

# Vermont MMIS HIPAA Tech Specs

## 837 – Institutional

### Nursing Home

Field	HIPAA Guide Name	Page HIPAA Medicaid			MMIS Instruction
		#	Usage	Note	
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NA (Interchange Control Header)					
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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 for 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	Use XX if sending the NPI in NM109 Use 24 or 34 if sending the VT Medicaid Provider ID
NM109	Identification Code	78	R	Y	Enter the 10-digit NPI if XX was entered in NM108

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	Y	Enter 1D for VT Medicaid Provider when the billing provider is atypical
REF02	Reference Identification	84	R	Y	Enter the 7-digit VT Medicaid provider number

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, use XX if sending the NPI in NM109 Use 24 or 34 if sending the VT Medicaid Provider ID
NM109	Identification Code	93	R	Y	If this loop is used, enter the 10-digit NPI if XX was entered in NM108

#### 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	Y	If this loop is used, use qualifier 1D when the billing provider is atypical
REF02	Reference Identification	98	R	Y	If this loop is used, send VT Medicaid assigned 7 digit Provider ID

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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 value 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
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NM102	entity type qualifier	122	R	X
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NM103	credit or debit card holder last or organizational name	122	R	X
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NM104	credit or debit card holder first name	122	S	X
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NM105	credit or debit card holder middle name	122	S	X
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NM107	credit or debit card holder name suffix	122	S	X
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NM108	identification code qualifier	123	R	X
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NM109	credit or debit card number	123	R	X
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REF (Credit/Debit Card Information)

REF01	reference identification qualifier	124	R	X
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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)

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#### NM1 (Patient Name)

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

#### N3 (Patient Address)

N301	patient address line 1	148	R	X
N302	patient address line 2	148	S	X

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

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

#### DMG (Patient Demographic Information)

DMG01	date time period format qualifier (indicates format for date of birth)	151	R	X
DMG02	patient date of birth	152	R	X
DMG03	patient gender code	152	R	X

#### REF (Patient Secondary Identification Number)

REF01	reference identification qualifier	153	R	X
REF02	patient secondary identifier	154	R	X

#### REF (Property and Casualty Claim Number)

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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AMT01	amount qualifier code	184	R	X	
AMT02	credit or debit card maximum amount	184	R	X	
REF (Adusted Repriced Claim Number)					
REF01	reference identification qualifier	185	R	N	
REF02	Medicare section 4081 indicator	185	R	N	
REF (Repriced Claim Number)					
REF01	reference identification qualifier	186	R	N	
REF02	mammography certification number	186	R	N	
REF (Claim Identification Number For Clearinghouses and Other Transmission Intermediaries)					
REF01	reference identification qualifier	187	R	N	
REF02	Reference Identification	188	R	N	
REF (Document Identification Code)					
REF01	reference identification qualifier	189	R	N	
REF02	claim original reference number	189	R	N	
REF (Original Reference Number (ICN/DCN))					
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.
REF (Investigational Device Exemption Number)					
REF01	reference identification qualifier	193	R	N	
REF02	repriced claim reference number	193	R	N	
REF (Service Authorization Exception Code)					
REF01	reference identification qualifier	195	R	N	
REF02	adjusted repriced claim reference number	196	R	N	
REF (Peer Review Organization (PRO) Approval Number)					
REF01	reference identification qualifier	197	R	N	
REF02	Peer Review Auth Number	197	R	N	
REF (Prior Authorization or Referral Number)					
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 For VT Medicaid use BJ.
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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### Nursing Home

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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### Nursing Home

#### 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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### Nursing Home

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>						
QTY01		Quantity Qualifier	307	R	Y	Use CA for VT Medicaid
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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### Nursing Home

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
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CR702	Visits prior to Recertification Date Count	315	R	N
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CR703	Total Visits Projected during this cert count	315	R	N
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#### HSD (Health Care Services Delivery)

HSD01	Quantity Qualifier	317	S	N
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HSD02	Frequency Number	317	S	N
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HSD03	unit or basis for measurement code	317	S	N
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HSD04	Sample section Modulus	318	S	N
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HSD05	Time Period Qualifier	318	S	N
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HSD06	period count	318	S	N
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HSD07	calendar pattern code	318	S	N
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HSD08	delivery pattern time code	320	S	N
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# Vermont MMIS HIPAA Tech Specs

## 837 – Institutional

### Nursing Home

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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 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

# Vermont MMIS HIPAA Tech Specs

## 837 – Institutional

### Nursing Home

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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

# Vermont MMIS HIPAA Tech Specs

## 837 – Institutional

### Nursing Home

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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

## 837 – Institutional

### Nursing Home

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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

### Nursing Home

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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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### Nursing Home

AMT02	Paid from Medicare B Trust Fund	385	R	N
<i>AMT (Coordination of Benefits (COB) Total Non-covered Amount)</i>				
AMT01	amount qualifier code	386	R	N
AMT02	Non-covered Charge Amount	386	R	N
<i>AMT (Coordination of Benefits (COB) Total Denied Amount)</i>				
AMT01	amount qualifier code	387	R	N
AMT02	Total Denied Charge Amount	387	R	N
<i>DMG (Other Subscriber Demographic Information)</i>				
DMG03	gender	389	R	N
<i>OI (Other Insurance Coverage Information)</i>				
OI03	Benefits Assignment Certification Indicator	390	R	N
OI06	release of info code	391	R	N
<i>MIA (Medicare Inpatient Adjudication Information)</i>				
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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### Nursing Home

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

# Vermont MMIS HIPAA Tech Specs

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### Nursing Home

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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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#### 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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#### 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
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NM102	entity type qualifier	433	R	N
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##### REF (Other Payer Other Provider Identification)

REF01	reference identification qualifier	434	R	N
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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
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NM102	entity type qualifier	441	R	N
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##### REF (Other Payer Service Facility Provider Identification)

REF01	reference identification qualifier	442	R	N
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REF02	Other payer secondary Identifier	443	R	N
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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.
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**SV2 (Institutional Service Line)**

SV201	Service Line Revenue Code	446	R	N
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SV202	Composite Medical Procedure Identifier	446	S	N
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SV202	C003-1 Product or Service ID Qualifier	446	R	N
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SV202	C003-2 HCPCS Code	447	R	N
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SV202	C003-3 HCPCS Modifier 1	447	S	N
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SV202	C003-4 HCPCS Modifier 2	447	S	N
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SV202	C003-5 HCPCS Modifier 3	448	S	N
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SV202	C003-6 HCPCS Modifier 4	448	S	N
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SV203	Line Item Charge Amount	448	R	N
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SV204	Unit or Basis for Measurement	448	R	N
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SV205	Service Unit Count	449	R	N
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SV206	Service Line Rate	449	S	N
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SV207	Line Item Denied Charge or Non-Covered Charge amount	449	S	N
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**PWK (Line Supplemental Information)**

PWK01	Attachment Report type code	453	R	N
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PWK02	attachment transmission code	454	R	N
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PWK05	identification code qualifier	454	S	N
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PWK06	Attachment Control Number	454	S	N
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**DTP (Service Line Date)**

DTP01	date time qualifier	456	R	N
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DTP02	date time period format qualifier	457	R	N
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DTP03	Service Date	457	R	N
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**DTP (Assessment Date)**

DTP01	date time qualifier	458	R	N
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DTP02	date time period format qualifier	458	R	N
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DTP03	date time period	459	R	N
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**AMT (Service Tax Amount)**

AMT01	amount qualifier code	460	R	X
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AMT02	Service Tax Amount	460	R	X
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**AMT (Facility Tax Amount)**

AMT01	amount qualifier code	461	R	X
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AMT02	Facility Tax Amount	461	R	X
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**HCP (Line Pricing/Repricing Information)**

HCP01	Pricing/Repricing Methodology	30	R	N
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HCP02	Pricing/Repricing Allowed Amount	30	R	N
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HCP03	Pricing/Repricing Savings Amount	30	S	N
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HCP04	Pricing/Repricing Organizational Identifier	30	S	N
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HCP05	Pricing/Repricing Rate	30	S	N
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HCP06	Approved APG Code. Pricing	30	S	N
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HCP07	Approved APG Amount. Pricing	30	S	N
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HCP08	Approved Revenue Code	30	S	N
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HCP09	Product/Service ID Qualifier	30	S	N
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HCP10	Pricing/Repricing Approved Procedure Code	30	S	N
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HCP11	Unit or Basis for Measurement Code	30	S	N
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HCP12	Pricing/Repricing Approved Units or Inpatient Days	30	S	N
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HCP13	Reject Reason Code	30	S	N
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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
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LIN03	Product/Service ID	461	R	N
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#### CTP (Drug Pricing)

CPT03	Drug Unit Price	461	R	N
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CPT04	National Drug Unit Count	461	R	N
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CPT05	Composit Unit of Measure	461	R	N
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CPT05	C0001 Code Qualifier	461	R	N
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#### REF (Prescription Number)

REF01	Code Qualifier	461	R	N
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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