

DECISION SUPPORT 2000+

**FINANCIAL CORE DATA
STANDARDS**

**A Collaborative Activity of the Mental Health Statistics
Improvement Program (MHSIP) and the Decision Support
2000+ (DS2000+) Team**

June 2006

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DS2000+
Financial Core Data Standards
June 2006

Introduction

The DS2000+ Financial Core Data Standards are designed to gather descriptive information about financial information related to mental health services provided to a consumer and/or family member(s). It allows consumers, family members, sponsors, payers, providers, and other stakeholders to access a wealth of information related to the cost of services in the mental health care system and to monitor changes over time in overall and item-specific costs of care. With these standards, users can capture uniform information on a single consumer, provider, program or agency and aggregate the data in various ways including by type of service, type of agency, consumer demographics or diagnosis.

The DS2000+ Financial Core Data Standards are derived from three HIPAA transaction set implementation guides (IG): the Health Care Claim: Professional (837, ASC X12N 837 [004010X098]), Health Care Claim: Institutional (837, ASC X12N 837 [004010X096]), Health Care Claim Payment/Advice (835, ASC X12N 835 [004010X091]).

The data elements in the HIPAA transactions sets are grouped, first, into data segments and then into loops of semantically related segments. Each data segment has a name (e.g., submitter name) and a unique segment identifier (e.g., NM1). Data elements also have names (e.g., name, first), reference designators that show the segment and the position of the data element in it (e.g., NM104 designates the fourth data element in the NM1 segment), and numbers (e.g., 1036). Finally, each loop has a name that describes its general focus (e.g., submitter name) and a number (e.g., 1000A) that shows the position of the loop in the overall transaction. (Many loops have subloops, indicated by letters following the numeric portion of the loop number.)

Below, in separate tables, we list the data elements that comprise each transaction set, presented in the same order as in the implementation guides. Because loop names are intended to describe the general focus of the segments and data elements within them, we use them for the domain names. We also provide segment and data element names, segment identifiers, reference designators, data element numbers, and page numbers in the implementation guides.

We list all loops and data segments, but provide the data elements associated with each segment *only* with the first mention of the relevant segment. For example, data segment NM1 has 7 data elements, NM101 through NM109, and these are presented in detail with the first occurrence of NM1 in loop 1000A. When data segment NM1 occurs again in loop 1000B, we do not repeat the 7 data elements; readers should refer to the first occurrence of the data segment for a complete list and description of its data elements. Further, when a data element appears several times, we indicate the number of repeats



after its first appearance (e.g., x3). Readers should refer to the relevant HIPAA Implementation Guide for details on all data elements.

Exhibit 1 is a crosswalk among the three HIPAA data sets. For each domain and for each HIPAA data set it shows the loop in which the data elements can be found.

The financial characteristics of organizations involved in the delivery, ownership, and financing of the mental health system are described in the DS2000+ Organizational Data Standards. Because the structure, uses, and primary users of the DS2000+ Financial and Organizational Data Standards are different, we have produced two separate sets of standards; however, linkage between them is crucial. Similarly, information on providers can be obtained through linkage with the DS2000+ Human Resources Data Standards and information on consumers can be obtained through the DS2000+ Person and Encounter Data Standards.



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
SUBMITTER NAME		1000A				
	Submitter Name		NM1		-	-
	Entity Identifier Code			NM101	98	62
	Entity Type Qualifier			NM102	1065	62
	Name Last or Organization Name			NM103	1035	62
	Name First			NM104	1036	62
	Name Middle			NM105	1037	62
	Identification Code Qualifier			NM108	66	62
	Identification Code			NM109	67	63
	Submitter EDI Contact Information		PER		-	-
	Contact Function Code			PER01	366	65
	Name			PER02	93	65
	Communication Number Qualifier (x3)			PER03	365	65-66
	Communication Number (x3)			PER04	364	65-66
RECEIVER NAME		1000B				
	Receiver Name		NM1		-	-
BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		2000A				
	Billing/Pay-to Provider Hierarchical Level		HL			
	Hierarchical ID Number			HL01	628	70



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Hierarchical Level Code			HL03	735	70
	Hierarchical Child Code			HL04	736	70
	Billing/Pay-to Provider Specialty Information		PRV		-	-
	Provider Code			PRV01	1221	71
	Reference Identification Qualifier			PRV02	128	72
	Reference Identification			PRV03	127	72
	Foreign Currency Information		CUR		-	-
	Entity Identifier Code			CUR01	98	74
	Currency Code			CUR02	100	74
BILLING PROVIDER NAME		2010AA				
	Billing Provider Name	NM1			-	-
	Billing Provider Address	N3			-	-
	Address Information (X2)		N301		166	79
	Billing Provider City/State/ZIP Code	N4			-	-
	City Name		N401		19	80
	State or Province Code		N402		156	81
	Postal Code		N403		116	81
	Country Code		N404		26	81
	Billing Provider Secondary Identification	REF			-	-
	Credit/Debit Card Billing Information	REF			-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Billing Provider Contact Information	PER			-	-
PAY-TO PROVIDER NAME		2010AB				
	Pay-to Provider Name	NM1			-	-
	Pay-to Provider Address	N3			-	-
	Pay-to Provider City/State/ZIP Code	N4			-	-
	Pay-to-Provider Secondary Information	REF			-	-
SUBSCRIBER HIERARCHICAL LEVEL		2000B				
	Subscriber Hierarchical Level	HL			-	-
	Hierarchical ID Number		HL01		628	91
	Hierarchical Parent ID Number		HL02		734	91
	Hierarchical Level Code		HL03		735	91
	Hierarchical Child Code		HL04		736	91
	Subscriber Information	SBR			-	-
	Payer Responsibility Sequence Number Code		SBR01		1138	102
	Individual Relationship Code		SBR02		1069	103
	Reference Identification		SBR03		127	103
	Name		SBR04		93	103
	Claim Filing Indicator Code		SBR09		1032	104
	Patient Information	PAT			-	-
	Unit or Basis for Measurement Code		PAT07		355	107



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Weight		PAT08		81	107
	Yes/No Condition or Response Code		PAT09		1073	107
SUBSCRIBER NAME		2010BA				
	Subscriber Name		NM1		-	-
	Subscriber Address		N3		-	-
	Subscriber City/State/ZIP Code		N4		-	-
	Subscriber Demographic Information		DMG		-	-
	Date Time Period Format Qualifier			DMG01	1250	115
	Date Time Period			DMG02	1251	116
	Gender Code			DMG03	1068	116
	Subscriber Secondary Identification		REF		-	-
	Property and Casualty Claim Number		REF		-	-
CREDIT/DEBIT CARD HOLDER NAME		2010BB				
	Credit/Debit Card Holder Name		NM1		-	-
	Credit/Debit Card Information		REF		-	-
PAYOR NAME		2010BC				
	Responsible Payer Name		NM1		-	-
	Payer Address		N3		-	-
	Payer City/State /ZIP Code		N4		-	-
	Payer Secondary Information		REF		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
RESPONSIBLE PARTY NAME		2010BD				
	Responsible Party Name		NM1		-	-
	Responsible Party Address		N3		-	-
	Responsible Party City/State /ZIP Code		N4		-	-
PATIENT HIERARCHICAL LEVEL		2000C				
	Patient Hierarchical Level		HL		-	-
	Patient Information		PAT		-	-
PATIENT NAME		2010CA				
	Patient Name		NM1		-	-
	Patient Address		N3		-	-
	Patient City/State/ZIP Code		N4		-	-
	Patient Demographic Information		DMG		-	-
	Patient Secondary Identification Number		REF		-	-
	Property and Casualty Claim Number		REF		-	-
CLAIM INFORMATION		2300				
	Claim Information		CLM		-	-
	Claim Submitter's Identifier			CLM01	1028	158
	Monetary Amount			CLM02	782	159
	Health Care Service Location Information			CLM05	C023	159
	Facility Code Value			CLM05-1	1331	159



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Facility Code Qualifier			CLM05-2	1332	159
	Claim Frequency Type Code			CLM05-3	1325	159
	Yes/No Condition or Response Code			CLM06	1073	160
	Provider Accept Assignment Code			CLM07	1359	160
	Yes/No Condition or Response Code			CLM08	1073	160
	Release of Information Code			CLM09	1363	161
	Related Causes Information			CLM11	C024	161
	Related-Causes Code (X3)			CLM11-1	1362	161
	State or Province Code			CLM11-4	156	162
	Country Code			CLM11-5	26	163
	Special Program Code			CLM12	1366	163
	Yes/No Condition or Response Code			CLM13	1073	163
	Delay Reason Code			CLM20	1514	165
	Discharge Hour		DTP		-	-
	Date/Time Qualifier			DTP01	374	165
	Date Time Period Format Qualifier			DTP02	1250	165
	Date Time Period			DTP03	1251	165
	Statement Dates		DTP		-	-
	Admission Date/Hour		DTP		-	-
	Institutional Claim Code		CL1		-	-
	Admission Type Code			CL101	1315	171
	Admission Source Code			CL102	1314	172
	Patient Status Code			CL103	1352	172



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Claim Supplemental Information		PWK		-	-
	Report Type Code			PWK01	755	174
	Report Transmission Code			PWK02	756	174
	Identification Code Qualifier			PWK05	66	175
	Identification Code			PWK06	67	175
	Description			PWK07	352	175
	Contract Information		CN1		-	-
	Contract Type Code			CN101	1166	176
	Monetary Amount			CN102	782	177
	Percent			CN103	332	177
	Reference Identification			CN104	127	177
	Terms Discount Percent			CN105	338	177
	Version Identifier			CN106	799	177
	Payer Estimated Amount Due (X3)		AMT		-	-
	Amount Qualifier Code			AMT01	522	178
	Monetary Amount			AMT02	782	179
	Adjusted Repriced Claim Number		REF		-	-
	Repriced Claim Number		REF		-	-
	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries		REF		-	-
	Document Identification Code		REF		-	-
	Original Reference Number		REF		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Investigational Device Exemption Number		REF		-	-
	Service Authorization Exemption Code		REF		-	-
	Peer Review Organization (PRO) Approval Number		REF		-	-
	Prior Authorization or Referral Number		REF		-	-
	Medical Record Number		REF		-	-
	Demonstration Project Identifier		REF		-	-
	File Information		K3		-	-
	Fixed Format Information			K301	449	204
	Claim Note		NTE		-	-
	Note Reference Code			NTE01	363	206
	Description			NTE02	352	207
	Billing Note		NTE		-	-
	Home Health Care Information		CR6		-	-
	Prognosis Code			CR601	923	211
	Date			CR602	373	211
	Date Time Period Format Qualifier			CR603	1250	211
	Date Time Period			CR604	1251	212
	Date			CR605	373	212
	Yes/No Condition or Response Code (X2)			CR606	1073	212-213
	Certification Type Code			CR608	1322	213
	Date			CR609	373	213



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DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Product/Service ID Qualifier			CR610	235	214
	Medical Code Value			CR611	1137	214
	Date (X3)			CR612	373	214-215
	Date Time Period Format Qualifier			CR615	1250	215
	Date Time Period			CR616	1251	215
	Patient Location Code			CR617	1384	216
	Date (X4)			CR618	373	216-217
	Home Health Functional Limitations		CRC		-	-
	Code Category			CRC01	1136	218
	Yes/No Condition or Response Code			CRC02	1073	219
	Condition Indicator (X5)			CRC03	1321	219-220
	Home Health Activities Permitted		CRC		-	-
	Code Category			CRC01	1136	221
	Yes/No Condition or Response Code			CRC02	1073	222
	Condition Indicator (X5)			CRC03	1321	222-223
	Home Health Mental Status		CRC		-	-
	Code Category			CRC01	1136	224
	Yes/No Condition or Response Code			CRC02	1073	225
	Condition Indicator (X5)			CRC03	1321	225-226
	Principal , Admitting, E-Code And Patient Reason for Visit Diagnosis Information		HI		-	-
	Health Care Code Information (X3)			HI01	C022	227
	Code List Qualifier Code (X3)			HI01-1	1270	228



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DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Industry Code (X3)			HI01-2	1271	228
	Diagnostic Related Group (DRG) Information		HI		-	-
	Other Diagnosis Information		HI		-	-
	Health Care Code Information (X12)			HI01	C022	232
	Code List Qualifier Code (X12)			HI01-1	1270	232
	Industry Code (X12)			HI01-2	1271	233
	Principal Procedure Information (x12)		HI		-	-
	Health Care Code Information			HI01	C022	242
	Code List Qualifier Code			HI01-1	1270	242
	Industry Code			HI01-2	1271	243
	Date Time Period Format Qualifier			HI01-3	1250	243
	Date Time Period			HI01-4	1251	243
	Other Procedure Information (X12)		HI		-	-
	Occurrence Span Information (X12)		HI		-	-
	Occurrence Information (X12)		HI		-	-
	Value Information (X12)		HI		-	-
	Condition Information (X12)		HI		-	-
	Treatment Code Information (X12)		HI		-	-
	Claim Quantity		QTY		-	-
	Quantity Qualifier			QTY01	673	306
	Quantity			QTY02	380	307
	Composite Unit of Measure			QTY03	C001	307



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Unit or Basis for Measurement Code			QTY03-1	355	307
	Claim Pricing/Repricing Information		HCP		-	-
	Pricing Methodology			HCP01	1473	309
	Monetary Amount (X2)			HCP02	782	309-310
	Reference Identification			HCP04	127	310
	Rate			HCP05	118	310
	Reference Identification			HCP06	127	310
	Monetary Amount			HCP07	782	310
	Product/Service			HCP08	234	311
	Product/Service ID Qualifier			HCP09	235	311
	Product/Service			HCP10	234	311
	Unit or Basis for Measurement Code			HCP11	355	311
	Quantity			HCP12	380	312
	Reject Reason Code			HCP13	401	312
	Policy Compliance Code			HCP14	1526	312
	Exception Code			HCP15	1527	313
HOME HEALTH CARE PLAN INFORMATION		2305				
	Home Health Care Plan Information		CR7		-	-
	Discipline Type Code			CR701	921	314
	Number (X2)			CR702	1470	315
	Health Care Services Delivery		HSD		-	-
	Quantity Qualifier			HSD01	673	317



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Quantity			HSD02	380	317
	Unit or Basis for Measurement Code			HSD03	355	317
	Sample Selection Module			HSD04	1167	318
	Time Period Qualifier			HSD05	615	318
	Number of Periods			HSD06	616	318
	Ship/Delivery or Calendar Pattern Code			HSD07	678	318
	Ship/Delivery Pattern Time Code			HSD08	679	320
ATTENDING PHYSICIAN NAME		2310A				
	Attending Physician Name		NM1		-	-
	Attending Physician Specialty Information		PRV		-	-
	Attending Provider Secondary Identification		REF		-	-
OPERATING PHYSICIAN NAME		2310B				
	Operating Physician Name		NM1		-	-
	Operating Physician Specialty Information		PRV		-	-
	Operating Physician Secondary Identification		REF		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
OTHER PROVIDER NAME		2310C				
	Other Provider Name		NM1		-	-
	Other Provider Specialty Information		PRV		-	-
	Other Provider Secondary Identification		REF		-	-
REFERRING PROVIDER NAME		2310D				
	Referring Provider Name		NM1		-	-
	Referring Provider Specialty Information		PRV		-	-
	Referring Secondary Identification		REF		-	-
SERVICE FACILITY NAME		2310E				
	Service Facility Name		NM1		-	-
	Service Facility Specialty Information		PRV		-	-
	Service Facility Address		N3		-	-
	Service Facility City/State/ZIP Code		N4		-	-
	Service Facility Secondary Identification		REF		-	-
OTHER SUBSCRIBER INFORMATION		2320				
	Other Subscriber Information		SBR		-	-
	Claim Level Adjustments		CAS		-	-
	Claim Adjustment Group Code			CAS01	1033	367
	Claim Adjustment Reason Code (X6)			CAS02	1034	367-370



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Monetary Amount (X6)			CAS03	782	367-370
	Quantity (X6)			CAS04	380	367-370
	Payer Prior Payment		AMT		-	-
	Coordination of Benefits (COB) Total Allowed Amount		AMT		-	-
	Coordination of Benefits (COB) Total Submitted Charges		AMT		-	-
	Diagnostic Related Group (DRG) Outlier Amount		AMT		-	-
	Coordination of Benefits (COB) Total Medicare Paid Amount		AMT		-	-
	Medicare Paid Amount – 100%		AMT		-	-
	Medicare Paid Amount – 80%		AMT		-	-
	Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount		AMT		-	-
	Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount		AMT		-	-
	Coordination of Benefits (COB) Total Non-Covered Amount		AMT		-	-
	Coordination of Benefits (COB) Total Denied Amount		AMT		-	-
	Other Subscriber Demographic Information		DMG		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Other Insurance Coverage Information		OI		-	-
	Yes/No Condition or Response Code			OI03	1073	390
	Release of Information Code			OI06	1363	391
	Medicare Inpatient Adjudication Information		MIA		-	-
	Quantity (X3)			MIA01	380	391
	Monetary Amount			MIA04	782	391
	Reference Identification			MIA05	127	393
	Monetary Amount (X9)			MIA06	782	391-395
	Quantity			MIA15	380	395
	Monetary Amount (X4)			MIA16	782	395
	Reference Identification (X4)			MIA20	127	396
	Monetary Amount			MIA24	782	96
	Medicare Outpatient Adjudication Information		MOA		-	-
	Percent			MOA01	954	397
	Monetary Amount			MOA02	982	398
	Reference Identification (X5)			MOA03	127	398-399
	Monetary Amount (X2)			MOA08	782	399
OTHER SUBSCRIBER NAME		2330A				
	Other Subscriber Name		NM1		-	-
	Other Subscriber Address		N3		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Other Subscriber City/State/ZIP Code		N4		-	-
	Other Subscriber Secondary Information		REF		-	-
OTHER PAYER NAME		2330B				
	Other Payer Name		NM1		-	-
	Other Payer Address		N3		-	-
	Other Payer City/State/ZIP Code		N4		-	-
	Claim Adjustment Date		DTP		-	-
	Other Payer Secondary Identification & Reference No.		REF		-	-
	Other Payer Prior Authorization or Referral Number		REF		-	-
OTHER PAYER PATIENT INFORMATION		2330C				
	Other Payer Patient Information		NM1		-	-
	Other Payer Patient Identification		REF		-	-
	Other Payer Attending Provider		NM1		-	-
OTHER PAYER ATTENDING PROVIDER INFORMATION		2330D				
	Other Payer Attending Provider Identification		REF		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
OTHER PAYER OPERATING PROVIDER		2330E				
	Other Payer Operating Provider		NM1		-	-
	Other Payer Operating Provider Identification		REF		-	-
OTHER PAYER OTHER PROVIDER		2330F				
	Other Payer Other Provider		NM1		-	-
	Other Payer Other Provider Identification		REF		-	-
OTHER PAYER REFERRING PROVIDER		2330G				
	Other Payer Referring Provider		NM1		-	-
	Other Payer Referring Provider Identification		REF		-	-
OTHER PAYER SERVICE FACILITY PROVIDER		2330H				
	Other Payer Service Facility Provider		NM1		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Other Payer Service Facility Provider Identification		REF		-	-
SERVICE LINE		2400				
	Service Line Number		LX		-	-
	Assigned Number			LX01	554	444
	Institutional Service Line		SV2		-	-
	Product/Service			SV201	234	446
	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			SV202	C003	446
	Product/Service ID Qualifier			SV202-1	235	446
	Product/Service			SV202-2	234	447
	Procedure Modifier (X4)			SV202-3	1339	47-448
	Monetary Amount			SV203	782	448
	Unit or Basis for Measurement Code			SV204	355	448
	Quantity			SV205	388	449
	Unit Rate			SV206	1371	449
	Monetary Amount			SV207	782	449
	Prescription Number		SV4		-	-
	Reference Identification			SV401	127	451
	Line Supplemental Information		PWK		-	-
	Report Type Code			PWK01	755	453
	Report Transmission Code			PWK02	756	454
	Identification Code Qualifier			PWK05	66	454



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Identification Code			PWK06	67	454
	Date – Service Line		DTP		-	-
	Date – Assessment		DTP		-	-
	Service Tax Amount		AMT		-	-
	Facility Tax Amount		AMT		-	-
ATTENDING PHYSICIAN NAME		2420A				
	Attending Physician Name		NM1		-	-
	Attending Physician Specialty Information		PRV		-	-
	Additional Physician Secondary Identification		REF		-	-
OPERATING PHYSICIAN NAME		2420B				
	Operating Physician Name		NM1		-	-
	Operating Physician Specialty Information		PRV		-	-
	Operating Physician Secondary Identification		REF		-	-
OTHER PROVIDER NAME		2420C				
	Other Provider Name		NM1		-	-
	Other Provider Specialty Information		PRV		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Other Provider Secondary Identification		REF		-	-
REFERRING PROVIDER NAME		2420D				
	Referring Provider Name		NM1		-	-
	Referring Provider Specialty Information		PRV		-	-
	Referring Provider Secondary Identification		REF		-	-
REFERRING PROVIDER NAME		2420F				
	Referring Provider Name		NM1		-	-
	Referring Provider Specialty Information		PRV		-	-
	Additional Referring Provider Name Information		N2		-	-
	Referring Provider Secondary Identification		REF		-	-
SERVICE LINE ADJUDICATION INFORMATION		2430				
	Service Line Adjudication Information		SVD		-	-
	Identification Code			SVD01	67	491
	Monetary Amount			SVD02	782	491
	Composite Medical Procedure Identifier			SVD03	C003	491
	Product/Service ID Qualifier			SVD03-1	235	491



DS2000+ Financial Core Data Standards derived from Health Care Claim: Institutional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Product/Service ID			SVD03-2	234	492
	Procedure Modifier (X4)			SVD03-3	1339	492
	Description			SVD03-7	352	492
	Product/Service ID			SVD04	234	492
	Quantity			SVD05	380	493
	Assigned Number			SVD06	554	493
	Service Line Adjustment		C AS		-	-
	Claim Adjustment Group Code			CAS01	1033	495
	Claim Adjustment Reason Code (X6)			CAS02	1034	495-500
	Monetary Amount (X6)			CAS03	782	495-501
	Quantity (X6)			CAS04	380	495-501
	Service Adjudication Date		DTP		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
SUBMITTER NAME		1000A				
	Submitter Name		NM1			
	Entity Identifier Code			NM101	98	68
	Entity Type Qualifier			NM102	1065	68
	Name Last or Organization Name			NM103	1035	68
	Name First			NM104	1036	68
	Name Middle			NM105	1037	68
	Identification Code Qualifier			NM108	66	68
	Identification Code			NM109	67	69
	Additional Submitter Name Information		N2			
	Name			N201	93	70
	Submitter EDI Contact Information		PER			
	Contact Function Code			PER01	366	72
	Name			PER02	93	72
	Communication Number Qualifier (x3)			PER03	365	72
	Communication Number (x3)			PER04	364	72
RECEIVER NAME		1000B				
	Receiver Name		NM1			
	Receiver Additional Name Information		N2			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL		2000A				
	Billing/Pay-to Provider Hierarchical Level		HL			
	Hierarchical ID Number			HL01	628	78
	Hierarchical Level Code			HL03	735	78
	Hierarchical Child Code			HL04	736	78
	Billing/Pay-to Provider Specialty Information		PRV			
	Provider Code			PRV01	1221	79
	Reference Identification Qualifier			PRV02	128	80
	Reference Identification			PRV03	127	80
	Foreign Currency Information		CUR			
	Entity Identifier Code			CUR01	98	82
	Currency Code			CUR02	100	82
BILLING PROVIDER NAME		2010AA				
	Billing Provider Name		NM1			
	Additional Billing Provider Name Information		N2			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Billing Provider Address		N3			
	Address Information (X2)			N301	166	88
	Billing Provider City/State/ZIP Code		N4			
	City Name			N401	19	89
	State or Province Code			N402	156	90
	Postal Code			N403	116	90
	Country Code			N404	26	90
	Billing Provider Secondary Identification		REF			
	Credit/Debit Card Billing Information		REF			
	Billing Provider Contact Information		PER			
PAY-TO PROVIDER NAME		2010AB				
	Pay-to Provider Name		NM1			
	Additional Pay-to Provider Name Information		N2			
	Pay-to Provider Address		N3			
	Pay-to Provider City/State/ZIP Code		N4			
	Pay-to-Provider Secondary Information		REF			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
SUBSCRIBER HIERARCHICAL LEVEL		2000B				
	Subscriber Hierarchical Level		HL			
	Hierarchical Parent ID Number			HL02	734	109
	Subscriber Information		SBR			
	Payer Responsibility Sequence Number Code			SBR01	1138	110
	Individual Relationship Code			SBR02	1069	111
	Reference Identification			SBR03	127	111
	Name			SBR04	93	111
	Insurance Type Code			SBR05	1336	111
	Claim Filing Indicator Code			SBR09	1032	112
	Patient Information		PAT			
	Date Time Period Format Qualifier			PAT05	1250	115
	Date Time Period			PAT06	1251	115
	Unit or Basis for Measurement Code			PAT07	355	115
	Weight			PAT08	81	115
	Yes/No Condition or Response Code			PAT09	1073	116
SUBSCRIBER NAME		2010BA				
	Subscriber Name		NM1			
	Additional Subscriber Name Information		N2			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Subscriber Address		N3			
	Subscriber City/State/ZIP Code		N4			
	Subscriber Demographic Information		DMG			
	Date Time Period Format Qualifier			DMG01	1250	124
	Date Time Period			DMG02	1251	125
	Gender Code			DMG03	1068	125
	Subscriber Secondary Information		REF			
	Property and Casualty Claim Number		REF			
PAYER NAME		2010BB				
	Payer Name		NM1			
	Additional Payer Name Information		N2			
	Payer Address		N3			
	Payer City/State/ZIP Code		N4			
	Payer Secondary Information		REF			
RESPONSIBLE PARTY NAME		2010BC				
	Responsible Party Name		NM1			
	Additional Responsible Party Name Information		N2			
CREDIT/DEBIT CARD HOLDER NAME		2010BD				
	Credit/Debit Card Holder Name		NM1			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Additional Credit/Debit Card Holder Name Information		N2			
	Credit/Debit Card Information		REF			
PATIENT HIERARCHICAL LEVEL		2000C				
	Patient Hierarchical Level		HL			
	Patient Information		PAT			
PATIENT NAME		2010CA				
	Patient Name		NM1			
	Additional Patient Name Information		N2			
	Patient Address		N3			
	Patient City/State/ZIP Code		N4			
	Patient Demographic Information		DMG			
	Patient Secondary Information		REF			
	Property and Casualty Claim Number		REF			
CLAIM INFORMATION		2300				
	Claim Information		CLM			
	Claim Submitter's Identifier			CLM01	1028	171
	Monetary Amount			CLM02	782	172
	Health Care Service Location Information			CLM05	C023	172



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Facility Code Value			CLM05-1	1331	173
	Claim Frequency Type Code			CLM05-3	1325	173
	Yes/No Condition or Response Code			CLM06	1073	174
	Provider Accept Assignment Code			CLM07	1359	174
	Yes/No Condition or Response Code			CLM08	1073	175
	Release of Information Code			CLM09	1363	175
	Patient Signature Source Code			CLM10	1351	176
	RELATED CAUSES INFORMATION			CLM11	C024	176
	Related-Causes Code (X3)			CLM11-1	1362	176-177
	State or Province Code			CLM11-4	156	177
	Country Code			CLM11-5	26	178
	Special Program Code			CLM12	1366	178
	Provider Agreement Code			CLM16	1360	178
	Delay Reason Code			CLM20	1514	179
	Date – Order Date		DTP			
	Date/Time Qualifier			DTP01	374	180
	Date Time Period Format Qualifier			DTP02	1250	180
	Date Time Period			DTP03	1251	181
	Date – Initial Treatment		DTP			
	Date – Referral Date		DTP			
	Date – Date Last Seen		DTP			
	Date – Onset of Current Illness/Symptom		DTP			
	Date – Acute Manifestation		DTP			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Date – Similar Illness/Symptom Onset		DTP			
	Date – Accident		DTP			
	Date – Last Menstrual Period		DTP			
	Date – Last X-ray		DTP			
	Date – Estimated Date of Birth		DTP			
	Date – Hearing and Vision Prescription Date		DTP			
	Date – Disability Begin		DTP			
	Date – Disability End		DTP			
	Date – Last Worked		DTP			
	Date – Authorized Return to Work		DTP			
	Date – Admission		DTP			
	Date – Discharge		DTP			
	Date – Assumed and Relinquished Care Dates		DTP			
	Claim Supplemental Information		PWK			
	Report Type Code			PWK01	755	215
	Report Transmission Code			PWK02	756	216
	Identification Code Qualifier			PWK05	66	216
	Identification Code			PWK06	67	216
	Contract Information		CN1			
	Contract Type Code			CN101	1166	217
	Monetary Amount			CN102	782	218



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Percent			CN103	332	218
	Reference Identification			CN104	127	218
	Terms Discount Percent			CN105	338	218
	Version Identifier			CN106	799	218
	Credit/Debit Card Maximum Amount		AMT			
	Amount Qualifier Code			AMT01	522	219
	Monetary Amount			AMT02	782	219
	Patient Amount Paid		AMT			
	Total Purchased Service Amount		AMT			
	Service Authorization Exception Code		REF			
	Mandatory Medicare (Section 4081) Crossover Indicator		REF			
	Mammography Certification Number		REF			
	Prior Authorization or Referral Number		REF			
	Original Reference Number (ICN/DCN)		REF			
	Clinical Laboratory Improvement Amendment (CLIA) Number		REF			
	Repriced Claim Number		REF			
	Adjusted Repriced Claim Number		REF			
	Investigational Device Exemption Number		REF			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries		REF			
	Ambulatory Patient Group (APG)		REF			
	Medical Record Number		REF			
	Demonstration Project Identifier		REF			
	File Information		K3			
	Fixed Format Information			K301	449	245
	Claim Note		NTE			
	Note Reference Code			NTE01	363	247
	Description			NTE02	352	247
	Ambulance Transport Information		CR1			
	Unit or Basis for Measurement Code			CR101	355	249
	Weight			CR102	81	249
	Ambulance Transport Code			CR103	1316	249
	Ambulance Transport Reason Code			CR104	1317	249
	Unit or Basis for Measurement Code			CR105	355	250
	Quantity			CR106	380	250
	Description (X2)			CR109	352	250
	Spinal Manipulation Service Information		CR2			
	Count			CR201	609	252
	Quantity			CR202	380	252
	Subluxation Level Code (X2)			CR203	1367	252-254



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Unit or Basis for Measurement Code			CR205	355	254
	Quantity (X2)			CR206	380	255
	Nature of Condition Code			CR208	1342	255
	Yes/No Condition or Response Code			CR209	1073	255
	Description (X2)			CR210	352	256
	Yes/No Condition or Response Code			CR212	1073	256
	Ambulance Certification		CRC			
	Code Category			CRC01	1136	257
	Yes/No Condition or Response Code			CRC02	1073	258
	Condition Indicator (X5)			CRC03	1321	258-259
	Patient Condition Information: Vision		CRC			
	Homebound Indicator		CRC			
	Condition Indicator			CRC03	1321	264
	Health Care Diagnosis Code		HI			
	Health Care Code Information (X8)			H101	C022	265-270
	Code List Qualifier Code (X8)			H101-1	1270	266-270
	Industry Code (X8)			H101-2	1271	266-270
	Claim Pricing/Repricing Information		HCP			
	Pricing Methodology			HCP01	1473	272
	Monetary Amount (X2)			HCP02	782	272-273
	Reference Identification			HCP04	127	273
	Rate			HCP05	118	273
	Reference Identification			HCP06	127	273



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Monetary Amount			HCP07	782	273
	Reject Reason Code			HCP13	901	274
	Policy Compliance Code			HCP14	1526	274
	Exception Code			HCP15	1527	275
HOME HEALTH CARE PLAN INFORMATION		2305				
	Home Health Care Plan Information		CR7			
	Discipline Type Code			CR701	921	276
	Number (X2)			CR702	1470	277
	Health Care Services Delivery		HSD			
	Quantity Qualifier			HSD01	673	279
	Quantity			HSD02	380	279
	Unit or Basis for Measurement Code			HSD03	355	279
	Sample Selection Modulus			HSD04	1167	280
	Time Period Qualifier			HSD05	615	280
	Number of Periods			HSD06	616	280
	Ship/Delivery or Calendar Pattern Code			HSD07	678	280
	Ship/Delivery Pattern Time Code			HSD08	679	281
REFERRING PROVIDER NAME		2310A				
	Referring Provider Name		NM1			
	Referring Provider Specialty Information		PRV			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Additional Referring Provider Name Information		N2			
	Referring Provider Secondary Identification		REF			
RENDERING PROVIDER NAME		2310B				
	Rendering Provider Name		NM1			
	Rendering Provider Specialty Information		PRV			
	Additional Rendering Provider Name Information		N2			
	Rendering Provider Secondary Identification		REF			
PURCHASED SERVICE PROVIDER NAME		2310C				
	Purchased Service Provider Name		NM1			
	Purchased Service Provider Secondary Identification		REF			
	Service Facility Location		NM1			
SERVICE FACILITY LOCATION		2310D				
	Additional Service Facility Location		N2			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Name Information					
	Service Facility Location Address		N3			
	Service Facility Location City/State/ZIP		N4			
	Service Facility Location Secondary Identification		REF			
SUPERVISING PROVIDER NAME		2310E				
	Supervising Provider Name		NM1			
	Additional Supervising Provider Name Information		N2			
	Supervising Provider Secondary Identification		REF			
OTHER SUBSCRIBER INFORMATION		2320				
	Other Subscriber Information		SBR			
	Claim Level Adjustments		CAS			
	Claim Adjustment Group Code			CAS01	1033	326
	Claim Adjustment Reason Code (X6)			CAS02	1034	326-330
	Monetary Amount (X6)			CAS03	782	326-330
	Quantity (X6)			CAS04	380	326-331
	Coordination of Benefits (COB) Payer Paid Amount		AMT			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Coordination of Benefits (COB) Approved Amount		AMT			
	Coordination of Benefits (COB) Allowed Amount		AMT			
	Coordination of Benefits (COB) Patient Responsibility Amount		AMT			
	Coordination of Benefits (COB) Covered Amount		AMT			
	Coordination of Benefits (COB) Discount Amount		AMT			
	Coordination of Benefits (COB) Per Day Limit Amount		AMT			
	Coordination of Benefits (COB) Patient Paid Amount		AMT			
	Coordination of Benefits (COB) Tax Amount		AMT			
	Coordination of Benefits (COB) Total Claim Before Taxes Amount		AMT			
	Subscriber Demographic Information		DMG			
	Other Insurance Coverage Information		OI			
	Yes/No Condition or Response Code			OI03	1073	345
	Patient Signature Source Code			OI04	1351	345
	Release of Information Code			OI06	1363	345



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Medicare Outpatient Adjudication Information		MOA			
	Percent			MOA01	954	347
	Monetary Amount			MOA02	782	348
	Reference Identification (X5)			MOA04	127	348-349
	Monetary Amount (X2)			MOA08	782	349
OTHER SUBSCRIBER NAME		2330A				
	Other Subscriber Name		NM1			
	Additional Other Subscriber Name Information		N2			
	Other Subscriber Address		N3			
	Other Subscriber City/State/ZIP Code		N4			
	Other Subscriber Secondary Identification		REF			
OTHER PAYER NAME		2330B				
	Other Payer Name		NM1			
	Additional Other Payer Name		N2			
	Other Payer Contact Information		PER			
	Contact Function Code			PER01	366	364
	Name			PER02	93	364
	Communication Number Qualifier (X3)			PER03	365	364-365



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Communication Number (X3)			PER04	364	364-365
	Claim Adjudication Date		DTP			
	Other Payer Secondary Identifier		REF			
	Other Payer Prior Authorization or Referral Number		REF			
	Other Payer Claim Adjustment Indicator		REF			
OTHER PAYER PATIENT INFORMATION		2330C				
	Other Payer Patient Information		NM1			
	Other Payer Patient Identification		REF			
OTHER PAYER REFERRING PROVIDER		2330D				
	Other Payer Referring Provider		NM1			
	Other Payer Referring Provider Identification		REF			
OTHER PAYER RENDERING PROVIDER		2330E				
	Other Payer Rendering Provider		NM1			
	Other Payer Rendering Provider		REF			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Secondary Identification					
OTHER PAYER PURCHASED SERVICE PROVIDER		2330F				
	Other Payer Purchased Service Provider		NM1			
	Other Payer Purchased Service Provider Identification		REF			
OTHER PAYER SERVICE FACILITY LOCATION		2330G				
	Other Payer Service Facility Location		NM1			
	Entity Identifier Code			NM101	98	391
	Entity Type Qualifier			NM102	1065	391
	Name Last or Organization Name			NM103	1035	391
	Other Payer Service Facility Location Identification		REF			
OTHER PAYER SUPERVISING PROVIDER		2330H				
	Other Payer Supervising Provider		NM1			
	Other Payer Supervising Provider		REF			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Identification					
SERVICE LINE		2400				
	Service Line		LX			
	Assigned Number			LX01	554	399
	Professional Service		SV1			
	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			SV101	C003	400
	Product/Service ID Qualifier			SV101-1	235	401
	Product/Service			SV101-2	234	401
	Procedure Modifier (X4)			SV101-3	1339	401-402
	Monetary Amount			SV102	782	402
	Unit or Basis for Measurement Code			SV103	355	403
	Quantity			SV104	380	403
	Facility Code Value			SV105	1331	404
	COMPOSITE DIAGNOSIS CODE POINTER			SV107	C004	405
	Diagnosis Code Pointer (X4)			SV107-1	1328	405
	Yes/No Condition or Response Code (X3)			SV109	1073	406
	Copay Status Code			SV115	1327	407
	Prescription Number		SV4			
	Reference Identification			SV401	127	409
	DMERCCMN Indicator		PWK			
	Report Type Code			PWK01	755	410



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Report Transmission Code			PWK02	756	411
	Ambulance Transport Information		CR1			
	Spinal Manipulation Service Information		CR2			
	Yes/No Condition or Response Code			CR209	1073	419
	Durable Medical Equipment Certification		CR3			
	Certification Type Code			CR301	1322	421
	Unit or Basis for Measurement Code			CR302	355	422
	Quantity			CR303	380	422
	Home Oxygen Therapy Information		CR5			
	Certification Type Code			CR501	1322	424
	Quantity (X3)			CR502	380	424-425
	Oxygen Test Condition Code			CR512	1349	425
	Oxygen Test Findings Code (X3)			CR513	1350	425-426
	Ambulance Certification		CRC			
	Hospice Employee Indicator		CRC			
	DMERC Condition Indicator		CRC			
	Date – Service Date		DTP			
	Date – Certification Revision Date		DTP			
	Date – Referral Date		DTP			
	Date – Begin Therapy Date		DTP			
	Date – Last Certification Date		DTP			
	Date – Order Date		DTP			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Date – Date Last Seen		DTP			
	Date – Test		DTP			
	Date – Oxygen Saturation/Arterial Blood Gas Test		DTP			
	Date – Shipped		DTP			
	Date – Onset of Current Symptom/Illness		DTP			
	Date – Last X-ray		DTP			
	Date – Acute Manifestation		DTP			
	Date – Initial Treatment		DTP			
	Date – Similar Illness/Symptom Onset		DTP			
	Anesthesia Modifying Units		QTY			
	Quantity Qualifier			QTY01	673	462
	Quantity			QTY02	380	463
	Test Result		MEA			
	Measurement Reference ID Code			MEA01	737	465
	Measurement Qualifier			MEA02	738	465
	Measurement Value			MEA03	739	465
	Contract Information		CN1			
	Contract Type Code			CN101	1166	466
	Monetary Amount			CN102	782	467
	Percent			CN103	332	467
	Reference Identification			CN104	127	467



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Terms Discount Percent			CN105	338	467
	Version Identifier			CN106	799	467
	Repriced Line Item Reference Number		REF			
	Adjusted Repriced Line Item Reference Number		REF			
	Prior Authorization or Referral Number		REF			
	Line Item Control Number		REF			
	Mammography Certification Number		REF			
	Clinical Laboratory Improvement Amendment (CLIA) Identification		REF			
	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Information		REF			
	Immunization Batch Number		REF			
	Ambulatory Patient Group (APG)		REF			
	Oxygen Flow Rate		REF			
	Universal Product Number (UPN)		REF			
	Sales Tax Amount		AMT			
	Approved Amount		AMT			
	Postage Claimed Amount		AMT			
	File Information		K3			
	Line Note		NTE			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Purchased Service Information		PS1			
	Reference Identification			PS101	127	489
	Monetary Amount			PS102	782	490
	Health Care Services Delivery		HSD			
	Line Pricing/Repricing Information		HCP			
RENDERING PROVIDER NAME		2420A				
	Rendering Provider Name		NM1			
	Rendering Provider Specialty Information		PRV			
	Additional Rendering Provider Name Information		N2			
	Rendering Provider Secondary Identification		REF			
PURCHASED SERVICE PROVIDER NAME		2420B				
	Purchased Service Provider Name		NM1			
	Purchased Service Provider Secondary Identification		REF			
SERVICE FACILITY LOCATION		2420C				
	Service Facility Location		NM1			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Additional Service Facility Location Name Information		N2			
	Service Facility Location Address		N3			
	Service Facility Location City/State/ZIP		N4			
	Service Facility Location Secondary Identification		REF			
	Supervising Provider Name		NM1			
	Additional Supervising Provider Name Information		N2			
	Supervising Provider Secondary Identification		REF			
ORDERING PROVIDER NAME		2420E				
	Ordering Provider Name		NM1			
	Additional Ordering Provider Name Information		N2			
	Ordering Provider Address		N3			
	Ordering Provider City/State/ZIP Code		N4			
	Ordering Provider Secondary Identification		REF			
	Ordering Provider Contact Information		PER			



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
REFERRING PROVIDER NAME		2420F				
	Referring Provider Name		NM1			
	Referring Provider Specialty Information		PRV			
	Additional Referring Provider Name Information		N2			
	Referring Provider Secondary Identification		REF			
OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		2420G				
	Other Payer Prior Authorization or Referral Number		NM1			
	Other Payer Prior Authorization or Referral Number		REF			
LINE ADJUDICATION INFORMATION		2430				
	Line Adjudication Information		SVD			
	Identification Code			SVD01	67	555
	Monetary Amount			SVD02	782	555



DS2000+ Financial Core Data Standards derived from Health Care Claim: Professional (837)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	COMPOSITE MEDICAL PROCEDURE IDENTIFIER			SVD03	C003	555
	Product/Service ID Identifier			SVD03-1	235	555
	Product/Service ID			SVD03-2	234	556
	Procedure Modifier (x4)			SVD03-3	1339	556
	Description			SVD03-7	352	557
	Quantity			SVD05	380	557
	Assigned Number			SVD06	554	557
	Line Adjustment		CAS			
	Line Adjudication Date		DTP			
FORM IDENTIFICATION CODE		2440				
	Form Identification Code		LQ			
	Code List Qualifier Code			LQ01	1270	568
	Industry Code			LQ02	1271	568
	Supporting Documentation		FRM			
	Assigned Identification			FRM01	350	570
	Yes/No Condition or Response Code			FRM02	1073	570
	Reference Identification			FRM03	127	571
	Date			FRM04	373	571
	Percent			FRM05	332	571



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
TRANSACTION SET HEADER		N/A				
	Financial Information		BPR		-	-
	Transaction Handling Code			BPR01	305	45
	Monetary Amount			BPR02	782	46
	Credit/Debit Flag Code			BPR03	478	46
	Payment Method Code			BPR04	591	46
	Payment Format Code			BPR05	812	47
	(DFI) ID Number Qualifier			BPR06	506	48
	(DFI) ID Identification Number			BPR07	507	48
	Account Number Qualifier			BPR08	569	48
	Account Number			BPR09	508	49
	Originating Company Identifier			BPR10	509	49
	Originating Company Supplemental Code			BPR11	510	49
	ID Number Qualifier (DFI)			BPR12	506	49
	(DFI) Identification Number			BPR13	507	50
	Account Number Qualifier			BPR14	569	50
	Account Number			BPR15	508	50
	Date			BPR16	373	50



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Reassociation Trace Number		TRN		-	-
	Trace Type Code			TRN01	481	52
	Reference Identification			TRN02	127	53
	Originating Company Identifier			TRN03	509	53
	Reference Identification			TRN04	127	53
	Foreign Currency Information		CUR		-	-
	Entity Identifier Code			CUR01	98	55
	Currency Code			CUR02	100	55
	Exchange Rate			CUR03	280	55
	Receiver Identification		REF		-	-
	Reference Identification Qualifier			REF01	128	57
	Reference Identification			REF02	127	57
	Version Identification		REF		-	-
	Production Date		DTM		-	-
	Date/Time Qualifier			DTM01	374	60
	Date			DTM02	373	61
PAYER IDENTIFICATION		1000A				
	Payer Identification		N1		-	-
	Entity Identifier Code			N101	98	62
	Name			N102	93	63
	Identification Code Qualifier			N103	66	63
	Identification Code			N104	67	63
	Payer Address		N3		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Address Information			N301	166	64
	Address Information			N302	166	64
	Payer City, State, Zip Code		N4		-	-
	City Name			N401	19	65
	State or Province Code			N402	156	65
	Postal Code			N403	116	65
	Additional Payer Identification		REF		-	-
	Payer Contact Information		PER		-	-
	Contact Function Code			PER01	366	70
	Name			PER02	93	70
	Communication Number Qualifier (X3)			PER03	365	70-71
	Communication Number (X3)			PER04	364	70-71
PAYEE IDENTIFICATION		1000B				
	Payer Identification		NI		-	-
	Payee Address		N3		-	-
	Payee City, State, Zip Code		N4		-	-
	Payee Additional Identification		REF		-	-
HEADER NUMBER		2000				
	Header Number		LX		-	-
	Assigned Number			LX01	554	79
	Provider Summary Information		TS3		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Reference Identification			TS301	127	81
	Facility Code Value			TS302	1331	81
	Date			TS303	373	81
	Quantity			TS304	380	81
	Monetary Amount (X18)			TS305	782	82-84
	Quantity			TS323	380	84
	Monetary Amount			TS324	782	84
	Provider Supplemental Summary Information		TS2		-	-
	Monetary Amount (X6)			TS201	782	86-87
	Quantity			TS207	380	87
	Monetary Amount (X2)			TS208	782	87
	Quantity (X5)			TS210	380	87-88
	Monetary Amount			TS215	782	88
	Quantity			TS216	380	88
	Monetary Amount (X3)			TS217	782	88



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
CLAIM PAYMENT INFORMATION		2100				
	Claim Payment Information		CLP		-	-
	Claim Submitter's Identifier			CLP01	1028	89
	Claim Status Code			CLP02	1029	90
	Monetary Amount (X3)			CLP03	782	91
	Claim Filing Indicator Code			CLP06	1032	92
	Reference Identification			CLP07	127	93
	Facility Code Value			CLP08	1331	93
	Claim Frequency Type Code			CLP09	1325	93
	Diagnosis Related Group (DRG) Code			CLP11	1354	93
	Quantity			CLP12	380	93
	Percent			CLP13	954	94
	Claim Adjustment		CAS		-	-
	Claim Adjustment Group Code			CAS01	1033	97
	Claim Adjustment Reason Code (X6)			CAS02	1034	97-100
	Monetary Amount (X6)			CAS03	782	97-100
	Quantity (X6)			CAS04	380	98-101
	Patient Name		NM1		-	-
	Entity Identifier Code			NM101	98	102
	Entity Type Qualifier			NM102	1065	103
	Name Last or Organization Name			NM103	1035	103
	Name First			NM104	1036	103



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Name Middle			NM105	1037	103
	Name Suffix			NM107	1039	103
	Identification Code Qualifier			NM108	66	103
	Identification Code			NM109	67	104
	Insured Name		NM1		-	-
	Corrected Patient/Insured Name		NM1		-	-
	Service Provider Name		NM1		-	-
	Crossover Carrier Name		NM1		-	-
	Corrected Priority Payer Name		NM1		-	-
	Inpatient Adjudication Information		MIA		-	-
	Quantity (X3)			MIA01	380	119
	Monetary Amount			MIA04	782	120
	Reference identification			MIA05	127	120
	Monetary Amount (X9)			MIA06	782	120-121
	Quantity			MIA15	380	121
	Monetary Amount (X4)			MIA16	782	121-122
	Reference Identification (X4)			MIA20	127	122
	Monetary Amount			MIA24	782	122
	Outpatient Adjudication Information		MOA		-	-
	Percent			MOA01	954	124
	Monetary Amount			MOA02	782	124
	Reference Identification (X5)			MOA03	127	124-125
	Monetary Amount (X2)			MOA08	782	125



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Other Claim Related Identification		REF		-	-
	Rendering Provider Identification		REF		-	-
	Claim Date		DTM		-	-



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Claim Contact Information		PER		-	-
	Contact Function Code			PER01	366	133
	Name			PER02	93	133
	Communication Number Qualifier (X3)			PER03	365	133-134
	Communication Number (X3)			PER04	364	133-134
	Claim Supplemental Information		AMT		-	-
	Amount Qualifier Code			AMT01	522	135
	Monetary Amount			AMT02	782	136
	Claim Supplemental Information Quantity		QTY		-	-
	Quantity Qualifier			QTY01	673	137
	Quantity			QTY02	380	138
SERVICE PAYMENT INFORMATION		2110				
	Service Payment Information		SVC		-	-
	Composite Medical Procedure Identifier			SVC01	C003	140
	Product/Service ID Qualifier			SVC01-1	235	140
	Product/Service ID			SVC01-2	234	141
	Procedure Modifier (X4)			SVC01-3	1339	141
	Description			SVC01-7	352	141
	Monetary Amount (X2)			SVC02	782	142
	Product/Service ID			SVC04	234	142



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Quantity			SVC05	380	142
	Composite Medical Procedure Identifier			SVC06	C003	142
	Product/Service ID Qualifier			SVC06-1	235	143
	Product/Service ID			SVC06-2	234	144
	Procedure Modifier (X4)			SVC06-3	1339	144
	Description			SVC06-7	352	144
	Quantity			SVC07	380	145
	Service Date		DTM		-	-
	Service Adjustment		CAS		-	-
	Claim Adjustment Group Code			CAS01	1033	150
	Claim Adjustment Reason Code (X6)			CAS02	1034	150-153
	Monetary Amount (X6)			CAS03	782	150-153
	Quantity (X6)			CAS04	380	150-153
	Service Identification		REF		-	-
	Rendering Provider Information		REF		-	-
	Service Supplemental Amount		AMT		-	-
	Service Supplemental Quantity		QTY		-	-
	Health Care Remark Codes		LQ		-	-
	Code List Qualifier Code			LQ01	1270	162
	Industry Code			LQ02	1271	163
	Provider Adjustment		PLB		-	-
	Reference Identification			PLB01	127	165
	Date			PLB02	373	165



DS2000+ Financial Core Data Standards derived from Health Care Claim Payment/Advice (835)

DOMAIN	SEGEMENT AND DATA ELEMENT NAME	LOOP	SEGMENT IDENTIFIER	REFERENCE DESIGNATOR	DATA ELEMENT NUMBER	PAGE NUMBER
	Adjustment Identifier			PLB03	C042	165
	Adjustment Reason Code (X6)			PLB03-1	426	165-172
	Reference Identification (X6)			PLB03-2	127	170-172
	Monetary Amount (X6)			PLB04	782	170-172
	Adjustment Identifier (X6)			PLB05	C042	170-172



Exhibit 1. Domains by HIPAA Data Set and Loop

DOMAIN	Location in Health Care Claim: Institutional (837)	Location in Health Care Claim: Professional (837)	Location in Health Care Claim/Payment Advice (835)
SUBMITTER	LOOP 1000A SUBMITTER NAME	LOOP 1000A SUBMITTER NAME	—
RECEIVER	LOOP 1000B RECEIVER NAME	LOOP 1000B RECEIVER NAME	—
BILLING/PAY-TO PROVIDER	LOOP 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	LOOP 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL	—
BILLING PROVIDER	LOOP 2010AA BILLING PROVIDER NAME	LOOP 2010AA BILLING PROVIDER NAME	—
PAY-TO PROVIDER	LOOP 2010AB PAY-TO PROVIDER NAME	LOOP 2010AB PAY-TO PROVIDER NAME	—
SUBSCRIBER	LOOP 2000B SUBSCRIBER HIERARCHICAL LEVEL	LOOP 2000B SUBSCRIBER HIERARCHICAL LEVEL	—
	LOOP 2010BA SUBSCRIBER NAME	LOOP 2010BA SUBSCRIBER NAME	—
OTHER SUBSCRIBER	LOOP 2320 OTHER SUBSCRIBER INFORMATION	LOOP 2320 OTHER SUBSCRIBER INFORMATION	—
	LOOP 2330A OTHER SUBSCRIBER NAME	LOOP 2330A OTHER SUBSCRIBER NAME	—
CREDIT CARD/DEBIT CARD HOLDER	LOOP 2010BB CREDIT/DEBIT CARD HOLDER NAME	LOOP 2010BD CREDIT/DEBIT CARD HOLDER NAME	—
PAYOR	LOOP 2010BC PAYOR NAME	LOOP 2010BB PAYOR NAME	LOOP 1000A PAYER IDENTIFICATION
PAYEE	—	—	LOOP 1000B PAYEE IDENTIFICATION
RESPONSIBLE PARTY	LOOP 2010BD RESPONSIBLE PARTY	LOOP 2010BC RESPONSIBLE	—



Exhibit 1. Domains by HIPAA Data Set and Loop

DOMAIN	Location in Health Care Claim: Institutional (837)	Location in Health Care Claim: Professional (837)	Location in Health Care Claim/Payment Advice (835)
	NAME	PARTY NAME	
PATIENT	LOOP 2000C PATIENT HIERARCHICAL LEVEL	LOOP 2000C PATIENT HIERARCHICAL LEVEL	—
	LOOP ID – 2010CA PATIENT NAME	LOOP ID – 2010CA PATIENT NAME	—
SERVICE PAYMENT	—	—	LOOP 2110 SERVICE PAYMENT INFORMATION
CLAIM	LOOP 2300 CLAIM INFORMATION	LOOP 2300 CLAIM INFORMATION	—
HEALTH CARE PLAN	LOOP 2305 HOME HEALTH CARE PLAN INFORMATION	LOOP 2305 HOME HEALTH CARE PLAN INFORMATION	—
ATTENDING PHYSICIAN	LOOP 2310A ATTENDING PHYSICIAN NAME	—	—
	LOOP 2420A ATTENDING PHYSICIAN NAME	—	
REFERRING PROVIDER	LOOP 2310D REFERRING PROVIDER NAME	LOOP 2310A REFERRING PROVIDER NAME	—
	LOOP 2420F REFERRING PROVIDER NAME	LOOP 2420F REFERRING PROVIDER NAME	
	LOOP 2420D REFERRING PROVIDER NAME	—	
OPERATING PHYSICIAN	LOOP 2310B OPERATING PHYSICIAN NAME	—	—
	LOOP 2420B OPERATING PHYSICIAN NAME	—	
RENDERING PROVIDER	—	LOOP 2310B RENDERING PROVIDER NAME	—
	—	LOOP 2420A RENDERING PROVIDER NAME	—
SUPERVISING PROVIDER	—	LOOP 2310E SUPERVISING	—



Exhibit 1. Domains by HIPAA Data Set and Loop

DOMAIN	Location in Health Care Claim: Institutional (837)	Location in Health Care Claim: Professional (837)	Location in Health Care Claim/Payment Advice (835)
		PROVIDER NAME	
ORDERING PROVIDER	—	LOOP 2420E ORDERING PROVIDER NAME	—
PURCHASED SERVICE PROVIDER	—	LOOP 2310C PURCHASED SERVICE PROVIDER NAME	—
	—	LOOP 2420B PURCHASED SERVICE PROVIDER NAME	—



Exhibit 1. Domains by HIPAA Data Set and Loop

DOMAIN	Location in Health Care Claim: Institutional (837)	Location in Health Care Claim: Professional (837)	Location in Health Care Claim/Payment Advice (835)
OTHER PROVIDER	LOOP 2310C OTHER PROVIDER NAME	—	—
	LOOP 2420C OTHER PROVIDER NAME		
SERVICE FACILITY	—	LOOP 2310D SERVICE FACILITY LOCATION	—
	—	LOOP 2420C SERVICE FACILITY LOCATION	—
	LOOP 2310E SERVICE FACILITY NAME		—
OTHER PAYER	LOOP 2330B OTHER PAYER NAME	LOOP 2330B OTHER PAYER NAME	—
OTHER PAYER PATIENT	LOOP 2330C OTHER PAYER PATIENT INFORMATION	LOOP 2330C OTHER PAYER PATIENT INFORMATION	—
OTHER PAYER ATTENDING PROVIDER	LOOP 2330D OTHER PAYER ATTENDING PROVIDER INFORMATION		—
OTHER PAYER REFERRING PROVIDER	LOOP 2330G OTHER PAYER REFERRING PROVIDER	LOOP 2330D OTHER PAYER REFERRING PROVIDER	—
OTHER PAYER OPERATING PROVIDER	LOOP 2330E OTHER PAYER OPERATING PROVIDER		—
OTHER PAYER RENDERING PROVIDER	—	LOOP 2330E OTHER PAYER RENDERING PROVIDER	—
OTHER PAYER OTHER PROVIDER	LOOP 2330F OTHER PAYER OTHER PROVIDER		—
OTHER PAYER PURCHASED SERVICE PROVIDER	—	LOOP 2330F OTHER PAYER PURCHASED SERVICE PROVIDER	—
OTHER PAYER SERVICE FACILITY LOCATION	—	LOOP 2330G OTHER PAYER SERVICE FACILITY LOCATION	—
OTHER PAYER SERVICE FACILITY PROVIDER	LOOP 2330H OTHER PAYER SERVICE FACILITY PROVIDER	—	—
OTHER PAYER	—	LOOP 2330H OTHER	—



Exhibit 1. Domains by HIPAA Data Set and Loop

DOMAIN	Location in Health Care Claim: Institutional (837)	Location in Health Care Claim: Professional (837)	Location in Health Care Claim/Payment Advice (835)
SUPERVISING PROVIDER		PAYER SUPERVISING PROVIDER	
OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	—	LOOP 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER	—
SERVICE LINE	LOOP 2400 SERVICE LINE	LOOP 2400 SERVICE LINE	—
SERVICE LINE ADJUDICATION	LOOP 2430 SERVICE LINE ADJUDICATION INFORMATION	LOOP 2430 LINE ADJUDICATION INFORMATION	—
FORM IDENTIFICATION	—	LOOP 2440 FORM IDENTIFICATION CODE	—

