | S | N |

##### N4 (Pay-to Provider City/State/ZIP Code)

|      |              |    |   |   |
|------|--------------|----|---|---|
| N401 | City Name    | 95 | R | N |
| N402 | State        | 95 | R | N |
| N403 | Postal Code  | 95 | R | N |
| N404 | Country Code | 96 | S | N |

##### REF (Pay-to-Provider Secondary Identification)

|       |                                    |    |   |   |
|-------|------------------------------------|----|---|---|
| REF01 | Reference Identification Qualifier | 97 | R | N |
| REF02 | Reference Identification           | 98 | R | N |

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#### 2000B (Subscriber Hierarchical Level)

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##### HL (Subscriber Hierarchical Level)

|      |  |     |   |   |   |
|------|--|-----|---|---|---|
| HL01 | hierarchical id number                         | 100 | R | Y | The Subscriber always equals the Patient for VT Medicaid claims. Report Patient/Recipient information in this loop. |
| HL02 | hierarchical parent id number (insured person) | 100 | R | N |   |
| HL03 | hierarchical level code                        | 100 | R | N |   |
| HL04 | hierarchical child code                        | 100 | R | Y | Use value 0 - for VT Medicaid the Subscriber is always the same as the Patient.                                     |

##### SBR (Subscriber Information)

|       |   |     |   |   |                                |
|-------|---|-----|---|---|--------------------------------|
| SBR01 | payer responsibility sequence number code | 102 | R | N |                                |
| SBR02 | individual relationship code              | 103 | S | Y | For VT Medicaid always use 18. |
| SBR03 | insured group or policy number            | 103 | S | N |                                |
| SBR04 | insured group name                        | 103 | S | Y | Enter "MEDICAID"               |
| SBR09 | claim filing indicator code               | 104 | R | Y | Use indicator MC               |

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2010BA (Subscriber Name)

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NM1 (Subscriber Name)

|       |                                |     |   |   |   |
|-------|--------------------------------|-----|---|---|---|
| NM101 | entity identifier code         | 109 | R | N |   |
| NM102 | entity type qualifier          | 109 | R | Y | VT Medicaid Subscriber is always a person. Use 1.   |
| NM103 | Name Last or Organization Name | 109 | R | N |   |
| NM104 | Name First                     | 109 | S | N |   |
| NM105 | subscriber middle name         | 109 | S | N |   |
| NM107 | subscriber name suffix         | 110 | S | N |   |
| NM108 | identification code qualifier  | 110 | S | Y | Use MI  |
| NM109 | Identification Code            | 110 | S | Y | Enter the patient's 9 character VT Medicaid Identification Number. Use numeric characters only, no hyphens or spaces. |

N3 (Subscriber Address)

|      |                           |     |   |   |  |
|------|---------------------------|-----|---|---|--|
| N301 | subscriber address line 1 | 112 | R | N |  |
| N302 | subscriber address line 2 | 112 | S | N |  |

N4 (Subscriber City/State/ZIP Code)

|      |                         |     |   |   |  |
|------|-------------------------|-----|---|---|--|
| N401 | subscriber city name    | 113 | R | N |  |
| N402 | subscriber state        | 114 | R | N |  |
| N403 | subscriber zip code     | 114 | R | N |  |
| N404 | subscriber country code | 114 | S | N |  |

DMG (Subscriber Demographic Information)

|       |  |     |   |   |  |
|-------|--|-----|---|---|--|
| DMG01 | date time period format qualifier (indicates dob format) | 115 | R | N |  |
| DMG02 | subscriber birth date                                    | 116 | R | N |  |
| DMG03 | gender code  | 116 | R | N |  |

REF (Subscriber Secondary Identification)

|       |                                    |     |   |   |  |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 117 | R | N |  |
| REF02 | subscriber supplemental identifier | 118 | R | N |  |

REF (Property and Casualty Claim Number)

|       |                                    |     |   |   |  |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 120 | R | X |  |
|-------|------------------------------------|-----|---|---|--|

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|       |                                |     |   |   |
|-------|--------------------------------|-----|---|---|
| REF02 | property casualty claim number | 120 | R | X |
|-------|--------------------------------|-----|---|---|

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2010BB (Credit/debit card holder name)

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NM1 (Credit/Debit Card Account Holder Name)

|       |                        |     |   |   |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 122 | R | X |
|-------|------------------------|-----|---|---|

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| NM102 | entity type qualifier | 122 | R | X |
|-------|-----------------------|-----|---|---|

|       |   |     |   |   |
|-------|---|-----|---|---|
| NM103 | credit or debit card holder last or organizational name | 122 | R | X |
|-------|---|-----|---|---|

|       |  |     |   |   |
|-------|--|-----|---|---|
| NM104 | credit or debit card holder first name | 122 | S | X |
|-------|--|-----|---|---|

|       |   |     |   |   |
|-------|---|-----|---|---|
| NM105 | credit or debit card holder middle name | 122 | S | X |
|-------|---|-----|---|---|

|       |   |     |   |   |
|-------|---|-----|---|---|
| NM107 | credit or debit card holder name suffix | 122 | S | X |
|-------|---|-----|---|---|

|       |                               |     |   |   |
|-------|-------------------------------|-----|---|---|
| NM108 | identification code qualifier | 123 | R | X |
|-------|-------------------------------|-----|---|---|

|       |                             |     |   |   |
|-------|-----------------------------|-----|---|---|
| NM109 | credit or debit card number | 123 | R | X |
|-------|-----------------------------|-----|---|---|

REF (Credit/Debit Card Information)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 124 | R | X |
|-------|------------------------------------|-----|---|---|

|       |   |     |   |   |
|-------|---|-----|---|---|
| REF02 | credit or debit card authorization number | 125 | R | X |
|-------|---|-----|---|---|

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#### 2010BC (Payer Name)

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##### NM1 (Payer Name)

|       |                               |     |   |   |                                     |
|-------|-------------------------------|-----|---|---|-------------------------------------|
| NM101 | entity identifier code        | 127 | R | N |                                     |
| NM102 | entity type qualifier         | 127 | R | N |                                     |
| NM103 | payer name                    | 127 | R | Y | Use "VT MEDICAID"                   |
| NM108 | identification code qualifier | 127 | R | Y | Use qualifier PI for VT Medicaid    |
| NM109 | payer identifier              | 128 | R | Y | Use 752548221 - the VT Medicaid EIN |

##### N3 (Payer Address)

|      |                      |     |   |   |  |
|------|----------------------|-----|---|---|--|
| N301 | payer address line 1 | 129 | R | N |  |
| N302 | payer address line 2 | 129 | S | N |  |

##### N4 (Payer City/State/ZIP Code)

|      |                    |     |   |   |  |
|------|--------------------|-----|---|---|--|
| N401 | payer city name    | 130 | R | N |  |
| N402 | payer state code   | 131 | R | N |  |
| N403 | payer zip code     | 131 | R | N |  |
| N404 | payer country code | 131 | S | N |  |

##### REF (Payer Secondary Identification)

|       |                                    |     |   |   |  |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 132 | R | N |  |
| REF02 | payer additional identifier        | 133 | R | N |  |

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#### 2010BD (Responsible Party Name)

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#### NM1 (Responsible Party Name)

|       |   |     |   |   |
|-------|---|-----|---|---|
| NM101 | entity identifier code                      | 135 | R | N |
| NM102 | entity type qualifier                       | 135 | R | N |
| NM103 | responsible party last or organization name | 135 | R | N |
| NM104 | responsible party first name                | 135 | S | N |
| NM105 | responsible party middle name               | 135 | S | N |
| NM107 | responsible party suffix name               | 135 | S | N |

#### N3 (Responsible Party Address)

|      |                                  |     |   |   |
|------|----------------------------------|-----|---|---|
| N301 | responsible party address line 1 | 136 | R | N |
| N302 | responsible party address line 2 | 136 | S | N |

#### N4 (Responsible Party City/State/ZIP Code)

|      |                                |     |   |   |
|------|--------------------------------|-----|---|---|
| N401 | responsible party city name    | 137 | R | N |
| N402 | responsible party state code   | 137 | R | N |
| N403 | responsible party zip code     | 137 | R | N |
| N404 | responsible party country code | 138 | S | N |

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#### 2000C (Patient Hierarchical Level)

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#### HL (Patient Hierarchical Level)

|      |                               |     |   |   |
|------|-------------------------------|-----|---|---|
| HL01 | hierarchical id number        | 140 | R | X |
| HL02 | hierarchical parent id number | 140 | R | X |
| HL03 | hierarchical level code       | 140 | R | X |
| HL04 | hierarchical child code       | 140 | R | X |

#### PAT (Patient Information)

|       |                                  |     |   |   |
|-------|----------------------------------|-----|---|---|
| PAT01 | patients relationship to insured | 142 | R | X |
|-------|----------------------------------|-----|---|---|

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| 2010CA (Patient Name)                                |   |     |   |   |
|--|---|-----|---|---|
| <b>NM1 (Patient Name)</b>                            |   |     |   |   |
| NM101  | entity identifier code  | 145 | R | X |
| NM102  | entity type qualifier   | 146 | R | X |
| NM103  | Patient last name   | 146 | R | X |
| NM104  | Patient first name  | 146 | R | X |
| NM105  | Patient middle name   | 146 | S | X |
| NM107  | patient name suffix   | 146 | S | X |
| NM108  | identification code qualifier   | 147 | S | X |
| NM109  | identification code   | 147 | S | X |
| <b>N3 (Patient Address)</b>                          |   |     |   |   |
| N301   | patient address line 1  | 148 | R | X |
| N302   | patient address line 2  | 148 | S | X |
| <b>N4 (Patient City/State/ZIP Code)</b>              |   |     |   |   |
| N401   | patient city name   | 149 | R | X |
| N402   | patient state code  | 150 | R | X |
| N403   | patient zip code  | 150 | R | X |
| N404   | country code  | 150 | S | X |
| <b>DMG (Patient Demographic Information)</b>         |   |     |   |   |
| DMG01  | date time period format qualifier<br>(indicates format for date of birth) | 151 | R | X |
| DMG02  | patient date of birth   | 152 | R | X |
| DMG03  | patient gender code   | 152 | R | X |
| <b>REF (Patient Secondary Identification Number)</b> |   |     |   |   |
| REF01  | reference identification qualifier  | 153 | R | X |
| REF02  | patient secondary identifier  | 154 | R | X |
| <b>REF (Property and Casualty Claim Number)</b>      |   |     |   |   |
| REF01  | reference qualifier   | 155 | R | X |

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REF02      property casualty claim number      156      R      X

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#### 2300 (Claim Information)

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#### CLM (Claim Information)

|       |        |   |     |   |   |   |
|-------|--------|---|-----|---|---|---|
| CLM01 |        | Patient Account Number                      | 158 | R | Y | VT Medicaid will capture up to the first 20 characters and return them on the 835. Fields longer than 20 will be truncated. |
| CLM02 |        | Total Claim Charge Amount                   | 159 | R | N |   |
| CLM05 |        | Facility code Qualifier                     | 159 | R | N |   |
| CLM05 | C023-1 | facility code value                         | 159 | R | N |   |
| CLM05 | C023-2 | facility code qualifier                     | 159 | R | N |   |
| CLM05 | C023-3 | claim frequency code                        | 159 | R | N |   |
| CLM06 |        | provider or supplier signature indicator    | 160 | R | N |   |
| CLM07 |        | Medicare assignment code                    | 160 | S | N |   |
| CLM08 |        | benefits assignment certification indicator | 160 | R | N |   |
| CLM09 |        | release of information code                 | 161 | R | N |   |
| CLM18 |        | Explanation of Benefits Indicator           | 163 | R | N |   |
| CLM20 |        | delay reason code                           | 164 | S | N |   |

#### DTP (Discharge Hour)

|       |  |                                   |     |   |   |
|-------|--|-----------------------------------|-----|---|---|
| DTP01 |  | date time qualifier               | 165 | R | N |
| DTP02 |  | date time period format qualifier | 165 | R | N |
| DTP03 |  | Discharge Hour                    | 166 | R | N |

#### DTP (Statement Dates)

|       |  |                                   |     |   |   |
|-------|--|-----------------------------------|-----|---|---|
| DTP01 |  | date time qualifier               | 167 | R | N |
| DTP02 |  | date time period format qualifier | 167 | R | N |
| DTP03 |  | Statement from and to date        | 168 | R | N |

#### DTP (Admission Date/Hour)

|       |  |                                   |     |   |   |
|-------|--|-----------------------------------|-----|---|---|
| DTP01 |  | date time qualifier               | 169 | R | N |
| DTP02 |  | date time period format qualifier | 169 | R | N |
| DTP03 |  | Admission Date and Hour           | 170 | R | N |

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#### CL1 (Institutional Claim Code)

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| CL101 | Admission Type Code   | 171 | S | N |
| CL102 | Admission Source Code | 172 | S | N |
| CL103 | Patient Status Code   | 172 | S | N |

#### PWK (Claim Supplemental Information)

|       |                               |     |   |   |
|-------|-------------------------------|-----|---|---|
| PWK01 | attachment report type code   | 174 | R | N |
| PWK02 | attachment transmission code  | 174 | R | N |
| PWK05 | identification code qualifier | 175 | S | N |
| PWK06 | attachment control number     | 175 | S | N |
| PWK07 | description                   | 175 | S | N |

#### CN1 (Contract Information)

|       |                             |     |   |   |
|-------|-----------------------------|-----|---|---|
| CN101 | contract type code          | 176 | R | N |
| CN102 | contract amount             | 177 | S | N |
| CN103 | contract percentage         | 177 | S | N |
| CN104 | contract code               | 177 | S | N |
| CN105 | terms discount percentage   | 177 | S | N |
| CN106 | contract version identifier | 177 | S | N |

#### AMT (Payer Estimated Amount Due)

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 178 | R | N |
| AMT02 | Payer Paid Amount     | 179 | R | N |

#### AMT (Patient Estimated Amount Due)

|       |                               |     |   |   |
|-------|-------------------------------|-----|---|---|
| AMT01 | amount qualifier code         | 180 | R | N |
| AMT02 | Patient Responsibility Amount | 181 | R | N |

#### AMT (Patient Amount Paid)

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 182 | R | N |
| AMT02 | patient paid amount   | 183 | R | N |

#### AMT (Credit/Debit Card Maximum Amount)

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### Inpatient

|   |  |     |   |   |   |
|---|--|-----|---|---|---|
| AMT01   | amount qualifier code                    | 184 | R | X |   |
| AMT02   | credit or debit card maximum amount      | 184 | R | X |   |
| <b>REF (Adusted Repriced Claim Number)</b>  |  |     |   |   |   |
| REF01   | reference identification qualifier       | 185 | R | N |   |
| REF02   | Medicare section 4081 indicator          | 185 | R | N |   |
| <b>REF (Repriced Claim Number)</b>  |  |     |   |   |   |
| REF01   | reference identification qualifier       | 186 | R | N |   |
| REF02   | mammography certification number         | 186 | R | N |   |
| <b>REF (Claim Identification Number For Clearinghouses and Other Transmission Intermediaries)</b> |  |     |   |   |   |
| REF01   | reference identification qualifier       | 187 | R | N |   |
| REF02   | Reference Identification                 | 188 | R | N |   |
| <b>REF (Document Identification Code)</b>   |  |     |   |   |   |
| REF01   | reference identification qualifier       | 189 | R | N |   |
| REF02   | claim original reference number          | 189 | R | N |   |
| <b>REF (Original Reference Number (ICN/DCN))</b>  |  |     |   |   |   |
| REF01   | Reference Identification Qualifier       | 191 | R | N |   |
| REF02   | Original Reference Number                | 192 | R | N | Report the 15 digit Internal Control Number (ICN) assigned to the original claim by VT MEDICAID. Required when Claim Frequency code = 7 or 8. |
| <b>REF (Investigational Device Exemption Number)</b>  |  |     |   |   |   |
| REF01   | reference identification qualifier       | 193 | R | N |   |
| REF02   | repriced claim reference number          | 193 | R | N |   |
| <b>REF (Service Authorization Exception Code)</b>   |  |     |   |   |   |
| REF01   | reference identification qualifier       | 195 | R | N |   |
| REF02   | adjusted repriced claim reference number | 196 | R | N |   |
| <b>REF (Peer Review Organization (PRO) Approval Number)</b>                                       |  |     |   |   |   |
| REF01   | reference identification qualifier       | 197 | R | N |   |
| REF02   | Peer Review Auth Number                  | 197 | R | N |   |
| <b>REF (Prior Authorization or Referral Number)</b>   |  |     |   |   |   |
| REF01   | Reference identification qualifier       | 198 | R | N |   |

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|  |                                    |     |   |   |
|--|------------------------------------|-----|---|---|
| REF02                                  | Prior Authorization Number         | 199 | R | N |
| REF (Medical Record Number)            |                                    |     |   |   |
| REF01                                  | reference identification qualifier | 200 | R | N |
| REF02                                  | Reference Identification           | 201 | R | N |
| REF (Demonstration Project Identifier) |                                    |     |   |   |
| REF01                                  | reference identification qualifier | 202 | R | N |
| REF02                                  | Reference Identification           | 202 | R | N |
| K3 (File Information)                  |                                    |     |   |   |
| K301                                   | fixed format information 80        | 204 | R | N |
| NTE (Claim Note)                       |                                    |     |   |   |
| NTE01                                  | note reference code                | 206 | R | N |
| NTE02                                  | description                        | 207 | R | N |
| NTE (Billing Note)                     |                                    |     |   |   |
| NTE01                                  | note reference code                | 208 | R | N |
| NTE02                                  | description                        | 209 | R | N |
| CR6 (Home Health Care Information)     |                                    |     |   |   |
| CR601                                  | Prognosis Indicator                | 211 | R | N |
| CR602                                  | Service From Date                  | 211 | R | N |
| CR603                                  | Date Time Period Format Qualifier  | 211 | S | N |
| CR604                                  | Certification Period               | 212 | S | N |
| CR605                                  | Diagnosis Date                     | 212 | R | N |
| CR606                                  | Skilled Nursing Facility Indicator | 212 | R | N |
| CR607                                  | Medicare Coverage Indicator        | 213 | R | N |
| CR608                                  | Certification Type Code            | 213 | R | N |
| CR609                                  | Surgery Date                       | 213 | S | N |
| CR610                                  | Product or Service ID Qualifier    | 214 | S | N |

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|       |                                      |     |   |   |
|-------|--------------------------------------|-----|---|---|
| CR611 | Surgical Procedure Code              | 214 | S | N |
| CR612 | Physician Order Date                 | 214 | S | N |
| CR613 | Last Visit Date                      | 215 | S | N |
| CR614 | Physician Contact Date               | 215 | S | N |
| CR615 | Date Time Period Format Qualifier    | 215 | S | N |
| CR616 | Last Admission Period                | 215 | S | N |
| CR617 | Patient Discharge Facility Type Code | 216 | R | N |
| CR618 | Diagnosis Date                       | 216 | S | N |
| CR619 | Diagnosis Date                       | 217 | S | N |
| CR620 | Diagnosis Date                       | 217 | S | N |
| CR621 | Diagnosis Date                       | 217 | S | N |

#### CRC (Home Health Functional Limitations)

|       |                                   |     |   |   |
|-------|-----------------------------------|-----|---|---|
| CRC01 | code category                     | 218 | R | N |
| CRC02 | certification condition indicator | 219 | R | N |
| CRC03 | Functional Limitation Code        | 219 | R | N |
| CRC04 | Functional Limitation Code        | 220 | S | N |
| CRC05 | Functional Limitation Code        | 220 | S | N |
| CRC06 | Functional Limitation Code        | 220 | S | N |
| CRC07 | Functional Limitation Code        | 220 | S | N |

#### CRC (Home Health Activities Permitted)

|       |                            |     |   |   |
|-------|----------------------------|-----|---|---|
| CRC01 | code category              | 221 | R | N |
| CRC02 | Functional Limitation Code | 222 | R | N |
| CRC03 | Activities Permitted Code  | 222 | R | N |
| CRC04 | Activities Permitted Code  | 223 | S | N |

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|       |                           |     |   |   |
|-------|---------------------------|-----|---|---|
| CRC05 | Activities Permitted Code | 223 | S | N |
| CRC06 | Activities Permitted Code | 223 | S | N |
| CRC07 | Activities Permitted Code | 223 | S | N |

#### CRC (Home Health Mental Status)

|       |                            |     |   |   |
|-------|----------------------------|-----|---|---|
| CRC01 | code category              | 224 | R | N |
| CRC02 | Functional Limitation Code | 225 | R | N |
| CRC03 | Mental Status Code         | 225 | R | N |
| CRC04 | Mental Status Code         | 226 | S | N |
| CRC05 | Mental Status Code         | 226 | S | N |
| CRC06 | Mental Status Code         | 226 | S | N |
| CRC07 | Mental Status Code         | 226 | S | N |

#### HI (Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information)

|      |        |                              |     |   |   |
|------|--------|------------------------------|-----|---|---|
| HI01 |        | Health care code information | 227 | R | N |
| HI01 | C022-1 | Code List Qualifier Code     | 228 | R | N |
| HI01 | C022-2 | Industry Code                | 228 | R | N |
| HI02 |        | health care code information | 228 | S | N |
| HI02 | C022-1 | Code List Qualifier Code     | 228 | R | Y |
| HI02 | C022-2 | Industry Code                | 228 | R | N |
| HI03 |        | health care code information | 229 | S | N |
| HI03 | C022-1 | Code List Qualifier Code     | 229 | R | N |
| HI03 | C022-2 | Industry Code                | 229 | R | N |

#### HI (Diagnosis Related Group (DRG) Information)

|      |        |                              |     |   |   |
|------|--------|------------------------------|-----|---|---|
| HI01 |        | Health care code information | 230 | R | N |
| HI01 | C022-1 | Code List Qualifier Code     | 230 | R | N |
| HI01 | C022-2 | Industry Code                | 230 | R | N |

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#### HI (Other Diagnosis Information)

|      |        |                              |     |   |   |
|------|--------|------------------------------|-----|---|---|
| HI01 |        | health care code information | 232 | R | N |
| HI01 | C022-1 | Code List Qualifier Code     | 232 | R | N |
| HI01 | C022-2 | Industry Code                | 233 | R | N |
| HI02 |        | health care code information | 233 | S | N |
| HI02 | C022-1 | Code List Qualifier Code     | 233 | R | N |
| HI02 | C022-2 | Industry Code                | 233 | R | N |
| HI03 |        | health care code information | 234 | S | N |
| HI03 | C022-1 | Code List Qualifier Code     | 234 | R | N |
| HI03 | C022-2 | Industry Code                | 234 | R | N |
| HI04 | C022-1 | Code List Qualifier Code     | 235 | R | N |
| HI04 | C022-2 | Industry Code                | 235 | R | N |
| HI05 | C022-1 | Code List Qualifier Code     | 235 | R | N |
| HI05 | C022-2 | Industry Code                | 235 | R | N |
| HI06 | C022-1 | Code List Qualifier Code     | 236 | R | N |
| HI06 | C022-2 | Industry Code                | 236 | R | N |
| HI07 | C022-1 | Code List Qualifier Code     | 237 | R | N |
| HI07 | C022-2 | Industry Code                | 237 | R | N |
| HI08 | C022-1 | Code List Qualifier Code     | 237 | R | N |
| HI08 | C022-2 | Industry Code                | 238 | R | N |
| HI09 | C022-1 | Code List Qualifier Code     | 238 | R | N |
| HI09 | C022-2 | Industry Code                | 238 | R | N |
| HI10 | C022-1 | Code List Qualifier Code     | 239 | R | N |
| HI10 | C022-2 | Industry Code                | 239 | R | N |

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|   |        |                                   |     |   |   |                         |
|---|--------|-----------------------------------|-----|---|---|-------------------------|
| HI11  | C022-1 | Code List Qualifier Code          | 240 | R | N |                         |
| HI11  | C022-2 | Industry Code                     | 240 | R | N |                         |
| HI12  | C022-1 | Code List Qualifier Code          | 240 | R | N |                         |
| HI12  | C022-2 | Industry Code                     | 240 | R | N |                         |
| <b>HI (Principal Procedure Information)</b> |        |                                   |     |   |   |                         |
| HI01  | C022-1 | Code List Qualifier Code          | 242 | R | Y | Use BR for VT Medicaid. |
| HI01  | C022-2 | Industry Code                     | 243 | R | N |                         |
| <b>HI (Other Procedure Information)</b>     |        |                                   |     |   |   |                         |
| HI01  |        | health care code information      | 244 | R | N |                         |
| HI01  | C022-1 | Code List Qualifier Code          | 244 | R | Y | Use BQ for VT Medicaid. |
| HI01  | C022-2 | Industry Code                     | 245 | R | N |                         |
| HI01  | C022-3 | date time period format qualifier | 245 | S | N |                         |
| HI01  | C022-4 | date time period                  | 245 | S | N |                         |
| HI02  |        | health care code information      | 245 | S | N |                         |
| HI02  | C022-1 | Code List Qualifier Code          | 245 | R | N |                         |
| HI02  | C022-2 | Industry Code                     | 246 | R | N |                         |
| HI02  | C022-3 | Date Time Period Format Qualifier | 246 | S | N |                         |
| HI02  | C022-4 | date time period                  | 246 | S | N |                         |
| HI03  |        | health care code information      | 246 | S | N |                         |
| HI03  | C022-1 | Code List Qualifier Code          | 246 | R | N |                         |
| HI03  | C022-2 | Industry Code                     | 246 | R | N |                         |
| HI03  | C022-3 | Date Time Period Format Qualifier | 247 | S | N |                         |
| HI03  | C022-4 | date time period                  | 247 | S | N |                         |
| HI04  |        | health care code information      | 247 | S | N |                         |

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|      |        |                                   |     |   |   |
|------|--------|-----------------------------------|-----|---|---|
| HI04 | C022-1 | Code List Qualifier Code          | 247 | R | N |
| HI04 | C022-2 | Industry Code                     | 247 | R | N |
| HI04 | C022-3 | Date Time Period Format Qualifier | 248 | S | N |
| HI04 | C022-4 | date time period                  | 248 | S | N |
| HI05 |        | health care code information      | 248 | S | N |
| HI05 | C022-1 | Code List Qualifier Code          | 248 | R | N |
| HI05 | C022-2 | Industry Code                     | 248 | R | N |
| HI05 | C022-3 | Date Time Period Format Qualifier | 249 | S | N |
| HI05 | C022-4 | date time period                  | 249 | S | N |
| HI06 |        | health care code information      | 249 | S | N |
| HI06 | C022-1 | Code List Qualifier Code          | 249 | R | N |
| HI06 | C022-2 | Industry Code                     | 249 | R | N |
| HI06 | C022-3 | Date Time Period Format Qualifier | 249 | S | N |
| HI06 | C022-4 | date time period                  | 250 | S | N |
| HI07 |        | health care code information      | 250 | S | N |
| HI07 | C022-1 | Code List Qualifier Code          | 250 | R | N |
| HI07 | C022-2 | Industry Code                     | 250 | R | N |
| HI07 | C022-3 | Date Time Period Format Qualifier | 250 | S | N |
| HI07 | C022-4 | date time period                  | 251 | S | N |
| HI08 |        | health care code information      | 251 | S | N |
| HI08 | C022-1 | Code List Qualifier Code          | 251 | R | N |
| HI08 | C022-2 | Industry Code                     | 251 | R | N |
| HI08 | C022-3 | Date Time Period Format Qualifier | 251 | S | N |
| HI08 | C022-4 | date time period                  | 252 | S | N |

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|   |        |                                   |     |   |   |
|---|--------|-----------------------------------|-----|---|---|
| HI09                                    |        | health care code information      | 252 | S | N |
| HI09                                    | C022-1 | Code List Qualifier Code          | 252 | R | N |
| HI09                                    | C022-2 | Industry Code                     | 252 | R | N |
| HI09                                    | C022-3 | Date Time Period Format Qualifier | 252 | S | N |
| HI09                                    | C022-4 | date time period                  | 252 | S | N |
| HI10                                    |        | health care code information      | 253 | S | N |
| HI10                                    | C022-1 | Code List Qualifier Code          | 253 | R | N |
| HI10                                    | C022-2 | Industry Code                     | 253 | R | N |
| HI10                                    | C022-3 | Date Time Period Format Qualifier | 253 | S | N |
| HI10                                    | C022-4 | date time period                  | 253 | S | N |
| HI11                                    |        | health care code information      | 254 | S | N |
| HI11                                    | C022-1 | Code List Qualifier Code          | 254 | R | N |
| HI11                                    | C022-2 | Industry Code                     | 254 | R | N |
| HI11                                    | C022-3 | Date Time Period Format Qualifier | 254 | S | N |
| HI11                                    | C022-4 | date time period                  | 254 | S | N |
| HI12                                    |        | health care code information      | 255 | S | N |
| HI12                                    | C022-1 | Code List Qualifier Code          | 255 | R | N |
| HI12                                    | C022-2 | Industry Code                     | 255 | R | N |
| HI12                                    | C022-3 | Date Time Period Format Qualifier | 255 | S | N |
| HI12                                    | C022-4 | date time period                  | 255 | S | N |
| <b>HI (Occurrence Span Information)</b> |        |                                   |     |   |   |
| HI01                                    |        | health care code information      | 256 | R | N |
| HI01                                    | C022-1 | Code List Qualifier Code          | 256 | R | N |
| HI01                                    | C022-2 | Industry Code                     | 257 | R | N |

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|      |        |                                   |     |   |   |
|------|--------|-----------------------------------|-----|---|---|
| HI01 | C022-3 | date time period format qualifier | 257 | R | N |
| HI01 | C022-4 | date time period                  | 257 | R | N |
| HI02 |        | health care code information      | 257 | S | N |
| HI02 | C022-1 | Code List Qualifier Code          | 257 | R | N |
| HI02 | C022-2 | Industry Code                     | 257 | R | N |
| HI02 | C022-3 | Date Time Period Format Qualifier | 258 | R | N |
| HI02 | C022-4 | date time period                  | 258 | R | N |
| HI03 |        | health care code information      | 258 | S | N |
| HI03 | C022-1 | Code List Qualifier Code          | 258 | R | N |
| HI03 | C022-2 | Industry Code                     | 258 | R | N |
| HI03 | C022-3 | Date Time Period Format Qualifier | 258 | R | N |
| HI03 | C022-4 | date time period                  | 259 | R | N |
| HI04 | C022-1 | Code List Qualifier Code          | 259 | R | N |
| HI04 | C022-2 | Industry Code                     | 259 | R | N |
| HI04 | C022-3 | Date Time Period Format Qualifier | 259 | R | N |
| HI04 | C022-4 | date time period                  | 259 | R | N |
| HI05 | C022-1 | Code List Qualifier Code          | 260 | R | N |
| HI05 | C022-2 | Industry Code                     | 260 | R | N |
| HI05 | C022-3 | Date Time Period Format Qualifier | 260 | R | N |
| HI05 | C022-4 | date time period                  | 260 | R | N |
| HI06 | C022-1 | Code List Qualifier Code          | 261 | R | N |
| HI06 | C022-2 | Industry Code                     | 261 | R | N |
| HI06 | C022-3 | Date Time Period Format Qualifier | 261 | R | N |
| HI06 | C022-4 | date time period                  | 261 | R | N |

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|      |        |                                   |     |   |   |
|------|--------|-----------------------------------|-----|---|---|
| HI07 | C022-1 | Code List Qualifier Code          | 261 | R | N |
| HI07 | C022-2 | Industry Code                     | 262 | R | N |
| HI07 | C022-3 | Date Time Period Format Qualifier | 262 | R | N |
| HI07 | C022-4 | date time period                  | 262 | R | N |
| HI08 | C022-1 | Code List Qualifier Code          | 262 | R | N |
| HI08 | C022-2 | Industry Code                     | 262 | R | N |
| HI08 | C022-3 | Date Time Period Format Qualifier | 263 | R | N |
| HI08 | C022-4 | date time period                  | 263 | R | N |
| HI09 | C022-1 | Code List Qualifier Code          | 263 | R | N |
| HI09 | C022-2 | Industry Code                     | 263 | R | N |
| HI09 | C022-3 | Date Time Period Format Qualifier | 263 | R | N |
| HI09 | C022-4 | date time period                  | 263 | R | N |
| HI10 | C022-1 | Code List Qualifier Code          | 264 | R | N |
| HI10 | C022-2 | Industry Code                     | 264 | R | N |
| HI10 | C022-3 | Date Time Period Format Qualifier | 264 | R | N |
| HI10 | C022-4 | date time period                  | 264 | R | N |
| HI11 | C022-1 | Code List Qualifier Code          | 265 | R | N |
| HI11 | C022-2 | Industry Code                     | 265 | R | N |
| HI11 | C022-3 | Date Time Period Format Qualifier | 265 | R | N |
| HI11 | C022-4 | date time period                  | 265 | R | N |
| HI12 | C022-1 | Code List Qualifier Code          | 265 | R | N |
| HI12 | C022-2 | Industry Code                     | 266 | R | N |
| HI12 | C022-3 | Date Time Period Format Qualifier | 266 | R | N |
| HI12 | C022-4 | date time period                  | 266 | R | N |

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|      |        |                                   | HI (Occurrence Information) |   |   |
|------|--------|-----------------------------------|-----------------------------|---|---|
| HI01 |        | health care code information      | 267                         | R | N |
| HI01 | C022-1 | Code List Qualifier Code          | 267                         | R | N |
| HI01 | C022-2 | Industry Code                     | 268                         | R | N |
| HI01 | C022-3 | date time period format qualifier | 268                         | R | N |
| HI01 | C022-4 | date time period                  | 268                         | R | N |
| HI02 |        | health care code information      | 268                         | S | N |
| HI02 | C022-1 | Code List Qualifier Code          | 268                         | R | N |
| HI02 | C022-2 | Industry Code                     | 268                         | R | N |
| HI02 | C022-3 | Date Time Period Format Qualifier | 269                         | R | N |
| HI02 | C022-4 | date time period                  | 269                         | R | N |
| HI03 |        | health care code information      | 269                         | S | N |
| HI03 | C022-1 | Code List Qualifier Code          | 269                         | R | N |
| HI03 | C022-2 | Industry Code                     | 269                         | R | N |
| HI03 | C022-3 | Date Time Period Format Qualifier | 270                         | R | N |
| HI03 | C022-4 | date time period                  | 270                         | R | N |
| HI04 | C022-1 | Code List Qualifier Code          | 270                         | R | N |
| HI04 | C022-2 | Industry Code                     | 270                         | R | N |
| HI04 | C022-3 | Date Time Period Format Qualifier | 271                         | R | N |
| HI04 | C022-4 | date time period                  | 271                         | R | N |
| HI05 | C022-1 | Code List Qualifier Code          | 271                         | R | N |
| HI05 | C022-2 | Industry Code                     | 271                         | R | N |
| HI05 | C022-3 | Date Time Period Format Qualifier | 271                         | R | N |
| HI05 | C022-4 | date time period                  | 272                         | R | N |

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|      |        |                                   |     |   |   |
|------|--------|-----------------------------------|-----|---|---|
| HI06 | C022-1 | Code List Qualifier Code          | 272 | R | N |
| HI06 | C022-2 | Industry Code                     | 272 | R | N |
| HI06 | C022-3 | Date Time Period Format Qualifier | 272 | R | N |
| HI06 | C022-4 | date time period                  | 273 | R | N |
| HI07 | C022-1 | Code List Qualifier Code          | 273 | R | N |
| HI07 | C022-2 | Industry Code                     | 273 | R | N |
| HI07 | C022-3 | Date Time Period Format Qualifier | 273 | R | N |
| HI07 | C022-4 | date time period                  | 274 | R | N |
| HI08 | C022-1 | Code List Qualifier Code          | 274 | R | N |
| HI08 | C022-2 | Industry Code                     | 274 | R | N |
| HI08 | C022-3 | Date Time Period Format Qualifier | 274 | R | N |
| HI08 | C022-4 | date time period                  | 275 | R | N |
| HI09 | C022-1 | Code List Qualifier Code          | 275 | R | N |
| HI09 | C022-2 | Industry Code                     | 275 | R | N |
| HI09 | C022-3 | Date Time Period Format Qualifier | 275 | R | N |
| HI09 | C022-4 | date time period                  | 276 | R | N |
| HI10 | C022-1 | Code List Qualifier Code          | 276 | R | N |
| HI10 | C022-2 | Industry Code                     | 276 | R | N |
| HI10 | C022-3 | Date Time Period Format Qualifier | 276 | R | N |
| HI10 | C022-4 | date time period                  | 277 | R | N |
| HI11 | C022-1 | Code List Qualifier Code          | 277 | R | N |
| HI11 | C022-2 | Industry Code                     | 277 | R | N |
| HI11 | C022-3 | Date Time Period Format Qualifier | 277 | R | N |
| HI11 | C022-4 | date time period                  | 278 | R | N |





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|      |        |                              |     |   |   |
|------|--------|------------------------------|-----|---|---|
| HI02 |        | health care code information | 291 | S | N |
| HI02 | C022-1 | Code List Qualifier Code     | 291 | R | N |
| HI02 | C022-2 | Industry Code                | 291 | R | N |
| HI03 |        | health care code information | 292 | S | N |
| HI03 | C022-1 | Code List Qualifier Code     | 292 | R | N |
| HI03 | C022-2 | Industry Code                | 292 | R | N |
| HI04 | C022-1 | Code List Qualifier Code     | 292 | R | N |
| HI04 | C022-2 | Industry Code                | 293 | R | N |
| HI05 | C022-1 | Code List Qualifier Code     | 293 | R | N |
| HI05 | C022-2 | Industry Code                | 293 | R | N |
| HI06 | C022-1 | Code List Qualifier Code     | 294 | R | N |
| HI06 | C022-2 | Industry Code                | 294 | R | N |
| HI07 | C022-1 | Code List Qualifier Code     | 294 | R | N |
| HI07 | C022-2 | Industry Code                | 295 | R | N |
| HI08 | C022-1 | Code List Qualifier Code     | 295 | R | N |
| HI08 | C022-2 | Industry Code                | 295 | R | N |
| HI09 | C022-1 | Code List Qualifier Code     | 296 | R | N |
| HI09 | C022-2 | Industry Code                | 296 | R | N |
| HI10 | C022-1 | Code List Qualifier Code     | 296 | R | N |
| HI10 | C022-2 | Industry Code                | 297 | R | N |
| HI11 | C022-1 | Code List Qualifier Code     | 297 | R | N |
| HI11 | C022-2 | Industry Code                | 297 | R | N |
| HI12 | C022-1 | Code List Qualifier Code     | 298 | R | N |
| HI12 | C022-2 | Industry Code                | 298 | R | N |

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#### HI (Treatment Code Information)

|      |        |                              |     |   |   |
|------|--------|------------------------------|-----|---|---|
| HI01 |        | health care code information | 299 | R | N |
| HI01 | C022-1 | Code List Qualifier Code     | 299 | R | N |
| HI01 | C022-2 | Industry Code                | 300 | R | N |
| HI02 |        | health care code information | 300 | S | N |
| HI02 | C022-1 | Code List Qualifier Code     | 300 | R | N |
| HI02 | C022-2 | Industry Code                | 300 | R | N |
| HI03 |        | health care code information | 300 | S | N |
| HI03 | C022-1 | Code List Qualifier Code     | 300 | R | N |
| HI03 | C022-2 | Industry Code                | 300 | R | N |
| HI04 | C022-1 | Code List Qualifier Code     | 301 | R | N |
| HI04 | C022-2 | Industry Code                | 301 | R | N |
| HI05 | C022-1 | Code List Qualifier Code     | 301 | R | N |
| HI05 | C022-2 | Industry Code                | 302 | R | N |
| HI06 | C022-1 | Code List Qualifier Code     | 302 | R | N |
| HI06 | C022-2 | Industry Code                | 302 | R | N |
| HI07 | C022-1 | Code List Qualifier Code     | 302 | R | N |
| HI07 | C022-2 | Industry Code                | 302 | R | N |
| HI08 | C022-1 | Code List Qualifier Code     | 303 | R | N |
| HI08 | C022-2 | Industry Code                | 303 | R | N |
| HI09 | C022-1 | Code List Qualifier Code     | 303 | R | N |
| HI09 | C022-2 | Industry Code                | 304 | R | N |
| HI10 | C022-1 | Code List Qualifier Code     | 304 | R | N |
| HI10 | C022-2 | Industry Code                | 304 | R | N |

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### Inpatient

|  |        |  |     |   |   |                         |
|--|--------|--|-----|---|---|-------------------------|
| HI11   | C022-1 | Code List Qualifier Code               | 304 | R | N |                         |
| HI11   | C022-2 | Industry Code                          | 304 | R | N |                         |
| HI12   | C022-1 | Code List Qualifier Code               | 305 | R | N |                         |
| HI12   | C022-2 | Industry Code                          | 305 | R | N |                         |
| <b>QTY (Claim Quantity)</b>                      |        |  |     |   |   |                         |
| QYT01  |        | Quantity Qualifier                     | 307 | R | Y | For VT Medicaid use CA. |
| QTY02  |        | Claim Days Count                       | 307 | R | N |                         |
| QTY03  |        | Composite units of measure             | 307 | R | N |                         |
| QTY03  | C001-1 | Unit or Basis of Measurement           | 307 | R | N |                         |
| <b>HCP (Claim Pricing/Repricing Information)</b> |        |  |     |   |   |                         |
| HCP01  |        | pricing methodology                    | 309 | R | N |                         |
| HCP02  |        | allowed amount                         | 309 | R | N |                         |
| HCP03  |        | repriced saving amount                 | 310 | S | N |                         |
| HCP04  |        | repricing organization identifier      | 310 | S | N |                         |
| HCP05  |        | repricing per diem or flat rate amount | 310 | S | N |                         |
| HCP06  |        | Repriced Approved DRG Code             | 310 | S | N |                         |
| HCP07  |        | Repriced Approved DRG Amount           | 310 | S | N |                         |
| HCP08  |        | Repriced Approved Revenue Code         | 311 | S | N |                         |
| HCP09  |        | product/service id                     | 311 | S | N |                         |
| HCP10  |        | Approved Procedure Code                | 311 | S | N |                         |
| HCP11  |        | unit or basis for measurement code     | 311 | S | N |                         |
| HCP12  |        | quantity                               | 312 | S | N |                         |
| HCP13  |        | reject reason code                     | 312 | S | N |                         |
| HCP14  |        | policy compliance code                 | 312 | S | N |                         |

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|       |                |     |   |   |
|-------|----------------|-----|---|---|
| HCP15 | exception code | 313 | S | N |
|-------|----------------|-----|---|---|

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#### 2305 (Home Health Care Plan Information)

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#### CR7 (Home Health Care Plan Information)

|       |                      |     |   |   |
|-------|----------------------|-----|---|---|
| CR701 | discipline type code | 314 | R | N |
|-------|----------------------|-----|---|---|

|       |  |     |   |   |
|-------|--|-----|---|---|
| CR702 | Visits prior to Recertification Date Count | 315 | R | N |
|-------|--|-----|---|---|

|       |   |     |   |   |
|-------|---|-----|---|---|
| CR703 | Total Visits Projected during this cert count | 315 | R | N |
|-------|---|-----|---|---|

#### HSD (Health Care Services Delivery)

|       |                    |     |   |   |
|-------|--------------------|-----|---|---|
| HSD01 | Quantity Qualifier | 317 | S | N |
|-------|--------------------|-----|---|---|

|       |                  |     |   |   |
|-------|------------------|-----|---|---|
| HSD02 | Frequency Number | 317 | S | N |
|-------|------------------|-----|---|---|

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| HSD03 | unit or basis for measurement code | 317 | S | N |
|-------|------------------------------------|-----|---|---|

|       |                        |     |   |   |
|-------|------------------------|-----|---|---|
| HSD04 | Sample section Modulus | 318 | S | N |
|-------|------------------------|-----|---|---|

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| HSD05 | Time Period Qualifier | 318 | S | N |
|-------|-----------------------|-----|---|---|

|       |              |     |   |   |
|-------|--------------|-----|---|---|
| HSD06 | period count | 318 | S | N |
|-------|--------------|-----|---|---|

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| HSD07 | calendar pattern code | 318 | S | N |
|-------|-----------------------|-----|---|---|

|       |                            |     |   |   |
|-------|----------------------------|-----|---|---|
| HSD08 | delivery pattern time code | 320 | S | N |
|-------|----------------------------|-----|---|---|

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### Inpatient

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#### 2310A (Attending Provider Name)

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##### NM1 (Attending Provider Name)

|       |                                |     |   |   |   |
|-------|--------------------------------|-----|---|---|---|
| NM101 | Entity Identifier Code         | 322 | R | N |   |
| NM102 | Entity Type Qualifier          | 322 | R | N |   |
| NM103 | Name Last or Organization Name | 322 | R | N |   |
| NM104 | Name First                     | 322 | S | N |   |
| NM105 | Name Middle                    | 322 | S | N |   |
| NM108 | Identification Code Qualifier  | 323 | R | Y | Use XX if sending the NPI in NM109<br>Use 24 or 34 if sending the VT Medicaid Provider ID |
| NM109 | Identification Code            | 323 | R | Y | Enter the 10-digit NPI if XX was entered in NM108   |

##### PRV (Attending Provider Specialty Information)

|       |                                    |     |   |   |   |
|-------|------------------------------------|-----|---|---|---|
| PRV01 | Provider Code                      | 324 | R | N |   |
| PRV02 | Reference Identification Qualifier | 325 | R | N |   |
| PRV03 | Reference Identification           | 325 | R | Y | The Taxonomy code is required for VT Medicaid |

##### REF (Attending Provider Secondary Identification)

|       |                                    |     |   |   |  |
|-------|------------------------------------|-----|---|---|--|
| REF01 | Reference Identification Qualifier | 326 | R | Y | Use 1D when the attending provider is atypical |
| REF02 | Reference Identification           | 327 | R | Y | Use the 7 digit VT Medicaid Provider ID        |

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### Inpatient

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#### 2310B (Operating Provider Name)

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#### NM1 (Operating Provider Name)

|       |                                |     |   |   |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code         | 329 | R | N |
| NM102 | Entity Type Qualifier          | 329 | R | N |
| NM103 | Name Last or Organization Name | 329 | R | N |
| NM104 | Name First                     | 329 | R | N |
| NM105 | Name Middle                    | 329 | S | N |
| NM107 | Name Suffix                    | 329 | S | N |
| NM108 | Identification Code Qualifier  | 330 | R | N |
| NM109 | Identification Code            | 330 | R | N |

#### PRV (Operating Physician Specialty Information)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code                      | 331 | R | N |
| PRV02 | Reference Identification Qualifier | 332 | R | N |
| PRV03 | Reference Identification           | 332 | R | N |

#### REF (Operating Physician Secondary Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | Reference Identification Qualifier | 333 | R | N |
| REF02 | Reference Identification           | 334 | R | N |

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### Inpatient

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#### 2310C (Other Physician Name)

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#### NM1 (Other Provider Name)

|       |                                |     |   |   |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code         | 336 | R | N |
| NM102 | Entity Type Qualifier          | 336 | R | N |
| NM103 | Name Last or Organization Name | 336 | R | N |
| NM104 | Name First                     | 336 | S | N |
| NM105 | Name Middle                    | 337 | S | N |
| NM107 | Name Suffix                    | 337 | S | N |
| NM108 | Identification Code Qualifier  | 337 | R | N |
| NM109 | Identification Code            | 337 | R | N |

#### PRV (Other Provider Specialty Information)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code                      | 338 | R | N |
| PRV02 | Reference Identification Qualifier | 339 | R | N |
| PRV03 | Reference Identification           | 339 | R | N |

#### REF (Other Provider Secondary Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | Reference Identification Qualifier | 340 | R | N |
| REF02 | Reference Identification           | 341 | R | N |

# Vermont MMIS HIPAA Tech Specs

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### Inpatient

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#### 2310E (Service Facility Name)

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#### NM1 (Service Facility Name)

|       |                                |     |   |   |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code         | 350 | R | N |
| NM102 | Entity Type Qualifier          | 350 | R | N |
| NM103 | Name Last or Organization Name | 350 | R | N |
| NM108 | Identification Code Qualifier  | 350 | S | N |
| NM109 | Identification Code            | 350 | S | N |

#### PRV (Service Facility Specialty Information)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code                      | 352 | R | N |
| PRV02 | Reference Identification Qualifier | 353 | R | N |
| PRV03 | Reference Identification           | 353 | R | N |

#### N3 (Service Facility Address)

|      |                     |     |   |   |
|------|---------------------|-----|---|---|
| N301 | Address Information | 354 | R | N |
| N302 | Address Information | 354 | S | N |

#### N4 (Service Facility City/State/Zip Code)

|      |              |     |   |   |
|------|--------------|-----|---|---|
| N401 | City Name    | 355 | R | N |
| N402 | State        | 355 | R | N |
| N403 | Postal Code  | 356 | R | N |
| N404 | Country Code | 356 | S | N |

#### REF (Service Facility Secondary Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | Reference Identification Qualifier | 357 | R | N |
| REF02 | Reference Identification           | 358 | R | N |

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## 837 – Institutional

### Inpatient

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#### 2320 (Other Subscriber Information)

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#### SBR (Other Subscriber Information)

|       |   |     |   |   |
|-------|---|-----|---|---|
| SBR01 | payer responsibility sequence number code | 360 | R | N |
| SBR02 | individual relationship code              | 361 | R | N |
| SBR03 | insured group or policy number            | 363 | S | N |
| SBR04 | other insured group name                  | 363 | S | N |
| SBR09 | claim filing indicator code               | 363 | S | N |

#### CAS (Claim Level Adjustment)

|       |                             |     |   |   |
|-------|-----------------------------|-----|---|---|
| CAS01 | claim adjustment group code | 367 | R | N |
| CAS02 | Adjustment Reason Code      | 367 | R | N |
| CAS03 | Adjustment Amount           | 367 | R | N |
| CAS04 | adjustment quantity         | 367 | S | N |
| CAS05 | Adjustment Reason Code      | 368 | S | N |
| CAS06 | adjustment amount           | 368 | R | N |
| CAS07 | adjustment quantity         | 368 | S | N |
| CAS08 | Adjustment Reason Code      | 368 | S | N |
| CAS09 | adjustment amount           | 368 | S | N |
| CAS10 | adjustment quantity         | 369 | S | N |
| CAS11 | Adjustment Reason Code      | 369 | S | N |
| CAS12 | adjustment amount           | 369 | S | N |
| CAS13 | adjustment quantity         | 369 | S | N |
| CAS14 | Adjustment Reason Code      | 369 | S | N |
| CAS15 | adjustment amount           | 370 | S | N |
| CAS16 | adjustment quantity         | 370 | S | N |
| CAS17 | Adjustment Reason Code      | 370 | S | N |

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|   |                                 |     |   |   |
|---|---------------------------------|-----|---|---|
| CAS18   | adjustment amount               | 370 | S | N |
| CAS19   | adjustment quantity             | 370 | S | N |
| <b>AMT (Payer Prior Payment)</b>  |                                 |     |   |   |
| AMT01   | amount qualifier code           | 371 | R | N |
| AMT02   | Monetary amount                 | 371 | R | N |
| <b>AMT (Coordination of Benefits (COB) Total Allowed Amount)</b>              |                                 |     |   |   |
| AMT01   | amount qualifier code           | 372 | R | N |
| AMT02   | Monetary amount                 | 372 | R | N |
| <b>AMT (Coordination of Benefits (COB) Total Submitted Charges)</b>           |                                 |     |   |   |
| AMT01   | amount qualifier code           | 373 | R | N |
| AMT02   | Monetary amount                 | 373 | R | N |
| <b>AMT (Diagnostic Related Group (DRG) Outlier Amount)</b>                    |                                 |     |   |   |
| AMT01   | amount qualifier code           | 374 | R | N |
| AMT02   | Monetary amount                 | 375 | R | N |
| <b>AMT (Coordination of Benefits (COB) Total Medicare Paid Amount)</b>        |                                 |     |   |   |
| AMT01   | amount qualifier code           | 376 | R | N |
| AMT02   | Total Medicare Paid             | 377 | R | N |
| <b>AMT (Medicare Paid Amount - 100%)</b>                                      |                                 |     |   |   |
| AMT01   | amount qualifier code           | 378 | R | N |
| AMT02   | Medicare Paid at 100% Amount    | 378 | R | N |
| <b>AMT (Medicare Paid Amount - 80%)</b>                                       |                                 |     |   |   |
| AMT01   | amount qualifier code           | 380 | R | N |
| AMT02   | Medicare Paid at 80% Amount     | 380 | R | N |
| <b>AMT (Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount)</b> |                                 |     |   |   |
| AMT01   | amount qualifier code           | 382 | R | N |
| AMT02   | Paid from Medicare A Trust Fund | 383 | R | N |
| <b>AMT (Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount)</b> |                                 |     |   |   |
| AMT01   | amount qualifier code           | 384 | R | N |

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|  |   |     |   |   |
|--|---|-----|---|---|
| AMT02  | Paid from Medicare B Trust Fund             | 385 | R | N |
| <b>AMT (Coordination of Benefits (COB) Total Non-covered Amount)</b> |   |     |   |   |
| AMT01  | amount qualifier code                       | 386 | R | N |
| AMT02  | Non-covered Charge Amount                   | 386 | R | N |
| <b>AMT (Coordination of Benefits (COB) Total Denied Amount)</b>      |   |     |   |   |
| AMT01  | amount qualifier code                       | 387 | R | N |
| AMT02  | Total Denied Charge Amount                  | 387 | R | N |
| <b>DMG (Other Subscriber Demographic Information)</b>                |   |     |   |   |
| DMG03  | gender                                      | 389 | R | N |
| <b>OI (Other Insurance Coverage Information)</b>                     |   |     |   |   |
| OI03   | Benefits Assignment Certification Indicator | 390 | R | N |
| OI06   | release of info code                        | 391 | R | N |
| <b>MIA (Medicare Inpatient Adjudication Information)</b>             |   |     |   |   |
| MIA01  | Covered Days or Visits Count                | 393 | R | N |
| MIA02  | Lifetime Reserve Days Count                 | 393 | S | N |
| MIA03  | LIFETIME Psychiatric Days Count             | 393 | S | N |
| MIA04  | Claim DRG Amount                            | 393 | S | N |
| MIA05  | Claim Payment Remark Code                   | 393 | S | N |
| MIA06  | Claim Disproportionate Share Amount         | 393 | S | N |
| MIA07  | Claim MSP Pass-through Amount               | 394 | S | N |
| MIA08  | Claim PPS Capital Amount                    | 394 | S | N |
| MIA09  | PPS-Capital FSP CRG Amount                  | 394 | S | N |
| MIA10  | PPS - Capital HSP DRG Amount                | 394 | S | N |
| MIA11  | PPS - Capital DSH DRG Amount                | 394 | S | N |
| MIA12  | Old Capital Amount                          | 394 | S | N |
| MIA13  | PPS - Capital IME amount                    | 395 | S | N |

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|       |  |     |   |   |
|-------|--|-----|---|---|
| MIA14 | PPS-Operating Hospital Specific DRG Amount | 395 | S | N |
| MIA15 | Cost Report Day Count                      | 395 | S | N |
| MIA16 | PPS-Operating Federal Specific DRG Amount  | 395 | S | N |
| MIA17 | Claim PPS Capital Outlier Amount           | 395 | S | N |
| MIA18 | Claim Indirect Teaching Amount             | 395 | S | N |
| MIA19 | Nonpayable Professional Component Amount   | 395 | S | N |
| MIA20 | Claim Payment Remark Code                  | 396 | S | N |
| MIA21 | Claim Payment Remark Code                  | 396 | S | N |
| MIA22 | Claim Payment Remark Code                  | 396 | S | N |
| MIA23 | Claim Payment Remark Code                  | 396 | S | N |
| MIA24 | PPS - Capital Exception Amount             | 396 | S | N |

### MOA (Medicare Outpatient Adjudication Information)

|       |                                   |     |   |   |
|-------|-----------------------------------|-----|---|---|
| MOA01 | Reimbursement Rate                | 397 | S | N |
| MOA02 | Claim HCPCS Payable Amount        | 398 | S | N |
| MOA03 | Claim Payment Remark Code         | 398 | S | N |
| MOA04 | Claim Payment Remark Code         | 398 | S | N |
| MOA05 | Claim Payment Remark Code         | 398 | S | N |
| MOA06 | Claim Payment Remark Code         | 399 | S | N |
| MOA07 | Claim Payment Remark Code         | 399 | S | N |
| MOA08 | Claim ESRD Payment Amount         | 399 | S | N |
| MOA09 | Nonpayable Professional Component | 399 | S | N |

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### Inpatient

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#### 2330A (Other Subscriber Name)

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##### NM1 (Other Subscriber Name)

|       |                                |     |   |   |   |
|-------|--------------------------------|-----|---|---|---|
| NM101 | entity identifier code         | 401 | R | N |   |
| NM102 | entity type qualifier          | 401 | R | N |   |
| NM103 | last name or organization name | 401 | R | N |   |
| NM104 | first name                     | 401 | S | N |   |
| NM105 | middle name                    | 402 | S | N |   |
| NM107 | name suffix                    | 402 | S | N |   |
| NM108 | id code qualifier              | 402 | R | N |   |
| NM109 | id code                        | 403 | R | Y | When the Other Insurance is Medicare (Loop 2320, SBR09 equals MA or MB), VT Medicaid will capture 15 characters in this field and truncate over 15. |

##### N3 (Other Subscriber Address)

|      |                              |     |   |   |  |
|------|------------------------------|-----|---|---|--|
| N301 | other insured address line 1 | 404 | R | N |  |
| N302 | other insured address line 2 | 405 | S | N |  |

##### N4 (Other Subscriber City/State/ZIP Code)

|      |                            |     |   |   |  |
|------|----------------------------|-----|---|---|--|
| N401 | other insured city name    | 406 | R | N |  |
| N402 | Other Insured State Code   | 407 | R | R |  |
| N403 | other insured zip code     | 407 | R | N |  |
| N404 | other insured country code | 407 | S | N |  |

##### REF (Other Subscriber Secondary Identification)

|       |                                     |     |   |   |  |
|-------|-------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier  | 408 | R | N |  |
| REF02 | other insured additional identifier | 409 | R | N |  |

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### Inpatient

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#### 2330B (Other Payer Name)

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##### NM1 (Other Payer Name)

|       |                                |     |   |   |  |
|-------|--------------------------------|-----|---|---|--|
| NM101 | entity identifier code         | 410 | R | N |  |
| NM102 | entity type qualifier          | 411 | R | N |  |
| NM103 | last name or organization name | 411 | R | N |  |
| NM108 | id code qualifier              | 411 | R | Y | Use qualifier PI   |
| NM109 | id code                        | 411 | R | Y | If reporting Other Insurance Carriers, use the VT Medicaid Carrier Code in this field. |

##### N3 (Other Payer Address)

|      |                              |     |   |   |  |
|------|------------------------------|-----|---|---|--|
| N301 | other insured address line 1 | 412 | R | N |  |
| N302 | other insured address line 2 | 412 | S | N |  |

##### N4 (Other Payer City/State/ZIP Code)

|      |                            |     |   |   |  |
|------|----------------------------|-----|---|---|--|
| N401 | other insured city name    | 413 | R | N |  |
| N402 | other insured state code   | 414 | R | N |  |
| N403 | other insured zip code     | 414 | R | N |  |
| N404 | other insured country code | 414 | S | N |  |

##### DTP (Claim Adjudication Date)

|       |                                   |     |   |   |  |
|-------|-----------------------------------|-----|---|---|--|
| DTP01 | Date time qualifier               | 415 | R | N |  |
| DTP02 | Date Time Period Format Qualifier | 415 | R | N |  |
| DTP03 | Adjudication or Payment date      | 415 | R | N |  |

##### REF (Other Payer Secondary Identification and Reference Number)

|       |                                    |     |   |   |  |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 416 | R | N |  |
| REF02 | Other payer secondary Identifier   | 417 | R | N |  |

##### REF (Other Payer Prior Authorization or Referral Number)

|       |   |     |   |   |  |
|-------|---|-----|---|---|--|
| REF01 | reference identification qualifier        | 418 | R | N |  |
| REF02 | other payer prior auth or referral number | 419 | R | N |  |

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### Inpatient

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#### 2330C (Other Patient Information)

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##### NM1 (Other Payer Patient Information)

|       |                               |     |   |   |
|-------|-------------------------------|-----|---|---|
| NM101 | Entity Identifier Code        | 421 | R | N |
| NM102 | Entity Type Qualifier         | 421 | R | N |
| NM108 | Identification Code Qualifier | 421 | R | N |
| NM109 | id code                       | 421 | R | N |

##### REF (Other Payer Patient Identification Number)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 422 | R | N |
| REF02 | Other payer secondary Identifier   | 423 | R | N |

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#### 2330D (Other Payer Attending Provider)

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##### NM1 (Other Payer Attending Provider)

|       |                        |     |   |   |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 425 | R | N |
| NM102 | entity type qualifier  | 425 | R | N |

##### REF (Other Payer Attending Provider Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 426 | R | N |
| REF02 | Other payer secondary Identifier   | 427 | R | N |

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#### 2330E (Other Payer Operating Provider)

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##### NM1 (Other Payer Operating Provider)

|       |                        |     |   |   |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 429 | R | N |
| NM102 | entity type qualifier  | 429 | R | N |

##### REF (Other Payer Operating Provider Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 430 | R | N |
| REF02 | Other payer secondary Identifier   | 431 | R | N |

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#### 2330F (Other Payer Other Provider)

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##### NM1 (Other Payer Other Provider)

|       |                        |     |   |   |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 433 | R | N |
|-------|------------------------|-----|---|---|

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| NM102 | entity type qualifier | 433 | R | N |
|-------|-----------------------|-----|---|---|

##### REF (Other Payer Other Provider Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 434 | R | N |
|-------|------------------------------------|-----|---|---|

|       |                                  |     |   |   |
|-------|----------------------------------|-----|---|---|
| REF02 | Other payer secondary Identifier | 435 | R | N |
|-------|----------------------------------|-----|---|---|

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#### 2330H (Other Payer Service Facility Provider)

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##### NM1 (Other Payer Service Facility Provider)

|       |                        |     |   |   |
|-------|------------------------|-----|---|---|
| NM101 | entity identifier code | 441 | R | N |
|-------|------------------------|-----|---|---|

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| NM102 | entity type qualifier | 441 | R | N |
|-------|-----------------------|-----|---|---|

##### REF (Other Payer Service Facility Provider Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 442 | R | N |
|-------|------------------------------------|-----|---|---|

|       |                                  |     |   |   |
|-------|----------------------------------|-----|---|---|
| REF02 | Other payer secondary Identifier | 443 | R | N |
|-------|----------------------------------|-----|---|---|

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### Inpatient

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#### 2400 (Service Line Number)

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#### LX (Service Line Number)

|      |                 |     |   |   |   |
|------|-----------------|-----|---|---|---|
| LX01 | Assigned Number | 444 | R | Y | Always start with 01 and increase by 1 with each subsequent service line. |
|------|-----------------|-----|---|---|---|

#### SV2 (Institutional Service Line)

|       |                           |     |   |   |
|-------|---------------------------|-----|---|---|
| SV201 | Service Line Revenue Code | 446 | R | N |
|-------|---------------------------|-----|---|---|

|       |  |     |   |   |
|-------|--|-----|---|---|
| SV202 | Composite Medical Procedure Identifier | 446 | S | N |
|-------|--|-----|---|---|

|       |  |     |   |   |
|-------|--|-----|---|---|
| SV202 | C003-1 Product or Service ID Qualifier | 446 | R | N |
|-------|--|-----|---|---|

|       |                   |     |   |   |
|-------|-------------------|-----|---|---|
| SV202 | C003-2 HCPCS Code | 447 | R | N |
|-------|-------------------|-----|---|---|

|       |                         |     |   |   |
|-------|-------------------------|-----|---|---|
| SV202 | C003-3 HCPCS Modifier 1 | 447 | S | N |
|-------|-------------------------|-----|---|---|

|       |                         |     |   |   |
|-------|-------------------------|-----|---|---|
| SV202 | C003-4 HCPCS Modifier 2 | 447 | S | N |
|-------|-------------------------|-----|---|---|

|       |                         |     |   |   |
|-------|-------------------------|-----|---|---|
| SV202 | C003-5 HCPCS Modifier 3 | 448 | S | N |
|-------|-------------------------|-----|---|---|

|       |                         |     |   |   |
|-------|-------------------------|-----|---|---|
| SV202 | C003-6 HCPCS Modifier 4 | 448 | S | N |
|-------|-------------------------|-----|---|---|

|       |                         |     |   |   |
|-------|-------------------------|-----|---|---|
| SV203 | Line Item Charge Amount | 448 | R | N |
|-------|-------------------------|-----|---|---|

|       |                               |     |   |   |
|-------|-------------------------------|-----|---|---|
| SV204 | Unit or Basis for Measurement | 448 | R | N |
|-------|-------------------------------|-----|---|---|

|       |                    |     |   |   |
|-------|--------------------|-----|---|---|
| SV205 | Service Unit Count | 449 | R | N |
|-------|--------------------|-----|---|---|

|       |                   |     |   |   |
|-------|-------------------|-----|---|---|
| SV206 | Service Line Rate | 449 | S | N |
|-------|-------------------|-----|---|---|

|       |  |     |   |   |
|-------|--|-----|---|---|
| SV207 | Line Item Denied Charge or Non-Covered Charge amount | 449 | S | N |
|-------|--|-----|---|---|

#### PWK (Line Supplemental Information)

|       |                             |     |   |   |
|-------|-----------------------------|-----|---|---|
| PWK01 | Attachment Report type code | 453 | R | N |
|-------|-----------------------------|-----|---|---|

|       |                              |     |   |   |
|-------|------------------------------|-----|---|---|
| PWK02 | attachment transmission code | 454 | R | N |
|-------|------------------------------|-----|---|---|

|       |                               |     |   |   |
|-------|-------------------------------|-----|---|---|
| PWK05 | identification code qualifier | 454 | S | N |
|-------|-------------------------------|-----|---|---|

|       |                           |     |   |   |
|-------|---------------------------|-----|---|---|
| PWK06 | Attachment Control Number | 454 | S | N |
|-------|---------------------------|-----|---|---|

#### DTP (Service Line Date)

|       |                     |     |   |   |
|-------|---------------------|-----|---|---|
| DTP01 | date time qualifier | 456 | R | N |
|-------|---------------------|-----|---|---|

|       |                                   |     |   |   |
|-------|-----------------------------------|-----|---|---|
| DTP02 | date time period format qualifier | 457 | R | N |
|-------|-----------------------------------|-----|---|---|

|       |              |     |   |   |
|-------|--------------|-----|---|---|
| DTP03 | Service Date | 457 | R | N |
|-------|--------------|-----|---|---|

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**DTP (Assessment Date)**

|       |                     |     |   |   |
|-------|---------------------|-----|---|---|
| DTP01 | date time qualifier | 458 | R | N |
|-------|---------------------|-----|---|---|

|       |                                   |     |   |   |
|-------|-----------------------------------|-----|---|---|
| DTP02 | date time period format qualifier | 458 | R | N |
|-------|-----------------------------------|-----|---|---|

|       |                  |     |   |   |
|-------|------------------|-----|---|---|
| DTP03 | date time period | 459 | R | N |
|-------|------------------|-----|---|---|

**AMT (Service Tax Amount)**

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 460 | R | X |
|-------|-----------------------|-----|---|---|

|       |                    |     |   |   |
|-------|--------------------|-----|---|---|
| AMT02 | Service Tax Amount | 460 | R | X |
|-------|--------------------|-----|---|---|

**AMT (Facility Tax Amount)**

|       |                       |     |   |   |
|-------|-----------------------|-----|---|---|
| AMT01 | amount qualifier code | 461 | R | X |
|-------|-----------------------|-----|---|---|

|       |                     |     |   |   |
|-------|---------------------|-----|---|---|
| AMT02 | Facility Tax Amount | 461 | R | X |
|-------|---------------------|-----|---|---|

**HCP (Line Pricing/Repricing Information)**

|       |                               |    |   |   |
|-------|-------------------------------|----|---|---|
| HCP01 | Pricing/Repricing Methodology | 30 | R | N |
|-------|-------------------------------|----|---|---|

|       |                                  |    |   |   |
|-------|----------------------------------|----|---|---|
| HCP02 | Pricing/Repricing Allowed Amount | 30 | R | N |
|-------|----------------------------------|----|---|---|

|       |                                  |    |   |   |
|-------|----------------------------------|----|---|---|
| HCP03 | Pricing/Repricing Savings Amount | 30 | S | N |
|-------|----------------------------------|----|---|---|

|       |   |    |   |   |
|-------|---|----|---|---|
| HCP04 | Pricing/Repricing Organizational Identifier | 30 | S | N |
|-------|---|----|---|---|

|       |                        |    |   |   |
|-------|------------------------|----|---|---|
| HCP05 | Pricing/Repricing Rate | 30 | S | N |
|-------|------------------------|----|---|---|

|       |                            |    |   |   |
|-------|----------------------------|----|---|---|
| HCP06 | Approved APG Code. Pricing | 30 | S | N |
|-------|----------------------------|----|---|---|

|       |                              |    |   |   |
|-------|------------------------------|----|---|---|
| HCP07 | Approved APG Amount. Pricing | 30 | S | N |
|-------|------------------------------|----|---|---|

|       |                       |    |   |   |
|-------|-----------------------|----|---|---|
| HCP08 | Approved Revenue Code | 30 | S | N |
|-------|-----------------------|----|---|---|

|       |                              |    |   |   |
|-------|------------------------------|----|---|---|
| HCP09 | Product/Service ID Qualifier | 30 | S | N |
|-------|------------------------------|----|---|---|

|       |   |    |   |   |
|-------|---|----|---|---|
| HCP10 | Pricing/Repricing Approved Procedure Code | 30 | S | N |
|-------|---|----|---|---|

|       |                                    |    |   |   |
|-------|------------------------------------|----|---|---|
| HCP11 | Unit or Basis for Measurement Code | 30 | S | N |
|-------|------------------------------------|----|---|---|

|       |  |    |   |   |
|-------|--|----|---|---|
| HCP12 | Pricing/Repricing Approved Units or Inpatient Days | 30 | S | N |
|-------|--|----|---|---|

|       |                    |    |   |   |
|-------|--------------------|----|---|---|
| HCP13 | Reject Reason Code | 30 | S | N |
|-------|--------------------|----|---|---|

|       |                        |    |   |   |
|-------|------------------------|----|---|---|
| HCP14 | Policy Compliance Code | 30 | S | N |
|-------|------------------------|----|---|---|

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|       |                |    |   |   |
|-------|----------------|----|---|---|
| HCP15 | Exception Code | 30 | S | N |
|-------|----------------|----|---|---|

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#### 2410 (Drug Identification)

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#### LIN (Drug Identification)

|       |                              |     |   |   |
|-------|------------------------------|-----|---|---|
| LIN02 | Product/Service ID Qualifier | 461 | R | N |
|-------|------------------------------|-----|---|---|

|       |                    |     |   |   |
|-------|--------------------|-----|---|---|
| LIN03 | Product/Service ID | 461 | R | N |
|-------|--------------------|-----|---|---|

#### CTP (Drug Pricing)

|       |                 |     |   |   |
|-------|-----------------|-----|---|---|
| CPT03 | Drug Unit Price | 461 | R | N |
|-------|-----------------|-----|---|---|

|       |                          |     |   |   |
|-------|--------------------------|-----|---|---|
| CPT04 | National Drug Unit Count | 461 | R | N |
|-------|--------------------------|-----|---|---|

|       |                          |     |   |   |
|-------|--------------------------|-----|---|---|
| CPT05 | Composit Unit of Measure | 461 | R | N |
|-------|--------------------------|-----|---|---|

|       |                      |     |   |   |
|-------|----------------------|-----|---|---|
| CPT05 | C0001 Code Qualifier | 461 | R | N |
|-------|----------------------|-----|---|---|

#### REF (Prescription Number)

|       |                |     |   |   |
|-------|----------------|-----|---|---|
| REF01 | Code Qualifier | 461 | R | N |
|-------|----------------|-----|---|---|

|       |                     |     |   |   |
|-------|---------------------|-----|---|---|
| REF02 | Prescription Number | 461 | R | N |
|-------|---------------------|-----|---|---|

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#### 2420A (Attending Provider Name)

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#### NM1 (Attending Physician Name)

|       |  |     |   |   |   |
|-------|--|-----|---|---|---|
| NM101 | Entity Identifier Code                 | 463 | R | N |   |
| NM102 | Entity Type Qualifier                  | 463 | R | N |   |
| NM103 | Name Last or Organization Name         | 463 | R | N |   |
| NM104 | Name First                             | 463 | S | N |   |
| NM105 | Name Middle                            | 463 | S | N |   |
| NM107 | Name Suffix                            | 463 | S | N |   |
| NM108 | Identification Code Qualifier          | 463 | R | Y | If the Attending Provider is reported at the service line level, use XX if sending the NPI in NM109 |
| NM109 | Attending Physician Primary Identifier | 464 | R | Y | Enter the 10-digit NPI if XX was entered in NM108   |

#### PRV (Attending Physician Specialty Information)

|       |                                    |     |   |   |   |
|-------|------------------------------------|-----|---|---|---|
| PRV01 | Provider Code                      | 465 | R | N |   |
| PRV02 | Reference Identification Qualifier | 465 | R | N |   |
| PRV03 | Reference Identification           | 466 | R | Y | The Taxonomy code is required for VT Medicaid |

#### REF (Attending Physician Secondary Identification)

|       |                                    |     |   |   |  |
|-------|------------------------------------|-----|---|---|--|
| REF01 | reference identification qualifier | 467 | R | Y | If the Attending Provider is reported at the service line level, use 1D when the attending provider is atypical. |
| REF02 | Reference Identification           | 468 | R | Y | If the Attending Provider is reported at the service line level, report the 7-digit VT Medicaid provider number. |

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2420B (Operating Physician Name)

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**NM1 (Operating Physician Name)**

|       |                                |     |   |   |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code         | 470 | R | N |
| NM102 | Entity Type Qualifier          | 470 | R | N |
| NM103 | Name Last or Organization Name | 470 | R | N |
| NM104 | Name First                     | 470 | S | N |
| NM105 | Name Middle                    | 470 | S | N |
| NM107 | Name Suffix                    | 470 | S | N |
| NM108 | Identification Code Qualifier  | 470 | R | N |
| NM109 | Identification code            | 471 | R | N |

**PRV (Operating Physician Specialty Information)**

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code                      | 472 | R | N |
| PRV02 | Reference Identification Qualifier | 473 | R | N |
| PRV03 | Reference Identification           | 473 | R | N |

**REF (Operating Physician Secondary Identification)**

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 474 | R | N |
| REF02 | Reference Identification           | 475 | R | N |

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#### 2420C (Other Provider Name)

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#### NM1 (Other Provider Name)

|       |                                |     |   |   |
|-------|--------------------------------|-----|---|---|
| NM101 | Entity Identifier Code         | 477 | R | N |
| NM102 | Entity Type Qualifier          | 477 | R | N |
| NM103 | Name Last or Organization Name | 477 | R | N |
| NM104 | Name First                     | 477 | S | N |
| NM105 | Name Middle                    | 477 | S | N |
| NM107 | Name Suffix                    | 478 | S | N |
| NM108 | Identification Code Qualifier  | 478 | R | N |
| NM109 | Identification code            | 478 | R | N |

#### PRV (Other Provider Specialty Information)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| PRV01 | Provider Code                      | 479 | R | N |
| PRV02 | Reference Identification Qualifier | 480 | R | N |
| PRV03 | Reference Identification           | 480 | R | N |

#### REF (Other Provider Secondary Identification)

|       |                                    |     |   |   |
|-------|------------------------------------|-----|---|---|
| REF01 | reference identification qualifier | 481 | R | N |
| REF02 | Reference Identification           | 482 | R | N |

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#### 2430 (Service Line Adjudication Information)

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#### SVD (Service Line Adjudication Information)

|       |  |     |   |   |                              |
|-------|--|-----|---|---|------------------------------|
| SVD01 | Payer Identifier                       | 491 | R | Y | Use VT Medicaid Carrier Code |
| SVD02 | Service Line Paid Amt.                 | 491 | R | N |                              |
| SVD03 | composite medical procedure identifier | 491 | S | N |                              |
| SVD03 | C003-1 product or service id qualifier | 491 | R | N |                              |
| SVD03 | C003-2 procedure code                  | 492 | R | N |                              |
| SVD03 | C003-3 procedure modifier 1            | 492 | S | N |                              |
| SVD03 | C003-4 procedure modifier 2            | 492 | S | N |                              |
| SVD03 | C003-6 procedure modifier 4            | 492 | S | N |                              |
| SVD03 | C003-7 procedure code description      | 492 | S | N |                              |
| SVD04 | Service Line Revenue Code              | 492 | R | N |                              |
| SVD05 | Adjustment Quantity                    | 493 | R | N |                              |
| SVD06 | bundled/unbundled line number          | 493 | S | N |                              |

#### CAS (Service Line Adjustment)

|       |                             |     |   |   |  |
|-------|-----------------------------|-----|---|---|--|
| CAS01 | claim adjustment group code | 495 | R | N |  |
| CAS02 | Adjustment Reason Code      | 496 | R | N |  |
| CAS03 | Adjustment Amount           | 496 | R | N |  |
| CAS04 | adjustment quantity         | 496 | S | N |  |
| CAS05 | Adjustment Reason Code      | 496 | S | N |  |
| CAS06 | adjustment amount           | 497 | S | N |  |
| CAS07 | adjustment quantity         | 497 | S | N |  |
| CAS08 | Adjustment Reason Code      | 497 | S | N |  |
| CAS09 | adjustment amount           | 498 | S | N |  |
| CAS10 | adjustment quantity         | 498 | S | N |  |

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|  |                                   |     |   |   |
|--|-----------------------------------|-----|---|---|
| CAS11                                  | Adjustment Reason Code            | 498 | S | N |
| CAS12                                  | adjustment amount                 | 499 | S | N |
| CAS13                                  | adjustment quantity               | 499 | S | N |
| CAS14                                  | Adjustment Reason Code            | 499 | S | N |
| CAS15                                  | adjustment amount                 | 500 | S | N |
| CAS16                                  | adjustment quantity               | 500 | S | N |
| CAS17                                  | Adjustment Reason Code            | 500 | S | N |
| CAS18                                  | adjustment amount                 | 501 | S | N |
| CAS19                                  | adjustment quantity               | 501 | S | N |
| <b>DTP (Service Adjudication Date)</b> |                                   |     |   |   |
| DTP01                                  | date/time qualifier               | 502 | R | N |
| DTP02                                  | date time period format qualifier | 502 | R | N |
| DTP03                                  | Date time Period                  | 502 | R | N |

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#### NA (Transaction Set Trailer)

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|                                     |                                |     |   |   |
|-------------------------------------|--------------------------------|-----|---|---|
| <b>SE (Transaction Set Trailer)</b> |                                |     |   |   |
| SE01                                | transaction segment count      | 503 | R | N |
| SE02                                | transaction set control number | 503 | R | N |

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#### NA (Functional Group Trailer)

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|                                      |                                     |      |   |   |
|--------------------------------------|-------------------------------------|------|---|---|
| <b>GE (Functional Group Trailer)</b> |                                     |      |   |   |
| GE01                                 | Number of Transaction Sets Included | B.10 | R | N |
| GE02                                 | Group Control Number                | B.10 | R | N |

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#### NA (Interchange Control Trailer)

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|  |                                      |     |   |   |
|--|--------------------------------------|-----|---|---|
| <b>IEA (Interchange Control Trailer)</b> |                                      |     |   |   |
| IEA01                                    | Number of Included Functional Groups | B.7 | R | N |
| IEA02                                    | Interchange Control Number           | B.7 | R | N |