

Vermont MMIS HIPAA Tech Specs - 5010 837 Health Care Claim

Professional

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 Qualifier			
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 qualifier ZZ
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 qualifier ZZ
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 005010X222A1
70	NA (No Loop Name)	ST	Transaction Set Header			
70	NA (No Loop Name)	ST01	Transaction Set Identifier Code			
70	NA (No Loop Name)	ST02	Transaction Set Control Number			
70	NA (No Loop Name)	ST03	Implementation Convention Reference			Use 005010X222A1
71	NA (No Loop Name)	BHT	Beginning Of Hierarchical Transaction			
71	NA (No Loop Name)	BHT01	Hierarchical Structure Code			
71	NA (No Loop Name)	BHT02	Transaction Set Purpose Code			
72	NA (No Loop Name)	BHT03	Reference Identification			
72	NA (No Loop Name)	BHT04	Date			
72	NA (No Loop Name)	BHT05	Time			
72	NA (No Loop Name)	BHT06	Transaction Type Code			VT MEDICAID will only process claims with identifier CH. Other values will cause rejection of the claim.
74	1000A	NM1	Submitter Name			
74	1000A	NM101	Entity Identifier Code			
75	1000A	NM102	Entity Type Qualifier			
75	1000A	NM103	Name Last or Organization Name			
75	1000A	NM104	Name First			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75	1000A	NM105	Name Middle			
75	1000A	NM108	Identification Code Qualifier			
75	1000A	NM109	Identification Code			Enter the 3-byte Submitter ID assigned by VT MEDICAID.
77	1000A	PER	Submitter EDI Contact Information			
77	1000A	PER01	Contact Function Code			VT MEDICAID will only capture the information in the first PER segment.
77	1000A	PER02	Name			
77	1000A	PER03	Communication Number Qualifier			VT MEDICAID can utilize TE, FX or EM.
77	1000A	PER04	Communication Number			
77	1000A	PER05	Communication Number Qualifier			VT MEDICAID can utilize TE, EX, FX or EM.
78	1000A	PER06	Communication Number			
78	1000A	PER07	Communication Number Qualifier			VT MEDICAID can utilize TE, EX, FX or EM.
78	1000A	PER08	Communication Number			
79	1000B	NM1	Receiver Name			
79	1000B	NM101	Entity Identifier Code			
79	1000B	NM102	Entity Type Qualifier			
80	1000B	NM103	Name Last or Organization Name			Use "VT MEDICAID"
80	1000B	NM108	Identification Code Qualifier			
80	1000B	NM109	Identification Code			Use VT MEDICAID Generic ID "VERMONTGMC"
81	2000A	HL	Billing Provider Hierarchical Level			
81	2000A	HL01	Hierarchical ID Number			
81	2000A	HL03	Hierarchical Level Code			
82	2000A	HL04	Hierarchical Child Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
83	2000A	PRV	Billing Provider Specialty Information			
83	2000A	PRV01	Provider Code			
83	2000A	PRV02	Reference Identification Qualifier			
83	2000A	PRV03	Reference Identification			The Taxonomy code is required for VT Medicaid
85	2000A	CUR	Foreign Currency Information			
85	2000A	CUR01	Entity Identifier Code			
85	2000A	CUR02	Currency Code			
88	2010AA	NM1	Billing Provider Name			
88	2010AA	NM101	Entity Identifier Code			
88	2010AA	NM102	Entity Type Qualifier			
88	2010AA	NM103	Name Last or Organization Name			
88	2010AA	NM104	Name First			
89	2010AA	NM105	Name Middle			
89	2010AA	NM107	Name Suffix			
89	2010AA	NM108	Identification Code Qualifier			Use XX if sending the NPI in NM109
90	2010AA	NM109	Identification Code			Enter the 10-digit NPI if XX was entered in NM108
91	2010AA	N3	Billing Provider Address			
91	2010AA	N301	Address Information			
91	2010AA	N302	Address Information			
92	2010AA	N4	Billing Provider City, State, ZIP Code			
92	2010AA	N401	City Name			
93	2010AA	N402	State or Province Code			
93	2010AA	N403	Postal Code			
93	2010AA	N404	Billing Provider Country Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
93	2010AA	N407	Country Subdivision Code			
94	2010AA	REF	Billing Provider Tax Identification			
94	2010AA	REF01	Reference Identification Qualifier			
94	2010AA	REF02	Reference Identification			
96	2010AA	REF	Billing Provider UPIN/License Information			
96	2010AA	REF01	Reference Identification Qualifier			
97	2010AA	REF02	Reference Identification			
99	2010AA	PER	Billing Provider Contact Information			
99	2010AA	PER01	Contact Function Code			
99	2010AA	PER02	Name			
99	2010AA	PER03	Communication Number Qualifier			
99	2010AA	PER04	Communication Number			
99	2010AA	PER05	Communication Number Qualifier			
100	2010AA	PER06	Communication Number			
100	2010AA	PER07	Communication Number Qualifier			
100	2010AA	PER08	Communication Number			
101	2010AB	NM1	Pay-to Address Name			
101	2010AB	NM101	Entity Identifier Code			
102	2010AB	NM102	Entity Type Qualifier			
103	2010AB	N3	Pay-to Provider Address			
103	2010AB	N301	Address Information			
103	2010AB	N302	Address Information			
104	2010AB	N4	Pay-to Address City, State, ZIP Code			
104	2010AB	N401	City Name			
105	2010AB	N402	State or Province Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
105	2010AB	N403	Postal Code			
105	2010AB	N404	Billing Provider Country Code			
105	2010AB	N407	Country Subdivision Code			
106	2010AC	NM1	Pay-to Plan Name			
106	2010AC	NM101	Entity Identifier Code			
107	2010AC	NM102	Entity Type Qualifier			
107	2010AC	NM103	Name Last or Organization Name			
107	2010AC	NM108	Identification Code Qualifier			
107	2010AC	NM109	Identification Code			
108	2010AC	N3	Pay-to Plan Address			
108	2010AC	N301	Address Information			
108	2010AC	N302	Address Information			
109	2010AC	N4	Pay-to Plan City, State, ZIP Code			
109	2010AC	N401	City Name			
109	2010AC	N402	State or Province Code			
110	2010AC	N403	Postal Code			
110	2010AC	N404	Billing Provider Country Code			
110	2010AC	N407	Country Subdivision Code			
111	2010AC	REF	Pay-to-Plan Secondary Identification			
111	2010AC	REF01	Reference Identification Qualifier			
111	2010AC	REF02	Reference Identification			
113	2010AC	REF	Pay-to-Plan Tax Identification Number			
113	2010AC	REF01	Reference Identification Qualifier			
113	2010AC	REF02	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
114	2000B	HL	Subscriber Hierarchical Level			
114	2000B	HL01	Hierarchical ID Number			The subscriber always equals the patient for VT Medicaid claims. Report Patient/Recipient information in this loop.
115	2000B	HL02	Hierarchical Parent ID Number			
115	2000B	HL03	Hierarchical Level Code			
115	2000B	HL04	Hierarchical Child Code			The subscriber is always the same as the patient when billing VT MEDICAID. This value should always be 0.
116	2000B	SBR	Subscriber Information			
116	2000B	SBR01	Payer Responsibility Sequence Number Code			
117	2000B	SBR02	Individual Relationship Code			
117	2000B	SBR03	Reference Identification			
117	2000B	SBR04	Name			
117	2000B	SBR05	Insurance Type Code			
118	2000B	SBR09	Claim Filing Indicator Code			Use MC for VT MEDICAID claims.
119	2000B	PAT	Patient Information			
119	2000B	PAT05	Date Time Period Format Qualifier			
120	2000B	PAT06	Date Time Period			
120	2000B	PAT07	Unit or Basis for Measurement Code			
120	2000B	PAT08	Weight			
120	2000B	PAT09	Yes/No Condition or Response Code			
121	2010BA	NM1	Subscriber Name			
121	2010BA	NM101	Entity Identifier Code			
122	2010BA	NM102	Entity Type Qualifier			VT MEDICAID subscriber is always a person, use 1.
122	2010BA	NM103	Name Last or Organization Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
122	2010BA	NM104	Name First			
122	2010BA	NM105	Name Middle			
122	2010BA	NM107	Name Suffix			
122	2010BA	NM108	Identification Code Qualifier			Use qualifier MI
123	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.
124	2010BA	N3	Subscriber Address			
124	2010BA	N301	Address Information			
124	2010BA	N302	Address Information			
125	2010BA	N4	Subscriber City, State, ZIP Code			
125	2010BA	N401	City Name			
125	2010BA	N402	State or Province Code			
126	2010BA	N403	Postal Code			
126	2010BA	N404	Country Code			
126	2010BA	N407	Country Subdivision Code			
127	2010BA	DMG	Subscriber Demographic Information			
127	2010BA	DMG01	Date Time Period Format Qualifier			
127	2010BA	DMG02	Date time period			
128	2010BA	DMG03	Gender Code			
129	2010BA	REF	Subscriber Secondary Identification			
129	2010BA	REF01	Reference Identification Qualifier			
129	2010BA	REF02	Reference Identification			
130	2010BA	REF	Property and Casualty Claim Number			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
130	2010BA	REF01	Reference Identification Qualifier			
130	2010BA	REF01	Reference Identification Qualifier			
132	2010BA	PER	Property and Casualty Subscriber Contact Information			
132	2010BA	PER01	Contact Function Code			
132	2010BA	PER02	Name			
132	2010BA	PER03	Communication Number Qualifier			
132	2010BA	PER04	Communication Number			
132	2010BA	PER05	Communication Number Qualifier			
132	2010BA	PER06	Communication Number			
133	2010BB	NM1	Payer Name			
133	2010BB	NM101	Entity Identifier Code			
134	2010BB	NM102	Entity Type Qualifier			
134	2010BB	NM103	Name Last or Organization Name			Use "VT MEDICAID"
134	2010BB	NM108	Identification Code Qualifier			Use qualifier PI
134	2010BB	NM109	Payer Identifier			Use "VERMONTGMC"
135	2010BB	N3	Payer Address			
135	2010BB	N301	Address Information			
135	2010BB	N302	Address Information			
136	2010BB	N4	Payer City, State, ZIP Code			
136	2010BB	N401	City Name			
136	2010BB	N402	State or Province Code			
136	2010BB	N403	Postal Code			
136	2010BB	N404	Billing Provider Country Code			
136	2010BB	N407	Country Subdivision Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
138	2010BB	REF	Payer Secondary Identification			
138	2010BB	REF01	Reference Identification Qualifier			
139	2010BB	REF02	Reference Identification			
140	2010BB	REF	Billing Provider Secondary Identification			
140	2010BB	REF01	Reference Identification Qualifier			If this loop is used, use qualifier G2 when the billing Provider is atypical
140	2010BB	REF02	Reference Identification			Enter the 7-digit VT MEDICAID Provider Number
142	2000C	HL	Patient Hierarchical Level			
142	2000C	HL01	Hierarchical ID Number			
143	2000C	HL02	Hierarchical Parent ID Number			
143	2000C	HL03	Hierarchical Level Code			
143	2000C	HL04	Hierarchical Child Code			
144	2000C	PAT	Patient Information			
144	2000C	PAT01	Individual Relationship Code			
145	2000C	PAT05	Date Time Period Format Qualifier			
145	2000C	PAT06	Date Time Period			
145	2000C	PAT07	Unit or Basis for Measurement Code			
145	2000C	PAT08	Weight			
146	2000C	PAT09	Yes/No Condition or Response Code			
147	2010CA	NM1	Patient Name			
147	2010CA	NM101	Entity Identifier Code			
147	2010CA	NM102	Entity Type Qualifier			
148	2010CA	NM103	Last Name or Organization Name			
148	2010CA	NM104	Name First			
148	2010CA	NM105	Name Middle			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
148	2010CA	NM107	Name Suffix			
149	2010CA	N3	Patient Address			
149	2010CA	N301	Address Information			
149	2010CA	N302	Address Information			
150	2010CA	N4	Patient City, State, ZIP Code			
150	2010CA	N401	City Name			
150	2010CA	N402	State or Province Code			
151	2010CA	N403	Postal Code			
151	2010CA	N404	Billing Provider Country Code			
151	2010CA	N407	Country Subdivision Code			
152	2010CA	DMG	Patient Demographic Information			
152	2010CA	DMG01	Date Time Period Format Qualifier			
152	2010CA	DMG02	Date Time Period			
153	2010CA	DMG03	Gender Code			
154	2010CA	REF	Property and Casualty Claim Number			
154	2010CA	REF01	Reference Identification Qualifier			
154	2010CA	REF02	Reference Identification			
A1-19	2010CA	REF	Property and Casualty Patient Identifier			
A1-19	2010CA	REF01	Reference Identification Qualifier			
A1-19	2010CA	REF02	Reference Identification			
156	2010CA	PER	Property and Casualty Patient Contact Information			
156	2010CA	PER01	Contact Function Code			
156	2010CA	PER02	Name			
156	2010CA	PER03	Communication Number Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
156	2010CA	PER04	Communication Number			
156	2010CA	PER05	Communication Number Qualifier			
156	2010CA	PER06	Communication Number			
158	2300	CLM	Claim Information			
158	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.
159	2300	CLM02	Monetary Amount			
159	2300	CLM05	HEALTH CARE SERVICE LOCATION INFORMATION			
159	2300	CLM05	CLM05-1 Facility Code Value			
159	2300	CLM05	CLM05-3 Facility Code Qualifier			
159	2300	CLM05	CLM05-3 Claim Frequency Type Code			
159	2300	CLM06	Yes/No Condition or Response Code			
160	2300	CLM07	Provider Accept Assignment Code			
160	2300	CLM08	Yes/No Condition or Response Code			
161	2300	CLM09	Release of Information Code			
161	2300	CLM10	Patient Signature Source Code			
161	2300	CLM11	RELATED CAUSES INFORMATION			
161	2300	CLM11	CLM11-1 Related-Causes Code			
162	2300	CLM11	CLM11-2 Related-Causes Code			
162	2300	CLM11	CLM11-4 State or Province Code			
162	2300	CLM11	CLM11-5 Country Code			
162	2300	CLM12	Special Program Code			
163	2300	CLM20	Delay Reason Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
164	2300	DTP	Date - Onset of Current Illness or Symptom			
164	2300	DTP01	Date/Time Qualifier			
164	2300	DTP02	Date Time Period Format Qualifier			
164	2300	DTP03	Date Time Period			
165	2300	DTP	Date - Initial Treatment Date			
165	2300	DTP01	Date/Time Qualifier			
165	2300	DTP02	Date Time Period Format Qualifier			
165	2300	DTP03	Date Time Period			
166	2300	DTP	Date - Date Last Seen			
166	2300	DTP01	Date/Time Qualifier			
166	2300	DTP02	Date Time Period Format Qualifier			
166	2300	DTP03	Date Time Period			
167	2300	DTP	Date - Acute Manifestation			
167	2300	DTP01	Date/Time Qualifier			
167	2300	DTP02	Date Time Period Format Qualifier			
167	2300	DTP03	Date Time Period			
168	2300	DTP	Date - Accident			
168	2300	DTP01	Date/Time Qualifier			
168	2300	DTP02	Date Time Period Format Qualifier			
168	2300	DTP03	Date Time Period			
169	2300	DTP	Date - Last Menstrual Period			
169	2300	DTP01	Date/Time Qualifier			
169	2300	DTP02	Date Time Period Format Qualifier			
169	2300	DTP03	Date Time Period			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
170	2300	DTP	Date - Last X-ray Date			
170	2300	DTP01	Date/Time Qualifier			
170	2300	DTP02	Date Time Period Format Qualifier			
170	2300	DTP03	Date Time Period			
171	2300	DTP	Date - Hearing and Vision Prescription Date			
171	2300	DTP01	Date/Time Qualifier			
171	2300	DTP02	Date Time Period Format Qualifier			
171	2300	DTP03	Date Time Period			
172	2300	DTP	Date - Disability Dates			
172	2300	DTP01	Date Time Qualifier			
173	2300	DTP02	Date Time Period Format Qualifier			
173	2300	DTP03	Date Time Period			
174	2300	DTP	Date - Last Worked			
174	2300	DTP01	Date/Time Qualifier			
174	2300	DTP02	Date Time Period Format Qualifier			
174	2300	DTP03	Date Time Period			
175	2300	DTP	Date - Authorized Return to Work			
175	2300	DTP01	Date/Time Qualifier			
175	2300	DTP02	Date Time Period Format Qualifier			
175	2300	DTP03	Date Time Period			
176	2300	DTP	Date - Admission			
176	2300	DTP01	Date/Time Qualifier			
176	2300	DTP02	Date Time Period Format Qualifier			
176	2300	DTP03	Date Time Period			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
177	2300	DTP	Date - Discharge			
177	2300	DTP01	Date/Time Qualifier			
177	2300	DTP02	Date Time Period Format Qualifier			
177	2300	DTP03	Date Time Period			
178	2300	DTP	Date - Assumed and Relinquished Care Dates			
178	2300	DTP01	Date/Time Qualifier			
179	2300	DTP02	Date Time Period Format Qualifier			
179	2300	DTP03	Date Time Period			
180	2300	DTP	Date - Property and Casualty Date of First Contact			
180	2300	DTP01	Date/Time Qualifier			
180	2300	DTP02	Date Time Period Format Qualifier			
180	2300	DTP03	Date Time Period			
181	2300	DTP	Date - Repricer Received Date			
181	2300	DTP01	Date/Time Qualifier			
181	2300	DTP02	Date Time Period Format Qualifier			
181	2300	DTP03	Date Time Period			
182	2300	PWK	Claim Supplemental Information			
183	2300	PWK01	Report Type code			
184	2300	PWK02	Report Transmission Code			
185	2300	PWK05	Identification Code Qualifier			
185	2300	PWK06	Identification Code			
186	2300	CN1	Contract Information			
186	2300	CN101	Contract Type Code			
186	2300	CN102	Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
187	2300	CN103	Percent, Decimal Format			
187	2300	CN104	Reference Identification			
187	2300	CN105	Terms Discount Percent			
187	2300	CN106	Version Identifier			
188	2300	AMT	Patient Amount Paid			
188	2300	AMT01	Amount Qualifier Code			
188	2300	AMT02	Monetary Amount			
189	2300	REF	Service Authorization Exception Code			
189	2300	REF01	Reference Identification Qualifier			
189	2300	REF02	Reference Identification			
191	2300	REF	Mandatory Medicare Section 4081 Crossover Indicator			
191	2300	REF01	Reference Identification Qualifier			
191	2300	REF02	Reference Identification			
192	2300	REF	Mammography Certification Number			
192	2300	REF01	Reference Identification Qualifier			
192	2300	REF02	Reference Identification			
193	2300	REF	Referral Number			
193	2300	REF01	Reference Identification Qualifier			
193	2300	REF02	Reference Identification			
194	2300	REF	Prior Authorization			
194	2300	REF01	Reference Identification Qualifier			
195	2300	REF02	Reference Identification			
196	2300	REF	Payer Claim Control Number			
196	2300	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
196	2300	REF02	Reference Identification			Report the 15-digit Internal Control Number ICN assigned to the original claim by VT MEDICAID. Required when Claim Frequency code = 7 or 8.
197	2300	REF	Clinical Laboratory Improvement Amendment CLIA Number			
197	2300	REF01	Reference Identification Qualifier			
198	2300	REF02	Reference Identification			
199	2300	REF	Repriced Claim Number			
199	2300	REF01	Reference Identification Qualifier			
199	2300	REF02	Reference Identification			
200	2300	REF	Adjusted Repriced Claim Number			
200	2300	REF01	Reference Identification Qualifier			
200	2300	REF02	Reference Identification			
201	2300	REF	Investigational Device Exemption Number			
201	2300	REF01	Reference Identification Qualifier			
201	2300	REF02	Reference Identification			
202	2300	REF	Claim Identifier for Transmission Intermediaries			
202	2300	REF01	Reference Identification Qualifier			
203	2300	REF02	Reference Identification Number			
204	2300	REF	Medical Record Number			
204	2300	REF01	Reference Identification Qualifier			
204	2300	REF02	Reference Identification			
205	2300	REF	Demonstration Project Identifier			
205	2300	REF01	Reference Identification Qualifier			
205	2300	REF02	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
206	2300	REF	Care Plan Oversight			
206	2300	REF01	Reference Identification Qualifier			
206	2300	REF02	Reference Identification			
208	2300	K3	File Information			
208	2300	K301	Fixed Format Information			
209	2300	NTE	Claim Note			
209	2300	NTE01	Note Reference Code			
210	2300	NTE02	Description			
212	2300	CR1	Ambulance Transport Information			
212	2300	CR101	Unit or Basis for Measurement Code			
212	2300	CR102	Weight			
212	2300	CR104	Ambulance Transport Reason Code			
212	2300	CR105	Unit or Basis for Measurement Code			
213	2300	CR106	Quantity			
213	2300	CR109	Description			
213	2300	CR110	Description			
215	2300	CR2	Spinal Manipulation Service Information			
215	2300	CR208	Nature of Condition Code			
215	2300	CR210	Description			
215	2300	CR211	Description			
216	2300	CRC	Ambulance Certification			
216	2300	CRC01	Code Category			
217	2300	CRC02	Yes/No Condition or Response Name			
217	2300	CRC03	Condition Indicator			
217	2300	CRC04	Condition Indicator			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
217	2300	CRC05	Condition Indicator			
218	2300	CRC06	Condition Indicator			
218	2300	CRC07	Condition Indicator			
219	2300	CRC	Patient Condition Information: Vision			
219	2300	CRC01	Code Category			
219	2300	CRC02	Yes/No Condition or Response Code			
220	2300	CRC03	Condition Indicator			
220	2300	CRC04	Condition Indicator			
220	2300	CRC05	Condition Indicator			
220	2300	CRC06	Condition Indicator			
220	2300	CRC07	Condition Indicator			
221	2300	CRC	Homebound Indicator			
221	2300	CRC01	Code Category			
221	2300	CRC02	Yes/No Condition or Response Code			
222	2300	CRC03	Condition Indicator			
223	2300	CRC	EPSDT Referral			
223	2300	CRC01	Code Category			
224	2300	CRC02	Yes/No Condition or Response Code			
224	2300	CRC03	Condition Indicator			
224	2300	CRC04	Condition Indicator			
225	2300	CRC05	Condition Indicator			
226	2300	HI	Health Care Diagnosis Code			
226	2300	HI01	HEALTH CARE CODE INFORMATION			
226	2300	HI01	HI01-1	Code List Qualifier Code		
227	2300	HI01	HI01-2	Industry Code		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
227	2300	HI02	HEALTH CARE CODE INFORMATION			
228	2300	HI02	HI02-1	Code List Qualifier Code		
228	2300	HI02	HI02-2	Industry Code		
228	2300	HI03	HEALTH CARE CODE INFORMATION			
229	2300	HI03	HI03-1	Code List Qualifier Code		
229	2300	HI03	HI03-2	Industry Code		
229	2300	HI04	HEALTH CARE CODE INFORMATION			
230	2300	HI04	HI04-1	Code List Qualifier Code		
230	2300	HI04	HI04-2	Industry Code		
230	2300	HI05	HEALTH CARE CODE INFORMATION			
231	2300	HI05	HI05-1	Code List Qualifier Code		
231	2300	HI05	HI05-2	Industry Code		
231	2300	HI06	HEALTH CARE CODE INFORMATION			
232	2300	HI06	HI06-1	Code List Qualifier Code		
232	2300	HI06	HI06-2	Industry Code		
232	2300	HI07	HEALTH CARE CODE INFORMATION			
233	2300	HI07	HI07-1	Code List Qualifier Code		
233	2300	HI07	HI07-2	Industry Code		
233	2300	HI08	HEALTH CARE CODE INFORMATION			
234	2300	HI08	HI08-1	Code List Qualifier Code		
234	2300	HI08	HI08-2	Industry Code		
234	2300	HI09	HEALTH CARE CODE INFORMATION			
235	2300	HI09	HI09-1	Code List Qualifier Code		
235	2300	HI09	HI09-2	Industry Code		
235	2300	HI10	HEALTH CARE CODE INFORMATION			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
236	2300	HI10	HI10-1	Code List Qualifier Code		
236	2300	HI10	HI10-2	Industry Code		
236	2300	HI11		HEALTH CARE CODE INFORMATION		
237	2300	HI11	HI11-1	Code List Qualifier Code		
237	2300	HI11	HI11-2	Industry Code		
237	2300	HI12		HEALTH CARE CODE INFORMATION		
238	2300	HI12	HI12-1	Code List Qualifier Code		
238	2300	HI12	HI12-2	Industry Code		
239	2300	HI		Anesthesia Related Procedure		
239	2300	HI01		HEALTH CARE CODE INFORMATION		
239	2300	HI01	HI01-1	Code List Qualifier Code		
240	2300	HI01	HI01-2	Industry Code		
240	2300	HI02		HEALTH CARE CODE INFORMATION		
240	2300	HI02	HI02-1	Code List Qualifier Code		
240	2300	HI02	HI02-2	Industry Code		
242	2300	HI		Condition Information		
242	2300	HI01		HEALTH CARE CODE INFORMATION		
242	2300	HI01	HI01-1	Code List Qualifier Code		
242	2300	HI01	HI01-2	Industry Code		
243	2300	HI02		HEALTH CARE CODE INFORMATION		
243	2300	HI02	HI02-1	Code List Qualifier Code		
243	2300	HI02	HI02-2	Industry Code		
244	2300	HI03		HEALTH CARE CODE INFORMATION		
244	2300	HI03	HI03-1	Code List Qualifier Code		
244	2300	HI03	HI03-2	Industry Code		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
244	2300	HI04	HEALTH CARE CODE INFORMATION			
245	2300	HI04	HI04-1	Code List Qualifier Code		
245	2300	HI04	HI04-2	Industry Code		
245	2300	HI05	HEALTH CARE CODE INFORMATION			
245	2300	HI05	HI05-1	Code List Qualifier Code		
245	2300	HI05	HI05-2	Industry Code		
246	2300	HI06	HEALTH CARE CODE INFORMATION			
246	2300	HI06	HI06-1	Code List Qualifier Code		
246	2300	HI06	HI06-2	Industry Code		
247	2300	HI07	HEALTH CARE CODE INFORMATION			
247	2300	HI07	HI07-1	Code List Qualifier Code		
247	2300	HI07	HI07-2	Industry Code		
247	2300	HI08	HEALTH CARE CODE INFORMATION			
248	2300	HI08	HI08-1	Code List Qualifier Code		
248	2300	HI08	HI08-2	Industry Code		
248	2300	HI09	HEALTH CARE CODE INFORMATION			
248	2300	HI09	HI09-1	Code List Qualifier Code		
248	2300	HI09	HI09-2	Industry Code		
249	2300	HI10	HEALTH CARE CODE INFORMATION			
249	2300	HI10	HI10-1	Code List Qualifier Code		
249	2300	HI10	HI10-2	Industry Code		
250	2300	HI11	HEALTH CARE CODE INFORMATION			
250	2300	HI11	HI11-1	Code List Qualifier Code		
250	2300	HI11	HI11-2	Industry Code		
250	2300	HI12	HEALTH CARE CODE INFORMATION			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
251	2300	HI12	HI12-1			
251	2300	HI12	HI12-2			
253	2300	HCP		Claim Pricing/Repricing Information		
253	2300	HCP01		Pricing/ Methodology		
253	2300	HCP02		Monetary Amount		
253	2300	HCP03		Monetary Amount		
254	2300	HCP04		Reference Identification		
254	2300	HCP05		Rate		
254	2300	HCP06		Reference Identification		
255	2300	HCP07		Monetary Amount		
255	2300	HCP13		Reject Reason Code		
256	2300	HCP14		Policy Compliance Code		
256	2300	HCP15		Exception Code		
258	2310A	NM1		Referring Provider Name		
258	2310A	NM101		Entity Identifier Code		
258	2310A	NM102		Entity Type Qualifier		
258	2310A	NM103		Name Last or Organization Name		
258	2310A	NM104		Name First		
258	2310A	NM105		Name Middle		
259	2310A	NM107		Name Suffix		
259	2310A	NM108		Identification Code Qualifier		Use XX if sending the NPI in NM109. Use 24 or 34 if sending the VT Medicaid Provider ID
259	2310A	NM109		Identification Code		Enter the 10-digit NPI if XX was entered in NM108

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
260	2310A	REF	Referring Provider Secondary Identification			
260	2310A	REF01	Reference Identification Qualifier			Enter G2 for VT Medicaid Provider ID when the billing provider is atypical
261	2310A	REF02	Reference Identification			Enter the Referring Provider's 7-digit VT Medicaid provider ID.
263	2310B	NM1	Rendering Provider Name			
263	2310B	NM101	Entity Identifier Code			
263	2310B	NM102	Entity Type Qualifier			
263	2310B	NM103	Name Last or Organization Name			
263	2310B	NM104	Name First			
263	2310B	NM105	Name Middle			
263	2310B	NM107	Name Suffix			
264	2310B	NM108	Identification Code Qualifier			
264	2310B	NM109	Identification Code			
265	2310B	PRV	Rendering Provider Specialty Information			
265	2310B	PRV01	Provider Code			
265	2310B	PRV02	Reference Identification Qualifier			
265	2310B	PRV03	Reference Identification			
267	2310B	REF	Rendering Provider Secondary Identification			
267	2310B	REF01	Reference Identification Qualifier			If Rendering provider is reported in this loop, enter G2 when the provider is atypical
268	2310B	REF02	Reference Identification			Enter the 7-digit VT MEDICAID Provider Number
270	2310C	NM1	Service Facility Location Name			
270	2310C	NM101	Entity Identifier Code			
270	2310C	NM102	Entity Type Qualifier			
270	2310C	NM103	Name Last or Organization Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
270	2310C	NM108	Identification Code Qualifier			
271	2310C	NM109	Identification Code			
272	2310C	N3	Service Facility Location Address			
272	2310C	N301	Address Information			
272	2310C	N302	Address Information			
273	2310C	N4	Service Facility Location City, State, ZIP			
273	2310C	N401	City Name			
274	2310C	N402	State or Province Code			
274	2310C	N403	Postal Code			
274	2310C	N404	Country Code			
274	2310C	N407	Country Subdivision Code			
275	2310C	REF	Service Facility Location Secondary Identification			
275	2310C	REF01	Reference Identification Qualifier			
276	2310C	REF02	Reference Identification			
278	2310C	PER	Service Facility Contact Information			
278	2310C	PER01	Contact Function Code			
278	2310C	PER02	Name			
278	2310C	PER03	Communication Number Qualifier			
278	2310C	PER04	Communication Number			
278	2310C	PER05	Communication Number Qualifier			
279	2310C	PER06	Communication Number			
280	2310D	NM1	Supervising Provider Name			
280	2310D	NM101	Entity Identifier Code			
281	2310D	NM102	Entity Type Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
281	2310D	NM103	Name Last or Organization Name			
281	2310D	NM104	Name First			
281	2310D	NM105	Name Middle			
281	2310D	NM107	Name Suffix			
282	2310D	NM108	Identification Code Qualifier			
282	2310D	NM109	Identification Code			
283	2310D	REF	Supervising Provider Secondary Identification			
283	2310D	REF01	Reference Identification Qualifier			
284	2310D	REF02	Reference Identification			
285	2310E	NM1	Ambulance Pick-up Location			
285	2310E	NM101	Entity Identifier Code			
286	2310E	NM102	Entity Type Qualifier			
287	2310E	N3	Ambulance Pick-up Location Address			
287	2310E	N301	Address Information			
287	2310E	N302	Address Information			
288	2310E	N4	Ambulance Pick-up Location City, State, ZIP			
288	2310E	N401	City Name			
289	2310E	N402	State or Province Code			
289	2310E	N403	Postal Code			
289	2310E	N404	Country Code			
289	2310E	N407	Country Subdivision Code			
290	2310F	NM1	Ambulance Drop-off Location			
290	2310F	NM101	Entity Identifier Code			
291	2310F	NM102	Entity Type Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
291	2310F	NM103	Name Last or Organization Name			
292	2310F	N3	Ambulance Drop-off Location Address			
292	2310F	N301	Address Information			
292	2310F	N302	Address Information			
293	2310F	N4	Ambulance Drop-off Location City, State, ZIP			
293	2310F	N401	City Name			
294	2310F	N402	State or Province Code			
294	2310F	N403	Postal Code			
294	2310F	N404	Country Code			
294	2310F	N407	Country Subdivision Code			
296	2320	SBR	Other Subscriber Information			
296	2320	SBR01	Payer Responsibility Sequence Number Code			
296	2320	SBR02	Individual Relationship Code			
297	2320	SBR03	Reference Identification			
297	2320	SBR04	Name			
297	2320	SBR05	Insurance Type Code			
298	2320	SBR09	Claim Filing Indicator Code			
301	2320	CAS	Claim Level Adjustments			
301	2320	CAS01	Claim Adjustment Group Code			
301	2320	CAS02	Claim Adjustment Reason Code			
301	2320	CAS03	Monetary Amount			
301	2320	CAS04	Quantity			
301	2320	CAS05	Claim Adjustment Reason Code			
301	2320	CAS06	Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
302	2320	CAS07	Quantity			
302	2320	CAS08	Claim Adjustment Reason Code			
302	2320	CAS09	Monetary Amount			
302	2320	CAS10	Quantity			
302	2320	CAS11	Claim Adjustment Reason Code			
303	2320	CAS12	Monetary Amount			
303	2320	CAS13	Quantity			
303	2320	CAS14	Claim Adjustment Reason Code			
303	2320	CAS15	Monetary Amount			
303	2320	CAS16	Quantity			
304	2320	CAS17	Claim Adjustment Reason Code			
304	2320	CAS18	Monetary Amount			
304	2320	CAS19	Quantity			
305	2320	AMT	Coordination of Benefits COB Payer Paid Amount			
305	2320	AMT01	Amount Qualifier Code			
305	2320	AMT02	Monetary Amount			
306	2320	AMT	Coordination of Benefits COB Total Non-covered Amount			
306	2320	AMT01	Amount Qualifier Code			
306	2320	AMT02	Monetary Amount			
307	2320	AMT	Remaining Patient Liability			
307	2320	AMT01	Amount Qualifier Code			
307	2320	AMT02	Monetary Amount			
308	2320	OI	Other Insurance Coverage Information			
308	2320	OIO3	Yes/No Condition or Response Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
309	2320	OIO4	Patient Signature Source Code			
309	2320	OIO6	Release of Information Code			
310	2320	MOA	Outpatient Adjudication Information			
310	2320	MOA01	Percentage as Decimal			
311	2320	MOA02	Monetary Amount			
311	2320	MOA03	Reference Identification			
311	2320	MOA04	Reference Identification			
311	2320	MOA05	Reference Identification			
311	2320	MOA06	Reference Identification			
311	2320	MOA07	Reference Identification			
312	2320	MOA08	Monetary Amount			
312	2320	MOA09	Monetary Amount			
314	2330A	NM1	Other Subscriber Name			
314	2330A	NM101	Entity Identifier Code			
314	2330A	NM102	Entity Type Qualifier			
314	2330A	NM103	Name Last or Organization Name			
314	2330A	NM104	Name First			
314	2330A	NM105	Name Middle			
314	2330A	NM107	Name Suffix			
315	2330A	NM108	Identification Code Qualifier			
315	2330A	NM109	Identification Code			
316	2330A	N3	Other Subscriber Address			
316	2330A	N301	Address Information			
316	2330A	N302	Address Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
317	2330A	N4	Other Subscriber City, State, ZIP Code			
317	2330A	N401	City Name			
318	2330A	N402	State or Province Code			
318	2330A	N403	Postal Code			
318	2330A	N404	Country Code			
318	2330A	N407	Country Subdivision Code			
319	2330A	REF	Other Subscriber Secondary Identification			
319	2330A	REF01	Reference Identification Qualifier			
319	2330A	REF02	Reference Identification			
320	2330B	NM1	Other Payer Name			
320	2330B	NM101	Entity Identifier Code			
320	2330B	NM102	Entity Type Qualifier			
321	2330B	NM103	Name Last or Organization Name			
321	2330B	NM108	Identification Code Qualifier			Use PI.
321	2330B	NM109	Identification Code			Use the VT MEDICAID carrier code to identify other payer.
322	2330B	N3	Other Payer Address			
322	2330B	N301	Address Information			
322	2330B	N302	Address Information			
323	2330B	N4	Other Payer City, State, ZIP Code			
323	2330B	N401	City Name			
323	2330B	N402	State or Province Code			
324	2330B	N403	Postal Code			
324	2330B	N404	Country Code			
324	2330B	N407	Country Subdivision Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
325	2330B	DTP	Claim Check or Remittance Date			
325	2330B	DTP01	Date/Time Qualifier			
325	2330B	DTP02	Date Time Period Format Qualifier			
325	2330B	DTP03	Date Time Period			
326	2330B	REF	Other Payer Secondary Identifier			
326	2330B	REF01	Reference Identification Qualifier			
327	2330B	REF02	Reference Identification			
328	2330B	REF	Other Payer Prior Authorization Number			
328	2330B	REF01	Reference Identification Qualifier			
328	2330B	REF02	Reference Identification			
329	2330B	REF	Other Payer Referral Number			
329	2330B	REF01	Reference Identification Qualifier			
329	2330B	REF02	Reference Identification			
330	2330B	REF	Other Payer Claim Adjustment Indicator			
330	2330B	REF01	Reference Identification Qualifier			
330	2330B	REF02	Reference Identification			
331	2330B	REF	Other Payer Claim Control Number			
331	2330B	REF01	Reference Identification Qualifier			
331	2330B	REF02	Reference Identification			
333	2330C	NM1	Other Payer Referring Provider			
333	2330C	NM101	Entity Identifier Code			
333	2330C	NM102	Entity Type Qualifier			
334	2330C	REF	Other Payer Referring Provider Secondary Identification			
334	2330C	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
335	2330C	REF02	Reference Identification			
337	2330D	NM1	Other Payer Rendering Provider			
337	2330D	NM101	Entity Identifier Code			
337	2330D	NM102	Entity Type Qualifier			
338	2330D	REF	Other Payer Rendering Provider Secondary Identification			
338	2330D	REF01	Reference Identification Qualifier			
339	2330D	REF02	Reference Identification			
341	2330E	NM1	Other Payer Service Facility Location			
341	2330E	NM101	Entity Identifier Code			
341	2330E	NM102	Entity Type Qualifier			
342	2330E	REF	Other Payer Service Facility Location Identification			
342	2330E	REF01	Reference Identification Qualifier			
342	2330E	REF02	Reference Identification			
344	2330F	NM1	Other Payer Supervising Provider			
344	2330F	NM101	Entity Identifier Code			
344	2330F	NM102	Entity Type Qualifier			
345	2330F	REF	Other Payer Supervising Provider Secondary Identification			
345	2330F	REF01	Reference Identification Qualifier			
345	2330F	REF02	Reference Identification			
348	2330G	NM1	Other Payer Billing Provider			
348	2330G	NM101	Entity Identifier Code			
348	2330G	NM102	Entity Type Qualifier			
349	2330G	REF	Other Payer Billing Provider Secondary Identification			
349	2330G	REF01	Reference Identification Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
349	2330G	REF02	Reference Identification			
350	2400	LX	Service Line Number			
350	2400	LX01	Assigned Number			Always start with 01 and increase by 1 with each subsequent service line.
351	2400	SV1	Professional Service			
351	2400	SV101	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
352	2400	SV101	SV101-1	Product/Service ID Qualifier		Use qualifier HC
353	2400	SV101	SV101-2	Product/Service ID		Claims containing procedure codes submitted with a length greater than 5 will be rejected.
353	2400	SV101	SV101-3	Procedure Modifier		
353	2400	SV101	SV101-4	Procedure Modifier		
353	2400	SV101	SV101-5	Procedure Modifier		
354	2400	SV101	SV101-6	Procedure Modifier		
354	2400	SV101	SV101-7	Description		
354	2400	SV102		Monetary Amount		
355	2400	SV103		Unit or Basis for Measurement Code		
355	2400	SV104		Quantity		
355	2400	SV105		Facility Code Value		
356	2400	SV107		COMPOSITE DIAGNOSIS CODE POINTER		
356	2400	SV107	SV107-1	Diagnosis Code Pointer		
356	2400	SV107	SV107-2	Diagnosis Code Pointer		
356	2400	SV107	SV107-3	Diagnosis Code Pointer		
356	2400	SV107	SV107-4	Diagnosis Code Pointer		
357	2400	SV109		Yes/No Condition or Response Code		
357	2400	SV111		Yes/No Condition or Response Code		

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
357	2400	SV112	Yes/No Condition or Response Code			
358	2400	SV115	Co-Pay Status Code			
359	2400	SV5	Durable Medical Equipment Service			
359	2400	SV501	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
359	2400	SV501	SV501-1	Product/Service ID Qualifier		
360	2400	SV501	SV501-2	Product/Service ID		
360	2400	SV502	Unit or Basis for Measurement Code			
360	2400	SV503	Quantity			
360	2400	SV504	Monetary Amount			
360	2400	SV505	Monetary Amount			
361	2400	SV506	Frequency Code			
363	2400	PWK	Line Supplemental Information			
363	2400	PWK01	Report Type Code			
364	2400	PWK02	Report Transmission Code			
365	2400	PWK05	Identification Code Qualifier			
365	2400	PWK06	Identification Code			
366	2400	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator			
366	2400	PWK01	Report Type Code			
367	2400	PWK02	Report Transmission Code			
369	2400	CR1	Ambulance Transport Information			
369	2400	CR101	Unit or Basis for Measurement Code			
369	2400	CR102	Weight			
369	2400	CR104	Ambulance Transport Reason Code			
369	2400	CR105	Unit or Basis for Measurement Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
370	2400	CR106	Quantity			
370	2400	CR109	Description			
370	2400	CR110	Description			
371	2400	CR3	Durable Medical Equipment Certification			
371	2400	CR301	Certification Type Code			
371	2400	CR302	Unit or Basis for Measurement Code			
371	2400	CR303	Quantity			
373	2400	CRC	Ambulance Certification			
373	2400	CRC01	Code Category			
374	2400	CRC02	Yes/No Condition or Response Code			
374	2400	CRC03	Condition Indicator			
374	2400	CRC04	Condition Indicator			
374	2400	CRC05	Condition Indicator			
375	2400	CRC06	Condition Indicator			
375	2400	CRC07	Condition Indicator			
376	2400	CRC	Hospice Employee Indicator			
376	2400	CRC01	Code Category			
377	2400	CRC02	Yes/No Condition or Response Code			
377	2400	CRC03	Condition Indicator			
378	2400	CRC	Condition Indicator/Durable Medical Equipment			
378	2400	CRC01	Code Category			
379	2400	CRC02	Yes/No Condition or Response Code			
379	2400	CRC03	Condition Indicator			
379	2400	CRC04	Condition Indicator			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
380	2400	DTP	Date - Service Date			
380	2400	DTP01	Date/Time Qualifier			
380	2400	DTP02	Date Time Period Format Qualifier			
381	2400	DTP03	Date Time Period			
382	2400	DTP	Date - Prescription Date			
382	2400	DTP01	Date/Time Qualifier			
382	2400	DTP02	Date Time Period Format Qualifier			
382	2400	DTP03	Date Time Period			
383	2400	DTP	Date - Certification Revision/ Certification Date			
383	2400	DTP01	Date/Time Qualifier			
383	2400	DTP02	Date Time Period Format Qualifier			
383	2400	DTP03	Date Time Period			
384	2400	DTP	Date - Begin Therapy Date			
384	2400	DTP01	Date/Time Qualifier			
384	2400	DTP02	Date Time Period Format Qualifier			
384	2400	DTP03	Date Time Period			
385	2400	DTP	Date - Last Certification Date			
385	2400	DTP01	Date/Time Qualifier			
385	2400	DTP02	Date Time Period Format Qualifier			
385	2400	DTP03	Date Time Period			
386	2400	DTP	Date - Last Seen Date			
386	2400	DTP01	Date/Time Qualifier			
386	2400	DTP02	Date Time Period Format Qualifier			
386	2400	DTP03	Date Time Period			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
387	2400	DTP	Date - Test Date			
387	2400	DTP01	Date/Time Qualifier			
387	2400	DTP02	Date Time Period Format Qualifier			
387	2400	DTP03	Date Time Period			
388	2400	DTP	Date - Shipped Date			
388	2400	DTP01	Date/Time Qualifier			
388	2400	DTP02	Date Time Period Format Qualifier			
388	2400	DTP03	Date Time Period			
389	2400	DTP	Date - Last X-ray Date			
389	2400	DTP01	Date/Time Qualifier			
389	2400	DTP02	Date Time Period Format Qualifier			
389	2400	DTP03	Date Time Period			
390	2400	DTP	Date - Initial Treatment Date			
390	2400	DTP01	Date/Time Qualifier			
390	2400	DTP02	Date Time Period Format Qualifier			
390	2400	DTP03	Date Time Period			
391	2400	QTY	Ambulance Patient Count			
391	2400	QTY01	Quantity Qualifier			
391	2400	QTY02	Quantity			
392	2400	QTY	Obstetric Anesthesia Additional Units			
392	2400	QTY01	Quantity Qualifier			
392	2400	QTY02	Quantity			
394	2400	MEA	Test Result			
394	2400	MEA01	Measurement Reference ID Code			
394	2400	MEA02	Measurement Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
394	2400	MEA03	Measurement Value			
395	2400	CN1	Contract Information			
395	2400	CN101	Contract Type Code			
395	2400	CN102	Monetary Amount			
396	2400	CN103	Percentage, Decimal Format			
396	2400	CN104	Reference identification			
396	2400	CN105	Terms Discount Percent			
396	2400	CN106	Version Identifier			
397	2400	REF	Repriced Line Item Reference Number			
397	2400	REF01	Reference Identification Qualifier			
397	2400	REF02	Reference Identification			
398	2400	REF	Adjusted Repriced Line Item Reference Number			
398	2400	REF01	Reference Identification Qualifier			
398	2400	REF02	Reference Identification			
399	2400	REF	Prior Authorization			
399	2400	REF01	Reference Identification Qualifier			
399	2400	REF02	Reference Identification			
400	2400	REF04	REFERENCE IDENTIFIER			
400	2400	REF04	REF04-1	Reference Identification Qualifier		
400	2400	REF04	REF04-2	Reference Identification		
401	2400	REF	Line Item Control Number			
401	2400	REF01	Reference Identification Qualifier			
402	2400	REF02	Reference Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
403	2400	REF	Mammography Certification Number			
403	2400	REF01	Reference Identification Qualifier			
403	2400	REF02	Reference Identification			
404	2400	REF	Clinical Laboratory Improvement Amendment CLIA Number			
404	2400	REF01	Reference Identification Qualifier			
404	2400	REF02	Reference Identification			
405	2400	REF	Referring Clinical Laboratory Improvement Amendment CLIA Facility Identification			
405	2400	REF01	Reference Identification Qualifier			
405	2400	REF02	Reference Identification			
406	2400	REF	Immunization Batch Number			
406	2400	REF01	Reference Identification Qualifier			
406	2400	REF02	Reference Identification			
407	2400	REF	Referral Number			
407	2400	REF01	Reference Identification Qualifier			
407	2400	REF02	Reference Identification			
408	2400	REF04	REFERENCE IDENTIFIER			
408	2400	REF04	REF04-1	Reference Identification Qualifier		
408	2400	REF04	REF04-2	Reference Identification		
409	2400	AMT	Sales Tax Amount			
409	2400	AMT01	Amount Qualifier Code			
409	2400	AMT02	Monetary Amount			
410	2400	AMT	Postage Claimed Amount			
410	2400	AMT01	Amount Qualifier Code			
410	2400	AMT02	Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
412	2400	K3	File Information			
412	2400	K301	Fixed Format Information			
413	2400	NTE	Line Note			
413	2400	NTE01	Note Reference Code			
413	2400	NTE02	Description			
414	2400	NTE	Third Party Organization Notes			
414	2400	NTE01	Note Reference Code			
414	2400	NTE02	Description			
415	2400	PS1	Purchased Service Information			
415	2400	PS101	Reference identification			
415	2400	PS102	Monetary Amount			
417	2400	HCP	Line Pricing/Repricing Information			
417	2400	HCP01	Pricing Methodology			
417	2400	HCP02	Monetary Amount			
417	2400	HCP03	Monetary Amount			
418	2400	HCP04	Reference Identification			
418	2400	HCP05	Rate			
418	2400	HCP06	Reference Identification			
418	2400	HCP07	Monetary Amount			
419	2400	HCP09	Product/Service ID Qualifier			
420	2400	HCP10	Product/Service ID			
420	2400	HCP11	Unit or Basis for Measurement Code			
421	2400	HCP12	Quantity			
421	2400	HCP13	Reject Reason Code			
421	2400	HCP14	Policy Compliance Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
422	2400	HCP15	Exception Code			
425	2410	LIN	Drug Identification			
425	2410	LIN02	Product/Service ID Qualifier			
425	2410	LIN03	Product/Service ID			
426	2410	CTP	Drug Quantity			
426	2410	CTP04	Quantity			
427	2410	CTP05	COMPOSITE UNIT OF MEASURE			
427	2410	CTP05	CTP05-1 Unit or Basis for Measurement Code			
428	2410	REF	Prescription or Compound Drug Association Number			
428	2410	REF01	Reference Identification Qualifier			
429	2410	REF02	Reference Identification			
431	2420A	NM1	Rendering Provider Name			
431	2420A	NM101	Entity Identifier Code			
431	2420A	NM102	Entity Type Qualifier			
431	2420A	NM103	Name Last or Organization Name			
431	2420A	NM104	Name First			
431	2420A	NM105	Name Middle			
431	2420A	NM107	Name Suffix			
432	2420A	NM108	Identification Code Qualifier			Use XX if sending the NPI in NM109
432	2420A	NM109	Identification Code			Enter the 10-digit NPI if XX was entered in NM108
433	2420A	PRV	Rendering Provider Specialty Information			
433	2420A	PRV01	Provider Code			
433	2420A	PRV02	Reference Identification Qualifier			
433	2420A	PRV03	Reference Identification			Enter the Taxonomy Code.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
434	2420A	REF	Rendering Provider Secondary Identification			
434	2420A	REF01	Reference Identification Qualifier			If the Rendering Provider is atypical and is reported at the service line level, use qualifier G2
435	2420A	REF02	Reference Identification			If the Rendering Provider is atypical and is reported at the service line level, report the 7 digit VT Medicaid provider number.
435	2420A	REF04	REFERENCE IDENTIFIER			
435	2420A	REF04	REF04-1	Reference Identification Qualifier		
435	2420A	REF04	REF04-2	Reference Identification		
437	2420B	NM1	Purchased Service Provider Name			
437	2420B	NM101	Entity Identifier Code			
437	2420B	NM102	Entity Type Qualifier			
437	2420B	NM108	Identification Code Qualifier			
438	2420B	NM109	Identification Code			
439	2420B	REF	Purchased Service Provider Secondary Identification			
439	2420B	REF01	Reference Identification Qualifier			
440	2420B	REF02	Reference Identification			
440	2420B	REF04	REFERENCE IDENTIFIER			
440	2420B	REF04	REF04-1	Reference Identification Qualifier		
440	2420B	REF04	REF04-2	Reference Identification		
442	2420C	NM1	Service Facility Location Name			
442	2420C	NM101	Entity Identifier Code			
442	2420C	NM102	Entity Type Qualifier			
442	2420C	NM103	Name Last or Organization Name			
442	2420C	NM108	Identification Code Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
442	2420C	NM109	Identification Code			
444	2420C	N3	Service Facility Location Address			
444	2420C	N301	Address Information			
444	2420C	N302	Address Information			
445	2420C	N4	Service Facility Location City, State, ZIP			
445	2420C	N401	City Name			
446	2420C	N402	State or Province Code			
446	2420C	N403	Postal Code			
446	2420C	N404	Country Code			
446	2420C	N404	Country Subdivision Code			
447	2420C	REF	Service Facility Location Secondary Identification			
447	2420C	REF01	Reference Identification Qualifier			
448	2420C	REF02	Reference Identification			
448	2420C	REF04	REFERENCE IDENTIFIER			
448	2420C	REF04	REF04-1	Reference Identification Qualifier		
448	2420C	REF04	REF04-2	Reference Identification		
449	2420D	NM1	Supervising Provider Name			
449	2420D	NM101	Entity Identifier Code			
450	2420D	NM102	Entity Type Qualifier			
450	2420D	NM103	Name Last or Organization Name			
450	2420D	NM104	Name First			
450	2420D	NM105	Name Middle			
450	2420D	NM107	Name Suffix			
451	2420D	NM108	Identification Code Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
451	2420D	NM109	Identification Code			
452	2420D	REF	Supervising Provider Secondary Identification			
452	2420D	REF01	Reference Identification Qualifier			
453	2420D	REF02	Reference Identification			
453	2420D	REF04	REFERENCE IDENTIFIER			
453	2420D	REF04	REF04-1	Reference Identification Qualifier		
453	2420D	REF04	REF04-2	Reference Identification		
454	2420E	NM1	Ordering Provider Name			
454	2420E	NM101	Entity Identifier Code			
455	2420E	NM102	Entity Type Qualifier			
455	2420E	NM103	Name Last or Organization Name			
455	2420E	NM104	Name First			
455	2420E	NM105	Name Middle			
455	2420E	NM107	Name Suffix			
455	2420E	NM108	Identification Code Qualifier			
456	2420E	NM109	Identification Code			
457	2420E	N3	Ordering Provider Address			
457	2420E	N301	Address Information			
457	2420E	N302	Address Information			
458	2420E	N4	Ordering Provider City, State, ZIP Code			
458	2420E	N401	City Name			
459	2420E	N402	State or Province Code			
459	2420E	N403	Postal Code			
459	2420E	N404	Country Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
459	2420E	N407	Country Subdivision Code			
459	2420E	REF	Ordering Provider Secondary Identification			
460	2420E	REF01	Reference Identification Qualifier			
461	2420E	REF02	Ordering Provider Secondary Identifier			
461	2420E	REF04	REFERENCE IDENTIFIER			
461	2420E	REF04	REF04-1	Reference Identification Qualifier		
461	2420E	REF04	REF04-2	Reference Identification		
463	2420E	PER	Ordering Provider Contact Information			
463	2420E	PER01	Contact Function Code			
463	2420E	PER02	Name			
463	2420E	PER03	Communication Number Qualifier			
463	2420E	PER04	Communication Number			
463	2420E	PER05	Communication Number Qualifier			
463	2420E	PER06	Communication Number			
464	2420E	PER07	Communication Number Qualifier			
464	2420E	PER08	Communication Number			
466	2420F	NM1	Referring Provider Name			
466	2420F	NM101	Entity Identifier Code			
466	2420F	NM102	Entity Type Qualifier			
466	2420F	NM103	Name Last or Organization Name			
466	2420F	NM104	Name First			
466	2420F	NM105	Name Middle			
467	2420F	NM107	Name Suffix			
467	2420F	NM108	Identification Code Qualifier			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
467	2420F	NM109	Identification Code			
468	2420F	REF	Referring Provider Secondary Identification			
468	2420F	REF01	Reference Identification Qualifier			
469	2420F	REF02	Reference Identification			
469	2420F	REF04	REFERENCE IDENTIFIER			
469	2420F	REF04	REF04-1	Reference Identification Qualifier		
469	2420F	REF04	REF04-2	Reference Identification		
470	2420G	NM1	Ambulance Pick-up Location			
470	2420G	NM101	Entity Identifier Code			
471	2420G	NM102	Entity Type Qualifier			
472	2420G	N3	Ambulance Pick-up Location Address			
472	2420G	N301	Address Information			
472	2420G	N302	Address Information			
473	2420G	N4	Ambulance Pick-up Location City, State, ZIP Code			
473	2420G	N401	City Name			
474	2420G	N402	State or Province Code			
474	2420G	N403	Postal Code			
474	2420G	N404	Country Code			
474	2420G	N407	Country Subdivision Code			
475	2420G	NM1	Ambulance Drop-off Location			
475	2420G	NM101	Entity Identifier Code			
476	2420G	NM102	Entity Type Qualifier			
476	2420G	NM103	Name Last or Organization Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
477	2420G	N3	Ambulance Drop-off Location Address			
477	2420G	N301	Address Information			
477	2420G	N302	Address Information			
478	2420G	N4	Ambulance Drop-off Location City, State, ZIP Code			
478	2420G	N401	City Name			
479	2420G	N402	State or Province Code			
479	2420G	N403	Postal Code			
479	2420G	N404	Country Code			
479	2420G	N407	Country Subdivision Code			
480	2430	SVD	Line Adjudication Information			
480	2430	SVD01	Identification Code			Report the VT MEDICAID Carrier Code to identify the Other Payer.
481	2430	SVD02	Monetary Amount			
481	2430	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			
481	2430	SVD03	SVD03-1	Product/Service ID Qualifier		
482	2430	SVD03	SVD03-2	Product/Service ID		
482	2430	SVD03	SVD03-3	Procedure Modifier		
482	2430	SVD03	SVD03-4	Procedure Modifier		
482	2430	SVD03	SVD03-5	Procedure Modifier		
483	2430	SVD03	SVD03-6	Procedure Modifier		
483	2430	SVD03	SVD03-7	Description		
483	2430	SVD05	Quantity			
483	2430	SVD06	Assigned Number			
485	2430	CAS	Line Adjustment			
485	2430	CAS01	Claim Adjustment Group Code			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
486	2430	CAS02	Claim Adjustment Reason Code			
486	2430	CAS03	Monetary Amount			
486	2430	CAS04	Quantity			
486	2430	CAS05	Claim Adjustment Reason Code			
486	2430	CAS06	Monetary Amount			
486	2430	CAS07	Quantity			
487	2430	CAS08	Claim Adjustment Reason Code			
487	2430	CAS09	Monetary Amount			
487	2430	CAS10	Quantity			
487	2430	CAS11	Claim Adjustment Reason Code			
487	2430	CAS12	Monetary Amount			
488	2430	CAS13	Quantity			
488	2430	CAS14	Claim Adjustment Reason Code			
488	2430	CAS15	Monetary Amount			
488	2430	CAS16	Quantity			
488	2430	CAS17	Claim Adjustment Reason Code			
489	2430	CAS18	Monetary Amount			
489	2430	CAS19	Quantity			
490	2430	DTP	Line Check or Remittance Date			
490	2430	DTP01	Date/Time Qualifier			
490	2430	DTP02	Date Time Period Format Qualifier			
490	2430	DTP03	Date Time Period			
491	2430	AMT	Remaining Patient Liability			
491	2430	AMT01	Amount Qualifier Code			
491	2430	AMT02	Monetary Amount			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
493	2440	LQ	Form Identification Code			
493	2440	LQ01	Code List Qualifier Code			Use 'AS' for VT MEDICAID when form is OVHA60.
493	2440	LQ02	Industry Code			Use OVHA60.
495	2440	FRM	Supporting Documentation			
495	2440	FRM01	Assigned identification			
495	2440	FRM02	Yes/No Condition or Response Code			
495	2440	FRM03	Reference Identification			
495	2440	FRM04	Date			
495	2440	FRM05	Percent, Decimal Format			
496	NA (No Loop Name)	SE	Transaction Set Trailer			
496	NA (No Loop Name)	SE01	Number of Included Segments			
496	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			