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Element Id	Description	X12 Page No.	ID	Min. Max.	Usage Req.	Loop	Loop Repeat	Valid Values	COMMENTS
ISA	Interchange Control Header	B.3		1	R	<u> </u>	1		
ISA01	Authorization Information Qualifier		ID	2-2	R			00, 03	
ISA02	Authorization Information		AN	10-10	R				
ISA03	Security Information Qualifier		ID	2-2	R			00, 01	Value 01 recommended.
ISA04	Security Information		AN	10-10	R				May contain a password assigned by PHP
ISA05	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value must be ZZ.
ISA06	Interchange Sender ID		AN	15-15	R				This is the submitter ID assigned by PHP. This must be the same value as GS02.
ISA07	Interchange ID Qualifier		ID	2-2	R			01, 14, 20, 27, 28, 29, 30, 33, ZZ	Value must be ZZ.
ISA08	Interchange Receiver ID		AN	15-15	R				PHP
ISA09	Interchange Date		DT	6-6	R			YYMMDD	Date can't be greater than current system date.
ISA10	Interchange Time		TM	4-4	R			HHMM	
ISA11	Interchange Control Standards ID		ID	1-1	R			U	
ISA12	Interchange Control Version Number		ID	5-5	R			401	
ISA13	Interchange Control Number		NO	9-9	R				Must be the same as IEA02.
ISA14	Acknowledgement Requested		ID	1-1	R			0, 1	
ISA15	Usage Indicator		ID	1-1	R			P, T	Test or Production
ISA16	Component Element Separator		AN	1-1	R			* : ~	Preferred values are * : ~
GS	Functional Group Header	B.8		1	R	<u> </u>	1		
GS01	Functional Identifier Code		ID	2-2	R			HC	
GS02	Application Sender Code		AN	2-15	R				Sender Name

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GS03	Application Receiver Code		AN	2-15	R			PHP
GS04	Date		DT	8-8	R		CCYYMMDD	Date can't be greater than current system date.
GS05	Time		TM	4-8	R		HHMMSSDD	
GS06	Group Control Number		N0	1-9	R			Must match GE02.
GS07	Responsible Agency Code		ID	1-2	R		X	
GS08	Version Identifier Code		AN	1-12	R		004010X096 004010X096A1	When using the X12N Health Care Claim: Institutional Implementation Guide, originally published May 2000 as 004010X096 and incorporating the changes in the addenda the value used in GS08 must be 004010X096A1
ST	Transaction Set Header	56		1	R	---		
ST01	Transaction Set Identifier Code		ID	3-3	R		837	
ST02	Transaction Set Control Number		AN	4-9	R			Must match SE02.
BHT	Beginning of Hierarchical Transaction	57		1	R	---		
BHT01	Hierarchical Structure Code		ID	4-4	R		0019	
BHT02	Transaction Set Purpose Code		ID	2-2	R		00, 18	
BHT03	Originator Application Transaction ID		AN	1-30	R			Minimum of six A/N characters for each transaction set is required. Must be unique for each transaction set. No embedded blanks or special characters are allowed. Duplicate file ids for a submitter submitted within twelve months will be rejected.
BHT04	Transaction Set Creation Date		DT	8-8	R		CCYYMMDD	Date can't be greater than current system date.
BHT05	Transaction Set Creation Time		TM	4-8	R		HHMM, HHMMSS, HHMMSSD, HHMMSSDD	
BHT06	Claim or Encounter ID		ID	2-2	R		CH, RP	
REF	Transmission Type Identification	60		1	R	---		
REF01	Reference Identification Qualifier		ID	2-3	R		87	
REF02	Transmission Type Code		AN	1-30	R		004010X096D or 004010X096	Transmission Type Code should correspond with usage indicator in ISA15.
REF03	Description		AN	1-80	N/U			

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NM1	Receiver Name	67		1	R	1000B	1		
NM101	Entity Identifier Code		ID	2-3	R			40	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Receiver Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			46	
NM109	Receiver Primary Identifier		AN	2-80	R				PHP
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
HL	Billing Provider Hierarchical Level	69		1	R	2000A	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	N/U				
HL03	Hierarchical Level Code		ID	1-2	R			20	
HL04	Hierarchical Child Code		ID	1-1	R			1	
PRV	Billing Provider Specialty Information	71		1	S	2000A			
PRV01	Provider Code		ID	1-3	R			BI, PT	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				This should be the 10 character taxonomy code.
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				

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PRV06	Provider Organization Code		ID	3-3	N/U				
CUR	Foreign Currency Information	73		1	S	2000A			
CUR01	Entity Identifier Code		ID	2/3	R			85	
CUR02	Currency Code		ID	3/3	R				
CUR03	Exchange Rate		R	4/10	N/U				
CUR04	Entity Identifier Code		ID	2/3	N/U				
CUR05	Currency Code		ID	3/3	N/U				
CUR06	Currency Market/Exchange Code		ID	3/3	N/U				
CUR07	Date/Time Qualifier		ID	3/3	N/U				
CUR08	Date		DT	8/8	N/U				
CUR09	Time		TM	4/8	N/U				
CUR10	Date/Time Qualifier		ID	3/3	N/U				
CUR11	Date		DT	8/8	N/U				
CUR12	Time		TM	4/8	N/U				
CUR13	Date/Time Qualifier		ID	3/3	N/U				
CUR14	Date		DT	8/8	N/U				
CUR15	Time		TM	4/8	N/U				
CUR16	Date/Time Qualifier		ID	3/3	N/U				
CUR17	Date		DT	8/8	N/U				
CUR18	Time		TM	4/8	N/U				
CUR19	Date/Time Qualifier		ID	3/3	N/U				
CUR20	Date		DT	8/8	N/U				
CUR21	Time		TM	4/8	N/U				
NM1	Billing Provider Name	76		1	R	2010AA	1		

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NM101	Entity Identifier Code		ID	2-3	R			85	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Billing Provider Last or Organizational Name		AN	1-35	R				
NM104	Billing Provider First Name		AN	1-25	N/U				
NM105	Billing Provider Middle Name		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Billing Provider Identifier		AN	2-80	R				Enter the federally assigned T.I.N. (tax identification number) of the billing provider. May also be the E.I.N. (employer identification number) or the S.S.N. (social security number) of the billing provider. Must be nine (9) numerics. Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Billing Provider Address	79		1	R	2010AA			
N301	Billing Provider Address Line		AN	1-55	R				
N302	Billing Provider Address Line		AN	1-55	S				
N4	Billing Provider City/State/Zip	80		1	R	2010AA			
N401	Billing Provider City Name		AN	2-30	R				
N402	Billing Provider State		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Billing Provider Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Billing Provider Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Billing Provider Secondary Identification	82		8	S	2010AA			

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REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D, G2 for Legacy ID
REF02	Billing Provider Additional Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI Legacy ID with code qualifiers 1D or G2
REF03	Description		AN	1-80	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
REF	Credit/Debit Card Billing Information	85		8	S	2010AA			
REF01	Reference Identification Qualifier		ID	2/3	R			06, 8U, EM, IJ, LU, RB, ST, TT	
REF02	Reference Identification		AN	1/30	R				
REF03	Description		AN	1/80	N/U				
REF04	Reference Identifier				N/U				
PER	Billing Provider Contact Information	87		2	S	2010AA			
PER01	Contact Function Code		ID	2-2	R			IC	
PER02	Billing Provider Contact Name		AN	1-60	R				
PER03	Communication Number Qualifier		ID	2-2	R			EM, FX, TE	
PER04	Communication Number		AN	1-80	R				Must be 10 characters.
PER05	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER06	Communication Number		AN	1-80	S				If given, must be 10 characters.
PER07	Communication Number Qualifier		ID	2-2	S			EM, EX, FX, TE	
PER08	Communication Number		AN	1-80	S				
PER09	Contact Inquiry Reference		AN	1-20	N/U				
NM1	Pay-to-Provider	91		1	S	2010AB	1		Required if the Pay-To-Provider is different than the billing provider.

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NM101	Entity Identifier Code		ID	2-3	R			87	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Pay-to Provider Last or Organization Name		AN	1-35	R				
NM104	Pay-to Provider First Name		AN	1-25	N/U				
NM105	Pay-to Provider Middle Name		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Pay-to Provider Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Pay-To Provider Address	94		1	R	2010AB			
N301	Pay-to Provider Address I		AN	1-55	R				
N302	Pay-to Provider Address II		AN	1-55	S				
N4	Pay-To Provider City/State/Zip	95		1	R	2010AB			
N401	Pay-to Provider City Name		AN	2-30	R				
N402	Pay-to Provider State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Pay-to Provider Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Pay-to Provider Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Pay-To Provider Secondary Identification	97		5	S	2010AB			

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REF01	Reference Identification Qualifier		ID	2-3	R			0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, X5	Use LU for the 3 - 4 character numeric practice # (group # on the CMS 1500 form, box 33; BA0 field 17-Prov N02 in the NSF format) when submitted by the provider Effective 5/23/2007 - EI when tax ID submitted 1D, G2 for Legacy ID
REF02	Pay-to Provider Additional Identifier		AN	1-30	R				Enter the rendering provider number assigned by the payer. Effective 5/23/2007 - EIN with code qualifier EI Legacy ID with code qualifiers 1D or G2
REF03	Description		AN	1-30	N/U				
REF04	REFERENCE IDENTIFIER				N/U				
HL	Subscriber Hierarchical Level	99		1	R	2000B	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			22	
HL04	Hierarchical Child Code		ID	1-1	R			0, 1	
SBR	Subscriber Information	101		1	R	2000B			Information specific to the primary insured and the insurance carrier for that insured.
SBR01	Payer Responsibility Sequence Number Code		ID	1-1	R			P, S, T	
SBR02	Relationship Code		ID	2-2	S			18	
SBR03	Insured Group or Policy Number		AN	1-30	S				Enter the group number from the members ID card.
SBR04	Insured Group Name		AN	1-60	S				Required by most commercial payers.
SBR05	Insurance Type Code		ID	1-3	N/U				
SBR06	Coordination of Benefits Code		ID	1-1	N/U				
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U				
SBR08	Employment Status Code		ID	2-2	N/U				
SBR09	Claim Filing Indicator Code		ID	1-2	S			09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA, MB, MC, OF, TV, VA, WC, ZZ	Preferred values are 09, BL, CH, CI, MA, MC, OF, WC or ZZ.

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DMG	Subscriber Demographic Information	115		1	S	2010BA			This segment is required when the Patient is the same person as the Subscriber.
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Subscriber Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Subscriber Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
REF	Subscriber Secondary Identification	117		4	S	2010BA			
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	For Indian Health Services use qualifier 23.
REF02	Subscriber Supplemental Identifier		AN	1-30	R				For Indian Health Services enter the Health Record Number.
REF03	Description		AN	1-30	N/U				
REF04	Reference Identification				N/U				
REF	Property and Casualty Claim Number	119		1	S	2010BA			Not required for HIPAA
REF01	Reference Identification Qualifier		ID	2/3	R			Y4	
REF02	Reference Identification		AN	1/30	R				
REF03	Description		AN	1/80	N/U				
REF04	Reference Identifier				N/U				
NM1	Credit/Debit Card Account Holder Name	121		1	S	2010BB			If used then this segment is a required segment; must never be sent to payer
NM101	Entity Identifier Code		ID	2/3	R			AO	

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NM102	Entity Type Qualifier		ID	1/1	R				
NM103	Last Name of Organization Name		AN	1/35	R				
NM104	Name First		AN	1/25	S				
NM105	Name Middle		AN	1/25	S				
NM106	Name Prefix		AN	1/10	N/U				
NM107	Name Suffix		AN	1/10	S				
NM108	Identification Code Qualifier		ID	1/2	R			MI	
NM109	Identification Code		AN	2/80	R				
NM110	Entity Relationship Code		ID	2/2	N/U				
NM111	Entity Identifier Code		ID	2/3	N/U				
REF	Credit/Debit Care Information	124		2	S	2010BB			This info must never be sent to payer
REF01	Reference Identification Qualifier		ID	2/3	R			AB, BB	
REF02	Reference Identification Qualifier		AN	1/30	R				
REF03	Description		AN	1/80	N/U				
REF04	Reference Identifier			1/80	N/U				
NM1	Payer Name	126		1	R	2010BC	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Payer Name		AN	1-35	R				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			PI, XV	Value XV is not valid at this time.

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NM109	Payer Identifier		AN	2-80	R				PHP
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Payer Address	129		1	S	2010BC			Required for all paper print payers.
N301	Payer Address Line		AN	1-55	R				
N302	Payer Address Line		AN	1-55	S				
N4	Payer City/State/Zip	130		1	S	2010BC			
N401	Payer City Name		AN	2-30	R				
N402	Payer State Code		ID	2-2	R				Must be valid US Postal Service abbreviation
N403	Payer Zip Code		AN	3-15	R				Zip code must match state in N402. Must not be less than 5 bytes and not greater than 9 bytes.
N404	Payer Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Payer Secondary Identification	132		3	S	2010BC			
REF01	Reference Identification Qualifier		ID	2-3	R			2U, FY, NF, TJ	
REF02	Payer Additional Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Responsible Party Name	134		1	S	2010BD	1		The responsible party is someone who is not the subscriber/patient but who has financial responsibility for the bill.
NM101	Entity Identifier Code		ID	2-3	R			QD	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Responsible Party Last or Organization Name		AN	1-35	R				

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NM104	Responsible Party First Name		AN	1-25	S				
NM105	Responsible Party Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Responsible Party Suffix Name		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Responsible Party Address	136		1	R	2010BD			
N301	Responsible Party Address Line		AN	1-55	R				
N302	Responsible Party Address Line		AN	1-55	S				
N4	Responsible Party City/State/Zip	137		1	R	2010BD			
N401	Responsible Party City Name		AN	2-30	R				
N402	Responsible Party State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Responsible Party Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Responsible Party Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
HL	Patient Hierarchical Level	139		1	S	2000C	>1		
HL01	Hierarchical ID Number		AN	1-12	R				
HL02	Hierarchical Parent ID Number		AN	1-12	R				
HL03	Hierarchical Level Code		ID	1-2	R			23	
HL04	Hierarchical Child Code		ID	1-1	R			0	

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N3	Patient Address	148		1	R	2010CA			
N301	Patient Address Line		AN	1-55	R				
N302	Patient Address Line		AN	1-55	S				
N4	Patient City/State/Zip	149		1	R	2010CA			
N401	Patient City Name		AN	2-30	R				
N402	Patient State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Patient Postal Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Patient Country Code		ID	2-3	S				When XX is present in N402, this element is required.
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
DMG	Patient Demographic Information	151		1	R	2010CA			
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Patient Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Patient Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
REF	Patient Secondary Identification	153		5	S	2010CA			
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY	
REF02	Patient Secondary Identifier		AN	1-30	R				

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REF03	Description		AN	1-30	N/U				
REF04	Reference Identification				N/U				
REF	Property and Casualty Claim Number	155		1	S	2010CA			Not required for HIPAA.
REF01	Reference Identification Qualifier		ID	2/3	R			Y4	
REF02	Reference Identification		AN	1/30	R				
REF03	Description		AN	1/80	N/U				
REF04	Reference Identifier				N/U				
CLM	Claim Information	157		1	R	2300	100		
CLM01	Patient Account Number		AN	1-38	R				
CLM02	Total Claim Charge Amount		R	1-18	R				Negative values are invalid.
CLM03	Claim Filing Indicator		ID	1-2	N/U				
CLM04	Non-Institutional Claim Type Code		ID	1-2	N/U				
CLM05	HEALTH CARE SERVICE LOCATION INFORMATION				R				
CLM05-1	Facility Type Value		AN	1-2	R				
CLM05-2	Facility Code Qualifier		ID	1-2	R			A	
CLM05-3	Claim Frequency Code		ID	1-1	R				
CLM06	Provider Signature Indicator		ID	1-1	R			N, Y	
CLM07	Medicare Assignment Code		ID	1-1	S			A, C	
CLM08	Benefits Assignment Certification Indicator		ID	1-1	R			N, Y	
CLM09	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
CLM10	Patient Signature Source Code		ID	1-1	N/U				
CLM11	RELATED CAUSES INFORMATION				S				
CLM11-1	Related-Causes Code		ID	2-3	R			AA, AB, AP, EM, OA	
CLM11-2	Related-Causes Code		ID	2-3	S			AA, AB, AP, EM, OA	

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CLM11-3	Related-Causes Code		ID	2-3	S			AA, AB, AP, EM, OA	
CLM11-4	State or Province Code		ID	2-2	S				
CLM11-5	Country Code		ID	2-3	S				
CLM12	Special Program Code		ID	2-3	S			01, 02, 03, 05, 07, 08, 09	
CLM13	Yes/No Condition Code		ID	1-1	N/U				
CLM14	Level of Service Code		ID	1-3	N/U				
CLM15	Yes/No Condition Code		ID	1-1	N/U				
CLM16	Participation Agreement		ID	1-1	N/U				
CLM17	Claim Status Code		ID	1-2	N/U				
CLM18	Yes/No Condition Code		ID	1-1	R			N, Y	
CLM19	Claim Submission Reason Code		ID	2-2	N/U				
CLM20	Delay Reason Code		ID	1-2	S			1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11	
DTP	Date - Discharge Hour	165		1	S	2300			
DTP01	Date/Time Qualifier		ID	3-3	R			096	
DT002	Date Time Period Format Qualifier		ID	2-3	R			TM	
DTP03	Discharge Hour		AN	1-35	R			HHMM	Required when the Type of Bill is 11X, 18X or 21X.
DTP	Date - Statement Dates	167		1	R	2300			
DTP01	Date/Time Qualifier		ID	3-3	R			434	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	
DTP03	Statement From and Through Date		AN	1-35	R			CCYYMMDD (D8) or CCYYMMDD- CCYYMMDD (RD8)	
DTP	Date - Admission Date/Hour	169		1	S	2300			
DTP01	Date/Time Qualifier		ID	3-3	R			435	

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DTP02	Date Time Period Format Qualifier		ID	2-3	R			DT	
DTP03	Admission Date and Hour		AN	1-35	R			CCYYMMDDHHMM	Both are required when the Type of Bill is 11X, 18X or 21X. This date cannot be after the Statement Covers Period From Date for Medicare.
CL1	Institutional Claim Codes	171		1	S	2300			
CL101	Admission Type Code		ID	1-1	S				Required when the type of bill is 11X.
CL102	Admission Source Code		ID	1-1	S				
CL103	Patient Status Code		ID	1-2	S				Required when the Type of Bill is 11X, 12X, 18X, 21X or 22X for most commercial payers.
CL104	Nursing Home Residential Status Code		ID	1-1	N/U				
PWK	Claim Supplemental Information	173		10	S	2300			
PWK01	Attachment Report Type Code		ID	2-2	R			DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ,	
PWK02	Attachment Transmission Code		ID	1-2	R			AA, BM, EL, EM, FX	
PWK03	Report Copies Needed		N0	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	S			AC	
PWK06	Attachment Control Number		AN	2-80	S				
PWK07	Description		AN	1-80	S				
PWK08	Actions Indicated				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
CN1	Contract Information	176		1	S	2300			
CN101	Contract Type Code		ID	2-2	R			01, 02, 03, 04, 05, 06, 09	
CN102	Contract Amount		R	1-18	S				
CN103	Contract Percent		R	1-6	S				
CN104	Contract Code		AN	1-30	S				

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CN105	Terms Discount Percent		R	1-6	S				
CN106	Contract Version Identifier		AN	1-30	S				
AMT	Payer Estimated Amount Due	178		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			C5	
AMT02	Estimated Claim Due Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Patient Estimated Amount Due	180		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			F3	
AMT02	Patient Responsibility Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Patient Amount Paid	182		1	S	2300			Negative values are invalid. Required when patient has made payment specifically toward this claim.
AMT01	Amount Qualifier Code		ID	1-3	R			F5	
AMT02	Patient Amount Paid		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Credit/Debit Card Maximum Amount	184		1	S	2300			
AMT01	Amount Qualifier Code		ID	1-3	R			MA	
AMT02	Monetary Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
REF	Adjusted Repriced Claim Number	185		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			9C	

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REF02	Reference Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
REF	Repriced Claim Number	186		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			9A	
REF02	Reference Identification		AN	1-30	R				
REF03	Description		AN	1-80	NU				
REF04	Reference Identifier				NU				
REF	Claim Identification Number for Clearinghouses and Other Transmission Intermediaries	187		1	S	2300			
REF01	Reference identification Qualifier		ID	2-3	R			D9	
REF02	Value Added Network Trace Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Document Identification Code	189		2	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			DD	
REF02	Document Control Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Original Reference Number	191		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			F8	
REF02	Claim Original Reference Number		AN	1-30	R				Required for Medicare when submitting Type of Bill XX7 or XX8.

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REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
REF	Investigational Device Exemption Number	193		1	S	2300		
REF01	Reference Identification Qualifier		ID	2-3	R		LX	
REF02	Investigational Device Exemption Identifier		AN	1-30	R			
REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
REF	Service Authorization Exception Code	195		1	S	2300		
REF01	Reference Identification Qualifier		ID	2-3	R		4N	
REF02	Service Authorization Exception Code		AN	1-30	R		1, 2, 3, 4, 5, 6, 7	
REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
REF	Peer Review Organization (PRO) Approval Number	197		1	S	2300		
REF01	Reference Identification Qualifier		ID	2-3	R		G4	
REF02	Peer Review Authorization Number		AN	1-30	R			
REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
REF	Prior Authorization or Referral Number	198		2	S	2300		
REF01	Reference Number Qualifier		ID	2-3	R		9F, G1	
REF02	Prior Authorization or Referral Number		AN	1-30	R			
REF03	Description		AN	1-80	N/U			

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REF04	Reference Identification				N/U				
REF	Medical Record Number	200		1	S	2300			
REF01	Reference Number Qualifier		ID	2-3	R			EA	
REF02	Medical Record Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Demonstration Project Identifier	202		1	S	2300			
REF01	Reference Identification Qualifier		ID	2-3	R			P4	
REF02	Demonstration Project Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
K3	File Information	204		10	S	2300			
K301	Fixed Format Information		AN	1-80	R				
K302	Record Format Code		ID	1-2	N/U				
K303	Composite Unit of Measure				N/U				
NTE	Claim Note	205		10	S	2300			
NTE01	Note Reference Code		ID	3-3	R			ALG, DCP, DGN, DME, MED, NTR, ODT, RHB, RLH, RNH, SET, SFM, SPT, UPI	
NTE02	Claim Note Text		AN	1-80	R				
NTE	Billing Note	208		1	S	2300			

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CRC	Home Health Functional Limitations	218		3	S	2300			
CRC01	Code Category		ID	2-2	R			75	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Functional Limitation Code		ID	2-2	R			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC04	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC05	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC06	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC07	Functional Limitation Code		ID	2-2	S			AA, AL, BL, CO, DY, EL, HL, LB, OL, PA, SL	
CRC	Home Health Activities Permitted	221		3	S	2300			
CRC01	Code Category		ID	2-2	R			76	
CRC02	Certification Condition Code Applies Indicator		ID	1-1	R			N, Y	
CRC03	Activities Permitted Code		ID	2-2	R			BR, CA, CB, CR, EP, IH, NR, PW, TR, UT, WA, WR	
CRC04	Activities Permitted Code		ID	2-2	S			NR, PW, TR, UT, WA, WR	
CRC05	Activities Permitted Code		ID	2-2	S			NR, PW, TR, UT, WA, WR	
CRC06	Activities Permitted Code		ID	2-2	S			NR, PW, TR, UT, WA, WR	
CRC07	Activities Permitted Code		ID	2-2	S			NR, PW, TR, UT, WA, WR	
CRC	Home Health Mental Status	224		2	S	2300			
CRC01	Code Category		ID	2-2	R			77	
CRC02	Certification Condition Indicator		ID	1-1	R			N, Y	
CRC03	Mental Status Code		ID	2-2	R			AG, CM, DI, DP, FO, LE, MC, OT	
CRC04	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
CRC05	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
CRC06	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	
CRC07	Mental Status Code		ID	2-2	S			AG, CM, DI, DP, FO, LE, MC, OT	

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HI	Health Care Information Code	227		1	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Diagnosis Type Code		ID	1-3	R		BK		Must have only one BK
HI01-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Diagnosis Type Code		ID	1-3	R		BJ, ZZ		Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Required for Type of Bills 11X, 12X, 18X, or 21X.
HI02-2	Diagnosis Code		AN	1-30	R				
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Diagnosis Type Code		ID	1-3	R		BN		
HI03-2	Diagnosis Code		AN	1-30	R				
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				

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HI04	HEALTH CARE CODE INFORMATION				N/U				
HI04-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI04-2	Diagnosis Code		AN	1-30	N/U				
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				N/U				
HI05-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI05-2	Diagnosis Code		AN	1-30	N/U				
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				N/U				
HI06-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI06-2	Diagnosis Code		AN	1-30	N/U				
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				N/U				

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HI07-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI07-2	Diagnosis Code		AN	1-30	N/U				
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				N/U				
HI08-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI08-2	Diagnosis Code		AN	1-30	N/U				
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI10-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI10-2	Diagnosis Code		AN	1-30	N/U				
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI11-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI11-2	Diagnosis Code		AN	1-30	N/U				

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HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				
HI12-1	Diagnosis Type Code		ID	1-3	N/U			BF	
HI12-2	Diagnosis Code		AN	1-30	N/U				
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Diagnosis Related Group (DRG) Information	230		1	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			DR	
HI01-2	Diagnosis Related Group (DRG) Code		AN	1-30	R				This field is required for Type of Bill 11X when indicated by the payer.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				N/U				
HI02-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI02-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				

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HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI02-4	Date Time Period		AN	1-35	N/U			
HI02-5	Monetary Amount		R	1-18	N/U			
HI02-6	Quantity		R	1-15	N/U			
HI02-7	Version Identifier		AN	1-30	N/U			
HI03	HEALTH CARE CODE INFORMATION				N/U			
HI03-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI03-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI03-4	Date Time Period		AN	1-35	N/U			
HI03-5	Monetary Amount		R	1-18	N/U			
HI03-6	Quantity		R	1-15	N/U			
HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				N/U			
HI04-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI04-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI04-4	Date Time Period		AN	1-35	N/U			
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				N/U			
HI05-1	Code List Qualifier Code		ID	1-3	N/U		DR	
HI05-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U			
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI05-4	Date Time Period		AN	1-35	N/U			

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HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				N/U				
HI06-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI06-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				N/U				
HI07-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI07-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				N/U				
HI08-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI08-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				

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HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				N/U				
HI09-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI09-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI10-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI10-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI11-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI11-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				

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HI12-1	Code List Qualifier Code		ID	1-3	N/U			DR	
HI12-2	Diagnosis Related Group (DRG) Code		AN	1-30	N/U				
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Other Diagnosis Information	232		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Diagnosis Type Code		ID	1-3	R			BF	
HI01-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Diagnosis Type Code		ID	1-3	R			BF	
HI02-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				

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HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Diagnosis Type Code		ID	1-3	R			BF	
HI03-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Diagnosis Type Code		ID	1-3	R			BF	
HI04-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Diagnosis Type Code		ID	1-3	R			BF	
HI05-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				

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HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Diagnosis Type Code		ID	1-3	R			BF	
HI06-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Diagnosis Type Code		ID	1-3	R			BF	
HI07-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Diagnosis Type Code		ID	1-3	R			BF	
HI08-2	Diagnosis Code		AN	1-30	R				Must be a valid ICD-9-CM procedure code. Diagnosis must be coded to the highest level of specificity. Duplicate diagnosis codes are not allowed.
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				

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HI09	HEALTH CARE CODE INFORMATION				s				
HI09-1	Diagnosis Type Code		ID	1-3	R			BF	
HI09-2	Diagnosis Code		AN	1-30	R				
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				s				
HI10-1	Diagnosis Type Code		ID	1-3	R			BF	
HI10-2	Diagnosis Code		AN	1-30	R				
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				s				
HI11-1	Diagnosis Type Code		ID	1-3	R			BF	
HI11-2	Diagnosis Code		AN	1-30	R				
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				s				

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HI12-1	Diagnosis Type Code		ID	1-3	R			BF	
HI12-2	Diagnosis Code		AN	1-30	R				
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Principal Procedure Information	242		1	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BP, BR	Value must be BR.
HI01-2	Principal Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI01-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI01-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				N/U				
HI02-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI02-2	Principal Procedure Code		AN	1-30	N/U				
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				

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HI03	HEALTH CARE CODE INFORMATION				N/U				
HI03-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI03-2	Principal Procedure Code		AN	1-30	N/U				
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				N/U				
HI04-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI04-2	Principal Procedure Code		AN	1-30	N/U				
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				N/U				
HI05-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI05-2	Principal Procedure Code		AN	1-30	N/U				
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				

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HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				N/U				
HI06-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI06-2	Principal Procedure Code		AN	1-30	N/U				
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				N/U				
HI07-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI07-2	Principal Procedure Code		AN	1-30	N/U				
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				N/U				
HI08-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI08-2	Principal Procedure Code		AN	1-30	N/U				
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				N/U				

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HI09-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI09-2	Principal Procedure Code		AN	1-30	N/U				
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				N/U				
HI10-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI10-2	Principal Procedure Code		AN	1-30	N/U				
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				N/U				
HI11-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI11-2	Principal Procedure Code		AN	1-30	N/U				
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				N/U				
HI12-1	Code List Qualifier Code		ID	1-3	N/U			BP	
HI12-2	Principal Procedure Code		AN	1-30	N/U				

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HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Other Procedure Information	244		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R		BO, BQ		Value should be BQ.
HI01-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI01-3	Date Time Period Format Qualifier		ID	2-3	S		D8		
HI01-4	Date Time Period		AN	1-35	S		CCYYMMDD		
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R		BO, BQ		Value should be BQ.
HI02-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI02-3	Date Time Period Format Qualifier		ID	2-3	S		D8		
HI02-4	Date Time Period		AN	1-35	S		CCYYMMDD		
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R		BO, BQ		Value should be BQ.

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HI03-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI03-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI03-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI04-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI04-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI04-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI05-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI05-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI05-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	Value should be BQ.
HI06-2	Procedure Code		AN	1-30	R				Do not submit nonsurgical procedures.
HI06-3	Date Time Period Format Qualifier		ID	2-3	S			D8	

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HI06-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI07-2	Procedure Code		AN	1-30	R				
HI07-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI07-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI08-2	Procedure Code		AN	1-30	R				
HI08-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI08-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI09-2	Procedure Code		AN	1-30	R				
HI09-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI09-4	Date Time Period		AN	1-35	S			CCYYMMDD	

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HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI10-2	Procedure Code		AN	1-30	R				
HI10-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI10-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI11-2	Procedure Code		AN	1-30	R				
HI11-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI11-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BO, BQ	
HI12-2	Procedure Code		AN	1-30	R				
HI12-3	Date Time Period Format Qualifier		ID	2-3	S			D8	
HI12-4	Date Time Period		AN	1-35	S			CCYYMMDD	
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				

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HI12-7	Version Identifier		AN	1-30	N/U				
HI	Occurrence Span Information	256		2	S	2300	2		
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BI	
HI01-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI01-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI01-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BI	
HI02-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI02-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI02-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			BI	
HI03-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI03-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI03-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				

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HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R			BI	
HI04-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI04-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI04-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R			BI	
HI05-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI05-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI05-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Code List Qualifier Code		ID	1-3	R			BI	
HI06-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI06-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI06-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				

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HI07-1	Code List Qualifier Code		ID	1-3	R			BI	
HI07-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI07-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI07-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R			BI	
HI08-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI08-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI08-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			BI	
HI09-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI09-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI09-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			BI	
HI10-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.

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HI10-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI10-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BI	
HI11-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI11-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI11-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BI	
HI12-2	Occurrence Span Code		AN	1-30	R			70-72, 74-78, M0	Required when applicable.
HI12-3	Date Time Period Format Qualifier		ID	2-3	R			RD8	
HI12-4	Date Time Period		AN	1-35	R			CCYYMMDD- CCYYMMDD	
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Occurrence Information	267		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BH	

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HI01-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI01-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI01-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R			BH	
HI02-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI02-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI02-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R			BH	
HI03-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI03-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI03-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R			BH	
HI04-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI04-3	Date Time Period Format Qualifier		ID	2-3	R			D8	

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HI04-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R			BH	
HI05-2	Occurrence Code		AN	1-30	R			01-06, 09-12, 17-22, 24-46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3, G1-G3	Required when applicable. Occurrence codes cannot be duplicated.
HI05-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI05-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Code List Qualifier Code		ID	1-3	R			BH	
HI06-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3	Required when applicable. Occurrence codes cannot be duplicated.
HI06-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI06-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Code List Qualifier Code		ID	1-3	R			BH	
HI07-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-F3	Required when applicable. Occurrence codes cannot be duplicated.
HI07-3	Date Time Period Format Qualifier		ID	2-3	R			D8	

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HI07-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R			BH	
HI08-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI08-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI08-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			BH	
HI09-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI09-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI09-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			BH	
HI10-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI10-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI10-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				

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HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BH	
HI11-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI11-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI11-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BH	
HI12-2	Occurrence Code		AN	1-30	R			46, 50-51, A1-A3, B1-B3, C1-C3, E1-E3, F1-	Required when applicable. Occurrence codes cannot be duplicated.
HI12-3	Date Time Period Format Qualifier		ID	2-3	R			D8	
HI12-4	Date Time Period		AN	1-35	R			CCYYMMDD	
HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Value Information	280		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R			BE	
HI01-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	R				Cannot be negative
HI01-6	Quantity		R	1-15	N/U				

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HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R		BE		
HI02-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				
HI02-5	Monetary Amount		R	1-18	R			Cannot be negative	
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R		BE		
HI03-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	R			Cannot be negative	
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R		BE		
HI04-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	R			Cannot be negative	
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				

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HI05-1	Code List Qualifier Code		ID	1-3	R			BE	
HI05-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	R				Cannot be negative
HI05-6	Quantity		R	1-15	N/U				
HI05-7	Version Identifier		AN	1-30	N/U				
HI06	HEALTH CARE CODE INFORMATION				S				
HI06-1	Code List Qualifier Code		ID	1-3	R			BE	
HI06-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	R				Cannot be negative
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Code List Qualifier Code		ID	1-3	R			BE	
HI07-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	R				Cannot be negative
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R			BE	
HI08-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.

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HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	R				Cannot be negative
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			BE	
HI09-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	R				Cannot be negative
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			BE	
HI10-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	R				Cannot be negative
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BE	
HI11-2	Value Code		AN	1-30	R			01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				

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HI11-5	Monetary Amount		R	1-18	R				Cannot be negative
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R		BE		
HI12-2	Value Code		AN	1-30	R		01-02, 04-06, 08-16, 30-31, 37-44	Required when applicable. Value codes cannot be duplicated.	
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI12-4	Date Time Period		AN	1-35	N/U				
HI12-5	Monetary Amount		R	1-18	R				Cannot be negative
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
HI	Condition Information	290		2	S	2300			
HI01	HEALTH CARE CODE INFORMATION				R				
HI01-1	Code List Qualifier Code		ID	1-3	R		BG		
HI01-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.	
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI01-4	Date Time Period		AN	1-35	N/U				
HI01-5	Monetary Amount		R	1-18	N/U				
HI01-6	Quantity		R	1-15	N/U				
HI01-7	Version Identifier		AN	1-30	N/U				
HI02	HEALTH CARE CODE INFORMATION				S				
HI02-1	Code List Qualifier Code		ID	1-3	R		BG		
HI02-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.	
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI02-4	Date Time Period		AN	1-35	N/U				

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HI02-5	Monetary Amount		R	1-18	N/U				
HI02-6	Quantity		R	1-15	N/U				
HI02-7	Version Identifier		AN	1-30	N/U				
HI03	HEALTH CARE CODE INFORMATION				S				
HI03-1	Code List Qualifier Code		ID	1-3	R		BG		
HI03-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.	
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI03-4	Date Time Period		AN	1-35	N/U				
HI03-5	Monetary Amount		R	1-18	N/U				
HI03-6	Quantity		R	1-15	N/U				
HI03-7	Version Identifier		AN	1-30	N/U				
HI04	HEALTH CARE CODE INFORMATION				S				
HI04-1	Code List Qualifier Code		ID	1-3	R		BG		
HI04-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.	
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI04-4	Date Time Period		AN	1-35	N/U				
HI04-5	Monetary Amount		R	1-18	N/U				
HI04-6	Quantity		R	1-15	N/U				
HI04-7	Version Identifier		AN	1-30	N/U				
HI05	HEALTH CARE CODE INFORMATION				S				
HI05-1	Code List Qualifier Code		ID	1-3	R		BG		
HI05-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.	
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI05-4	Date Time Period		AN	1-35	N/U				
HI05-5	Monetary Amount		R	1-18	N/U				
HI05-6	Quantity		R	1-15	N/U				

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HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				S			
HI06-1	Code List Qualifier Code		ID	1-3	R		BG	
HI06-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI06-4	Date Time Period		AN	1-35	N/U			
HI06-5	Monetary Amount		R	1-18	N/U			
HI06-6	Quantity		R	1-15	N/U			
HI06-7	Version Identifier		AN	1-30	N/U			
HI07	HEALTH CARE CODE INFORMATION				S			
HI07-1	Code List Qualifier Code		ID	1-3	R		BG	
HI07-2	Condition Code		AN	1-30	R		34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI07-4	Date Time Period		AN	1-35	N/U			
HI07-5	Monetary Amount		R	1-18	N/U			
HI07-6	Quantity		R	1-15	N/U			
HI07-7	Version Identifier		AN	1-30	N/U			
HI08	HEALTH CARE CODE INFORMATION				S			
HI08-1	Code List Qualifier Code		ID	1-3	R		BG	
HI08-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI08-4	Date Time Period		AN	1-35	N/U			
HI08-5	Monetary Amount		R	1-18	N/U			
HI08-6	Quantity		R	1-15	N/U			
HI08-7	Version Identifier		AN	1-30	N/U			

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HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			BG	
HI09-2	Condition Code		AN	1-30	R			34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.
HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI09-4	Date Time Period		AN	1-35	N/U				
HI09-5	Monetary Amount		R	1-18	N/U				
HI09-6	Quantity		R	1-15	N/U				
HI09-7	Version Identifier		AN	1-30	N/U				
HI10	HEALTH CARE CODE INFORMATION				S				
HI10-1	Code List Qualifier Code		ID	1-3	R			BG	
HI10-2	Condition Code		AN	1-30	R			34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI10-4	Date Time Period		AN	1-35	N/U				
HI10-5	Monetary Amount		R	1-18	N/U				
HI10-6	Quantity		R	1-15	N/U				
HI10-7	Version Identifier		AN	1-30	N/U				
HI11	HEALTH CARE CODE INFORMATION				S				
HI11-1	Code List Qualifier Code		ID	1-3	R			BG	
HI11-2	Condition Code		AN	1-30	R			34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-	Required when applicable.
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI11-4	Date Time Period		AN	1-35	N/U				
HI11-5	Monetary Amount		R	1-18	N/U				
HI11-6	Quantity		R	1-15	N/U				
HI11-7	Version Identifier		AN	1-30	N/U				
HI12	HEALTH CARE CODE INFORMATION				S				
HI12-1	Code List Qualifier Code		ID	1-3	R			BG	

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HI12-2	Condition Code		AN	1-30	R		01-11, 17-24, 26-29, 31-34, 36-43, 46, 48, 55-57, 60-62, 66-68, 70-79, A0-A9, C1-C7, D0-D9, E0	Required when applicable.
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI12-4	Date Time Period		AN	1-35	N/U			
HI12-5	Monetary Amount		R	1-18	N/U			
HI12-6	Quantity		R	1-15	N/U			
HI12-7	Version Identifier		AN	1-30	N/U			
HI	Treatment Code Information	299		2	S	2300		
HI01	HEALTH CARE CODE INFORMATION				R			
HI01-1	Code List Qualifier Code		ID	1-3	R		TC	
HI01-2	Treatment Code		AN	1-30	R		C09, D01-D11, E01-E06, F01-F15	
HI01-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI01-4	Date Time Period		AN	1-35	N/U			
HI01-5	Monetary Amount		R	1-18	N/U			
HI01-6	Quantity		R	1-15	N/U			
HI01-7	Version Identifier		AN	1-30	N/U			
HI02	HEALTH CARE CODE INFORMATION				S			
HI02-1	Code List Qualifier Code		ID	1-3	R		TC	
HI02-2	Treatment Code		AN	1-30	R			
HI02-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI02-4	Date Time Period		AN	1-35	N/U			
HI02-5	Monetary Amount		R	1-18	N/U			
HI02-6	Quantity		R	1-15	N/U			

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HI02-7	Version Identifier		AN	1-30	N/U			
HI03	HEALTH CARE CODE INFORMATION				S			
HI03-1	Code List Qualifier Code		ID	1-3	R		TC	
HI03-2	Treatment Code		AN	1-30	R		C09, D01-D11, E01-E06, F01-F15	
HI03-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI03-4	Date Time Period		AN	1-35	N/U			
HI03-5	Monetary Amount		R	1-18	N/U			
HI03-6	Quantity		R	1-15	N/U			
HI03-7	Version Identifier		AN	1-30	N/U			
HI04	HEALTH CARE CODE INFORMATION				S			
HI04-1	Code List Qualifier Code		ID	1-3	R		TC	
HI04-2	Treatment Code		AN	1-30	R		C09, D01-D11, E01-E06, F01-F15	
HI04-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI04-4	Date Time Period		AN	1-35	N/U			
HI04-5	Monetary Amount		R	1-18	N/U			
HI04-6	Quantity		R	1-15	N/U			
HI04-7	Version Identifier		AN	1-30	N/U			
HI05	HEALTH CARE CODE INFORMATION				S			
HI05-1	Code List Qualifier Code		ID	1-3	R		TC	
HI05-2	Treatment Code		AN	1-30	R		C09, D01-D11, E01-E06, F01-F15	
HI05-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI05-4	Date Time Period		AN	1-35	N/U			
HI05-5	Monetary Amount		R	1-18	N/U			
HI05-6	Quantity		R	1-15	N/U			
HI05-7	Version Identifier		AN	1-30	N/U			
HI06	HEALTH CARE CODE INFORMATION				S			

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HI06-1	Code List Qualifier Code		ID	1-3	R			TC	
HI06-2	Treatment Code		AN	1-30	R			C09, D01-D11, E01-E06, F01-F15	
HI06-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI06-4	Date Time Period		AN	1-35	N/U				
HI06-5	Monetary Amount		R	1-18	N/U				
HI06-6	Quantity		R	1-15	N/U				
HI06-7	Version Identifier		AN	1-30	N/U				
HI07	HEALTH CARE CODE INFORMATION				S				
HI07-1	Code List Qualifier Code		ID	1-3	R			TC	
HI07-2	Treatment Code		AN	1-30	R			C09, D01-D11, E01-E06, F01-F15	
HI07-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI07-4	Date Time Period		AN	1-35	N/U				
HI07-5	Monetary Amount		R	1-18	N/U				
HI07-6	Quantity		R	1-15	N/U				
HI07-7	Version Identifier		AN	1-30	N/U				
HI08	HEALTH CARE CODE INFORMATION				S				
HI08-1	Code List Qualifier Code		ID	1-3	R			TC	
HI08-2	Treatment Code		AN	1-30	R			C09, D01-D11, E01-E06, F01-F15	
HI08-3	Date Time Period Format Qualifier		ID	2-3	N/U				
HI08-4	Date Time Period		AN	1-35	N/U				
HI08-5	Monetary Amount		R	1-18	N/U				
HI08-6	Quantity		R	1-15	N/U				
HI08-7	Version Identifier		AN	1-30	N/U				
HI09	HEALTH CARE CODE INFORMATION				S				
HI09-1	Code List Qualifier Code		ID	1-3	R			TC	
HI09-2	Treatment Code		AN	1-30	R			C09, D01-D11, E01-E06, F01-F15	

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HI09-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI09-4	Date Time Period		AN	1-35	N/U			
HI09-5	Monetary Amount		R	1-18	N/U			
HI09-6	Quantity		R	1-15	N/U			
HI09-7	Version Identifier		AN	1-30	N/U			
HI10	HEALTH CARE CODE INFORMATION				S			
HI10-1	Code List Qualifier Code		ID	1-3	R		TC	
HI10-2	Treatment Code		AN	1-30	R		C09, D01-D11, E01-E06, F01-F15	
HI10-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI10-4	Date Time Period		AN	1-35	N/U			
HI10-5	Monetary Amount		R	1-18	N/U			
HI10-6	Quantity		R	1-15	N/U			
HI10-7	Version Identifier		AN	1-30	N/U			
HI11	HEALTH CARE CODE INFORMATION				S			
HI11-1	Code List Qualifier Code		ID	1-3	R		TC	
HI11-2	Treatment Code		AN	1-30	R		A01-A30, B01-B15, C01-C09, D01-D11, E01-E06, F01-F15	
HI11-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI11-4	Date Time Period		AN	1-35	N/U			
HI11-5	Monetary Amount		R	1-18	N/U			
HI11-6	Quantity		R	1-15	N/U			
HI11-7	Version Identifier		AN	1-30	N/U			
HI12	HEALTH CARE CODE INFORMATION				S			
HI12-1	Code List Qualifier Code		ID	1-3	R		TC	
HI12-2	Treatment Code		AN	1-30	R		C09, D01-D11, E01-E06, F01-F15	
HI12-3	Date Time Period Format Qualifier		ID	2-3	N/U			
HI12-4	Date Time Period		AN	1-35	N/U			

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HI12-5	Monetary Amount		R	1-18	N/U				
HI12-6	Quantity		R	1-15	N/U				
HI12-7	Version Identifier		AN	1-30	N/U				
QTY	Claim Quantity	306		4	S	2300			
QTY01	Quantity Qualifier		ID	2-2	R			CA, CD, LA, NA	
QTY02	Claim Days Count		R	1-15	R				For Medicare qualifier CA is required when Type of Bill is 11X, 18X or 21X. Other qualifiers are required when applicable.
QTY03	UNIT OF MEASURE				R				
QTY03-1	Unit of Measurement Code		ID	2-2	R			DA	
QTY03-2	Exponent		R	1-15	N/U				
QTY03-3	Multiplier		R	1-10	N/U				
QTY03-4	Unit of Measurement Code		ID	2-2	N/U				
QTY03-5	Exponent		R	1-15	N/U				
QTY03-6	Multiplier		R	1-10	N/U				
QTY03-7	Unit of Measurement Code		ID	2-2	N/U				
QTY03-8	Exponent		R	1-15	N/U				
QTY03-9	Multiplier		R	1-10	N/U				
QTY03-10	Unit of Measurement Code		ID	2-2	N/U				
QTY03-11	Exponent		R	1-15	N/U				
QTY03-12	Multiplier		R	1-10	N/U				
QTY03-13	Unit of Measurement Code		ID	2-2	N/U				
QTY03-14	Exponent		R	1-15	N/U				
QTY03-15	Multiplier		R	1-10	N/U				
QTY04	Free-Form Message		AN	1-30	N/U				
HCP	Claim Pricing/Repricing Information	308		1	S	2300			

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HCP01	Pricing/Repricing Methodology		ID	2-2	R			07, 08, 09, 10, 11, 12, 13, 14	
HCP02	Allowed Amount, Pricing		R	1-18	R				
HCP03	Savings Amount, Pricing		R	1-18	S				
HCP04	Repricing Organization Identifier		AN	1-30	S				
HCP05	Pricing Rate		R	1-9	S				
HCP06	Approved APG Code, Pricing		AN	1-30	S				
HCP07	Approved APG Amount, Pricing		R	1-18	S				
HCP08	Approved Revenue Code		AN	1-48	S				
HCP09	Product or Service ID Qualifier		ID	2-2	S			HC	
HCP10	Repriced Approved HCPCS Code		AN	1-48	S				
HCP11	Unit or Basis for Measurement Code		ID	2-2	S			DA, UN	
HCP12	Approved Service Units		R	1-15	S				
HCP13	Reject Reason Code		ID	2-2	S			T1, T2, T3, T4, T5, T6	
HCP14	Policy Compliance Code		ID	1-2	S			1, 2, 3, 4, 5	
HCP15	Exception Code		ID	1-2	S			1, 2, 3, 4, 5, 6	
CR7	Home Health Care Plan Information	314		1	S	2305	1		
CR701	Discipline Type Code		ID	2-2	R			AI, MS, OT, PT, SN, ST	
CR702	Total Visits Rendered, home health		N0	1-9	R				
CR703	Total Visits Projected, home health		N0	1-9	R				
HSD	Health Care Services Delivery	316		12	S	2305	12		
HSD01	Quantity Qualifier		ID	2-2	S			VS	
HSD02	Number of Visits		R	1-15	S				
HSD03	Frequency Period		ID	2-2	S			DA, MO, QI, WK	
HSD04	Modulus, Amount		R	1-6	S				

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HSD05	Duration of Visits Units		ID	1-2	S			7, 35	
HSD06	Duration of Visits Number of Units		N0	1-3	S				
HSD07	Pattern Code		ID	1-2	S			SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, W	
HSD08	Time Code		ID	1-1	S			D, E, F	
NM1	Attending Physician Name	321		1	S	2310A			
NM101	Entity Identifier Code		ID	2-3	R			71	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Attending Provider Last Name		AN	1-35	R				
NM104	Attending Provider First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Attending Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Attending Provider Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Attending Provider Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Attending Physician Specialty Information	324		1	S	2310A	1		
PRV01	Provider Code		ID	1-3	R			AT, SU	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Provider Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				

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REF	Attending Physician Secondary Identification	326		5	S	2310A	5		
REF01	Reference Identification Qualifier		ID	2-3	R			1H, EI, G2, LU, N5, SY, X5	Enter the attending provider number as required by the payer.
REF02	Attending Physician Secondary Identifier		AN	1-30	R				G2 for Legacy ID
REF03	Description		AN	1-30	N/U				
REF04	Reference Identification				N/U				
NM1	Operating Physician Name	328		1	S	2310B	1		
NM101	Entity Identifier Code		ID	2-3	R			72	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Operating Physician Last Name		AN	1-35	R				
NM104	Operating Physician First Name		AN	1-25	R				
NM105	Operating Physician Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Operating Physician Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Operating Physician Primary Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Operating Physician Specialty Information	331		1	S	2310B			
PRV01	Provider Code		ID	1-3	R			OP	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Operating Physician Taxonomy Code		AN	1-30	R				

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PRV04	State or Province Code		ID	2-2	N/U				
PRV05	PROVIDER SPECIALTY INFORMATION				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	Operating Physician Secondary Identification	333		5	S	2310B	5		
REF01	Reference Identification Qualifier		ID	2-3	R			1H, EI, G2, LU, N5, SY, X5	Enter the provider ID as required by the payer.
REF02	Operating Physician Secondary Identifier		AN	1-30	R				G2 for Legacy ID
REF03	Description		AN	1-30	N/U				
REF04	Reference Identification				N/U				
NM1	Other Provider Name	335		1	S	2310C	1		
NM101	Entity Identifier Code		ID	2-3	R			73	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Other Physician Last or Organization Name		AN	1-35	R				
NM104	Other Physician First Name		AN	1-25	S				Required when NM102 = 1
NM105	Other Physician Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Other Physician Primary Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Other Provider Specialty Information	338		1	R	2310C	1		

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PRV	Service Facility Specialty Information	352		1	S	2310E			
PRV01	Provider Code		ID	1-3	R			RP	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Service Facility Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information				N/U				
PRV06	Provider Organization Code		ID	2-3	N/U				
N3	Service Facility Address	354		1	R	2310E			
N301	Laboratory or Facility Address Line		AN	1-55	R				
N302	Laboratory or Facility Address Line		AN	1-55	S				
N4	Service Facility City/State/Zip	355		1	R	2310E			
N401	Laboratory or Facility City Name		AN	2-30	R				
N402	Laboratory or Facility State		ID	2-2	R				
N403	Laboratory or Facility Zip Code		AN	3-15	R				
N404	Laboratory or Facility Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Service Facility Location Secondary Identification	357		5	S	2310E			
REF01	Reference Identification Qualifier		ID	2-3	R			1H, 1J, EI, FH, G2, G5, LU, N5, X5	
REF02	Laboratory or Facility Secondary Identifier		AN	1-30	R				G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				

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SBR	Other Subscriber Information	359		1	S	2320	10		
SBR01	Payor Responsibility Sequence Code		ID	1-1	R			P, S, T	Cannot equal SBR02 in 2000B loop.
SBR02	Individual Relationship Code		ID	2/2	R			17, 18, 19, 20, 21, 22,23, 24, 29, 32, 33,	
SBR03	Insured Group or Policy Number		AN	1-30	S				Enter the group number from the members ID card.
SBR04	Other Insured Group Name		AN	1-60	S				Required by most commercial payers.
SBR05	Insurance Type Code		ID	1-3	N/U				
SBR06	Condition of Benefits Code		ID	1-1	N/U				
SBR07	Yes/No Condition or Response Code		ID	1-1	N/U				
SBR08	Employment Status Code		ID	2-2	N/U				
SBR09	Claim Filing Indicator Code		ID	1-2	S			15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MA,	Preferred values are 09, BL, CH, CI, MA, MC, OF, WC or ZZ.
CAS	Claim Level Adjustments	365		5	S	2320			Not used if NM109 in loop 2010BC begins with G.
CAS01	Claim Adjustment Group Code		ID	1-2	R			CO, CR, OA, PI, PR	
CAS02	Adjustment Reason Code		ID	1-5	R				
CAS03	Adjustment Amount		R	1-18	R				
CAS04	Adjusted Units Claim Level		R	1-15	S				
CAS05	Adjustment Reason Code		ID	1-5	S				
CAS06	Adjustment Amount		R	1-18	S				
CAS07	Adjusted Units Claim Level		R	1-15	S				
CAS08	Adjustment Reason Code		ID	1-5	S				
CAS09	Adjustment Amount		R	1-18	S				
CAS10	Adjusted Units Claim Level		R	1-15	S				
CAS11	Adjustment Reason Code		ID	1-5	S				

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CAS12	Adjustment Amount		R	1-18	S			
CAS13	Adjusted Units Claim Level		R	1-15	S			
CAS14	Adjustment Reason Code		ID	1-5	S			
CAS15	Adjustment Amount		R	1-18	S			
CAS16	Adjusted Units Claim Level		R	1-15	S			
CAS17	Adjustment Reason Code		ID	1-5	S			
CAS18	Adjustment Amount		R	1-18	S			
CAS19	Adjusted Units Claim Level		R	1-15	S			
AMT	Payer Prior Payment	371		1	S	2320		Amount paid by primary payer.
AMT01	Amount Qualifier Code		ID	1-3	R		C4	
AMT02	Other Payer Paid Amount		R	1-18	R			Cannot be negative
AMT03	Credit/Debit Flag Code		ID	1-1	N/U			
AMT	Coordination of Benefits (COB) Total Allowed Amount	372		1	S	2320		
AMT01	Amount Qualifier Code		ID	1-3	R		B6	
AMT02	Approved Amount		R	1-18	R			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U			
AMT	Coordination of Benefits (COB) Total Submitted Charges	373		1	S	2320		
AMT01	Amount Qualifier Code		ID	1-3	R		T3	
AMT02	Coordination of Benefits (COB) Total Submitted Charges		R	1-18	R			
AMT03	Credit/Debit Flag Code		ID	1-1	N/U			
AMT	Diagnostic Related Group (DRG) Outlier Amount	374		1	S	2320		
AMT01	Amount Qualifier Code		ID	1-3	R		ZZ	

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AMT02	Claim DRG Outlier Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Medicare Paid Amount	376		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			N1	
AMT02	Total Medicare Paid Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Medicare Paid Amount - 100%	378		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			KF	
AMT02	Medicare Paid at 100% Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Medicare Paid Amount - 80%	380		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			PG	
AMT02	Medicare Paid at 80% Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	382		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			AA	
AMT02	Paid From Part A Medicare Trust Fund Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	384		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			B1	
AMT02	Paid From Part B Medicare Trust Fund Amount		R	1-18	R				

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AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Non-Covered Amount	386		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			A8	
AMT02	Non-Covered Charge Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Coordination of Benefits (COB) Total Denied Amount	387		1	S	2320			
AMT01	Amount Qualifier Code		ID	1-3	R			YT	
AMT02	Claim Total Denied Charge Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
DMG	Subscriber Demographic Information	388		1	S	2320			
DMG01	Date Time Period Format Qualifier		ID	2-3	R			D8	
DMG02	Other Insured Birth Date		AN	1-35	R			CCYYMMDD	
DMG03	Other Insured Gender Code		ID	1-1	R			F, M, U	
DMG04	Marital Status Code		ID	1-1	N/U				
DMG05	Race or Ethnicity Code		ID	1-1	N/U				
DMG06	Citizenship Status Code		ID	1-2	N/U				
DMG07	Country Code		ID	2-3	N/U				
DMG08	Basis of Verification Code		ID	1-2	N/U				
DMG09	Quantity		R	1-15	N/U				
OI	Other Insurance Coverage Information	390		1	R	2320			
OI01	Claim Filing Indicator Code		ID	1-2	N/U				

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OI02	Claim Submission Reason Code		ID	2-2	N/U				
OI03	Benefits Assignment Certification Indicator		ID	1-1	R			N, Y	
OI04	Patient Signature Source Code		ID	1-1	N/U			B, C, M, P, S	
OI05	Provider Agreement Code		ID	1-1	N/U				
OI06	Release of Information Code		ID	1-1	R			A, I, M, N, O, Y	
MIA	Medicare Inpatient Adjudication Information	392		1	S	2320			
MIA01	Covered Days or Visits		R	1-15	R				
MIA02	Lifetime Reserve Days		R	1-15	S				
MIA03	Lifetime Psychiatric Days Count		R	1-15	S				
MIA04	Claim DRG Amount		R	1-18	S				
MIA05	Remark Code		AN	1-30	S				
MIA06	Claim Disproportionate Share Amount		R	1-18	S				
MIA07	Claim MSP Pass-through Amount		R	1-18	S				
MIA08	Claim PPS Capital Amount		R	1-18	S				
MIS09	PPS-Capital FSP DRG Amount		R	1-18	S				
MIA10	PPS-Capital HSP DRG Amount		R	1-18	S				
MIA11	PPS-Capital DSH DRG Amount		R	1-18	S				
MIA12	Old Capital Amount		R	1-18	S				
MIA13	PPS-Capital IME Amount		R	1-18	S				
MIA14	PPS-Operating Hospital Specific DRG Amount		R	1-18	S				
MIA15	Cost Report Day Count		R	1-15	S				
MIA16	PPS-Operating Federal Specific DRG Amount		R	1-18	S				
MIA17	Claim PPS Capital Outlier Amount		R	1-18	S				
MIA18	Claim Indirect Teaching Amount		R	1-18	S				
MIA19	Nonpayable Professional Component Amount		R	1-18	S				

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MIA20	Remark Code		AN	1-30	S				
MIA21	Remark Code		AN	1-30	S				
MIA22	Remark Code		AN	1-30	S				
MIA23	Remark Code		AN	1-30	S				
MIA24	PPS-Capital Exception Amount		R	1-18	S				
MOA	Medicare Outpatient Adjudication Information	397		1	S	2320			
MOA01	Outpatient Reimbursement Rate		R	1-10	S				
MOA02	Claim HCPCS Payable Amount		R	1-18	S				
MOA03	Claim Payment Remark Code		AN	1-30	S				
MOA04	Claim Payment Remark Code		AN	1-30	S				
MOA05	Claim Payment Remark Code		AN	1-30	S				
MOA06	Claim Payment Remark Code		AN	1-30	S				
MOA07	Claim Payment Remark Code		AN	1-30	S				
MOA08	Claim ESRD Paid Amount		R	1-18	S				
MOA09	Nonpayable Professional Component Amount		R	1-18	S				
NM1	Other Subscriber Name	400		1	R	2330A	1		
NM101	Entity Identifier Code		ID	2-3	R			IL	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Other Insured Last Name		AN	1-35	R				
NM104	Other Insured First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Other Insured Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Other Insured Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			MI, ZZ	Value ZZ not allowed.

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NM109	Other Insured Identifier		AN	2-80	R				Enter the member/patient policy number as indicated on the ID Card including any alpha characters. Must not contain embedded blanks.
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
N3	Other Subscriber Address	404		1	S	2330A			
N301	Other Insured Address Line		AN	1-55	R				
N302	Other Insured Address Line		AN	1-55	S				
N4	Other Subscriber City/State/Zip	406		1	S	2330A			
N401	Other Insured City Name		AN	2-30	R				
N402	Other Insured State Code		ID	2-2	R				Must be the U.S. Postal Service abbreviation.
N403	Other Insured Postal Zip Code		AN	3-15	R				Must be valid for the state abbreviation. Must not be less than 5 or greater than 9 characters. If N402 is XX, this is not required.
N404	Laboratory/Facility Country Code		ID	2-3	S				
N405	Location Qualifier		ID	1-2	N/U				
N406	Location Identifier		AN	1-30	N/U				
REF	Other Subscriber Secondary Identification	408		3	S	2330A			
REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23,IG,SY	
REF02	Other Subscriber Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
NM1	Other Payer Name	410		1	R	2330B	1		
NM101	Entity Identifier Code		ID	2-3	R			PR	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Other Payer Last or Organization Name		AN	1-35	R				

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REF	Other Payer Secondary Identification and Reference Number	416		2	S	2330B			
REF01	Reference Identification Qualifier		ID	2-3	R			2U, F8, FY, NF, TJ	
REF02	Other Payer Secondary Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
REF	Other Payer Prior Authorization or Referral Number	418		1	S	2330B			
REF01	Reference Identification Qualifier		ID	2-3	R			9F, G1	
REF02	Other Payer Prior Authorization or Referral Number		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Patient Information	420		1	S	2330C	1		
NM101	Entity Identifier Code		ID	2-3	R			QC	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Patient Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	R			EI, MI	
NM109	Patient's Other Payer Primary Identification Number		AN	2-80	R				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Patient Identification	422		3	S	2330C			

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REF01	Reference Identification Qualifier		ID	2-3	R			1W, 23, IG, SY
REF02	Other Payer Patient Secondary Identification		AN	1-30	R			
REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
NM1	Other Payer Attending Provider	424		1	S	2330D	1	
NM101	Entity Identifier Code		ID	2-3	R			71
NM102	Entity Type Qualifier		ID	1-1	R			1, 2
NM103	Name Last or Organization Name		AN	1-35	N/U			
NM104	Name First		AN	1-25	N/U			
NM105	Name Middle		AN	1-25	N/U			
NM106	Name Prefix		AN	1-10	N/U			
NM107	Name Suffix		AN	1-10	N/U			
NM108	Identification Code Qualifier		ID	1-2	N/U			
NM109	Other Payer Primary Identifier		AN	2-80	N/U			
NM110	Entity Relationship Code		ID	2-2	N/U			
NM111	Entity Identifier Code		ID	2-3	N/U			
REF	Other Payer Attending Provider Identification	426		3	R	2330D		
REF01	Reference Identification Qualifier		ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5
REF02	Other Payer Attending Provider Identification		AN	1-30	R			
REF03	Description		AN	1-80	N/U			
REF04	Reference Identification				N/U			
NM1	Other Payer Operating Provider	428		1	S	2330E	1	
NM101	Entity Identifier Code		ID	2-3	R			72

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NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Other Payer Primary Identifier		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Operating Provider Identification	430		3	R	2330E			
REF01	Reference Identification Qualifier		ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5	
REF02	Other Payer Operating Provider Identifier		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Other Provider	432		1	S	2330F	1		
NM101	Entity Identifier Code		ID	2-3	R			73	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				

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NM109	Other Payer Primary Identifier		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Other Provider Identification	434		3	R	2330F			
REF01	Reference Identification Qualifier		ID	2-3	R			1A, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY	
REF02	Other Payer Other Provider Identification		AN	1-30	R				
REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
NM1	Other Payer Service Facility Provider	440		1	S	2330H	1		
NM101	Entity Identifier Code		ID	2-3	R			FA	
NM102	Entity Type Qualifier		ID	1-1	R			2	
NM103	Name Last or Organization Name		AN	1-35	N/U				
NM104	Name First		AN	1-25	N/U				
NM105	Name Middle		AN	1-25	N/U				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Name Suffix		AN	1-10	N/U				
NM108	Identification Code Qualifier		ID	1-2	N/U				
NM109	Identification Code		AN	2-80	N/U				
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
REF	Other Payer Service Facility Provider Identification	442		3	R	2330H			
REF01	Reference Identification Qualifier		ID	2-3	R			1B, 1C, 1D, EI, G2, LU, N5	
REF02	Other Payer Service Facility Identification		AN	1-30	R				

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REF03	Description		AN	1-80	N/U				
REF04	Reference Identification				N/U				
LX	Service Line Number	444		1	R	2400	999		PHP allows 99 detail lines including the totaling revenue code.
LX01	Line Counter		N0	1-6	R				
SV2	Institutional Service	445		1	R	2400			
SV201	Service Line Revenue Code		AN	1-48	R				
SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				S				
SV202-1	Product or Service ID Qualifier		ID	2-2	R			HC, IV, N1, N2, N3, N4, ZZ	PHP prefers qualifier HC.
SV202-2	Procedure Code		AN	1-48	S				Refer to contract rules per Provider when sto submit a procedure code behind the revenue code
SV202-3	Procedure Modifier 1		AN	2-2	S				
SV202-4	Procedure Modifier 2		AN	2-2	S				
SV202-5	Procedure Modifier 3		AN	2-2	S				Not used by PHP at this time.
SV202-6	Procedure Modifier 4		AN	2-2	S				Not used by PHP at this time.
SV202-7	Description		AN	1-80	N/U				
SV203	Line Item Charge Amount		R	1-18	R				Cannot be negative
SV204	Unit or Basis for Measurement Code		ID	2-2	R			DA, F2, UN	
SV205	Service Line Units		R	1-15	R				
SV206	Service Line Rate Amount		R	1-10	S				Cannot be negative
SV207	Service Line Non-Covered Charge Amount		R	1-18	S				Cannot be negative
SV208	Yes/No Condition or Response Code		ID	1-1	N/U				
SV209	Nursing Home Residential Status Code		ID	1-1	N/U				
SV210	Level of Care Code		ID	1-1	N/U				
PWK	Line Supplemental Information	452		1	S	2400			

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PWK01	Attachment Report Type Code		ID	2-2	R			DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ,	
PWK02	Attachment Transmission Code		ID	1-2	R			AA, AB, AD, AF, AG, BM, EL, EM, FX	
PWK03	Report Copies Needed		N0	1-2	N/U				
PWK04	Entity Identifier Code		ID	2-3	N/U				
PWK05	Identification Code Qualifier		ID	1-2	S			AC	
PWK06	Attachment Control Number		AN	2-80	S				
PWK07	Description		AN	1-80	N/U				
PWK08	Actions Indicated				N/U				
PWK09	Request Category Code		ID	1-2	N/U				
DTP	Service Line Date	456		1	S	2400			
DTP01	Date Time Qualifier		ID	3-3	R			472	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8, RD8	
DTP03	Service Date		AN	1-35	R			CCYYMMDD (D8) or CCYYMMDD- CCYYMMDD (RD8)	Required for outpatient laboratory, radiology and therapy services.
DTP	Assessment Date	458		1	S	2400			
DTP01	Date Time Qualifier		ID	3-3	R			866	
DTP02	Date Time Period Format Qualifier		ID	2-3	R			D8	
DTP03	Revision Date		AN	1-35	R			CCYYMMDD	Required for Medicare when revenue code 0022 is submitted.
AMT	Service Tax Amount	460		1	S	2400			
AMT01	Amount Qualifier Code		ID	1-3	R			GT	
AMT02	Service Tax Amount		R	1-18	R				
AMT03	Credit/Debit Flag Code		ID	1-1	N/U				
AMT	Facility Tax Amount	461		1	S	2400			

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NM1	Attending Physician Name	462		1	S	2420A	1		When given, this will over write the provider information given in loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			71	
NM102	Entity Type Qualifier		ID	1-1	R			1,2	
NM103	Attending Provider Last or Organization Name		AN	1-35	R				
NM104	Attending Provider First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Attending Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Attending Provider Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	R			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Attending Provider Identifier		AN	2-80	R				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Attending Provider Specialty Information	465		1	R	2420A			
PRV01	Provider Code		ID	1-3	R			AT	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Attending Provider Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	Attending Physician Secondary Identification	467		5	S	2420A			
REF01	Reference Identification Qualifier		ID	2-3	R			1H, EI, G2, LU, N5, SY, X5	Enter the attending provider number as required by the payer.
REF02	Rendering Provider Secondary Identifier		AN	1-30	R				G2 for Legacy ID
REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				

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NM1	Operating Physician Name	469		1	S	2420B	1		When given, this will over write the provider information given in loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			72	
NM102	Entity Type Qualifier		ID	1-1	R			1	
NM103	Operating Physician Last Name		AN	1-35	R				
NM104	Operating Physician First Name		AN	1-25	R				
NM105	Operating Physician Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Operating Physician Name Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Operating Physician Primary Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Operating Physician Specialty Information	472		1	S	2420B			
PRV01	Provider Code		ID	1-3	R			OP	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Operating Physician Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	Operating Physician Secondary Identification	474		1	S	2420B			
REF01	Reference Identification Qualifier		ID	2-3	R			1H, EI, G2, LU, N5, SY, X5	Enter the attending provider number as required by the payer.
REF02	Operating Physician Secondary Identifier		AN	1-30	R				G2 for Legacy ID
REF03	Description		AN	1-80	N/U				

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REF04	Reference Identifier				N/U				
NM1	Other Provider Name	476		1	S	2420C	1		When given, this will over write the provider information given in loop 2310A.
NM101	Entity Identifier Code		ID	2-3	R			73	
NM102	Entity Type Qualifier		ID	1-1	R			1, 2	
NM103	Other Provider Last or Organization Name		AN	1-35	R				
NM104	Other Provider First Name		AN	1-25	S				Required when NM102 = 1.
NM105	Other Provider Middle Name		AN	1-25	S				
NM106	Name Prefix		AN	1-10	N/U				
NM107	Other Provider Suffix		AN	1-10	S				
NM108	Identification Code Qualifier		ID	1-2	S			XX	XX is not valid at this time. Effective 5/23/2007 - XX for NPI
NM109	Other Provider Primary Identifier		AN	2-80	S				Effective 5/23/2007 - NPI
NM110	Entity Relationship Code		ID	2-2	N/U				
NM111	Entity Identifier Code		ID	2-3	N/U				
PRV	Other Provider Specialty Information	479		1	S	2420C			
PRV01	Provider Code		ID	1-3	R			OT, PE	
PRV02	Reference Identification Qualifier		ID	2-3	R			ZZ	
PRV03	Other Provider Taxonomy Code		AN	1-30	R				
PRV04	State or Province Code		ID	2-2	N/U				
PRV05	Provider Specialty Information				N/U				
PRV06	Provider Organization Code		ID	3-3	N/U				
REF	Other Provider Secondary Identification	481		5	s	2420C			
REF01	Reference Identification Qualifier		ID	2-3	R			1H, EI, G2, LU, N5, SY, X5	Enter the attending provider number as required by the payer.
REF02	Other Provider Secondary Identification		AN	1-30	R				G2 for legacy ID

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REF03	Description		AN	1-80	N/U				
REF04	Reference Identifier				N/U				
SVD	Service Line Adjudication Information	490		1	S	2430	25		Not used by PHP
SVD01	Other Payer Primary Identifier		AN	2-80	R				
SVD02	Service Line Paid Amount		R	1-18	R				
SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER				R				
SVD03-1	Product or Service ID Qualifier		ID	2-2	R			HC, IV,N1, N2, N3, N4, ZZ	
SVD03-2	Procedure Code		AN	1-48	R				
SVD03-3	Procedure Modifier 1		AN	2-2	S				
SVD03-4	Procedure Modifier 2		AN	2-2	S				
SVD03-5	Procedure Modifier 3		AN	2-2	S				
SVD03-6	Procedure Modifier 4		AN	2-2	S				
SVD03-7	Procedure Code Description		AN	1-80	S				
SVD04	Service Line Revenue Code		AN	1-48	R				
SVD05	Paid Service Unit Count		R	1-15	R				
SVD06	Bundled or Unbundled Line Number		N0	1-6	S				
CAS	Service Line Adjustment	494		99	S	2430			Use needs coordination with PHP
CAS01	Adjustment Group Code		ID	1-2	R			CO, CR, OA, PI, PR	
CAS02	Adjustment Reason Code		ID	1-5	R				
CAS03	Adjustment Amount		R	1-18	R				
CAS04	Adjusted Units Claim Level		R	1-15	S				
CAS05	Adjustment Reason Code		ID	1-5	S				
CAS06	Adjustment Amount		R	1-18	S				
CAS07	Adjusted Units Claim Level		R	1-15	S				

