

Vermont MMIS HIPAA Tech Specs

837 – Institutional

Outpatient

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)

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

NA (NoLoopName)

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)

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	

1000B (Receiver Name)

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)

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)

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	Y	Enter 1D for VT Medicaid Provider
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

2010AB (Pay-to Provider Name)

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	Y	If this loop is used, use qualifier 1D
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)

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)

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)

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)

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)

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

2000C (Patient Hierarchical Level)

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)				
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)

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 (Adjusted 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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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	
HI (Principal Procedure Information)						
HI01	C022-1	Code List Qualifier Code	242	R	Y	Use BR for VT Medicaid.
HI01	C022-2	Industry Code	243	R	N	
HI (Other Procedure Information)						
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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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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HI06	C022-2	Industry Code	284	R	N	
HI06	C022-5	monetary amount	284	R	N	
HI07	C022-1	Code List Qualifier Code	285	R	N	
HI07	C022-2	Industry Code	285	R	N	
HI07	C022-5	monetary amount	285	R	N	
HI08	C022-1	Code List Qualifier Code	285	R	N	
HI08	C022-2	Industry Code	286	R	N	
HI08	C022-5	monetary amount	286	R	N	
HI09	C022-1	Code List Qualifier Code	286	R	N	
HI09	C022-2	Industry Code	286	R	N	
HI09	C022-5	monetary amount	287	R	N	
HI10	C022-1	Code List Qualifier Code	287	R	N	
HI10	C022-2	Industry Code	287	R	N	
HI10	C022-5	monetary amount	287	R	N	
HI11	C022-1	Code List Qualifier Code	288	R	N	
HI11	C022-2	Industry Code	288	R	N	
HI11	C022-5	monetary amount	288	R	N	
HI12	C022-1	Code List Qualifier Code	288	R	N	
HI12	C022-2	Industry Code	288	R	N	
HI12	C022-5	monetary amount	289	R	N	
						HI (Condition Information)
HI01		health care code information	290	R	N	
HI01	C022-1	Code List Qualifier Code	290	R	N	
HI01	C022-2	Industry Code	291	R	Y	Use A3 as one of the Condition Codes when billing for Ladies First Services

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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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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
QTY (Claim Quantity)					
QTY01		Quantity Qualifier	307	R	N
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
HCP (Claim Pricing/Repricing Information)					
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)

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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2310A (Attending Provider Name)

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

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2310B (Operating Provider Name)

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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2310C (Other Physician Name)

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

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2310E (Service Facility Name)

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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2320 (Other Subscriber Information)

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

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AMT02	Paid from Medicare B Trust Fund	385	R	N
AMT (Coordination of Benefits (COB) Total Non-covered Amount)				
AMT01	amount qualifier code	386	R	N
AMT02	Non-covered Charge Amount	386	R	N
AMT (Coordination of Benefits (COB) Total Denied Amount)				
AMT01	amount qualifier code	387	R	N
AMT02	Total Denied Charge Amount	387	R	N
DMG (Other Subscriber Demographic Information)				
DMG03	gender	389	R	N
OI (Other Insurance Coverage Information)				
OI03	Benefits Assignment Certification Indicator	390	R	N
OI06	release of info code	391	R	N
MIA (Medicare Inpatient Adjudication Information)				
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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2330A (Other Subscriber Name)

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)

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)

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

2330D (Other Payer Attending Provider)

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

2330E (Other Payer Operating Provider)

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)

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)

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)

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)

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)

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)

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)

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)

SVD (Service Line Adjudication Information)

SVD01	Payer Identifier	491	R	Y	Use the 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

DTP (Service Adjudication Date)

DTP01	date/time qualifier	502	R	N
DTP02	date time period format qualifier	502	R	N
DTP03	Date time Period	502	R	N

NA (Transaction Set Trailer)

SE (Transaction Set Trailer)

SE01	transaction segment count	503	R	N
SE02	transaction set control number	503	R	N

NA (Functional Group Trailer)

GE (Functional Group Trailer)

GE01	Number of Transaction Sets Included	B.10	R	N
GE02	Group Control Number	B.10	R	N

NA (Interchange Control Trailer)

IEA (Interchange Control Trailer)

IEA01	Number of Included Functional Groups	B.7	R	N
IEA02	Interchange Control Number	B.7	R	N