

Vermont MMIS HIPAA Tech Specs - 5010 837 Health Care Claim

Institutional

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.4	NA (No Loop Name)	ISA	Interchange Control Header			
C.4	NA (No Loop Name)	ISA01	Authorization Information Qualifier	00		Use value 00
C.4	NA (No Loop Name)	ISA02	Authorization Information			
C.4	NA (No Loop Name)	ISA03	Security Information Qualifier	00		Use value 00
C.4	NA (No Loop Name)	ISA04	Security Information			
C.4	NA (No Loop Name)	ISA05	Interchange ID Qualifier	ZZ		Use value ZZ for VT Medicaid
C.4	NA (No Loop Name)	ISA06	Interchange Sender ID			Use Trading Partner ID assigned by VT Medicaid
C.5	NA (No Loop Name)	ISA07	Interchange ID Qualifier	ZZ		Use ZZ for VT Medicaid
C.5	NA (No Loop Name)	ISA08	Interchange Receiver ID			Use VT Medicaid Generic ID "VERMONTGMC"
C.5	NA (No Loop Name)	ISA09	Interchange Date			
C.5	NA (No Loop Name)	ISA10	Interchange Time			
C.5	NA (No Loop Name)	ISA11	Repetition Separator			
C.5	NA (No Loop Name)	ISA12	Interchange Control Version Number			
C.5	NA (No Loop Name)	ISA13	Interchange Control Number			
C.6	NA (No Loop Name)	ISA14	Acknowledgment Requested			
C.6	NA (No Loop Name)	ISA15	Interchange Usage Indicator			
C.6	NA (No Loop Name)	ISA16	Component Element Separator			
C.7	NA (No Loop Name)	GS	Functional Group Header			
C.7	NA (No Loop Name)	GS01	Functional Identifier Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.7	NA (No Loop Name)	GS02	Application Sender's Code			Use Trading Partner ID assigned by VT Medicaid
C.7	NA (No Loop Name)	GS03	Application Receiver's Code			Use VT Medicaid Generic ID "VERMONTGMC"
C.7	NA (No Loop Name)	GS04	Date			
C.8	NA (No Loop Name)	GS05	Time			
C.8	NA (No Loop Name)	GS06	Group Control Number			
C.8	NA (No Loop Name)	GS07	Responsible Agency Code			
C.8	NA (No Loop Name)	GS08	Version / Release / Industry Identifier Code			Use 005010X223A2
67	NA (No Loop Name)	ST	Transaction Set Header			
67	NA (No Loop Name)	ST01	Transaction Set Identifier Code			
67	NA (No Loop Name)	ST02	Transaction Set Control Number			
67	NA (No Loop Name)	ST03	Implementation Convention Reference			Use 005010X223A2
68	NA (No Loop Name)	BHT	Beginning Of Hierarchical Transaction			
68	NA (No Loop Name)	BHT01	Hierarchical Structure Code			
68	NA (No Loop Name)	BHT02	Transaction Set Purpose Code			
69	NA (No Loop Name)	BHT03	Reference Identification			
69	NA (No Loop Name)	BHT04	Date			
69	NA (No Loop Name)	BHT05	Time			
69	NA (No Loop Name)	BHT06	Transaction Type Code			Vermont Medicaid will only process files with CH in this field. Any files sent with other values will be rejected.
71	1000A	NM1	Submitter Name			
71	1000A	NM101	Entity Identifier Code			
72	1000A	NM102	Entity Type Qualifier			
72	1000A	NM103	Name Last or Organization Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
72	1000A	NM104	Name First			
72	1000A	NM105	Name Middle			
72	1000A	NM108	Identification Code Qualifier			
72	1000A	NM109	Identification Code			Enter the 3-byte submitter ID assigned by VT Medicaid.
74	1000A	PER	Submitter EDI Contact Information			
74	1000A	PER01	Contact Function Code			VT Medicaid will only capture information from the first PER segment.
74	1000A	PER02	Name			
74	1000A	PER03	Communication Number Qualifier			VT Medicaid will utilize TE, EM or FX.
74	1000A	PER04	Communication Number			
74	1000A	PER05	Communication Number Qualifier			VT Medicaid will utilize TE, EX, EM or FX..
75	1000A	PER06	Communication Number			
75	1000A	PER07	Communication Number Qualifier			VT Medicaid will utilize TE, EX, EM or FX.
75	1000A	PER08	Communication Number			
76	1000B	NM1	Receiver Name			
76	1000B	NM101	Entity Identifier Code			
76	1000B	NM102	Entity Type Qualifier			
77	1000B	NM103	Name Last or Organization Name			Enter "VT MEDICAID"
77	1000B	NM108	Identification Code Qualifier			
77	1000B	NM109	Identification Code			Use VT Medicaid Generic ID "VERMONTGMC"
78	2000A	HL	Billing Provider Hierarchical Level			
78	2000A	HL01	Hierarchical ID Number			
78	2000A	HL03	Hierarchical Level Code			
79	2000A	HL04	Hierarchical Child Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
80	2000A	PRV	Billing Provider Specialty Information			
80	2000A	PRV01	Provider Code			
80	2000A	PRV02	Reference Identification Qualifier			
80	2000A	PRV03	Reference Identification			The Taxonomy code is required for VT Medicaid
82	2000A	CUR	Foreign Currency Information			
82	2000A	CUR01	Entity Identifier Code			
82	2000A	CUR02	Currency Code			
85	2010AA	NM1	Billing Provider Name			
85	2010AA	NM101	Entity Identifier Code			
85	2010AA	NM102	Entity Type Qualifier			
85	2010AA	NM103	Name Last or Organization Name			
86	2010AA	NM108	Identification Code Qualifier			Use XX if sending the NPI in NM109
86	2010AA	NM109	Identification Code			Enter the 10-digit NPI if XX was entered in NM108
87	2010AA	N3	Billing Provider Address			
87	2010AA	N301	Address Information			
87	2010AA	N302	Address Information			
88	2010AA	N4	Billing Provider City, State, ZIP Code			
88	2010AA	N401	City Name			
89	2010AA	N402	State or Province Code			
89	2010AA	N403	Postal Code			
89	2010AA	N404	Country Code			
89	2010AA	N407	Country Subdivision Code			
90	2010AA	REF	Billing Provider Tax Identification			
90	2010AA	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
90	2010AA	REF02	Reference Identification			
92	2010AA	PER	Billing Provider Contact Information			
92	2010AA	PER01	Contact Function Code			
92	2010AA	PER02	Name			
92	2010AA	PER03	Communication Number Qualifier			
92	2010AA	PER04	Communication Number			
92	2010AA	PER05	Communication Number Qualifier			
93	2010AA	PER06	Communication Number			
93	2010AA	PER07	Communication Number Qualifier			
93	2010AA	PER08	Communication Number			
94	2010AB	NM1	Pay-to Address Name			
94	2010AB	NM101	Entity Identifier Code			
95	2010AB	NM102	Entity Type Qualifier			
96	2010AB	N3	Pay-to Address - Address			
96	2010AB	N301	Address Information			
96	2010AB	N302	Address Information			
97	2010AB	N4	Pay-to Address City, State, ZIP Code			
97	2010AB	N401	City Name			
98	2010AB	N402	State or Province Code			
98	2010AB	N403	Postal Code			
98	2010AB	N404	Country Code			
98	2010AB	N407	Country Subdivision Code			
99	2010AC	NM1	Pay-to Plan Name			
99	2010AC	NM101	Entity Identifier Code			
100	2010AC	NM102	Entity Type Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
100	2010AC	NM103	Name Last or Organization Name			
100	2010AC	NM108	Identification Code Qualifier			
100	2010AC	NM109	Identification Code			
101	2010AC	N3	Pay-to Plan Address			
101	2010AC	N301	Address Information			
101	2010AC	N302	Address Information			
102	2010AC	N4	Pay-to Plan City, State, ZIP Code			
102	2010AC	N401	City Name			
102	2010AC	N402	State or Province Code			
103	2010AC	N403	Postal Code			
103	2010AC	N404	Country Code			
103	2010AC	N407	Country Subdivision Code			
103	2010AC	REF	Pay-to-Plan Secondary Identification			
104	2010AC	REF01	Reference Identification Qualifier			
104	2010AC	REF02	Reference Identification			
104	2010AC	REF	Pay-to-Plan Tax Identification Number			
106	2010AC	REF01	Reference Identification Qualifier			
106	2010AC	REF02	Reference Identification			
107	2000B	HL	Subscriber Hierarchical Level			
107	2000B	HL01	Hierarchical ID Number			The Subscriber always equals the Patient for VT Medicaid claims. Report Patient/Recipient information in this loop.
108	2000B	HL02	Hierarchical Parent ID Number			
108	2000B	HL03	Hierarchical Level Code			
108	2000B	HL04	Hierarchical Child Code			Use value 0 - for VT Medicaid the Subscriber is always the same as the Patient.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
109	2000B	SBR	Subscriber Information			
109	2000B	SBR01	Payer Responsibility Sequence Number Code			
110	2000B	SBR02	Individual Relationship Code			For VT Medicaid always use 18.
110	2000B	SBR03	Reference Identification			
110	2000B	SBR04	Name			Enter "MEDICAID"
110	2000B	SBR09	Claim Filing Indicator Code			Use indicator MC
112	2010BA	NM1	Subscriber Name			
112	2010BA	NM101	Entity Identifier Code			
113	2010BA	NM102	Entity Type Qualifier			VT Medicaid Subscriber is always a person. Use value 1.
113	2010BA	NM103	Name Last or Organization Name			
113	2010BA	NM104	Name First			
113	2010BA	NM105	Name Middle			
113	2010BA	NM107	Name Suffix			
113	2010BA	NM108	Identification Code Qualifier			Use MI
114	2010BA	NM109	Identification Code			Enter the patient's VT Medicaid Unique Identification Number. This ID is 1-8 numeric characters. Do not zero or space fill. Do not use special characters.
115	2010BA	N3	Subscriber Address			
115	2010BA	N301	Address Information			
115	2010BA	N302	Address Information			
116	2010BA	N4	Subscriber City, State, ZIP Code			
116	2010BA	N401	City Name			
116	2010BA	N402	State or Province Code			
117	2010BA	N403	Postal Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
117	2010BA	N404	Country Code			
117	2010BA	N407	Country Subdivision Code			
118	2010BA	DMG	Subscriber Demographic Information			
118	2010BA	DMG01	Date Time Period Format Qualifier			
118	2010BA	DMG02	Date Time Period			
119	2010BA	DMG03	Gender Code			
120	2010BA	REF	Subscriber Secondary Identification			
120	2010BA	REF01	Reference Identification Qualifier			
120	2010BA	REF02	Reference Identification			
121	2010BA	REF	Property and Casualty Claim Number			
121	2010BA	REF01	Reference Identification Qualifier			
121	2010BA	REF02	Reference Identification			
122	2010BB	NM1	Payer Name			
122	2010BB	NM101	Entity Identifier Code			
123	2010BB	NM102	Entity Type Qualifier			
123	2010BB	NM103	Name Last or Organization Name			Use "VT MEDICAID"
123	2010BB	NM108	Identification Code Qualifier			Use qualifier PI for VT Medicaid
123	2010BB	NM109	Identification Code			Use VT Medicaid "VERMONTGMC"
124	2010BB	N3	Payer Address			
124	2010BB	N301	Address Information			
124	2010BB	N302	Address Information			
125	2010BB	N4	Payer City, State, ZIP Code			
125	2010BB	N401	City Name			
125	2010BB	N402	State or Province Code			
126	2010BB	N403	Postal Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
126	2010BB	N404	Country Code			
126	2010BB	N407	Country Subdivision Code			
127	2010BB	REF	Payer Secondary Identification			
127	2010BB	REF01	Reference Identification Qualifier			
128	2010BB	REF02	Reference Identification			
129	2010BB	REF	Billing Provider Secondary Identification			
129	2010BB	REF01	Reference Identification Qualifier			If this loop is used, use qualifier G2 when the billing Provider is atypical
130	2010BB	REF02	Reference Identification			If this loop is used, send VT Medicaid assigned 7 digit Provider ID
131	2000C	HL	Patient Hierarchical Level			
131	2000C	HL01	Hierarchical ID Number			
132	2000C	HL02	Hierarchical Parent ID Number			
132	2000C	HL03	Hierarchical Level Code			
132	2000C	HL04	Hierarchical Child Code			
133	2000C	PAT	Patient Information			
133	2000C	PAT01	Individual Relationship code			
135	2010CA	NM1	Patient Name			
135	2010CA	NM101	Entity Identifier Code			
135	2010CA	NM102	Entity Type Qualifier			
136	2010CA	NM103	Name Last or Organization Name			
136	2010CA	NM104	Name First			
136	2010CA	NM105	Name Middle			
136	2010CA	NM107	Name Suffix			
137	2010CA	N3	Patient Address			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
137	2010CA	N301	Address Information			
137	2010CA	N302	Address Information			
138	2010CA	N4	Patient City, State, ZIP Code			
138	2010CA	N401	City Name			
138	2010CA	N402	State or Province Code			
139	2010CA	N403	Postal Code			
139	2010CA	N404	Country Code			
139	2010CA	N407	Country Subdivision Code			
140	2010CA	DMG	Patient Demographic Information			
140	2010CA	DMG01	Date Time Period Format Qualifier			
140	2010CA	DMG02	Date Time Period			
141	2010CA	DMG03	Gender Code			
142	2010CA	REF	Property and Casualty Claim Number			
142	2010CA	REF01	Reference Identification Qualifier			
142	2010CA	REF02	Reference Identification			
A2-19	2010CA	REF	Property and Casualty Patient Identifier			
A2-19	2010CA	REF01	Reference Identification Qualifier			
A2-19	2010CA	REF02	Reference Identification			
144	2300	CLM	Claim Information			
144	2300	CLM01	Claim Submitter's Identifier			VT Medicaid will capture up to the first 20 characters and return them on the 835. Fields longer than 20 will be truncated.
145	2300	CLM02	Monetary Amount			
145	2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			
145	2300	CLM05	CLM05-1 Facility Code Value			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
145	2300	CLM05	CLM05-2	Facility Code Qualifier		
145	2300	CLM05	CLM05-3	Claim Frequency Type Code		
146	2300	CLM07		Provider Accept Assignment Code		
146	2300	CLM08		Yes/No Condition or Response Code		
147	2300	CLM09		Release of Information Code		
147	2300	CLM20		Delay Reason Code		
149	2300	DTP		Discharge Hour		
149	2300	DTP01		Date/Time Qualifier		
149	2300	DTP02		Date Time Period Format Qualifier		
149	2300	DTP03		Date Time Period		
151	2300	DTP		Statement Dates		
151	2300	DTP01		Date/Time Qualifier		
151	2300	DTP02		Date Time Period Format Qualifier		
151	2300	DTP03		Date Time Period		
152	2300	DTP		Date – Repricer Received Date		
152	2300	DTP01		Date/Time Qualifier		
152	2300	DTP02		Date Time Period Format Qualifier		
152	2300	DTP03		Date Time Period		
153	2300	CL1		Institutional Claim Code		
153	2300	CL101		Admission Type Code		
153	2300	CL102		Admission Source Code		
153	2300	CL103		Patient Status Code		
155	2300	PWK		Claim Supplemental Information		
155	2300	PWK01		Report Type Code		
156	2300	PWK02		Report Transmission Code		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
157	2300	PWK05	Identification Code Qualifier			
157	2300	PWK06	Identification Code			
158	2300	CN1	Contract Information			
158	2300	CN101	Contract Type Code			
158	2300	CN102	Monetary Amount			
159	2300	CN103	Percent, Decimal Format			
159	2300	CN104	Reference Identification			
159	2300	CN105	Terms Discount Percent			
159	2300	CN106	Version Identifier			
160	2300	AMT	Patient Estimated Amount Due			
160	2300	AMT01	Amount Qualifier Code			
160	2300	AMT02	Monetary Amount			
161	2300	REF	Service Authorization Exception Code			
161	2300	REF01	Reference Identification Qualifier			
161	2300	REF02	Reference Identification			
163	2300	REF	Referral Number			
163	2300	REF01	Reference Identification Qualifier			
163	2300	REF02	Reference Identification			
164	2300	REF	Prior Authorization Number			
164	2300	REF01	Reference Identification Qualifier			
165	2300	REF02	Reference Identification			
166	2300	REF	Payer Claim Control Number			
166	2300	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
166	2300	REF02	Reference Identification			Report the 15-digit Internal Control Number ICN assigned by VT MEDICAID. Required when Claim Frequency code = 7 or 8.
167	2300	REF	Repriced Claim Number			
167	2300	REF01	Reference Identification Qualifier			
167	2300	REF02	Reference Identification			
168	2300	REF	Adjusted Repriced Claim Number			
168	2300	REF01	Reference Identification Qualifier			
168	2300	REF02	Reference Identification			
169	2300	REF	Investigational Device Exemption Number			
169	2300	REF01	Reference Identification Qualifier			
169	2300	REF02	Reference Identification			
170	2300	REF	Claim Identifier for Transmission Intermediaries			
170	2300	REF01	Reference Identification Qualifier			
171	2300	REF02	Reference Identification			
172	2300	REF	Auto Accident State			
172	2300	REF01	Reference Identification Qualifier			
172	2300	REF02	Reference Identification			
173	2300	REF	Medical Record Number			
173	2300	REF01	Reference Identification Qualifier			
173	2300	REF02	Reference Identification			
174	2300	REF	Demonstration Project Identifier			
174	2300	REF01	Reference Identification Qualifier			
174	2300	REF02	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
175	2300	REF	Peer Review Organization PRO Approval Number			
175	2300	REF01	Reference Identification Qualifier			
175	2300	REF02	Reference Identification			
177	2300	K3	File Information			
177	2300	K301	Fixed Format Information			
178	2300	NTE	Claim Note			
178	2300	NTE01	Note Reference Code			
179	2300	NTE02	Description			
180	2300	NTE	Billing Note			
180	2300	NTE01	Note Reference Code			
180	2300	NTE02	Description			
180	2300	CRC	EPSDT Referral			
181	2300	CRC01	Code Category			
182	2300	CRC02	Yes/No Condition or Response Code			
182	2300	CRC03	Condition Indicator			
182	2300	CRC04	Condition Indicator			
183	2300	CRC05	Condition Indicator			
184	2300	HI	Principal Diagnosis			
184	2300	HI01	HEALTH CARE CODE INFORMATION			
184	2300	HI01	HI01-1 Code List Qualifier Code			
185	2300	HI01	HI01-2 Industry Code			
185	2300	HI01	HI01-9 Yes/No Condition or Response Code			
187	2300	HI	Admitting Diagnosis			
187	2300	HI01	HEALTH CARE CODE INFORMATION			
188	2300	HI01	HI01-1 Code List Qualifier Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
188	2300	HI01	HI01-2	Industry Code			
189	2300	HI		Patient's Reason for Visit			
189	2300	HI01		HEALTH CARE CODE INFORMATION			
190	2300	HI01	HI01-1	Code List Qualifier Code			
190	2300	HI01	HI01-2	Industry Code			
190	2300	HI02		HEALTH CARE CODE INFORMATION			
191	2300	HI02	HI02-1	Code List Qualifier Code			
191	2300	HI02	HI02-2	Industry Code			
191	2300	HI03		HEALTH CARE CODE INFORMATION			
192	2300	HI03	HI03-1	Code List Qualifier Code			
192	2300	HI03	HI03-2	Industry Code			
193	2300	HI		External Cause of Injury			
193	2300	HI01		HEALTH CARE CODE INFORMATION			
194	2300	HI01	HI01-1	Code List Qualifier Code			
194	2300	HI01	HI01-2	Industry Code			
195	2300	HI01	HI01-9	Yes/No Condition or Response Code			
195	2300	HI02		HEALTH CARE CODE INFORMATION			
196	2300	HI02	HI02-1	Code List Qualifier Code			
196	2300	HI02	HI02-2	Industry Code			
197	2300	HI02	HI02-9	Yes/No Condition or Response Code			
197	2300	HI03		HEALTH CARE CODE INFORMATION			
198	2300	HI03	HI03-1	Code List Qualifier Code			
198	2300	HI03	HI03-2	Industry Code			
199	2300	HI03	HI03-9	Yes/No Condition or Response Code			
199	2300	HI04		HEALTH CARE CODE INFORMATION			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
200	2300	HI04	HI04-1	Code List Qualifier Code			
200	2300	HI04	HI04-2	Industry Code			
201	2300	HI04	HI04-9	Yes/No Condition or Response Code			
201	2300	HI05		HEALTH CARE CODE INFORMATION			
202	2300	HI05	HI05-1	Code List Qualifier Code			
202	2300	HI05	HI05-2	Industry Code			
203	2300	HI05	HI05-9	Yes/No Condition or Response Code			
203	2300	HI06		HEALTH CARE CODE INFORMATION			
204	2300	HI06	HI06-1	Code List Qualifier Code			
204	2300	HI06	HI06-2	Industry Code			
205	2300	HI06	HI06-9	Yes/No Condition or Response Code			
205	2300	HI07		HEALTH CARE CODE INFORMATION			
206	2300	HI07	HI07-1	Code List Qualifier Code			
206	2300	HI07	HI07-2	Industry Code			
207	2300	HI07	HI07-9	Yes/No Condition or Response Code			
207	2300	HI08		HEALTH CARE CODE INFORMATION			
208	2300	HI08	HI08-1	Code List Qualifier Code			
208	2300	HI08	HI08-2	Industry Code			
209	2300	HI08	HI08-9	Yes/No Condition or Response Code			
209	2300	HI09		HEALTH CARE CODE INFORMATION			
210	2300	HI09	HI09-1	Code List Qualifier Code			
210	2300	HI09	HI09-2	Industry Code			
211	2300	HI09	HI09-9	Yes/No Condition or Response Code			
211	2300	HI10		HEALTH CARE CODE INFORMATION			
212	2300	HI10	HI10-1	Code List Qualifier Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
212	2300	HI10	HI10-2	Industry Code			
213	2300	HI10	HI10-9	Yes/No Condition or Response Code			
213	2300	HI11		HEALTH CARE CODE INFORMATION			
214	2300	HI11	HI11-1	Code List Qualifier Code			
214	2300	HI11	HI11-2	Industry Code			
215	2300	HI11	HI11-9	Yes/No Condition or Response Code			
215	2300	HI12		HEALTH CARE CODE INFORMATION			
216	2300	HI12	HI12-1	Code List Qualifier Code			
216	2300	HI12	HI12-2	Industry Code			
217	2300	HI12	HI12-9	Yes/No Condition or Response Code			
218	2300	HI		Diagnosis Related Group DRG Information			
218	2300	HI01		HEALTH CARE CODE INFORMATION			
218	2300	HI01	HI01-1	Code List Qualifier Code			
219	2300	HI01	HI01-2	Industry Code			
220	2300	HI		Other Diagnosis Information			
220	2300	HI01		HEALTH CARE CODE INFORMATION			
221	2300	HI01	HI01-1	Code List Qualifier Code			
221	2300	HI01	HI01-2	Industry Code			
221	2300	HI01	HI01-9	Yes/No Condition or Response Code			
222	2300	HI02		HEALTH CARE CODE INFORMATION			
222	2300	HI02	HI02-1	Code List Qualifier Code			
222	2300	HI02	HI02-2	Industry Code			
223	2300	HI02	HI02-9	Yes/No Condition or Response Code			
223	2300	HI03		HEALTH CARE CODE INFORMATION			
224	2300	HI03	HI03-1	Code List Qualifier Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
224	2300	HI03	HI03-2	Industry Code			
224	2300	HI03	HI03-9	Yes/No Condition or Response Code			
225	2300	HI04		HEALTH CARE CODE INFORMATION			
225	2300	HI04	HI04-1	Code List Qualifier Code			
225	2300	HI04	HI04-2	Industry Code			
226	2300	HI04	HI04-9	Yes/No Condition or Response Code			
226	2300	HI05		HEALTH CARE CODE INFORMATION			
227	2300	HI05	HI05-1	Code List Qualifier Code			
227	2300	HI05	HI05-2	Industry Code			
227	2300	HI05	HI05-9	Yes/No Condition or Response Code			
228	2300	HI06		HEALTH CARE CODE INFORMATION			
228	2300	HI06	HI06-1	Code List Qualifier Code			
228	2300	HI06	HI06-2	Industry Code			
229	2300	HI06	HI06-9	Yes/No Condition or Response Code			
229	2300	HI07		HEALTH CARE CODE INFORMATION			
230	2300	HI07	HI07-1	Code List Qualifier Code			
230	2300	HI07	HI07-2	Industry Code			
230	2300	HI07	HI07-9	Yes/No Condition or Response Code			
231	2300	HI08		HEALTH CARE CODE INFORMATION			
231	2300	HI08	HI08-1	Code List Qualifier Code			
231	2300	HI08	HI08-2	Industry Code			
232	2300	HI08	HI08-9	Yes/No Condition or Response Code			
232	2300	HI09		HEALTH CARE CODE INFORMATION			
233	2300	HI09	HI09-1	Code List Qualifier Code			
233	2300	HI09	HI09-2	Industry Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
233	2300	HI09	HI09-9	Yes/No Condition or Response Code			
234	2300	HI10		HEALTH CARE CODE INFORMATION			
234	2300	HI10	HI10-1	Code List Qualifier Code			
234	2300	HI10	HI10-2	Industry Code			
235	2300	HI10	HI10-9	Yes/No Condition or Response Code			
235	2300	HI11		HEALTH CARE CODE INFORMATION			
236	2300	HI11	HI11-1	Code List Qualifier Code			
236	2300	HI11	HI11-2	Industry Code			
236	2300	HI11	HI11-9	Yes/No Condition or Response Code			
237	2300	HI12		HEALTH CARE CODE INFORMATION			
237	2300	HI12	HI12-1	Code List Qualifier Code			
237	2300	HI12	HI12-2	Industry Code			
238	2300	HI12	HI12-9	Yes/No Condition or Response Code			
239	2300	HI		Principal Procedure Information			
239	2300	HI01		HEALTH CARE CODE INFORMATION			
240	2300	HI01	HI01-1	Code List Qualifier Code			Use BR for VT Medicaid.
240	2300	HI01	HI01-2	Industry Code			
240	2300	HI01	HI01-3	Date Time Period Format Qualifier			
240	2300	HI01	HI01-4	Date Time Period			
242	2300	HI		Other Procedure Information			
242	2300	HI01		HEALTH CARE CODE INFORMATION			
243	2300	HI01	HI01-1	Code List Qualifier Code			Use BQ for VT Medicaid.
243	2300	HI01	HI01-2	Industry Code			
243	2300	HI01	HI01-3	Date Time Period Format Qualifier			
243	2300	HI01	HI01-4	Date Time Period			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
244	2300	HI02	HEALTH CARE CODE INFORMATION			
244	2300	HI02	HI02-1 Code List Qualifier Code			
244	2300	HI02	HI02-2 Industry Code			
244	2300	HI02	HI02-3 Date Time Period Format Qualifier			
245	2300	HI02	HI02-4 Date Time Period			
245	2300	HI03	HEALTH CARE CODE INFORMATION			
245	2300	HI03	HI03-1 Code List Qualifier Code			
245	2300	HI03	HI03-2 Industry Code			
246	2300	HI03	HI03-3 Date Time Period Format Qualifier			
246	2300	HI03	HI03-4 Date Time Period			
246	2300	HI04	HEALTH CARE CODE INFORMATION			
246	2300	HI04	HI04-1 Code List Qualifier Code			
247	2300	HI04	HI04-2 Industry Code			
247	2300	HI04	HI04-3 Date Time Period Format Qualifier			
247	2300	HI04	HI04-4 Date Time Period			
247	2300	HI05	HEALTH CARE CODE INFORMATION			
248	2300	HI05	HI05-1 Code List Qualifier Code			
248	2300	HI05	HI05-2 Industry Code			
248	2300	HI05	HI05-3 Date Time Period Format Qualifier			
248	2300	HI05	HI05-4 Date Time Period			
249	2300	HI06	HEALTH CARE CODE INFORMATION			
249	2300	HI06	HI06-1 Code List Qualifier Code			
249	2300	HI06	HI06-2 Industry Code			
249	2300	HI06	HI06-3 Date Time Period Format Qualifier			
250	2300	HI06	HI06-4 Date Time Period			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
250	2300	HI07	HEALTH CARE CODE INFORMATION			
250	2300	HI07	HI07-1 Code List Qualifier Code			
250	2300	HI07	HI07-2 Industry Code			
251	2300	HI07	HI07-3 Date Time Period Format Qualifier			
251	2300	HI07	HI07-4 Date Time Period			
251	2300	HI08	HEALTH CARE CODE INFORMATION			
251	2300	HI08	HI08-1 Code List Qualifier Code			
252	2300	HI08	HI08-2 Industry Code			
252	2300	HI08	HI08-3 Date Time Period Format Qualifier			
252	2300	HI08	HI08-4 Date Time Period			
252	2300	HI09	HEALTH CARE CODE INFORMATION			
253	2300	HI09	HI09-1 Code List Qualifier Code			
253	2300	HI09	HI09-2 Industry Code			
253	2300	HI09	HI09-3 Date Time Period Format Qualifier			
253	2300	HI09	HI09-4 Date Time Period			
254	2300	HI10	HEALTH CARE CODE INFORMATION			
254	2300	HI10	HI10-1 Code List Qualifier Code			
254	2300	HI10	HI10-2 Industry Code			
254	2300	HI10	HI10-3 Date Time Period Format Qualifier			
255	2300	HI10	HI10-4 Date Time Period			
255	2300	HI11	HEALTH CARE CODE INFORMATION			
255	2300	HI11	HI11-1 Code List Qualifier Code			
255	2300	HI11	HI11-2 Industry Code			
256	2300	HI11	HI11-3 Date Time Period Format Qualifier			
256	2300	HI11	HI11-4 Date Time Period			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
256	2300	HI12	HEALTH CARE CODE INFORMATION			
256	2300	HI12	HI12-1 Code List Qualifier Code			
257	2300	HI12	HI12-2 Industry Code			
257	2300	HI12	HI12-3 Date Time Period Format Qualifier			
257	2300	HI12	HI12-4 Date Time Period			
258	2300	HI	Occurrence Span Information			
258	2300	HI01	HEALTH CARE CODE INFORMATION			
258	2300	HI01	HI01-1 Code List Qualifier Code			
258	2300	HI01	HI01-2 Industry Code			
259	2300	HI01	HI01-3 Date Time Period Format Qualifier			
259	2300	HI01	HI01-4 Date Time Period			
259	2300	HI02	HEALTH CARE CODE INFORMATION			
259	2300	HI02	HI02-1 Code List Qualifier Code			
259	2300	HI02	HI02-2 Industry Code			
260	2300	HI02	HI02-3 Date Time Period Format Qualifier			
260	2300	HI02	HI02-4 Date Time Period			
260	2300	HI03	HEALTH CARE CODE INFORMATION			
260	2300	HI03	HI03-1 Code List Qualifier Code			
260	2300	HI03	HI03-2 Industry Code			
261	2300	HI03	HI03-3 Date Time Period Format Qualifier			
261	2300	HI03	HI03-4 Date Time Period			
261	2300	HI04	HEALTH CARE CODE INFORMATION			
261	2300	HI04	HI04-1 Code List Qualifier Code			
261	2300	HI04	HI04-2 Industry Code			
262	2300	HI04	HI04-3 Date Time Period Format Qualifier			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
262	2300	HI04	HI04-4	Date Time Period			
262	2300	HI05		HEALTH CARE CODE INFORMATION			
262	2300	HI05	HI05-1	Code List Qualifier Code			
262	2300	HI05	HI05-2	Industry Code			
263	2300	HI05	HI05-3	Date Time Period Format Qualifier			
263	2300	HI05	HI05-4	Date Time Period			
263	2300	HI06		HEALTH CARE CODE INFORMATION			
263	2300	HI06	HI06-1	Code List Qualifier Code			
263	2300	HI06	HI06-2	Industry Code			
264	2300	HI06	HI06-3	Date Time Period Format Qualifier			
264	2300	HI06	HI06-4	Date Time Period			
264	2300	HI07		HEALTH CARE CODE INFORMATION			
264	2300	HI07	HI07-1	Code List Qualifier Code			
264	2300	HI07	HI07-2	Industry Code			
265	2300	HI07	HI07-3	Date Time Period Format Qualifier			
265	2300	HI07	HI07-4	Date Time Period			
265	2300	HI08		HEALTH CARE CODE INFORMATION			
265	2300	HI08	HI08-1	Code List Qualifier Code			
265	2300	HI08	HI08-2	Industry Code			
266	2300	HI08	HI08-3	Date Time Period Format Qualifier			
266	2300	HI08	HI08-4	Date Time Period			
266	2300	HI09		HEALTH CARE CODE INFORMATION			
266	2300	HI09	HI09-1	Code List Qualifier Code			
266	2300	HI09	HI09-2	Industry Code			
267	2300	HI09	HI09-3	Date Time Period Format Qualifier			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
267	2300	HI09	HI09-4	Date Time Period			
267	2300	HI10		HEALTH CARE CODE INFORMATION			
267	2300	HI10	HI10-1	Code List Qualifier Code			
267	2300	HI10	HI10-2	Industry Code			
268	2300	HI10	HI10-3	Date Time Period Format Qualifier			
268	2300	HI10	HI10-4	Date Time Period			
268	2300	HI11		HEALTH CARE CODE INFORMATION			
268	2300	HI11	HI11-1	Code List Qualifier Code			
268	2300	HI11	HI11-2	Industry Code			
269	2300	HI11	HI11-3	Date Time Period Format Qualifier			
269	2300	HI11	HI11-4	Date Time Period			
269	2300	HI12		HEALTH CARE CODE INFORMATION			
269	2300	HI12	HI12-1	Code List Qualifier Code			
269	2300	HI12	HI12-2	Industry Code			
270	2300	HI12	HI12-3	Date Time Period Format Qualifier			
270	2300	HI12	HI12-4	Date Time Period			
271	2300	HI		Occurrence Information			
271	2300	HI01		HEALTH CARE CODE INFORMATION			
271	2300	HI01	HI01-1	Code List Qualifier Code			
271	2300	HI01	HI01-2	Industry Code			
272	2300	HI01	HI01-3	Date Time Period Format Qualifier			
272	2300	HI01	HI01-4	Date Time Period			
272	2300	HI02		HEALTH CARE CODE INFORMATION			
272	2300	HI02	HI02-1	Code List Qualifier Code			
272	2300	HI02	HI02-2	Industry Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
273	2300	HI02	HI02-3	Date Time Period Format Qualifier			
273	2300	HI02	HI02-4	Date Time Period			
273	2300	HI03		HEALTH CARE CODE INFORMATION			
273	2300	HI03	HI03-1	Code List Qualifier Code			
273	2300	HI03	HI03-2	Industry Code			
274	2300	HI03	HI03-3	Date Time Period Format Qualifier			
274	2300	HI03	HI03-4	Date Time Period			
274	2300	HI04		HEALTH CARE CODE INFORMATION			
274	2300	HI04	HI04-1	Code List Qualifier Code			
274	2300	HI04	HI04-2	Industry Code			
275	2300	HI04	HI04-3	Date Time Period Format Qualifier			
275	2300	HI04	HI04-4	Date Time Period			
275	2300	HI05		HEALTH CARE CODE INFORMATION			
275	2300	HI05	HI05-1	Code List Qualifier Code			
275	2300	HI05	HI05-2	Industry Code			
276	2300	HI05	HI05-3	Date Time Period Format Qualifier			
276	2300	HI05	HI05-4	Date Time Period			
276	2300	HI06		HEALTH CARE CODE INFORMATION			
276	2300	HI06	HI06-1	Code List Qualifier Code			
276	2300	HI06	HI06-2	Industry Code			
277	2300	HI06	HI06-3	Date Time Period Format Qualifier			
277	2300	HI06	HI06-4	Date Time Period			
277	2300	HI07		HEALTH CARE CODE INFORMATION			
277	2300	HI07	HI07-1	Code List Qualifier Code			
277	2300	HI07	HI07-2	Industry Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
278	2300	HI07	HI07-3	Date Time Period Format Qualifier			
278	2300	HI07	HI07-4	Date Time Period			
278	2300	HI08		HEALTH CARE CODE INFORMATION			
278	2300	HI08	HI08-1	Code List Qualifier Code			
278	2300	HI08	HI08-2	Industry Code			
279	2300	HI08	HI08-3	Date Time Period Format Qualifier			
279	2300	HI08	HI08-4	Date Time Period			
279	2300	HI09		HEALTH CARE CODE INFORMATION			
279	2300	HI09	HI09-1	Code List Qualifier Code			
279	2300	HI09	HI09-2	Industry Code			
280	2300	HI09	HI09-3	Date Time Period Format Qualifier			
280	2300	HI09	HI09-4	Date Time Period			
280	2300	HI10		HEALTH CARE CODE INFORMATION			
280	2300	HI10	HI10-1	Code List Qualifier Code			
280	2300	HI10	HI10-2	Industry Code			
281	2300	HI10	HI10-3	Date Time Period Format Qualifier			
281	2300	HI10	HI10-4	Date Time Period			
281	2300	HI11		HEALTH CARE CODE INFORMATION			
281	2300	HI11	HI11-1	Code List Qualifier Code			
281	2300	HI11	HI11-2	Industry Code			
282	2300	HI11	HI11-3	Date Time Period Format Qualifier			
282	2300	HI11	HI11-4	Date Time Period			
282	2300	HI12		HEALTH CARE CODE INFORMATION			
282	2300	HI12	HI12-1	Code List Qualifier Code			
282	2300	HI12	HI12-2	Industry Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
283	2300	HI12	HI12-3	Date Time Period Format Qualifier			
283	2300	HI12	HI12-4	Date Time Period			
284	2300	HI		Value Information			
284	2300	HI01		HEALTH CARE CODE INFORMATION			
284	2300	HI01	HI01-1	Code List Qualifier Code			
284	2300	HI01	HI01-2	Industry Code			
285	2300	HI01	HI01-5	Monetary Amount			
285	2300	HI02		HEALTH CARE CODE INFORMATION			
285	2300	HI02	HI02-1	Code List Qualifier Code			
285	2300	HI02	HI02-2	Industry Code			
285	2300	HI02	HI02-5	Monetary Amount			
286	2300	HI03		HEALTH CARE CODE INFORMATION			
286	2300	HI03	HI03-1	Code List Qualifier Code			
286	2300	HI03	HI03-2	Industry Code			
286	2300	HI03	HI03-5	Monetary Amount			
286	2300	HI04		HEALTH CARE CODE INFORMATION			
287	2300	HI04	HI04-1	Code List Qualifier Code			
287	2300	HI04	HI04-2	Industry Code			
287	2300	HI04	HI04-5	Monetary Amount			
287	2300	HI05		HEALTH CARE CODE INFORMATION			
287	2300	HI05	HI05-1	Code List Qualifier Code			
288	2300	HI05	HI05-2	Industry Code			
288	2300	HI05	HI05-5	Monetary Amount			
288	2300	HI06		HEALTH CARE CODE INFORMATION			
288	2300	HI06	HI06-1	Code List Qualifier Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
288	2300	HI06	HI06-2	Industry Code			
288	2300	HI06	HI06-5	Monetary Amount			
289	2300	HI07		HEALTH CARE CODE INFORMATION			
289	2300	HI07	HI07-1	Code List Qualifier Code			
289	2300	HI07	HI07-2	Industry Code			
289	2300	HI07	HI07-5	Monetary Amount			
289	2300	HI08		HEALTH CARE CODE INFORMATION			
290	2300	HI08	HI08-1	Code List Qualifier Code			
290	2300	HI08	HI08-2	Industry Code			
290	2300	HI08	HI08-5	Monetary Amount			
290	2300	HI09		HEALTH CARE CODE INFORMATION			
290	2300	HI09	HI09-1	Code List Qualifier Code			
291	2300	HI09	HI09-2	Industry Code			
291	2300	HI09	HI09-5	Monetary Amount			
291	2300	HI10		HEALTH CARE CODE INFORMATION			
291	2300	HI10	HI10-1	Code List Qualifier Code			
291	2300	HI10	HI10-2	Industry Code			
291	2300	HI10	HI10-5	Monetary Amount			
292	2300	HI11		HEALTH CARE CODE INFORMATION			
292	2300	HI11	HI11-1	Code List Qualifier Code			
292	2300	HI11	HI11-2	Industry Code			
292	2300	HI11	HI11-5	Monetary Amount			
292	2300	HI12		HEALTH CARE CODE INFORMATION			
293	2300	HI12	HI12-1	Code List Qualifier Code			
293	2300	HI12	HI12-2	Industry Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
293	2300	HI12	HI12-5	Monetary Amount			
294	2300	HI		Condition Information			
294	2300	HI01		HEALTH CARE CODE INFORMATION			
294	2300	HI01	HI01-1	Code List Qualifier Code			
294	2300	HI01	HI01-2	Industry Code			
295	2300	HI02		HEALTH CARE CODE INFORMATION			
295	2300	HI02	HI02-1	Code List Qualifier Code			
295	2300	HI02	HI02-2	Industry Code			
296	2300	HI03		HEALTH CARE CODE INFORMATION			
296	2300	HI03	HI03-1	Code List Qualifier Code			
296	2300	HI03	HI03-2	Industry Code			
296	2300	HI04		HEALTH CARE CODE INFORMATION			
297	2300	HI04	HI04-1	Code List Qualifier Code			
297	2300	HI04	HI04-2	Industry Code			
297	2300	HI05		HEALTH CARE CODE INFORMATION			
297	2300	HI05	HI05-1	Code List Qualifier Code			
297	2300	HI05	HI05-2	Industry Code			
298	2300	HI06		HEALTH CARE CODE INFORMATION			
298	2300	HI06	HI06-1	Code List Qualifier Code			
298	2300	HI06	HI06-2	Industry Code			
299	2300	HI07		HEALTH CARE CODE INFORMATION			
299	2300	HI07	HI07-1	Code List Qualifier Code			
299	2300	HI07	HI07-2	Industry Code			
299	2300	HI08		HEALTH CARE CODE INFORMATION			
300	2300	HI08	HI08-1	Code List Qualifier Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
300	2300	HI08	HI08-2	Industry Code			
300	2300	HI09		HEALTH CARE CODE INFORMATION			
300	2300	HI09	HI09-1	Code List Qualifier Code			
300	2300	HI09	HI09-2	Industry Code			
301	2300	HI10		HEALTH CARE CODE INFORMATION			
301	2300	HI10	HI10-1	Code List Qualifier Code			
301	2300	HI10	HI10-2	Industry Code			
302	2300	HI11		HEALTH CARE CODE INFORMATION			
302	2300	HI11	HI11-1	Code List Qualifier Code			
302	2300	HI11	HI11-2	Industry Code			
302	2300	HI12		HEALTH CARE CODE INFORMATION			
303	2300	HI12	HI12-1	Code List Qualifier Code			
303	2300	HI12	HI12-2	Industry Code			
304	2300	HI		Treatment Code Information			
304	2300	HI01		HEALTH CARE CODE INFORMATION			
304	2300	HI01	HI01-1	Code List Qualifier Code			
305	2300	HI01	HI01-2	Industry Code			
305	2300	HI02		HEALTH CARE CODE INFORMATION			
305	2300	HI02	HI02-1	Code List Qualifier Code			
305	2300	HI02	HI02-2	Industry Code			
306	2300	HI03		HEALTH CARE CODE INFORMATION			
306	2300	HI03	HI03-1	Code List Qualifier Code			
306	2300	HI03	HI03-2	Industry Code			
306	2300	HI04		HEALTH CARE CODE INFORMATION			
307	2300	HI04	HI04-1	Code List Qualifier Code			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
307	2300	HI04	HI04-2	Industry Code			
307	2300	HI05		HEALTH CARE CODE INFORMATION			
307	2300	HI05	HI05-1	Code List Qualifier Code			
307	2300	HI05	HI05-2	Industry Code			
308	2300	HI06		HEALTH CARE CODE INFORMATION			
308	2300	HI06	HI06-1	Code List Qualifier Code			
308	2300	HI06	HI06-2	Industry Code			
308	2300	HI07		HEALTH CARE CODE INFORMATION			
309	2300	HI07	HI07-1	Code List Qualifier Code			
309	2300	HI07	HI07-2	Industry Code			
309	2300	HI08		HEALTH CARE CODE INFORMATION			
309	2300	HI08	HI08-1	Code List Qualifier Code			
309	2300	HI08	HI08-2	Industry Code			
310	2300	HI09		HEALTH CARE CODE INFORMATION			
310	2300	HI09	HI09-1	Code List Qualifier Code			
310	2300	HI09	HI09-2	Industry Code			
310	2300	HI10		HEALTH CARE CODE INFORMATION			
311	2300	HI10	HI10-1	Code List Qualifier Code			
311	2300	HI10	HI10-2	Industry Code			
311	2300	HI11		HEALTH CARE CODE INFORMATION			
311	2300	HI11	HI11-1	Code List Qualifier Code			
311	2300	HI11	HI11-2	Industry Code			
312	2300	HI12		HEALTH CARE CODE INFORMATION			
312	2300	HI12	HI12-1	Code List Qualifier Code			
312	2300	HI12	HI12-2	Industry Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
314	2300	HCP	Claim Pricing/Repricing Information			
314	2300	HCP01	Pricing Methodology			
314	2300	HCP02	Monetary Amount			
314	2300	HCP03	Monetary Amount			
315	2300	HCP04	Reference Identification			
315	2300	HCP05	Rate			
315	2300	HCP06	Reference Identification			
315	2300	HCP07	Monetary Amount			
316	2300	HCP08	Product/Service ID			
316	2300	HCP11	Unit or Basis for Measurement Code			
316	2300	HCP12	Quantity			
317	2300	HCP13	Reject Reason Code			
317	2300	HCP14	Policy Compliance Code			
318	2300	HCP15	Exception Code			
319	2310A	NM1	Attending Provider Name			
319	2310A	NM101	Entity Identifier Code			
320	2310A	NM102	Entity Type Qualifier			
320	2310A	NM103	Name Last or Organization Name			
320	2310A	NM104	Name First			
320	2310A	NM105	Name Middle			
320	2310A	NM107	Name Suffix			
321	2310A	NM108	Identification Code Qualifier			Use XX if sending the NPI in NM109
321	2310A	NM109	Identification Code			Enter the 10-digit NPI if XX was entered in NM108

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
322	2310A	PRV	Attending Provider Specialty Information			
322	2310A	PRV01	Provider Code			
322	2310A	PRV02	Reference Identification Qualifier			
322	2310A	PRV03	Reference Identification			The Taxonomy code is required for VT Medicaid
324	2310A	REF	Attending Provider Secondary Identification			
324	2310A	REF01	Reference Identification Qualifier			Use G2 when the attending provider is atypical
325	2310A	REF02	Reference Identification			Use the 7 digit VT Medicaid Provider ID
327	2310B	NM1	Operating Physician Name			
327	2310B	NM101	Entity Identifier Code			
327	2310B	NM102	Entity Type Qualifier			
327	2310B	NM103	Name Last or Organization Name			
327	2310B	NM104	Name First			
327	2310B	NM105	Name Middle			
327	2310B	NM107	Name Suffix			
328	2310B	NM108	Identification Code Qualifier			
328	2310B	NM109	Identification Code			
329	2310B	REF	Operating Physician Secondary Identification			
329	2310B	REF01	Reference Identification Qualifier			
330	2310B	REF02	Reference Identification			
332	2310C	NM1	Other Operating Physician Name			
332	2310C	NM101	Entity Identifier Code			
332	2310C	NM102	Entity Type Qualifier			
332	2310C	NM103	Name Last or Organization Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
332	2310C	NM104	Name First			
332	2310C	NM105	Name Middle			
332	2310C	NM107	Name Suffix			
333	2310C	NM108	Identification Code Qualifier			
333	2310C	NM109	Identification Code			
334	2310C	REF	Other Operating Physician Secondary Identification			
334	2310C	REF01	Reference Identification Qualifier			
335	2310C	REF02	Reference Identification			
337	2310D	NM1	Rendering Provider Name			
337	2310D	NM101	Entity Identifier Code			
337	2310D	NM102	Entity Type Qualifier			
337	2310D	NM103	Name Last or Organization Name			
337	2310D	NM104	Name First			
337	2310D	NM105	Name Middle			
337	2310D	NM107	Name Suffix			
338	2310D	NM108	Identification Code Qualifier			
338	2310D	NM109	Identification Code			
339	2310D	REF	Rendering Provider Secondary Identification			
339	2310D	REF01	Reference Identification Qualifier			
340	2310D	REF02	Reference Identification			
342	2310E	NM1	Service Facility Location Name			
342	2310E	NM101	Entity Identifier Code			
342	2310E	NM102	Entity Type Qualifier			
342	2310E	NM103	Name Last or Organization Name			

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342	2310E	NM108	Identification Code Qualifier			
342	2310E	NM109	Identification Code			
344	2310E	N3	Service Facility Location Address			
344	2310E	N301	Address Information			
344	2310E	N302	Address Information			
345	2310E	N4	Service Facility Location City, State, Zip Code			
345	2310E	N401	City Name			
346	2310E	N402	State or Province Code			
346	2310E	N403	Postal Code			
346	2310E	N404	Country Code			
346	2310E	N407	Country Subdivision Code			
347	2310E	REF	Service Facility Location Secondary Identification			
347	2310E	REF01	Reference Identification Qualifier			
348	2310E	REF02	Reference Identification			
350	2310F	NM1	Referring Provider Name			
350	2310F	NM101	Entity Identifier Code			
350	2310F	NM102	Entity Type Qualifier			
350	2310F	NM103	Name Last or Organization Name			
350	2310F	NM104	Name First			
350	2310F	NM105	Name Middle			
350	2310F	NM107	Name Suffix			
351	2310F	NM108	Identification Code Qualifier			
351	2310F	NM109	Identification Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
352	2310F	REF	Referring Provider Secondary Identification			
352	2310F	REF01	Reference Identification Qualifier			
353	2310F	REF02	Reference Identification			
355	2320	SBR	Other Subscriber Information			
355	2320	SBR01	Payer Responsibility Sequence Number Code			
355	2320	SBR02	Individual Relationship Code			
356	2320	SBR03	Reference Identification			
356	2320	SBR04	Name			
356	2320	SBR09	Claim Filing Indicator Code			
360	2320	CAS	Claim Level Adjustments			
360	2320	CAS01	Claim Adjustment Group Code			
360	2320	CAS02	Claim Adjustment Reason Code			
360	2320	CAS03	Monetary Amount			
360	2320	CAS04	Quantity			
360	2320	CAS05	Claim Adjustment Reason Code			
360	2320	CAS06	Monetary Amount			
361	2320	CAS07	Quantity			
361	2320	CAS08	Claim Adjustment Reason Code			
361	2320	CAS09	Monetary Amount			
361	2320	CAS10	Quantity			
361	2320	CAS11	Claim Adjustment Reason Code			
362	2320	CAS12	Monetary Amount			
362	2320	CAS13	Quantity			
362	2320	CAS14	Claim Adjustment Reason Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
362	2320	CAS15	Monetary Amount			
362	2320	CAS16	Quantity			
363	2320	CAS17	Claim Adjustment Reason Code			
363	2320	CAS18	Monetary Amount			
363	2320	CAS19	Quantity			
364	2320	AMT	Coordination of Benefits COB Payer Paid Amount			
364	2320	AMT01	Amount Qualifier Code			
364	2320	AMT02	Monetary Amount			
365	2320	AMT	Remaining Patient Liability			
365	2320	AMT01	Amount Qualifier Code			
365	2320	AMT02	Monetary Amount			
366	2320	AMT	Coordination of Benefits COB Total Non-covered Amount			
366	2320	AMT01	Amount Qualifier Code			
366	2320	AMT02	Monetary Amount			
367	2320	OI	Other Insurance Coverage Information			
367	2320	OIO3	Yes/No Condition or Response Code			
368	2320	OIO6	Release of Information Code			
369	2320	MIA	Inpatient Adjudication Information			
369	2320	MIA01	Quantity			
370	2320	MIA03	Quantity			
370	2320	MIA04	Monetary Amount			
370	2320	MIA05	Reference Identification			
370	2320	MIA06	Monetary Amount			
370	2320	MIA07	Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
370	2320	MIA08	Monetary Amount			
371	2320	MIA09	Monetary Amount			
371	2320	MIA10	Monetary Amount			
371	2320	MIA11	Monetary Amount			
371	2320	MIA12	Monetary Amount			
371	2320	MIA13	Monetary Amount			
371	2320	MIA14	Monetary Amount			
372	2320	MIA15	Quantity			
372	2320	MIA16	Monetary Amount			
372	2320	MIA17	Monetary Amount			
372	2320	MIA18	Monetary Amount			
372	2320	MIA19	Monetary Amount			
372	2320	MIA20	Reference Identification			
373	2320	MIA21	Reference Identification			
373	2320	MIA22	Reference Identification			
373	2320	MIA23	Reference Identification			
373	2320	MIA24	Monetary Amount			
374	2320	MOA	Outpatient Adjudication Information			
374	2320	MOA01	Percentage as Decimal			
375	2320	MOA02	Monetary Amount			
375	2320	MOA03	Reference Identification			
375	2320	MOA04	Reference Identification			
375	2320	MOA05	Reference Identification			
375	2320	MOA06	Reference Identification			
375	2320	MOA07	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
376	2320	MOA08	Monetary Amount			
376	2320	MOA09	Monetary Amount			
378	2330A	NM1	Other Subscriber Name			
378	2330A	NM101	Entity Identifier Code			
378	2330A	NM102	Entity Type Qualifier			
378	2330A	NM103	Name Last or Organization Name			
378	2330A	NM104	Name First			
378	2330A	NM105	Name Middle			
378	2330A	NM107	Name Suffix			
379	2330A	NM108	Identification Code Qualifier			
379	2330A	NM109	Identification Code			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.
380	2330A	N3	Other Subscriber Address			
380	2330A	N301	Address Information			
380	2330A	N302	Address Information			
381	2330A	N4	Other Subscriber City, State, ZIP Code			
381	2330A	N401	City Name			
382	2330A	N402	State or Province Code			
382	2330A	N403	Postal Code			
382	2330A	N404	Country Code			
382	2330A	N407	Country Subdivision Code			
383	2330A	REF	Other Subscriber Secondary Identification			
383	2330A	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
383	2330A	REF02	Reference Identification			
384	2330B	NM1	Other Payer Name			
384	2330B	NM101	Entity Identifier Code			
384	2330B	NM102	Entity Type Qualifier			
385	2330B	NM103	Name Last or Organization Name			
385	2330B	NM108	Identification Code Qualifier			Use qualifier PI
385	2330B	NM109	Identification Code			If reporting Other Insurance Carriers, use the VT Medicaid Carrier Code in this field.
386	2330B	N3	Other Payer Address			
386	2330B	N301	Address Information			
386	2330B	N302	Address Information			
387	2330B	N4	Other Payer City, State, ZIP Code			
387	2330B	N401	City Name			
387	2330B	N402	State or Province Code			
388	2330B	N403	Postal Code			
388	2330B	N404	Country Code			
388	2330B	N407	Country Subdivision Code			
389	2330B	DTP	Claim Check or Remittance Date			
389	2330B	DTP01	Date/Time Qualifier			
389	2330B	DTP02	Date Time Period Format Qualifier			
389	2330B	DTP03	Date Time Period			
390	2330B	REF	Other Payer Secondary Identifier			
390	2330B	REF01	Reference Identification Qualifier			
391	2330B	REF02	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
392	2330B	REF	Other Payer Prior Authorization Number			
392	2330B	REF01	Reference Identification Qualifier			
392	2330B	REF02	Reference Identification			
393	2330B	REF	Other Payer Referral Number			
393	2330B	REF01	Reference Identification Qualifier			
393	2330B	REF02	Reference Identification			
394	2330B	REF	Other Payer Claim Adjustment Indicator			
394	2330B	REF01	Reference Identification Qualifier			
394	2330B	REF02	Reference Identification			
395	2330B	REF	Other Payer Claim Control Number			
395	2330B	REF01	Reference Identification Qualifier			
395	2330B	REF02	Reference Identification			
397	2330C	NM1	Other Payer Attending Provider			
397	2330C	NM101	Entity Identifier Code			
397	2330C	NM102	Entity Type Qualifier			
398	2330C	REF	Other Payer Attending Provider Secondary Identification			
398	2330C	REF01	Reference Identification Qualifier			
399	2330C	REF02	Reference Identification			
401	2330D	NM1	Other Payer Operating Physician			
401	2330D	NM101	Entity Identifier Code			
401	2330D	NM102	Entity Type Qualifier			
402	2330D	REF	Other Payer Operating Physician Secondary Identification			
402	2330D	REF01	Reference Identification Qualifier			
403	2330D	REF02	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
405	2330E	NM1	Other Payer Other Operating Physician			
405	2330E	NM101	Entity Identifier Code			
405	2330E	NM102	Entity Type Qualifier			
406	2330E	REF	Other Payer Other Operating Physician Secondary Identification			
406	2330E	REF01	Reference Identification Qualifier			
407	2330E	REF02	Reference Identification			
409	2330F	NM1	Other Payer Service Facility Location			
409	2330F	NM101	Entity Identifier Code			
409	2330F	NM102	Entity Type Qualifier			
410	2330F	REF	Other Payer Service Facility Location Secondary Identification			
410	2330F	REF01	Reference Identification Qualifier			
410	2330F	REF02	Reference Identification			
413	2330G	NM1	Other Payer Rendering Provider Name			
413	2330G	NM101	Entity Identifier Code			
413	2330G	NM102	Entity Type Qualifier			
414	2330G	REF	Other Payer Rendering Provider Secondary Identification			
414	2330G	REF01	Reference Identification Qualifier			
415	2330G	REF02	Reference Identification			
417	2330H	NM1	Other Payer Referring Provider			
417	2330H	NM101	Entity Identifier Code			
417	2330H	NM102	Entity Type Qualifier			
418	2330H	REF	Other Payer Referring Provider Secondary Identification			
418	2330H	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
419	2330H	REF02		Reference Identification			
421	2330I	NM1		Other Payer Billing Provider			
421	2330I	NM101		Entity Identifier Code			
421	2330I	NM102		Entity Type Qualifier			
422	2330I	REF		Other Payer Billing Provider Secondary Identification			
422	2330I	REF01		Reference Identification Qualifier			
422	2330I	REF02		Reference Identification			
423	2400	LX		Service Line Number			
423	2400	LX01		Assigned Number			Always start with 01 and increase by 1 with each subsequent service line.
424	2400	SV2		Institutional Service Line			
424	2400	SV201		Product/Service ID			
425	2400	SV202		COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
425	2400	SV202	SV202-1	Product/Service ID Qualifier			
426	2400	SV202	SV202-2	Product/Service ID			
426	2400	SV202	SV202-3	Procedure Modifier			
426	2400	SV202	SV202-4	Procedure Modifier			
427	2400	SV202	SV202-5	Procedure Modifier			
427	2400	SV202	SV202-6	Procedure Modifier			
427	2400	SV202	SV202-7	Description			
427	2400	SV203		Monetary Amount			
428	2400	SV204		Unit or Basis for Measurement Code			
428	2400	SV205		Quantity			
428	2400	SV207		Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
430	2400	PWK	Line Supplemental Information			
430	2400	PWK01	Report Type Code			
431	2400	PWK02	Report Transmission Code			
432	2400	PWK05	Identification Code Qualifier			
432	2400	PWK06	Identification Code			
434	2400	DTP	Date - Service Date			
434	2400	DTP01	Date/Time Qualifier			
434	2400	DTP02	Date Time Period Format Qualifier			
434	2400	DTP03	Date Time Period			
435	2400	REF	Line Item Control Number			
435	2400	REF01	Reference Identification Qualifier			
436	2400	REF02	Reference Identification			
437	2400	REF	Repriced Line Item Reference Number			
437	2400	REF01	Reference Identification Qualifier			
437	2400	REF02	Reference Identification			
438	2400	REF	Adjusted Repriced Line Item Reference Number			
438	2400	REF01	Reference Identification Qualifier			
438	2400	REF02	Reference Identification			
439	2400	AMT	Service Tax Amount			
439	2400	AMT01	Amount Qualifier Code			
439	2400	AMT02	Monetary Amount			
440	2400	AMT	Facility Tax Amount			
440	2400	AMT01	Amount Qualifier Code			
440	2400	AMT02	Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
441	2400	NTE	Third Party Organization Notes			
441	2400	NTE01	Note Reference Code			
441	2400	NTE02	Description			
443	2400	HCP	Line Pricing/Repricing Information			
443	2400	HCP01	Pricing Methodology			
443	2400	HCP02	Monetary Amount			
443	2400	HCP03	Monetary Amount			
444	2400	HCP04	Reference Identification			
444	2400	HCP05	Rate			
444	2400	HCP06	Reference Identification			
444	2400	HCP07	Monetary Amount			
445	2400	HCP08	Product/Service ID			
445	2400	HCP09	Product/Service ID Qualifier			
446	2400	HCP10	Product/Service ID			
447	2400	HCP11	Unit or Basis for Measurement Code			
447	2400	HCP12	Quantity			
447	2400	HCP13	Reject Reason Code			
448	2400	HCP14	Policy Compliance Code			
448	2400	HCP15	Exception Code			
451	2410	LIN	Drug Identification			
451	2410	LIN02	Product/Service ID Qualifier			
451	2410	LIN03	Product/Service ID			
452	2410	CTP	Drug Quantity			
452	2410	CTP04	Quantity			
453	2410	CTP05	COMPOSITE UNIT OF MEASURE			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
453	2410	CTP05	CTP05-1	Unit or Basis for Measurement Code			
454	2410	REF		Prescription or Compound Drug Association Number			
454	2410	REF01		Reference identification Qualifier			
455	2410	REF02		Reference identification			
457	2420A	NM1		Operating Physician Name			
457	2420A	NM101		Entity Identifier Code			
457	2420A	NM102		Entity Type Qualifier			
457	2420A	NM103		Name Last or Organization Name			
457	2420A	NM104		Name First			
457	2420A	NM105		Name Middle			
457	2420A	NM107		Name Suffix			
458	2420A	NM108		Identification Code Qualifier			
458	2420A	NM109		Identification code			
459	2420A	REF		Operating Physician Secondary Identification			
459	2420A	REF01		Reference Identification Qualifier			
460	2420A	REF02		Reference Identification			
460	2420A	REF04		REFERENCE IDENTIFIER			
460	2420A	REF04	REF04-1	Reference Identification Qualifier			
460	2420A	REF04	REF04-2	Reference Identification			
462	2420B	NM1		Other Operating Physician Name			
462	2420B	NM101		Entity Identifier Code			
462	2420B	NM102		Entity Type Qualifier			
462	2420B	NM103		Name Last or Organization Name			
462	2420B	NM104		Name First			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
462	2420B	NM105		Name Middle			
462	2420B	NM107		Name Suffix			
463	2420B	NM108		Identification Code Qualifier			
463	2420B	NM109		Identification code			
464	2420B	REF		Other Operating Physician Secondary Identification			
464	2420B	REF01		Reference Identification Qualifier			
465	2420B	REF02		Reference Identification			
465	2420B	REF04		REFERENCE IDENTIFIER			
465	2420B	REF04	REF04-1	Reference Identification Qualifier			
465	2420B	REF04	REF04-2	Reference Identification			
467	2420C	NM1		Rendering Provider Name			
467	2420C	NM101		Entity Identifier Code			
467	2420C	NM102		Entity Type Qualifier			
467	2420C	NM103		Name Last or Organization Name			
467	2420C	NM104		Name First			
467	2420C	NM105		Name Middle			
467	2420C	NM107		Name Suffix			
468	2420C	NM108		Identification Code Qualifier			If the Rendering Provider is reported at the service line level, use XX if sending the NPI in NM109
468	2420C	NM109		Attending Physician Primary Identifier			Enter the 10-digit NPI if XX was entered in NM108
469	2420C	REF		Rendering Provider Secondary Identification			
469	2420C	REF01		Reference Identification Qualifier			If the Rendering Provider is reported at the service line level, use 1D when the attending provider is atypical.

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
470	2420C	REF02		Reference Identification			If the Rendering Provider is reported at the service line level, report the 7 digit VT MEDICAID provider number.
470	2420C	REF04		REFERENCE IDENTIFIER			
470	2420C	REF04	REF04-1	Reference Identification Qualifier			
470	2420C	REF04	REF04-2	Reference Identification			
472	2420D	NM1		Referring Provider Name			
472	2420D	NM101		Entity Identifier Code			
472	2420D	NM102		Entity Type Qualifier			
472	2420D	NM103		Name Last or Organization Name			
472	2420D	NM104		Name First			
472	2420D	NM105		Name Middle			
472	2420D	NM107		Name Suffix			
473	2420D	NM108		Identification Code Qualifier			
473	2420D	NM109		Identification code			
474	2420D	REF		Referring Provider Secondary Identification			
474	2420D	REF01		Reference Identification Qualifier			
475	2420D	REF02		Reference Identification			
475	2420D	REF04		REFERENCE IDENTIFIER			
475	2420D	REF04	REF04-1	Reference Identification Qualifier			
475	2420D	REF04	REF04-2	Reference Identification			
476	2430	SVD		Line Adjudication Information			
476	2430	SVD01		Identification Code			Use the VT Medicaid Carrier Code
477	2430	SVD02		Monetary Amount			
477	2430	SVD03		COMPOSITE MEDICAL PROCEDURE IDENTIFIER			

Page #	Loop ID	Reference		Name	Codes	Length	Notes/Comments
477	2430	SVD03	SVD03-1	Product/Service ID Qualifier			
478	2430	SVD03	SVD03-2	Product/Service ID			
478	2430	SVD03	SVD03-3	Procedure Modifier			
478	2430	SVD03	SVD03-4	Procedure Modifier			
478	2430	SVD03	SVD03-5	Procedure Modifier			
479	2430	SVD03	SVD03-6	Procedure Modifier			
479	2430	SVD03	SVD03-7	Description			
479	2430	SVD04		Product/Service ID			
479	2430	SVD05		Quantity			
479	2430	SVD06		Assigned Number			
481	2430	CAS		Line Adjustment			
481	2430	CAS01		Claim Adjustment Group Code			
482	2430	CAS02		Claim Adjustment Reason Code			
482	2430	CAS03		Monetary Amount			
482	2430	CAS04		Quantity			
482	2430	CAS05		Claim Adjustment Reason Code			
482	2430	CAS06		Monetary Amount			
482	2430	CAS07		Quantity			
483	2430	CAS08		Claim Adjustment Reason Code			
483	2430	CAS09		Monetary Amount			
483	2430	CAS10		Quantity			
483	2430	CAS11		Claim Adjustment Reason Code			
483	2430	CAS12		Monetary Amount			
484	2430	CAS13		Quantity			
484	2430	CAS14		Claim Adjustment Reason Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
484	2430	CAS15	Monetary Amount			
484	2430	CAS16	Quantity			
484	2430	CAS17	Claim Adjustment Reason Code			
485	2430	CAS18	Monetary Amount			
485	2430	CAS19	Quantity			
486	2430	DTP	Line Check or Remittance Date			
486	2430	DTP01	Date/Time Qualifier			
486	2430	DTP02	Date Time Period Format Qualifier			
486	2430	DTP03	Date Time Period			
487	2430	AMT	Remaining Patient Liability			
487	2430	AMT01	Amount Qualifier Code			
487	2430	AMT02	Monetary Amount			
488	NA (No Loop Name)	SE	Transaction Set Trailer			
488	NA (No Loop Name)	SE01	Number of Included Segments			
488	NA (No Loop Name)	SE02	Transaction Set Control Number			
C.9	NA (No Loop Name)	GE	Functional Group Trailer			
C.9	NA (No Loop Name)	GE01	Number of Transaction Sets			
C.9	NA (No Loop Name)	GE02	Included Group Control Number			
C.10	NA (No Loop Name)	IEA	Interchange Control Trailer			
C.10	NA (No Loop Name)	IEA01	Number of Included Functional			
C.10	NA (No Loop Name)	IEA02	Groups Interchange Control Number			