# 837 Health Care Claim: Institutional

**ASC X12N 837 (004010X096A1)**

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

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# Nebraska Medicaid Companion Guide Version: 1.02

# Preface:

This Companion Guide to the ASC X12N Implementation Guides adopted under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to Nebraska Medicaid (NE Medicaid). Transmissions based on this Companion Guide, used in tandem with the X12N Implementation Guides, are compliant with both X12 syntax and those guides.

This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usage of data expressed in the Implementation Guides.

All claims must be submitted in accordance with the regulations contained within the Nebraska Administrative Code (NAC) Title 471, Nebraska Medical Assistance Program and Title 482, Nebraska Managed Care Program.

# Introduction:

This Companion Guide contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information from providers of health care services to Nebraska Medicaid, either directly or via intermediary billers and claims clearinghouses.

This Companion Guide governs electronic billing of institutional (hospital/homehealth/nursing facility) services on an ASC X12N 837 - Institutional (004010X096A1) transaction. Please refer to 471 NAC 3-001 for the specific services allowed to be billed using this transaction.

Note: Only segments used by NE Medicaid are included in this Companion Guide.

Data usage requirements for Nebraska Medicaid will be identified throughout the Guide by shaded segment and element **Nebraska Medicaid Directives**.

Segment Directives provide usage rules for the entire segment and are displayed at the beginning of the segment following the Usage specification. These segment directives are used in the following circumstances:

1. Required Segments – No directive.
2. Situational segments required based on Implementation Guide Notes will be accompanied by the following directive – "Required by NE Medicaid when applicable as specified in the Implementation Guide".
3. Situational segments always required by NE Medicaid will be accompanied by the following directive – "Required by NE Medicaid".
4. Situational segments required by NE Medicaid for a specific reason not described in the Implementation Guide will be accompanied by the following directive – "Required by NE Medicaid when {specific instance}".

Element Directives are shown for a specific data element and are used in both required and situational segments for the following circumstances:

1. When a specific value is required by NE Medicaid, a Nebraska Medicaid Directive will be included indicating the value to use.
2. When a specific qualifier is used by NE Medicaid, a Nebraska Medicaid Directive indicating which qualifiers are used and when they are allowed will be included.
3. When a specific qualifier is not allowed by NE Medicaid, a Nebraska Medicaid Directive indicating not allowed will be included.

Transactions containing information not ASC X12N compliant will be rejected and will not enter into the adjudication system. An ASC X12N 997 will be used to convey the rejection and associated reason. Claims containing data designated as "Not Allowed" or failing to include the specific values required will be accepted by NE Medicaid but the claim will be deleted by the adjudication system. The Electronic Claim Activity report will be used to convey the claims deleted and the associated reasons. Segments designated as "Not Used" will not affect adjudication.

Data Submission Criteria

Nebraska Medicaid uses the following separators:

| | | |
|---|---|---|
| * | (asterisk) for element separator | ASCII 042 |
| ^ | (carrot) for sub-element separator | ASCII 094 |
| Carriage Return for Segment terminator | | ASCII 013 |
| \| | (vertical bar) for repeat character | ASCII 124 |

This Companion Guide can be found on the State of Nebraska Health and Human Services System Web site at http://www.hhs.state.ne.us/med/medindex.htm

Instructions on Trading Partner Enrollment and Testing requirements are also found on this Web site or by contacting the Medicaid EDI Help Desk at 1-866-498-4357 or 471-9461 (Lincoln Area) or via e-mail at medicaid.edi@hhss.state.ne.us.

# Revisions to Companion Guide:

For each version of this Companion Guide a summary of the information changed since the previous version will be located in this section. Actual changes will be incorporated into the new version of the Companion Guide which will be published as a complete document.

## Changes in Version 1.02:

- Page 3 – Revision: Loop ID – Introduction – Data submission criteria has been added to the Introduction. (Version 1.01, Page 3)
- Page 5 – Revision: ISA – Interchange Control Header segment has been added to the Transaction Summary. This segment is also addressed in the Trading Partner Enrollment Process. (Version 1.01, Page 5)
- Page 5 – Revision: GS – Functional Group Header segment has been added to the Transaction Summary. This segment is also addressed in the Trading Partner Enrollment Process. (Version 1.01, Page 5)
- Page 6 – Revision: Loops 2000C – Patient Hierarchical Level and 2010CA – Patient Name have been added to the Transaction Summary, but are not used. (Version 1.01, Page 6)
- Page 9 – Revision: GE – Functional Group Trailer segment, has been added to the Transaction Summary. (Version 1.01, Page 9)
- Page 9 – Revision: IEA – Interchange Control Trailer segment, has been added to the Transaction Summary. (Version 1.01, Page 9)
- Page 10 – Addition: ISA – Interchange Control Header segment, has been added with clarification of data required. (Not in Version 1.01)
- Page 13 – Addition: GS – Functional Group Header segment has been added with clarification of data required. (Not in Version 1.01)
- Page 30 – Revision: Loop 2010BA – NM1 – Subscriber Name segment NE Medicaid Directive has been added to address "ineligible mother/unborn" issue. (Version 1.01, Page 25)
- Page 33 – Revision: Loop 2010BA – DMG – Subscriber Demographic Information segment, the NE Medicaid Directive has been changed to address the "ineligible mother/unborn" issue. (Version 1.01, Page 28)
- Page 35 – Revision: Loop 2300 – CLM – Claim Information segment, CLM05, Claim Frequency Type Code, NE Medicaid Directive has been changed to indicate that codes 9 – Z should not be used. (Version 1.01, Page 30)
- Page 40 – Revision: Loop 2300 – CL1 – Institutional Claim Code segment, CL103, Patient Status Code, NE Medicaid Directive has been clarified to indicate that an interim claim frequency type code (2 or 3) requires a patient status code 30. (Version 1.01, Page 35)
- Page 131 – Addition: GE – Functional Group Trailer segment has been added. (Not in Version 1.01)
- Page 132 – Addition: IEA – Interchange Control Trailer segment has been added. (Not in Version 1.01)

# 837 Health Care Claim: Institutional

## Functional Group=HC

This Companion Guide includes a transaction summary followed by the detailed information for each loop and segment. Please pay special attention to shaded Segment Notes and Nebraska Medicaid Directives.

## Transaction Summary:

| If "NE Medicaid Usage" says: | | |
|---|---|---|
| | Required | Required by Implementation Guide. |
| | Used | Used by NE Medicaid, see specific requirements in Implementation Guide or in NE Medicaid Directive. |
| | Not Used | Not used or retained. |

### Not Defined:

| Pos | ID | Segment Name | Max Use | Repeat | NE Medicaid Usage |
|---|---|---|---|---|---|
| | ISA | Interchange Control Header | 1 | | Required |
| | GS | Functional Group Header | 1 | | Required |

### Heading:

| Pos | ID | Segment Name | Max Use | Repeat | NE Medicaid Usage |
|---|---|---|---|---|---|
| 005 | ST | Transaction Set Header | 1 | | Required |
| 010 | BHT | Beginning of Hierarchical Transaction | 1 | | Required |
| 015 | REF | Transmission Type Identification | 1 | | Required |
| **LOOP ID - 1000A** | | | | **1** | |
| 020 | NM1 | Submitter Name | 1 | | Required |
| 045 | PER | Submitter EDI Contact Information | 2 | | Required |
| **LOOP ID - 1000B** | | | | **1** | |
| 020 | NM1 | Receiver Name | 1 | | Required |

### Detail:

| Pos | ID | Segment Name | Max Use | Repeat | NE Medicaid Usage |
|---|---|---|---|---|---|
| **LOOP ID - 2000A** | | | | **>1** | |
| 001 | HL | Billing/Pay-To Provider Hierarchical Level | 1 | | Required |
| 003 | PRV | Billing/Pay-To Provider Specialty Information | 1 | | Not Used |
| 010 | CUR | Foreign Currency Information | 1 | | Not Used |
| **LOOP ID - 2010AA** | | | | **1** | |
| 015 | NM1 | Billing Provider Name | 1 | | Required |
| 025 | N3 | Billing Provider Address | 1 | | Required |
| 030 | N4 | Billing Provider City/State/ZIP Code | 1 | | Required |
| 035 | REF | Billing Provider Secondary Identification | 8 | | Used |
| 035 | REF | Credit/Debit Card Billing Information | 8 | | Not Used |
| 040 | PER | Billing Provider Contact Information | 2 | | Used |
| **LOOP ID - 2010AB** | | | | **1** | |
| 015 | NM1 | Pay-To Provider Name | 1 | | Not Used |

| | | | | | |
|---|---|---|---|---|---|
| 025 | N3 | Pay-To Provider Address | 1 | | Not Used |
| 030 | N4 | Pay-To Provider City/State/ZIP Code | 1 | | Not Used |
| 035 | REF | Pay-To Provider Secondary Identification | 5 | | Not Used |
| **LOOP ID - 2000B** | | | | **>1** | |
| 001 | HL | Subscriber Hierarchical Level | 1 | | Required |
| 005 | SBR | Subscriber Information | 1 | | Required |
| **LOOP ID - 2010BA** | | | | **1** | |
| 015 | NM1 | Subscriber Name | 1 | | Required |
| 025 | N3 | Subscriber Address | 1 | | Used |
| 030 | N4 | Subscriber City/State/ZIP Code | 1 | | Used |
| 032 | DMG | Subscriber Demographic Information | 1 | | Used |
| 035 | REF | Subscriber Secondary Identification | 4 | | Not Used |
| 035 | REF | Property and Casualty Claim Number | 1 | | Not Used |
| **LOOP ID - 2010BB** | | | | **1** | |
| 015 | NM1 | Credit/Debit Card Account Holder Name | 1 | | Not Used |
| 035 | REF | Credit/Debit Card Information | 2 | | Not Used |
| **LOOP ID - 2010BC** | | | | **1** | |
| 015 | NM1 | Payer Name | 1 | | Required |
| 025 | N3 | Payer Address | 1 | | Not Used |
| 030 | N4 | Payer City/State/ZIP Code | 1 | | Not Used |
| 035 | REF | Payer Secondary Identification | 3 | | Not Used |
| **LOOP ID - 2010BD** | | | | **1** | |
| 015 | NM1 | Responsible Party Name | 1 | | Not Used |
| 025 | N3 | Responsible Party Address | 1 | | Not Used |
| 030 | N4 | Responsible Party City/State/ZIP Code | 1 | | Not Used |
| **LOOP ID – 2000C** | | | | **1** | |
| 001 | HL | Patient Hierarchical Level | 1 | | Not Used |
| 007 | PAT | Patient Information | 1 | | Not Used |
| **LOOP ID – 2010CA** | | | | **1** | |
| 015 | NM1 | Patient Name | 1 | | Not Used |
| 025 | N3 | Patient Address | 1 | | Not Used |
| 030 | N4 | Patient City/State/ZIP Code | 1 | | Not Used |
| 032 | DMG | Patient Demographic Information | 1 | | Not Used |
| 035 | REF | Patient Secondary Identification | 5 | | Not Used |
| 035 | REF | Property and Casualty Claim Number | 1 | | Not Used |
| **LOOP ID - 2300** | | | | **100** | |
| 130 | CLM | Claim information | 1 | | Required |
| 135 | DTP | Discharge Hour | 1 | | Used |
| 135 | DTP | Statement Dates | 1 | | Required |
| 135 | DTP | Admission Date/Hour | 1 | | Used |
| 140 | CL1 | Institutional Claim Code | 1 | | Used |
| 155 | PWK | Claim Supplemental Information | 10 | | Used |
| 160 | CN1 | Contract Information | 1 | | Not Used |
| 175 | AMT | Payer Estimated Amount Due | 1 | | Used |
| 175 | AMT | Patient Estimated Amount Due | 1 | | Used |
| 175 | AMT | Patient Paid Amount | 1 | | Used |
| 175 | AMT | Credit/Debit Card Maximum Amount | 1 | | Not Used |
| 180 | REF | Adjusted Repriced Claim Number | 1 | | Not Used |
| 180 | REF | Repriced Claim Number | 1 | | Not Used |
| 180 | REF | Claim Identification Number For Clearinghouses and Other | 1 | | Not Used |

| | | | | | |
|---|---|---|---|---|---|
| | | Transmission Intermediaries | | | |
| 180 | REF | Document Identification Code | 2 | | Not Used |
| 180 | REF | Original Reference Number (ICN/DCN) | 1 | | Used |
| 180 | REF | Investigational Device Exemption Number | 1 | | Not Used |
| 180 | REF | Service Authorization Exception Code | 1 | | Not Used |
| 180 | REF | Peer Review Organization (PRO) Approval Number | 1 | | Used |
| 180 | REF | Prior Authorization or Referral Number | 2 | | Used |
| 180 | REF | Medical Record Number | 1 | | Used |
| 180 | REF | Demonstration Project Identifier | 1 | | Not Used |
| 185 | K3 | File Information | 10 | | Not Used |
| 190 | NTE | Claim Note | 10 | | Used |
| 190 | NTE | Billing Note | 1 | | Used |
| 216 | CR6 | Home Health Care Information | 1 | | Not Used |
| 220 | CRC | Home Health Functional Limitations | 3 | | Not Used |
| 220 | CRC | Home Health Activities Permitted | 3 | | Not Used |
| 220 | CRC | Home Health Mental Status | 2 | | Not Used |
| 231 | HI | Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information | 1 | | Used |
| 231 | HI | Diagnosis Related Group (DRG) Information | 1 | | Not Used |
| 231 | HI | Other Diagnosis Information | 2 | | Used |
| 231 | HI | Principal Procedure Information | 1 | | Used |
| 231 | HI | Other Procedure Information | 2 | | Used |
| 231 | HI | Occurrence Span Information | 2 | | Used |
| 231 | HI | Occurrence Information | 2 | | Used |
| 231 | HI | Value Information | 2 | | Used |
| 231 | HI | Condition Information | 2 | | Used |
| 231 | HI | Treatment Code Information | 2 | | Not Used |
| 240 | QTY | Claim Quantity | 4 | | Used |
| 241 | HCP | Claim Pricing/Repricing Information | 1 | | Not Used |
| **LOOP ID - 2305** | | | | **6** | |
| 242 | CR7 | Home Health Care Plan Information | 1 | | Not Used |
| 243 | HSD | Health Care Services Delivery | 12 | | Not Used |
| **LOOP ID - 2310A** | | | | **1** | |
| 250 | NM1 | Attending Physician Name | 1 | | Used |
| 255 | PRV | Attending Physician Specialty Information | 1 | | Not Used |
| 271 | REF | Attending Physician Secondary Identification | 5 | | Used |
| **LOOP ID - 2310B** | | | | **1** | |
| 250 | NM1 | Operating Physician Name | 1 | | Used |
| 271 | REF | Operating Physician Secondary Identification | 5 | | Used |
| **LOOP ID - 2310C** | | | | **1** | |
| 250 | NM1 | Other Provider Name | 1 | | Used |
| 271 | REF | Other Provider Secondary Identification | 5 | | Used |
| **LOOP ID - 2310E** | | | | **1** | |
| 250 | NM1 | Service Facility Name | 1 | | Not Used |
| 265 | N3 | Service Facility Address | 1 | | Not Used |
| 270 | N4 | Service Facility City/State/Zip Code | 1 | | Not Used |
| 271 | REF | Service Facility Secondary Identification | 5 | | Not Used |

| | | | | | |
|---|---|---|---|---|---|
| **LOOP ID - 2320** | | | | **10** | |
| 290 | SBR | Other Subscriber Information | 1 | | Used |
| 295 | CAS | Claim Level Adjustment | 5 | | Used |
| 300 | AMT | Payer Prior Payment | 1 | | Used |
| 300 | AMT | Coordination of Benefits (COB) Total Allowed Amount | 1 | | Used |
| 300 | AMT | Coordination of Benefits (COB) Total Submitted Charges | 1 | | Used |
| 300 | AMT | Diagnostic Related Group (DRG) Outlier Amount | 1 | | Not Used |
| 300 | AMT | Coordination of Benefits (COB) Total Medicare Paid Amount | 1 | | Used |
| 300 | AMT | Medicare Paid Amount - 100% | 1 | | Not Used |
| 300 | AMT | Medicare Paid Amount - 80% | 1 | | Not Used |
| 300 | AMT | Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount | 1 | | Not Used |
| 300 | AMT | Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount | 1 | | Not Used |
| 300 | AMT | Coordination of Benefits (COB) Total Non-covered Amount | 1 | | Used |
| 300 | AMT | Coordination of Benefits (COB) Total Denied Amount | 1 | | Used |
| 305 | DMG | Other Subscriber Demographic Information | 1 | | Used |
| 310 | OI | Other Insurance Coverage Information | 1 | | Required |
| 315 | MIA | Medicare Inpatient Adjudication Information | 1 | | Used |
| 320 | MOA | Medicare Outpatient Adjudication Information | 1 | | Used |
| **LOOP ID - 2330A** | | | | **1** | |
| 325 | NM1 | Other Subscriber Name | 1 | | Required |
| 332 | N3 | Other Subscriber Address | 1 | | Used |
| 340 | N4 | Other Subscriber City/State/ZIP Code | 1 | | Used |
| 355 | REF | Other Subscriber Secondary Information | 3 | | Used |
| **LOOP ID - 2330B** | | | | **1** | |
| 325 | NM1 | Other Payer Name | 1 | | Required |
| 332 | N3 | Other Payer Address | 1 | | Used |
| 340 | N4 | Other Payer City/State/ZIP Code | 1 | | Used |
| 350 | DTP | Claim Adjudication Date | 1 | | Used |
| 355 | REF | Other Payer Secondary Identification and Reference Number | 2 | | Used |
| 355 | REF | Other Payer Prior Authorization or Referral Number | 1 | | Not Used |
| **LOOP ID - 2330C** | | | | **1** | |
| 325 | NM1 | Other Payer Patient Information | 1 | | Used |
| 355 | REF | Other Payer Patient Identification Number | 3 | | Used |
| **LOOP ID - 2330D** | | | | **1** | |
| 325 | NM1 | Other Payer Attending Provider | 1 | | Not Used |
| 355 | REF | Other Payer Attending Provider Identification | 3 | | Not Used |
| **LOOP ID - 2330E** | | | | **1** | |
| 325 | NM1 | Other Payer Operating Provider | 1 | | Not Used |
| 355 | REF | Other Payer Operating Provider Identification | 3 | | Not Used |
| **LOOP ID - 2330F** | | | | **1** | |
| 325 | NM1 | Other Payer Other Provider | 1 | | Not Used |

| | | | | | |
|---|---|---|---|---|---|
| 355 | REF | Other Payer Other Provider Identification | 3 | | Not Used |
| **LOOP ID - 2330H** | | | | **1** | |
| 325 | NM1 | Other Payer Service Facility Provider | 1 | | Not Used |
| 355 | REF | Other Payer Service Facility Provider Identification | 3 | | Not Used |
| **LOOP ID - 2400** | | | | **999** | |
| 365 | LX | Service Line Number | 1 | | Required |
| 375 | SV2 | Institutional Service Line | 1 | | Required |
| 420 | PWK | Line Supplemental Information | 5 | | Used |
| 455 | DTP | Service Line Date | 1 | | Used |
| 455 | DTP | Assessment Date | 1 | | Used |
| 475 | AMT | Service Tax Amount | 1 | | Not Used |
| 475 | AMT | Facility Tax Amount | 1 | | Not Used |
| 492 | HCP | Line Pricing/Repricing Information | 1 | | Not Used |
| **LOOP ID - 2410** | | | | **25** | |
| 493 | LIN | Drug Identification | 1 | | Used |
| 494 | CTP | Drug Pricing | 1 | | Used |
| 495 | REF | Prescription Number | 1 | | Not Used |
| **LOOP ID - 2420A** | | | | **1** | |
| 500 | NM1 | Attending Physician Name | 1 | | Not Used |
| 525 | REF | Attending Physician Secondary Identification | 1 | | Not Used |
| **LOOP ID - 2420B** | | | | **1** | |
| 500 | NM1 | Operating Physician Name | 1 | | Not Used |
| 525 | REF | Operating Physician Secondary Identification | 1 | | Not Used |
| **LOOP ID - 2420C** | | | | **1** | |
| 500 | NM1 | Other Provider Name | 1 | | Not Used |
| 525 | REF | Other Provider Secondary Identification | 1 | | Not Used |
| **LOOP ID - 2430** | | | | **25** | |
| 540 | SVD | Service Line Adjudication Information | 1 | | Used |
| 545 | CAS | Service Line Adjustment | 99 | | Used |
| 550 | DTP | Service Adjudication Date | 1 | | Used |
| **LOOP ID - 2000C** | | | | **>1** | |
| 555 | SE | Transaction Set Trailer | 1 | | Not Used |

## Not Defined:

| Pos | ID | Segment Name | Max Use | Repeat | NE Medicaid Usage |
|---|---|---|---|---|---|
| | GE | Functional Group Trailer | 1 | | Required |
| | IEA | Interchange Control Trailer | 1 | | Required |

# ISA Interchange Control Header

**Loop: N/A**
**Elements: 16**

**User Option (Usage):** Required

To start and identify an interchange of zero or more functional groups and interchange-related control segments

## Nebraska Medicaid Directive:

*Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: "http://www.hhs.state.ne.us/med/edindex.htm".*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| ISA01 | I01 | **Authorization Information Qualifier**<br>**Description:** Code to identify the type of information in the Authorization Information<br>**Code** / **Name**<br>00 No Authorization Information Present (No Meaningful Information in I02)<br>03 Additional Data Identification | M | ID | 2/2 | Required |
| ISA02 | I02 | **Authorization Information**<br>**Description:** Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) | M | AN | 10/10 | Required |
| ISA03 | I03 | **Security Information Qualifier**<br>**Description:** Code to identify the type of information in the Security Information<br>**Code** / **Name**<br>00 No Security Information Present (No Meaningful Information in I04)<br>01 Password | M | ID | 2/2 | Required |
| ISA04 | I04 | **Security Information**<br>**Description:** This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) | M | AN | 10/10 | Required |
| ISA05 | I05 | **Interchange ID Qualifier**<br>**Description:** Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified<br>**Industry:** *This ID qualifies the Sender in ISA06.*<br>**Nebraska Medicaid Directive:** *Use code identified on Trading Partner Profile.*<br>**Code** / **Name**<br>01 Duns (Dun & Bradstreet)<br>14 Duns Plus Suffix<br>20 Health Industry Number (HIN)<br>27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)<br>28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)<br>29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)<br>30 U.S. Federal Tax Identification Number<br>33 National Association of Insurance Commissioners Company Code (NAIC)<br>ZZ Mutually Defined | M | ID | 2/2 | Required |
| ISA06 | I06 | **Interchange Sender ID**<br>**Description:** Identification code published by the sender for other parties to use as the receiver ID to | M | AN | 15/15 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | route data to them; the sender always codes this value in the sender ID element<br>**Nebraska Medicaid Directive:** *This value cannot be "MMISNEBR". Identified on Trading Partner Profile.* | | | | |
| ISA07 | I05 | **Interchange ID Qualifier**<br>**Description:** Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified<br>**Industry:** *This ID qualifies the Receiver in ISA08.*<br>**Nebraska Medicaid Directive:** *Use code "ZZ".* | M | ID | 2/2 | Required |
| | | **Code** — **Name**<br>01 — Duns (Dun & Bradstreet)<br>14 — Duns Plus Suffix<br>20 — Health Industry Number (HIN)<br>27 — Carrier Identification Number as assigned by Health Care Financing Administration (HCFA)<br>28 — Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA)<br>29 — Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA)<br>30 — U.S. Federal Tax Identification Number<br>33 — National Association of Insurance Commissioners Company Code (NAIC)<br>ZZ — Mutually Defined | | | | |
| ISA08 | I07 | **Interchange Receiver ID**<br>**Description:** Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them<br>**Nebraska Medicaid Directive:** *Use "MMISNEBR".* | M | AN | 15/15 | Required |
| ISA09 | I08 | **Interchange Date**<br>**Description:** Date of the interchange<br>**Industry:** *The date format is YYMMDD.* | M | DT | 6/6 | Required |
| ISA10 | I09 | **Interchange Time**<br>**Description:** Time of the interchange<br>**Industry:** *The time format is HHMM.* | M | TM | 4/4 | Required |
| ISA11 | I10 | **Interchange Control Standards Identifier**<br>**Description:** Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer<br>**All valid standard codes are used.** | M | ID | 1/1 | Required |
| ISA12 | I11 | **Interchange Control Version Number**<br>**Description:** Code specifying the version number of the interchange control segments<br>**Nebraska Medicaid Directive:** *Use "00401".* | M | ID | 5/5 | Required |
| | | **Code** — **Name**<br>00401 — Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997 | | | | |
| ISA13 | I12 | **Interchange Control Number**<br>**Description:** A control number assigned by the interchange sender<br>**Industry:** *The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.* | M | N0 | 9/9 | Required |
| ISA14 | I13 | **Acknowledgment Requested**<br>**Description:** Code sent by the sender to request an interchange acknowledgment (TA1)<br>**Industry:** *See Section A.1.5.1 for interchange acknowledgment information.*<br>**All valid standard codes are used.** | M | ID | 1/1 | Required |
| ISA15 | I14 | **Usage Indicator**<br>**Description:** Code to indicate whether data enclosed by this interchange envelope is test, production or information | M | ID | 1/1 | Required |
| | | **Code** — **Name**<br>P — Production Data | | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | T Test Data | | | |
| ISA16 | I15 | **Component Element Separator**<br>**Description:** Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator | M | 1/1 | Required |

# GS Functional Group Header

**Loop: N/A**
**Elements: 8**

**User Option (Usage):** Required

To indicate the beginning of a functional group and to provide control information

## Nebraska Medicaid Directive:

*Refer to Trading Partner Profile and Nebraska Medicaid X12 Submission Requirements Manual documents for additional information. Copies are posted at: "http://www.hhs.state.ne.us/med/edindex.htm".*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| GS01 | 479 | **Functional Identifier Code**<br>**Description:** Code identifying a group of application related transaction sets<br>**Nebraska Medicaid Directive:** *Use "HC".*<br>**Code** / **Name**<br>BE Benefit Enrollment and Maintenance (834)<br>FA Functional Acknowledgment (997)<br>HB Eligibility, Coverage or Benefit Information (271)<br>HC Health Care Claim (837)<br>HI Health Care Services Review Information (278)<br>HN Health Care Claim Status Notification (277)<br>HP Health Care Claim Payment/Advice (835)<br>HR Health Care Claim Status Request (276)<br>HS Eligibility, Coverage or Benefit Inquiry (270)<br>RA Payment Order/Remittance Advice (820) | M | ID | 2/2 | Required |
| GS02 | 142 | **Application Sender's Code**<br>**Description:** Code identifying party sending transmission; codes agreed to by trading partners<br>**Industry:** *Use this code to identify the unit sending the information.*<br>**Nebraska Medicaid Directive:** *This value cannot be "MMISNEBR", identified on Trading Partner Profile.* | M | AN | 2/15 | Required |
| GS03 | 124 | **Application Receiver's Code**<br>**Description:** Code identifying party receiving transmission; codes agreed to by trading partners<br>**Industry:** *Use this code to identify the unit receiving the information.*<br>**Nebraska Medicaid Directive:** *Use "MMISNEBR".* | M | AN | 2/15 | Required |
| GS04 | 373 | **Date**<br>**Description:** Date expressed as CCYYMMDD<br>**Industry:** *Use this date for the functional group creation date.* | M | DT | 8/8 | Required |
| GS05 | 337 | **Time**<br>**Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)<br>**Industry:** *Use this time for the creation time. The recommended format is HHMM.* | M | TM | 4/8 | Required |
| GS06 | 28 | **Group Control Number**<br>**Description:** Assigned number originated and maintained by the sender | M | N0 | 1/9 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| GS07 | 455 | **Responsible Agency Code**<br>**Description:** Code identifying the issuer of the standard; this code is used in conjunction with Data Element 480<br>**Code** **Name**<br>X Accredited Standards Committee X12 | M | ID | 1/2 | Required |
| GS08 | 480 | **Version / Release / Industry Identifier Code**<br>**Description:** Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed<br>**Code** **Name**<br>004010X096A1 Draft Standards Approved for Publication by ASC X12 Procedures Review Board through October 1997, as published in this implementation guide. | M | AN | 1/12 | Required |

# ST Transaction Set Header

**Loop: N/A**
**Elements: 2**

**User Option (Usage):** Required

To indicate the start of a transaction set and to assign a control number

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| ST01 | 143 | **Transaction Set Identifier Code**<br>**Description:** Code uniquely identifying a Transaction Set<br>**Code** / **Name**<br>837 / Health Care Claim | M | ID | 3/3 | Required |
| ST02 | 329 | **Transaction Set Control Number**<br>**Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set | M | AN | 4/9 | Required |

# BHT Beginning of Hierarchical Transaction

**Loop: N/A**
**Elements: 6**

**User Option (Usage):** Required

To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| BHT01 | 1005 | **Hierarchical Structure Code**<br>**Description:** Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set<br>**Code** **Name**<br>0019 Information Source, Subscriber, Dependent | M | ID | 4/4 | Required |
| BHT02 | 353 | **Transaction Set Purpose Code**<br>**Description:** Code identifying purpose of transaction set<br>**Industry:** *BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.*<br>*ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.*<br>*REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.*<br>**Code** **Name**<br>00 Original<br>18 Reissue | M | ID | 2/2 | Required |
| BHT03 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Originator Application Transaction Identifier* | O | AN | 1/30 | Required |
| BHT04 | 373 | **Date**<br>**Description:** Date expressed as CCYYMMDD<br>**Industry:** *Transaction Set Creation Date* | O | DT | 8/8 | Required |
| BHT05 | 337 | **Time**<br>**Description:** Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)<br>**Industry:** *Transaction Set Creation Time* | O | TM | 4/8 | Required |
| BHT06 | 640 | **Transaction Type Code**<br>**Description:** Code specifying the type of transaction<br>**Industry:** *Claim or Encounter Identifier* | O | ID | 2/2 | Required |

| Code | Name |
|---|---|
| CH | Chargeable |
| RP | Reporting |

# REF Transmission Type Identification

**Loop: N/A**
**Elements: 2**

**User Option (Usage):** Required

To specify identifying information

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Code** / **Name**<br>87 / Functional Category | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Transmission Type Code* | C | AN | 1/30 | Required |

# NM1 Submitter Name

**Loop: 1000A**
**Elements: 7**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>41 Submitter | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>1 Person<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Submitter Last or Organization Name* | O | AN | 1/35 | Required |
| NM104 | 1036 | **Name First**<br>**Description:** Individual first name<br>**Industry:** *Submitter First Name* | O | AN | 1/25 | Situational |
| NM105 | 1037 | **Name Middle**<br>**Description:** Individual middle name or initial<br>**Industry:** *Submitter Middle Name* | O | AN | 1/25 | Situational |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>46 Electronic Transmitter Identification Number (ETIN) | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Submitter Identifier*<br>**Nebraska Medicaid Directive:** *Use the 4-digit NE Medicaid assigned submitter ID.* | C | AN | 2/80 | Required |

# PER Submitter EDI Contact Information

**Loop: 1000A**
**Elements: 8**

**User Option (Usage):** Required

To identify a person or office to whom administrative communications should be directed

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| PER01 | 366 | **Contact Function Code**<br>**Description:** Code identifying the major duty or responsibility of the person or group named<br>**Code** — **Name**<br>IC — Information Contact | M | ID | 2/2 | Required |
| PER02 | 93 | **Name**<br>**Description:** Free-form name<br>**Industry:** *Submitter Contact Name* | O | AN | 1/60 | Required |
| PER03 | 365 | **Communication Number Qualifier**<br>**Description:** Code identifying the type of communication number<br>**Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*<br>**Code** — **Name**<br>ED — Electronic Data Interchange Access Number<br>EM — Electronic Mail<br>FX — Facsimile<br>TE — Telephone | C | ID | 2/2 | Required |
| PER04 | 364 | **Communication Number**<br>**Description:** Complete communications number including country or area code when applicable | C | AN | 1/80 | Required |
| PER05 | 365 | **Communication Number Qualifier**<br>**Description:** Code identifying the type of communication number<br>**Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*<br>**Code** — **Name**<br>ED — Electronic Data Interchange Access Number<br>EM — Electronic Mail<br>EX — Telephone Extension<br>FX — Facsimile<br>TE — Telephone | C | ID | 2/2 | Situational |
| PER06 | 364 | **Communication Number**<br>**Description:** Complete communications number including country or area code when applicable | C | AN | 1/80 | Situational |
| PER07 | 365 | **Communication Number Qualifier**<br>**Description:** Code identifying the type of communication number<br>**Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*<br>**Code** — **Name**<br>ED — Electronic Data Interchange Access Number<br>EM — Electronic Mail<br>EX — Telephone Extension<br>FX — Facsimile<br>TE — Telephone | C | ID | 2/2 | Situational |
| PER08 | 364 | **Communication Number**<br>**Description:** Complete communications number including country or area code when applicable | C | AN | 1/80 | Situational |

# NM1 Receiver Name

**Loop: 1000B**
**Elements: 5**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** **Name**<br>40 Receiver | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** **Name**<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Receiver Name*<br>**Nebraska Medicaid Directive:** *Use "State of Nebraska".* | O | AN | 1/35 | Required |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Industry:** *Information Receiver Identification Number*<br>**Code** **Name**<br>46 Electronic Transmitter Identification Number (ETIN) | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Receiver Primary Identifier*<br>**Nebraska Medicaid Directive:** *Use "NEMEDICAID".* | C | AN | 2/80 | Required |

# HL Billing/Pay-To Provider Hierarchical Level

**Loop: 2000A**
**Elements: 3**

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HL01 | 628 | **Hierarchical ID Number**<br>**Description:** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure | M | AN | 1/12 | Required |
| HL03 | 735 | **Hierarchical Level Code**<br>**Description:** Code defining the characteristic of a level in a hierarchical structure<br>**Code** **Name**<br>20 Information Source | M | ID | 1/2 | Required |
| HL04 | 736 | **Hierarchical Child Code**<br>**Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described<br>**Code** **Name**<br>1 Additional Subordinate HL Data Segment in This Hierarchical Structure. | O | ID | 1/1 | Required |

# NM1 Billing Provider Name

**Loop: 2010AA**
**Elements: 5**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>85 Billing Provider | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Billing Provider Last or Organizational Name* | O | AN | 1/35 | Required |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Nebraska Medicaid Directive:** *Code "XX" not allowed by NE Medicaid.*<br>**Code** / **Name**<br>24 Employer's Identification Number<br>34 Social Security Number<br>XX Health Care Financing Administration National Provider Identifier | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Billing Provider Identifier*<br>**ExternalCodeList**<br>**Name:** 537<br>**Description:** Health Care Financing Administration National Provider Identifier | C | AN | 2/80 | Required |

# N3 Billing Provider Address

**Loop: 2010AA**
**Elements: 2**

**User Option (Usage):** Required

To specify the location of the named party

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N301 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Billing Provider Address Line* | M | AN | 1/55 | Required |
| N302 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Billing Provider Address Line* | O | AN | 1/55 | Situational |

# N4 Billing Provider City/State/ZIP Code

**Loop: 2010AA**
**Elements: 4**

**User Option (Usage):** Required

To specify the geographic place of the named party

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N401 | 19 | **City Name**<br>**Description:** Free-form text for city name<br>**Industry:** *Billing Provider City Name* | O | AN | 2/30 | Required |
| N402 | 156 | **State or Province Code**<br>**Description:** Code (Standard State/Province) as defined by appropriate government agency<br>**Industry:** *Billing Provider State or Province Code*<br>**ExternalCodeList**<br>**Name:** 22<br>**Description:** States and Outlying Areas of the U.S. | O | ID | 2/2 | Required |
| N403 | 116 | **Postal Code**<br>**Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)<br>**Industry:** *Billing Provider Postal Zone or ZIP Code*<br>**ExternalCodeList**<br>**Name:** 51<br>**Description:** ZIP Code | O | ID | 3/15 | Required |
| N404 | 26 | **Country Code**<br>**Description:** Code identifying the country<br>**ExternalCodeList**<br>**Name:** 5<br>**Description:** Countries, Currencies and Funds | O | ID | 2/3 | Situational |

# REF Billing Provider Secondary Identification

**Loop: 2010AA**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Code "1C" and the Medicare provider ID number is allowed for claims submitted by Medicare only. Use code "1D" and the 11-digit NE Medicaid assigned provider number for all other claims.* | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Billing Provider Additional Identifier* | C | AN | 1/30 | Required |

| Code | Name |
|---|---|
| 0B | State License Number |
| 1A | Blue Cross Provider Number |
| 1B | Blue Shield Provider Number |
| 1C | Medicare Provider Number |
| 1D | Medicaid Provider Number |
| 1G | Provider UPIN Number |
| 1H | CHAMPUS Identification Number |
| 1J | Facility ID Number |
| B3 | Preferred Provider Organization Number |
| BQ | Health Maintenance Organization Code Number |
| EI | Employer's Identification Number |
| FH | Clinic Number |
| G2 | Provider Commercial Number |
| G5 | Provider Site Number |
| LU | Location Number |
| SY | Social Security Number |
| X5 | State Industrial Accident Provider Number |

# PER Billing Provider Contact Information

**Loop: 2010AA**
**Elements: 8**

**User Option (Usage):** Situational

To identify a person or office to whom administrative communications should be directed

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| PER01 | 366 | **Contact Function Code**<br>**Description:** Code identifying the major duty or responsibility of the person or group named<br>**Code** / **Name**<br>IC / Information Contact | M | ID | 2/2 | Required |
| PER02 | 93 | **Name**<br>**Description:** Free-form name<br>**Industry:** *Billing Provider Contact Name* | O | AN | 1/60 | Required |
| PER03 | 365 | **Communication Number Qualifier**<br>**Description:** Code identifying the type of communication number<br>**Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*<br>**Code** / **Name**<br>EM / Electronic Mail<br>FX / Facsimile<br>TE / Telephone | C | ID | 2/2 | Required |
| PER04 | 364 | **Communication Number**<br>**Description:** Complete communications number including country or area code when applicable | C | AN | 1/80 | Required |
| PER05 | 365 | **Communication Number Qualifier**<br>**Description:** Code identifying the type of communication number<br>**Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*<br>**Code** / **Name**<br>EM / Electronic Mail<br>EX / Telephone Extension<br>FX / Facsimile<br>TE / Telephone | C | ID | 2/2 | Situational |
| PER06 | 364 | **Communication Number**<br>**Description:** Complete communications number including country or area code when applicable | C | AN | 1/80 | Situational |
| PER07 | 365 | **Communication Number Qualifier**<br>**Description:** Code identifying the type of communication number<br>**Nebraska Medicaid Directive:** *Code "EM" not used by NE Medicaid.*<br>**Code** / **Name**<br>EM / Electronic Mail<br>EX / Telephone Extension<br>FX / Facsimile<br>TE / Telephone | C | ID | 2/2 | Situational |
| PER08 | 364 | **Communication Number**<br>**Description:** Complete communications number including country or area code when applicable | C | AN | 1/80 | Situational |

# HL Subscriber Hierarchical Level

**Loop: 2000B**
**Elements: 4**

**User Option (Usage):** Required

To identify dependencies among and the content of hierarchically related groups of data segments

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HL01 | 628 | **Hierarchical ID Number**<br>**Description:** A unique number assigned by the sender to identify a particular data segment in a hierarchical structure | M | AN | 1/12 | Required |
| HL02 | 734 | **Hierarchical Parent ID Number**<br>**Description:** Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to | O | AN | 1/12 | Required |
| HL03 | 735 | **Hierarchical Level Code**<br>**Description:** Code defining the characteristic of a level in a hierarchical structure<br>**Code** — **Name**<br>22 — Subscriber | M | ID | 1/2 | Required |
| HL04 | 736 | **Hierarchical Child Code**<br>**Description:** Code indicating if there are hierarchical child data segments subordinate to the level being described<br>**All valid standard codes are used.** | O | ID | 1/1 | Required |

# SBR Subscriber Information

**Loop: 2000B**
**Elements: 5**

**User Option (Usage):** Required

To record information specific to the primary insured and the insurance carrier for that insured

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| SBR01 | 1138 | **Payer Responsibility Sequence Number Code**<br>**Description:** Code identifying the insurance carrier's level of responsibility for a payment of a claim<br>**Code** / **Name**<br>P Primary<br>S Secondary<br>T Tertiary | M | ID | 1/1 | Required |
| SBR02 | 1069 | **Individual Relationship Code**<br>**Description:** Code indicating the relationship between two individuals or entities<br>**Code** / **Name**<br>18 Self | O | ID | 2/2 | Situational |
| SBR03 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Insured Group or Policy Number* | O | AN | 1/30 | Situational |
| SBR04 | 93 | **Name**<br>**Description:** Free-form name<br>**Industry:** *Insured Group Name* | O | AN | 1/60 | Situational |
| SBR09 | 1032 | **Claim Filing Indicator Code**<br>**Description:** Code identifying type of claim<br>**Nebraska Medicaid Directive:** *Use code "MC" for all claims submitted to NE Medicaid. No other value is allowed.*<br>**Code** / **Name**<br>MC Medicaid | O | ID | 1/2 | Situational |

# NM1 Subscriber Name

**Loop: 2010BA**
**Elements: 8**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Nebraska Medicaid Directive:

*If the patient is an "eligible mother" (eligible under the unborn baby's number), enter the mother's name in NM103-NM107 and enter the unborn baby's eligibility number in NM109.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** **Name**<br>IL Insured or Subscriber | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** **Name**<br>1 Person<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Subscriber Last Name* | O | AN | 1/35 | Required |
| NM104 | 1036 | **Name First**<br>**Description:** Individual first name<br>**Industry:** *Subscriber First Name* | O | AN | 1/25 | Situational |
| NM105 | 1037 | **Name Middle**<br>**Description:** Individual middle name or initial<br>**Industry:** *Subscriber Middle Name* | O | AN | 1/25 | Situational |
| NM107 | 1039 | **Name Suffix**<br>**Description:** Suffix to individual name<br>**Industry:** *Subscriber Name Suffix* | O | AN | 1/10 | Situational |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Nebraska Medicaid Directive:** *Code "MI" and the HIC number can be used on claims submitted by Medicare only. Use code "MI" and the 11-digit NE Medicaid assigned Recipient ID number for all other claims.*<br>**Code** **Name**<br>MI Member Identification Number<br>ZZ Mutually Defined | C | ID | 1/2 | Situational |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Subscriber Primary Identifier* | C | AN | 2/80 | Situational |

# N3 Subscriber Address

**Loop: 2010BA**
**Elements: 2**

**User Option (Usage):** Situational

To specify the location of the named party

## Nebraska Medicaid Directive:

*Required by NE Medicaid.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N301 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Subscriber Address Line* | M | AN | 1/55 | Required |
| N302 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Subscriber Address Line* | O | AN | 1/55 | Situational |

# N4 Subscriber City/State/ZIP Code

**Loop: 2010BA**
**Elements: 4**

**User Option (Usage):** Situational

To specify the geographic place of the named party

## Nebraska Medicaid Directive:

*Required by NE Medicaid.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N401 | 19 | **City Name**<br>**Description:** Free-form text for city name<br>**Industry:** *Subscriber City Name* | O | AN | 2/30 | Required |
| N402 | 156 | **State or Province Code**<br>**Description:** Code (Standard State/Province) as defined by appropriate government agency<br>**Industry:** *Subscriber State Code*<br>**ExternalCodeList**<br>**Name:** 22<br>**Description:** States and Outlying Areas of the U.S. | O | ID | 2/2 | Required |
| N403 | 116 | **Postal Code**<br>**Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)<br>**Industry:** *Subscriber Postal Zone or ZIP Code*<br>**ExternalCodeList**<br>**Name:** 51<br>**Description:** ZIP Code | O | ID | 3/15 | Required |
| N404 | 26 | **Country Code**<br>**Description:** Code identifying the country<br>**ExternalCodeList**<br>**Name:** 5<br>**Description:** Countries, Currencies and Funds | O | ID | 2/3 | Situational |

# DMG Subscriber Demographic Information

**Loop: 2010BA**
**Elements: 3**

**User Option (Usage):** Situational

To supply demographic information

## Nebraska Medicaid Directive:

*Required by NE Medicaid. Note: If the patient is an "ineligible mother" (eligible under the unborn baby's number), enter the mother's date of birth (DMG02) and sex (DMG03).*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DMG01 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** / **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| DMG02 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Subscriber Birth Date* | C | AN | 1/35 | Required |
| DMG03 | 1068 | **Gender Code**<br>**Description:** Code indicating the sex of the individual<br>**Industry:** *Subscriber Gender Code*<br>**Code** / **Name**<br>F Female<br>M Male<br>U Unknown | O | ID | 1/1 | Required |

# NM1 Payer Name

**Loop: 2010BC**
**Elements: 5**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>PR / Payer | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>2 / Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Payer Name* | O | AN | 1/35 | Required |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Nebraska Medicaid Directive:** *Use code "PI".*<br>**Code** / **Name**<br>PI / Payor Identification<br>XV / Health Care Financing Administration National Payer Identification Number (PAYERID)<br>**Nebraska Medicaid Directive:**<br>*540: Health Care Financing Administration National Plan ID* | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Payer Identifier*<br>**Nebraska Medicaid Directive:** *Use "NEMEDICAID".*<br>**ExternalCodeList**<br>**Name:** 540<br>**Description:** Health Care Financing Administration National Plan ID | C | AN | 2/80 | Required |

# CLM Claim information

**Loop: 2300**
**Elements: 9**

**User Option (Usage):** Required

To specify basic data about the claim

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| CLM01 | 1028 | **Claim Submitter's Identifier**<br>**Description:** Identifier used to track a claim from creation by the health care provider through payment<br>**Industry:** *Patient Account Number* | M | AN | 1/38 | Required |
| CLM02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Total Claim Charge Amount*<br>**Nebraska Medicaid Directive:** *Must equal sum of all service lines submitted.* | O | R | 1/18 | Required |
| CLM05 | C023 | **Health Care Service Location Information**<br>**Description:** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered | O | Comp | | Required |
| | 1331 | **Facility Code Value**<br>**Description:** Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format<br>**Industry:** *Facility Type Code*<br>**ExternalCodeList**<br>**Name:** 236<br>**Description:** Uniform Billing Claim Form Bill Type | M | AN | 1/2 | Required |
| | 1332 | **Facility Code Qualifier**<br>**Description:** Code identifying the type of facility referenced<br>**Code** — **Name**<br>A — Uniform Billing Claim Form Bill Type | O | ID | 1/2 | Required |
| | 1325 | **Claim Frequency Type Code**<br>**Description:** Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type<br>**Industry:** *Claim Frequency Code*<br>**Nebraska Medicaid Directive:** *Do not use codes 9 - Z.*<br>**ExternalCodeList**<br>**Name:** 235<br>**Description:** Claim Frequency Type Code | O | ID | 1/1 | Required |
| CLM06 | 1073 | **Yes/No Condition or Response Code**<br>**Description:** Code indicating a Yes or No condition or response<br>**Industry:** *Provider or Supplier Signature Indicator*<br>**Code** — **Name**<br>N — No<br>Y — Yes | O | ID | 1/1 | Required |
| CLM07 | 1359 | **Provider Accept Assignment Code**<br>**Description:** Code indicating whether the provider accepts assignment<br>**Industry:** *Medicare Assignment Code*<br>**Code** — **Name**<br>A — Assigned | O | ID | 1/1 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | C Not Assigned | | | | |
| CLM08 | 1073 | **Yes/No Condition or Response Code**<br>**Description:** Code indicating a Yes or No condition or response<br>**Industry:** *Benefits Assignment Certification Indicator*<br>**Code** **Name**<br>N No<br>Y Yes | O | ID | 1/1 | Required |
| CLM09 | 1363 | **Release of Information Code**<br>**Description:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations<br>**Code** **Name**<br>A Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization<br>I Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes<br>M The Provider has Limited or Restricted Ability to Release Data Related to a Claim<br>N No, Provider is Not Allowed to Release Data<br>O On file at Payor or at Plan Sponsor<br>Y Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim | O | ID | 1/1 | Required |
| CLM18 | 1073 | **Yes/No Condition or Response Code**<br>**Description:** Code indicating a Yes or No condition or response<br>**Industry:** *Explanation of Benefits Indicator*<br>**Code** **Name**<br>N No<br>Y Yes | O | ID | 1/1 | Required |
| CLM20 | 1514 | **Delay Reason Code**<br>**Description:** Code indicating the reason why a request was delayed<br>**Code** **Name**<br>1 Proof of Eligibility Unknown or Unavailable<br>2 Litigation<br>3 Authorization Delays<br>4 Delay in Certifying Provider<br>5 Delay in Supplying Billing Forms<br>6 Delay in Delivery of Custom-made Appliances<br>7 Third Party Processing Delay<br>8 Delay in Eligibility Determination<br>9 Original Claim Rejected or Denied Due to a Reason Unrelated to the Billing Limitation Rules<br>10 Administration Delay in the Prior Approval Process<br>11 Other | O | ID | 1/2 | Situational |

# DTP Discharge Hour

**Loop: 2300**
**Elements: 3**

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide, and on outpatient claims for emergency room, labor room, surgery and observation.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** **Name**<br>096 Discharge | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>TM Time Expressed in Format HHMM | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Discharge Hour*<br>**Nebraska Medicaid Directive:** *The valid values are 0000-2359 only.* | M | AN | 1/35 | Required |

# DTP Statement Dates

**Loop: 2300**
**Elements: 3**

**User Option (Usage):** Required

To specify any or all of a date, a time, or a time period

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** **Name**<br>434 Statement | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Statement From or To Date* | M | AN | 1/35 | Required |

# DTP Admission Date/Hour

**Loop: 2300**
**Elements: 3**

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide, and on all home health claims, and on all outpatient claims for physical therapy, speech therapy and occupational therapy.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** **Name**<br>435 Admission | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>DT Date and Time Expressed in Format CCYYMMDDHHMM | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Admission Date and Hour*<br>**Nebraska Medicaid Directive:** *The valid values are 0000-2359 only.* | M | AN | 1/35 | Required |

# CL1 Institutional Claim Code

**Loop: 2300**
**Elements: 3**

**User Option (Usage):** Situational

To supply information specific to hospital claims

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide. Note: An interim claim frequency type code (2 or 3) requires a patient status code 30.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| CL101 | 1315 | **Admission Type Code**<br>**Description:** Code indicating the priority of this admission<br>**ExternalCodeList**<br>**Name:** 231<br>**Description:** Admission Type Code | O | ID | 1/1 | Situational |
| CL102 | 1314 | **Admission Source Code**<br>**Description:** Code indicating the source of this admission<br>**ExternalCodeList**<br>**Name:** 230<br>**Description:** Admission Source Code | O | ID | 1/1 | Situational |
| CL103 | 1352 | **Patient Status Code**<br>**Description:** Code indicating patient status as of the "statement covers through date"<br>**ExternalCodeList**<br>**Name:** 239<br>**Description:** Patient Status Code | O | ID | 1/2 | Situational |

# PWK Claim Supplemental Information

**Loop: 2300**
**Elements: 5**

**User Option (Usage):** Situational

To identify the type or transmission or both of paperwork or supporting information

## Nebraska Medicaid Directive:

*Required when a paper attachment is required by NE Medicaid. Line level PWK segment may also be used; however, line level PWK alone is not sufficient.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| PWK01 | 755 | **Report Type Code**<br>**Description:** Code indicating the title or contents of a document, report or supporting item<br>**Industry:** *Attachment Report Type Code*<br>**Code** / **Name**<br>AS Admission Summary<br>B2 Prescription<br>B3 Physician Order<br>B4 Referral Form<br>CT Certification<br>DA Dental Models<br>DG Diagnostic Report<br>DS Discharge Summary<br>EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)<br>MT Models<br>NN Nursing Notes<br>OB Operative Note<br>OZ Support Data for Claim<br>PN Physical Therapy Notes<br>PO Prosthetics or Orthotic Certification<br>PZ Physical Therapy Certification<br>RB Radiology Films<br>RR Radiology Reports<br>RT Report of Tests and Analysis Report | M | ID | 2/2 | Required |
| PWK02 | 756 | **Report Transmission Code**<br>**Description:** Code defining timing, transmission method or format by which reports are to be sent<br>**Industry:** *Attachment Transmission Code*<br>**Nebraska Medicaid Directive:** *Use codes "BM" or "FX" only.*<br>**Code** / **Name**<br>AA Available on Request at Provider Site<br>BM By Mail<br>EL Electronically Only<br>EM E-Mail<br>FX By Fax | O | ID | 1/2 | Required |
| PWK05 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>AC Attachment Control Number | C | ID | 1/2 | Situational |
| PWK06 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Attachment Control Number*<br>**Nebraska Medicaid Directive:** *Required if PWK02 =* | C | AN | 2/80 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | *"BM" or "FX". This number must be unique for each claim.* | | | | |
| PWK07 | 352 | **Description**<br>**Description:** A free-form description to clarify the related data elements and their content<br>**Industry:** *Attachment Description* | O | AN | 1/80 | Not recommended |

# AMT Payer Estimated Amount Due

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>C5 / Claim Amount Due - Estimated | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Estimated Claim Due Amount* | M | R | 1/18 | Required |

# AMT Patient Estimated Amount Due

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>F3 Patient Responsibility - Estimated | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Patient Responsibility Amount* | M | R | 1/18 | Required |

# AMT Patient Paid Amount

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required if the patient has paid any amount toward the claim. Exception: Do not use to report NE Medicaid copay.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>F5 / Patient Amount Paid | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Patient Amount Paid* | M | R | 1/18 | Required |

# REF Original Reference Number (ICN/DCN)

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid for Frequency Type Codes (CLM05-3) 7, 8, and 9-Y when the claim was not submitted by Medicare.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Code** / **Name**<br>F8 Original Reference Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Claim Original Reference Number*<br>**Nebraska Medicaid Directive:** *Use NE Medicaid assigned claim number.* | C | AN | 1/30 | Required |

# REF Peer Review Organization (PRO) Approval Number

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Code** / **Name**<br>G4 Peer Review Organization (PRO) Approval Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Peer Review Authorization Number* | C | AN | 1/30 | Required |

# REF Prior Authorization or Referral Number

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Use code "G1" only.*<br>**Code** / **Name**<br>9F Referral Number<br>G1 Prior Authorization Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Prior Authorization Number* | C | AN | 1/30 | Required |

# REF Medical Record Number

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Code** / **Name**<br>EA Medical Record Identification Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Medical Record Number* | C | AN | 1/30 | Required |

# NTE Claim Note

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

## Nebraska Medicaid Directive:

*Use when additional information is required by NE Medicaid to substantiate the services.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NTE01 | 363 | **Note Reference Code**<br>**Description:** Code identifying the functional area or purpose for which the note applies | O | ID | 3/3 | Required |
| NTE02 | 352 | **Description**<br>**Description:** A free-form description to clarify the related data elements and their content<br>**Industry:** *Claim Note Text* | M | AN | 1/80 | Required |

| Code | Name |
|---|---|
| ALG | Allergies |
| DCP | Goals, Rehabilitation Potential, or Discharge Plans |
| DGN | Diagnosis Description |
| DME | Durable Medical Equipment (DME) and Supplies |
| MED | Medications |
| NTR | Nutritional Requirements |
| ODT | Orders for Disciplines and Treatments |
| RHB | Functional Limitations, Reason Homebound, or Both |
| RLH | Reasons Patient Leaves Home |
| RNH | Times and Reasons Patient Not at Home |
| SET | Unusual Home, Social Environment, or Both |
| SFM | Safety Measures |
| SPT | Supplementary Plan of Treatment |
| UPI | Updated Information |

# NTE Billing Note

**Loop: 2300**
**Elements: 2**

**User Option (Usage):** Situational

To transmit information in a free-form format, if necessary, for comment or special instruction

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NTE01 | 363 | **Note Reference Code**<br>**Description:** Code identifying the functional area or purpose for which the note applies<br>**Code** **Name**<br>ADD Additional Information | O | ID | 3/3 | Required |
| NTE02 | 352 | **Description**<br>**Description:** A free-form description to clarify the related data elements and their content<br>**Industry:** *Billing Note Text* | M | AN | 1/80 | Required |

# HI Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information

**Loop: 2300** **Elements: 3**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide and principle diagnosis required on nursing facility and home health claims.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** / **Name**<br>BK / Principal Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** / **Name**<br>BJ / Admitting Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** / **Name**<br>BN / United States Department of Health and Human Services, Office of Vital Statistics E-code | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |

# HI Other Diagnosis Information

**Loop: 2300**
**Elements: 12**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI04 | C022 | **Health Care Code Information** | O | Comp | | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** To send health care codes and their associated dates, amounts and quantities | | | | |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI05 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI06 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI07 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI08 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name** | M | ID | 1/3 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | BF Diagnosis | | | | |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI09 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI10 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI11 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| HI12 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BF Diagnosis | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Other Diagnosis*<br>**ExternalCodeList** | M | AN | 1/30 | Required |

**Name:** 131
**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

# HI Principal Procedure Information

**Loop: 2300**
**Elements: 1**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BR" only.*<br>**Code** — **Name**<br>BP — Health Care Financing Administration Common Procedural Coding System Principal Procedure<br>BR — International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Principal Procedure Code. Use ICD-9 codes only.*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** — **Name**<br>D8 — Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times | C | AN | 1/35 | Situational |

# HI Other Procedure Information

**Loop: 2300**
**Elements: 12**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System | M | AN | 1/30 | Required |

**ExternalCodeList**
**Name:** 131
**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

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|---|---|---|---|---|---|---|
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI04 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI05 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI06 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI07 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code** | M | ID | 1/3 | Required |

**Description:** Code identifying a specific industry code list
**Nebraska Medicaid Directive:** *Use code "BQ" only.*

| Code | Name |
|---|---|
| BO | Health Care Financing Administration Common Procedural Coding System |
| BQ | International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format | C | ID | 2/3 | Situational |

| Code | Name |
|---|---|
| D8 | Date Expressed in Format CCYYMMDD |

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|---|---|---|---|---|---|---|
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI08 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.* | M | ID | 1/3 | Required |

| Code | Name |
|---|---|
| BO | Health Care Financing Administration Common Procedural Coding System |
| BQ | International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format | C | ID | 2/3 | Situational |

| Code | Name |
|---|---|
| D8 | Date Expressed in Format CCYYMMDD |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI09 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.* | M | ID | 1/3 | Required |

| Code | Name |
|---|---|
| BO | Health Care Financing Administration Common Procedural Coding System |
| BQ | International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific | M | AN | 1/30 | Required |

industry code list
**Industry:** *Procedure Code*
**ExternalCodeList**
**Name:** 130
**Description:** Health Care Financing Administration Common Procedural Coding System
**ExternalCodeList**
**Name:** 131
**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI10 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI11 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |
| HI12 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Nebraska Medicaid Directive:** *Use code "BQ" only.*<br>**Code** **Name**<br>BO Health Care Financing Administration Common Procedural Coding System<br>BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 131<br>**Description:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Situational |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Procedure Date* | C | AN | 1/35 | Situational |

# HI Occurrence Span Information

**Loop: 2300**
**Elements: 12**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period** | C | AN | 1/35 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | | | | |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI04 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI05 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code* | M | AN | 1/30 | Required |

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| | | **ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | | | | |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI06 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI07 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI08 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |

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|---|---|---|---|---|---|---|
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI09 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI10 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name** | C | ID | 2/3 | Required |

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|---|---|---|---|---|---|---|
| | | RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | | | | |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI11 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI12 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BI Occurrence Span | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Span Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |

# HI Occurrence Information

**Loop: 2300**
**Elements: 12**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period** | C | AN | 1/35 | Required |

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| | | **Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | | | | |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI04 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI05 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code* | M | AN | 1/30 | Required |

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|---|---|---|---|---|---|---|
| | | **ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | | | | |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI06 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code**<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI07 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI08 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |

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|---|---|---|---|---|---|---|
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI09 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI10 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name** | C | ID | 2/3 | Required |

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|---|---|---|---|---|---|---|
| | | D8 Date Expressed in Format CCYYMMDD | | | | |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI11 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |
| HI12 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BH Occurrence | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Occurrence Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Occurrence or Occurrence Span Code Associated Date* | C | AN | 1/35 | Required |

# HI Value Information

**Loop: 2300**
**Elements: 12**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific | M | AN | 1/30 | Required |

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| | | industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | | | | |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI04 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI05 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI06 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI07 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code** | M | ID | 1/3 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | | | | |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI08 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI09 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI10 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount** | O | R | 1/18 | Required |

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|---|---|---|---|---|---|---|
| | | **Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | | | | |
| HI11 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |
| HI12 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BE Value | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Value Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Value Code Associated Amount* | O | R | 1/18 | Required |

# HI Condition Information

**Loop: 2300**
**Elements: 12**

**User Option (Usage):** Situational

To supply information related to the delivery of health care

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| HI01 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | M | Comp | | Required |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** / **Name**<br>BG / Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI02 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** / **Name**<br>BG / Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI03 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** / **Name**<br>BG / Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI04 | C022 | **Health Care Code Information** | O | Comp | | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** To send health care codes and their associated dates, amounts and quantities | | | | |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI05 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI06 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI07 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI08 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name** | M | ID | 1/3 | Required |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | BG Condition | | | | |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI09 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI10 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI11 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | M | AN | 1/30 | Required |
| HI12 | C022 | **Health Care Code Information**<br>**Description:** To send health care codes and their associated dates, amounts and quantities | O | Comp | | Situational |
| | 1270 | **Code List Qualifier Code**<br>**Description:** Code identifying a specific industry code list<br>**Code** **Name**<br>BG Condition | M | ID | 1/3 | Required |
| | 1271 | **Industry Code**<br>**Description:** Code indicating a code from a specific industry code list<br>**Industry:** *Condition Code*<br>**ExternalCodeList** | M | AN | 1/30 | Required |

**Name:** 132
**Description:** National Uniform Billing Committee (NUBC) Codes

# QTY Claim Quantity

**Loop: 2300**
**Elements: 3**

**User Option (Usage):** Situational

To specify quantity information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| QTY01 | 673 | **Quantity Qualifier**<br>**Description:** Code specifying the type of quantity<br>**Code** / **Name**<br>CA Covered - Actual<br>CD Co-insured - Actual<br>LA Life-time Reserve - Actual<br>NA Number of Non-covered Days | M | ID | 2/2 | Required |
| QTY02 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Claim Days Count* | C | R | 1/15 | Required |
| QTY03 | C001 | **Composite Unit of Measure**<br>**Description:** To identify a composite unit of measure(See Figures Appendix for examples of use) | O | Comp | | Required |
| | 355 | **Unit or Basis for Measurement Code**<br>**Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken<br>**Code** / **Name**<br>DA Days | M | ID | 2/2 | Required |

# NM1 Attending Physician Name

**Loop: 2310A**
**Elements: 8**

**User Option (Usage):** Situational

To supply the full name of an individual or organizational entity

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>71 Attending Physician | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>1 Person<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Attending Physician Last Name* | O | AN | 1/35 | Required |
| NM104 | 1036 | **Name First**<br>**Description:** Individual first name<br>**Industry:** *Attending Physician First Name* | O | AN | 1/25 | Situational |
| NM105 | 1037 | **Name Middle**<br>**Description:** Individual middle name or initial<br>**Industry:** *Attending Physician Middle Name* | O | AN | 1/25 | Situational |
| NM107 | 1039 | **Name Suffix**<br>**Description:** Suffix to individual name<br>**Industry:** *Attending Physician Name Suffix* | O | AN | 1/10 | Situational |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>24 Employer's Identification Number<br>34 Social Security Number<br>XX Health Care Financing Administration National Provider Identifier | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Attending Physician Primary Identifier*<br>**ExternalCodeList**<br>**Name:** 537<br>**Description:** Health Care Financing Administration National Provider Identifier | C | AN | 2/80 | Required |

# REF Attending Physician Secondary Identification

**Loop: 2310A**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when an attending physician is reported on the claim.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Use code "0B" only.*<br>**Code** / **Name**<br>0B State License Number<br>1A Blue Cross Provider Number<br>1B Blue Shield Provider Number<br>1C Medicare Provider Number<br>1D Medicaid Provider Number<br>1G Provider UPIN Number<br>1H CHAMPUS Identification Number<br>EI Employer's Identification Number<br>G2 Provider Commercial Number<br>LU Location Number<br>N5 Provider Plan Network Identification Number<br>SY Social Security Number<br>X5 State Industrial Accident Provider Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Attending Physician Secondary Identifier*<br>**Nebraska Medicaid Directive:** *State license number must be the two-digit alphabetical state code abbreviation followed by the state license number. For example, NE123456.* | C | AN | 1/30 | Required |

# NM1 Operating Physician Name

**Loop: 2310B**
**Elements: 8**

**User Option (Usage):** Situational

To supply the full name of an individual or organizational entity

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>72 / Operating Physician | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>1 / Person | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Operating Physician Last Name* | O | AN | 1/35 | Required |
| NM104 | 1036 | **Name First**<br>**Description:** Individual first name<br>**Industry:** *Operating Physician First Name* | O | AN | 1/25 | Required |
| NM105 | 1037 | **Name Middle**<br>**Description:** Individual middle name or initial<br>**Industry:** *Operating Physician Middle Name* | O | AN | 1/25 | Situational |
| NM107 | 1039 | **Name Suffix**<br>**Description:** Suffix to individual name<br>**Industry:** *Operating Physician Name Suffix* | O | AN | 1/10 | Situational |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>24 / Employer's Identification Number<br>34 / Social Security Number<br>XX / Health Care Financing Administration National Provider Identifier | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Operating Physician Primary Identifier*<br>**ExternalCodeList**<br>**Name:** 537<br>**Description:** Health Care Financing Administration National Provider Identifier | C | AN | 2/80 | Required |

# REF Operating Physician Secondary Identification

**Loop: 2310B**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when an operating physician is reported on the claim.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Use code "0B" only.* | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Operating Physician Secondary Identifier*<br>**Nebraska Medicaid Directive:** *State license must be the two-digit alphabetical state code abbreviation followed by the state license number. For example, NE123456.* | C | AN | 1/30 | Required |

| Code | Name |
|---|---|
| 0B | State License Number |
| 1A | Blue Cross Provider Number |
| 1B | Blue Shield Provider Number |
| 1C | Medicare Provider Number |
| 1D | Medicaid Provider Number |
| 1G | Provider UPIN Number |
| 1H | CHAMPUS Identification Number |
| EI | Employer's Identification Number |
| G2 | Provider Commercial Number |
| LU | Location Number |
| N5 | Provider Plan Network Identification Number |
| SY | Social Security Number |
| X5 | State Industrial Accident Provider Number |

# NM1 Other Provider Name

**Loop: 2310C**
**Elements: 8**

**User Option (Usage):** Situational

To supply the full name of an individual or organizational entity

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>73 Other Physician | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>1 Person<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Other Physician Last Name* | O | AN | 1/35 | Required |
| NM104 | 1036 | **Name First**<br>**Description:** Individual first name<br>**Industry:** *Other Physician First Name* | O | AN | 1/25 | Situational |
| NM105 | 1037 | **Name Middle**<br>**Description:** Individual middle name or initial<br>**Industry:** *Other Provider Middle Name* | O | AN | 1/25 | Situational |
| NM107 | 1039 | **Name Suffix**<br>**Description:** Suffix to individual name<br>**Industry:** *Other Provider Name Suffix* | O | AN | 1/10 | Situational |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>24 Employer's Identification Number<br>34 Social Security Number<br>XX Health Care Financing Administration National Provider Identifier | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Other Physician Identifier*<br>**ExternalCodeList**<br>**Name:** 537<br>**Description:** Health Care Financing Administration National Provider Identifier | C | AN | 2/80 | Required |

# REF Other Provider Secondary Identification

**Loop: 2310C**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when an other physician is reported on the claim.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Use code "0B" only.*<br>**Code** / **Name**<br>0B State License Number<br>1A Blue Cross Provider Number<br>1B Blue Shield Provider Number<br>1C Medicare Provider Number<br>1D Medicaid Provider Number<br>1G Provider UPIN Number<br>1H CHAMPUS Identification Number<br>EI Employer's Identification Number<br>G2 Provider Commercial Number<br>LU Location Number<br>N5 Provider Plan Network Identification Number<br>SY Social Security Number<br>X5 State Industrial Accident Provider Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Other Provider Secondary Identifier*<br>**Nebraska Medicaid Directive:** *State license number must be the two-digit alphabetical state code abbreviation followed by the state license number. For example, NE123456.* | C | AN | 1/30 | Required |

# SBR Other Subscriber Information

**Loop: 2320**
**Elements: 5**

**User Option (Usage):** Situational

To record information specific to the primary insured and the insurance carrier for that insured

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| SBR01 | 1138 | **Payer Responsibility Sequence Number Code**<br>**Description:** Code identifying the insurance carrier's level of responsibility for a payment of a claim<br>**Code** / **Name**<br>P Primary<br>S Secondary<br>T Tertiary | M | ID | 1/1 | Required |
| SBR02 | 1069 | **Individual Relationship Code**<br>**Description:** Code indicating the relationship between two individuals or entities<br>**Code** / **Name**<br>01 Spouse<br>04 Grandfather or Grandmother<br>05 Grandson or Granddaughter<br>07 Nephew or Niece<br>10 Foster Child<br>15 Ward<br>17 Stepson or Stepdaughter<br>18 Self<br>19 Child<br>20 Employee<br>21 Unknown<br>22 Handicapped Dependent<br>23 Sponsored Dependent<br>24 Dependent of a Minor Dependent<br>29 Significant Other<br>32 Mother<br>33 Father<br>36 Emancipated Minor<br>39 Organ Donor<br>40 Cadaver Donor<br>41 Injured Plaintiff<br>43 Child Where Insured Has No Financial Responsibility<br>53 Life Partner<br>G8 Other Relationship | O | ID | 2/2 | Required |
| SBR03 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Insured Group or Policy Number* | O | AN | 1/30 | Situational |
| SBR04 | 93 | **Name**<br>**Description:** Free-form name<br>**Industry:** *Other Insured Group Name* | O | AN | 1/60 | Situational |
| SBR09 | 1032 | **Claim Filing Indicator Code**<br>**Description:** Code identifying type of claim<br>**Code** / **Name** | O | ID | 1/2 | Situational |

| | |
|---|---|
| 09 | Self-pay |
| 10 | Central Certification |
| 11 | Other Non-Federal Programs |
| 12 | Preferred Provider Organization (PPO) |
| 13 | Point of Service (POS) |
| 14 | Exclusive Provider Organization (EPO) |
| 15 | Indemnity Insurance |
| 16 | Health Maintenance Organization (HMO) Medicare Risk |
| AM | Automobile Medical |
| BL | Blue Cross/Blue Shield |
| CH | Champus |
| CI | Commercial Insurance Co. |
| DS | Disability |
| HM | Health Maintenance Organization |
| LI | Liability |
| LM | Liability Medical |
| MA | Medicare Part A |
| MB | Medicare Part B |
| MC | Medicaid |
| OF | Other Federal Program |
| TV | Title V |
| VA | Veteran Administration Plan |
| WC | Workers' Compensation Health Claim |
| ZZ | Mutually Defined |

# CAS Claim Level Adjustment

**Loop: 2320**
**Elements: 19**

**User Option (Usage):** Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| CAS01 | 1033 | **Claim Adjustment Group Code**<br>**Description:** Code identifying the general category of payment adjustment<br>**Code** / **Name**<br>CO Contractual Obligations<br>CR Correction and Reversals<br>OA Other adjustments<br>PI Payor Initiated Reductions<br>PR Patient Responsibility | M | ID | 1/2 | Required |
| CAS02 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | M | ID | 1/5 | Required |
| CAS03 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | M | R | 1/18 | Required |
| CAS04 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | O | R | 1/15 | Situational |
| CAS05 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS06 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS07 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |
| CAS08 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS09 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS10 | 380 | **Quantity** | C | R | 1/15 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | | | | |
| CAS11 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS12 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS13 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |
| CAS14 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS15 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS16 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |
| CAS17 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS18 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS19 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |

# AMT Payer Prior Payment

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>C4 Prior Payment - Actual | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Other Payer Patient Paid Amount* | M | R | 1/18 | Required |

# AMT Coordination of Benefits (COB) Total Allowed Amount

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>B6 / Allowed - Actual | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Allowed Amount* | M | R | 1/18 | Required |

# AMT Coordination of Benefits (COB) Total Submitted Charges

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>T3 / Total Submitted Charges | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Coordination of Benefits Total Submitted Charge Amount* | M | R | 1/18 | Required |

# AMT Coordination of Benefits (COB) Total Medicare Paid Amount

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>N1 / Net Worth | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Total Medicare Paid Amount* | M | R | 1/18 | Required |

# AMT Coordination of Benefits (COB) Total Non-covered Amount

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>A8 Noncovered Charges - Actual | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Non-Covered Charge Amount* | M | R | 1/18 | Required |

# AMT Coordination of Benefits (COB) Total Denied Amount

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Situational

To indicate the total monetary amount

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| AMT01 | 522 | **Amount Qualifier Code**<br>**Description:** Code to qualify amount<br>**Code** / **Name**<br>YT / Denied | M | ID | 1/3 | Required |
| AMT02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim Total Denied Charge Amount* | M | R | 1/18 | Required |

# DMG Other Subscriber Demographic Information

**Loop: 2320**
**Elements: 3**

**User Option (Usage):** Situational

To supply demographic information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DMG01 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** / **Name**<br>D8 Date Expressed in Format CCYYMMDD | C | ID | 2/3 | Required |
| DMG02 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Other Insured Birth Date* | C | AN | 1/35 | Required |
| DMG03 | 1068 | **Gender Code**<br>**Description:** Code indicating the sex of the individual<br>**Industry:** *Other Insured Gender Code*<br>**Code** / **Name**<br>F Female<br>M Male<br>U Unknown | O | ID | 1/1 | Required |

# OI Other Insurance Coverage Information

**Loop: 2320**
**Elements: 2**

**User Option (Usage):** Required

To specify information associated with other health insurance coverage

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| OI03 | 1073 | **Yes/No Condition or Response Code**<br>**Description:** Code indicating a Yes or No condition or response<br>**Industry:** *Benefits Assignment Certification Indicator*<br>**Code** — **Name**<br>N — No<br>Y — Yes | O | ID | 1/1 | Required |
| OI06 | 1363 | **Release of Information Code**<br>**Description:** Code indicating whether the provider has on file a signed statement by the patient authorizing the release of medical data to other organizations<br>**Code** — **Name**<br>A — Appropriate Release of Information on File at Health Care Service Provider or at Utilization Review Organization<br>I — Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes<br>M — The Provider has Limited or Restricted Ability to Release Data Related to a Claim<br>N — No, Provider is Not Allowed to Release Data<br>O — On file at Payor or at Plan Sponsor<br>Y — Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim | O | ID | 1/1 | Required |

# MIA Medicare Inpatient Adjudication Information

**Loop: 2320**
**Elements: 24**

**User Option (Usage):** Situational

To provide claim-level data related to the adjudication of Medicare inpatient claims

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| MIA01 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Covered Days or Visits Count* | M | R | 1/15 | Required |
| MIA02 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Lifetime Reserve Days Count*<br>**Nebraska Medicaid Directive:** *Use this quantity to indicate the lifetime reserve days.* | O | R | 1/15 | Situational |
| MIA03 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Lifetime Psychiatric Days Count* | O | R | 1/15 | Situational |
| MIA04 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim DRG Amount* | O | R | 1/18 | Situational |
| MIA05 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA06 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim Disproportionate Share Amount* | O | R | 1/18 | Situational |
| MIA07 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim MSP Pass-through Amount* | O | R | 1/18 | Situational |
| MIA08 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim PPS Capital Amount* | O | R | 1/18 | Situational |
| MIA09 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Capital FSP DRG Amount* | O | R | 1/18 | Situational |
| MIA10 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Capital HSP DRG Amount* | O | R | 1/18 | Situational |
| MIA11 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Capital DSH DRG Amount* | O | R | 1/18 | Situational |
| MIA12 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Old Capital Amount* | O | R | 1/18 | Situational |
| MIA13 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Capital IME amount* | O | R | 1/18 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| MIA14 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Operating Hospital Specific DRG Amount* | O | R | 1/18 | Situational |
| MIA15 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Cost Report Day Count* | O | R | 1/15 | Situational |
| MIA16 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Operating Federal Specific DRG Amount* | O | R | 1/18 | Situational |
| MIA17 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim PPS Capital Outlier Amount* | O | R | 1/18 | Situational |
| MIA18 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim Indirect Teaching Amount* | O | R | 1/18 | Situational |
| MIA19 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Nonpayable Professional Component Amount* | O | R | 1/18 | Situational |
| MIA20 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA21 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA22 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA23 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MIA24 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *PPS-Capital Exception Amount* | O | R | 1/18 | Situational |

# MOA Medicare Outpatient Adjudication Information

**Loop: 2320**
**Elements: 9**

**User Option (Usage):** Situational

To convey claim-level data related to the adjudication of Medicare claims not related to an inpatient setting

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| MOA01 | 954 | **Percent**<br>**Description:** Percentage expressed as a decimal<br>**Industry:** *Reimbursement Rate* | O | R | 1/10 | Situational |
| MOA02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Claim HCPCS Payable Amount* | O | R | 1/18 | Situational |
| MOA03 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MOA04 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MOA05 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MOA06 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MOA07 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Remark Code*<br>**ExternalCodeList**<br>**Name:** 411<br>**Description:** Remittance Remark Codes | O | AN | 1/30 | Situational |
| MOA08 | 782 | **Monetary Amount** | O | R | 1/18 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** Monetary amount<br>**Industry:** *Remark Code* | | | | |
| MOA09 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Nonpayable Professional Component Amount* | O | R | 1/18 | Situational |

# NM1 Other Subscriber Name

**Loop: 2330A**
**Elements: 8**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>IL Insured or Subscriber | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>1 Person<br>2 Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Other Insured Last Name* | O | AN | 1/35 | Required |
| NM104 | 1036 | **Name First**<br>**Description:** Individual first name<br>**Industry:** *Other Insured First Name* | O | AN | 1/25 | Situational |
| NM105 | 1037 | **Name Middle**<br>**Description:** Individual middle name or initial<br>**Industry:** *Other Insured Middle Name* | O | AN | 1/25 | Situational |
| NM107 | 1039 | **Name Suffix**<br>**Description:** Suffix to individual name<br>**Industry:** *Other Insured Name Suffix* | O | AN | 1/10 | Situational |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>MI Member Identification Number<br>ZZ Mutually Defined | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Other Insured Identifier* | C | AN | 2/80 | Required |

# N3 Other Subscriber Address

**Loop: 2330A**
**Elements: 2**

**User Option (Usage):** Situational

To specify the location of the named party

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N301 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Other Insured Address Line* | M | AN | 1/55 | Required |
| N302 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Other Insured Address Line* | O | AN | 1/55 | Situational |

# N4 Other Subscriber City/State/ZIP Code

**Loop: 2330A**
**Elements: 4**

**User Option (Usage):** Situational

To specify the geographic place of the named party

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N401 | 19 | **City Name**<br>**Description:** Free-form text for city name<br>**Industry:** *Other Insured City Name* | O | AN | 2/30 | Required |
| N402 | 156 | **State or Province Code**<br>**Description:** Code (Standard State/Province) as defined by appropriate government agency<br>**Industry:** *Other Insured State Code*<br>**ExternalCodeList**<br>**Name:** 22<br>**Description:** States and Outlying Areas of the U.S. | O | ID | 2/2 | Required |
| N403 | 116 | **Postal Code**<br>**Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)<br>**Industry:** *Other Insured Postal Zone or ZIP Code*<br>**ExternalCodeList**<br>**Name:** 51<br>**Description:** ZIP Code | O | ID | 3/15 | Required |
| N404 | 26 | **Country Code**<br>**Description:** Code identifying the country<br>**ExternalCodeList**<br>**Name:** 5<br>**Description:** Countries, Currencies and Funds | O | ID | 2/3 | Situational |

# REF Other Subscriber Secondary Information

**Loop: 2330A**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Codes "IG" and "SY" used by NE Medicaid.*<br>**Code** / **Name**<br>1W Member Identification Number<br>23 Client Number<br>IG Insurance Policy Number<br>SY Social Security Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Other Insured Additional Identifier* | C | AN | 1/30 | Required |

# NM1 Other Payer Name

**Loop: 2330B**
**Elements: 5**

**User Option (Usage):** Required

To supply the full name of an individual or organizational entity

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>PR / Payer | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>2 / Non-Person Entity | M | ID | 1/1 | Required |
| NM103 | 1035 | **Name Last or Organization Name**<br>**Description:** Individual last name or organizational name<br>**Industry:** *Other Payer Last or Organization Name* | O | AN | 1/35 | Required |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>PI / Payor Identification<br>XV / Health Care Financing Administration National Payer Identification Number (PAYERID) | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Other Payer Primary Identifier*<br>**ExternalCodeList**<br>**Name:** 540<br>**Description:** Health Care Financing Administration National Plan ID | C | AN | 2/80 | Required |

# N3 Other Payer Address

**Loop: 2330B**
**Elements: 2**

**User Option (Usage):** Situational

To specify the location of the named party

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N301 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Other Payer Address Line* | M | AN | 1/55 | Required |
| N302 | 166 | **Address Information**<br>**Description:** Address information<br>**Industry:** *Other Payer Address Line* | O | AN | 1/55 | Situational |

# N4 Other Payer City/State/ZIP Code

**Loop: 2330B**
**Elements: 4**

**User Option (Usage):** Situational

To specify the geographic place of the named party

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| N401 | 19 | **City Name**<br>**Description:** Free-form text for city name<br>**Industry:** *Other Payer City Name* | O | AN | 2/30 | Required |
| N402 | 156 | **State or Province Code**<br>**Description:** Code (Standard State/Province) as defined by appropriate government agency<br>**Industry:** *Other Payer State Code*<br>**ExternalCodeList**<br>**Name:** 22<br>**Description:** States and Outlying Areas of the U.S. | O | ID | 2/2 | Required |
| N403 | 116 | **Postal Code**<br>**Description:** Code defining international postal zone code excluding punctuation and blanks (zip code for United States)<br>**Industry:** *Other Payer Postal Zone or ZIP Code*<br>**ExternalCodeList**<br>**Name:** 51<br>**Description:** ZIP Code | O | ID | 3/15 | Required |
| N404 | 26 | **Country Code**<br>**Description:** Code identifying the country<br>**ExternalCodeList**<br>**Name:** 5<br>**Description:** Countries, Currencies and Funds | O | ID | 2/3 | Situational |

# DTP Claim Adjudication Date

**Loop: 2330B**
**Elements: 3**

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** **Name**<br>573 Date Claim Paid | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Adjudication or Payment Date* | M | AN | 1/35 | Required |

# REF Other Payer Secondary Identification and Reference Number

**Loop: 2330B** **Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide and on all claims previously adjudicated by Medicare.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Nebraska Medicaid Directive:** *Code "F8" required on claims previously adjudicated by Medicare.*<br>**Code** / **Name**<br>2U Payer Identification Number<br>F8 Original Reference Number<br>FY Claim Office Number<br>NF National Association of Insurance Commissioners (NAIC) Code<br>TJ Federal Taxpayer's Identification Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Other Payer Secondary Identifier*<br>**ExternalCodeList**<br>**Name:** 245<br>**Description:** National Association of Insurance Commissioners (NAIC) Code | C | AN | 1/30 | Required |

# NM1 Other Payer Patient Information

**Loop: 2330C**
**Elements: 4**

**User Option (Usage):** Situational

To supply the full name of an individual or organizational entity

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| NM101 | 98 | **Entity Identifier Code**<br>**Description:** Code identifying an organizational entity, a physical location, property or an individual<br>**Code** / **Name**<br>QC / Patient | M | ID | 2/3 | Required |
| NM102 | 1065 | **Entity Type Qualifier**<br>**Description:** Code qualifying the type of entity<br>**Code** / **Name**<br>1 / Person | M | ID | 1/1 | Required |
| NM108 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Code** / **Name**<br>EI / Employee Identification Number<br>MI / Member Identification Number | C | ID | 1/2 | Required |
| NM109 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Other Payer Patient Primary Identifier* | C | AN | 2/80 | Required |

# REF Other Payer Patient Identification Number

**Loop: 2330C**
**Elements: 2**

**User Option (Usage):** Situational

To specify identifying information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| REF01 | 128 | **Reference Identification Qualifier**<br>**Description:** Code qualifying the Reference Identification<br>**Code** / **Name**<br>1W Member Identification Number<br>IG Insurance Policy Number<br>SY Social Security Number | M | ID | 2/3 | Required |
| REF02 | 127 | **Reference Identification**<br>**Description:** Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier<br>**Industry:** *Other Payer Patient Secondary Identifier* | C | AN | 1/30 | Required |

# LX Service Line Number

**Loop: 2400**
**Elements: 1**

**User Option (Usage):** Required

To reference a line number in a transaction set

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| LX01 | 554 | **Assigned Number**<br>**Description:** Number assigned for differentiation within a transaction set | M | N0 | 1/6 | Required |

# SV2 Institutional Service Line

**Loop: 2400**
**Elements: 7**

**User Option (Usage):** Required

To specify the claim service detail for a Health Care institution

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| SV201 | 234 | **Product/Service ID**<br>**Description:** Identifying number for a product or service<br>**Industry:** *Service Line Revenue Code*<br>**Nebraska Medicaid Directive:** *To report nursing facility days, use revenue code 0101. To report nursing facility therapeutic leave days, use revenue code 0183. To report nursing facility hospital leave days, use revenue code 0185. Do not report leave days on Assisted Living claims. To report Residential Treatment Center therapeutic leave days, use revenue code 0183 and the applicable procedure code for the service the client received.*<br>**ExternalCodeList**<br>**Name:** 132<br>**Description:** National Uniform Billing Committee (NUBC) Codes | C | AN | 1/48 | Required |
| SV202 | C003 | **Composite Medical Procedure Identifier**<br>**Description:** To identify a medical procedure by its standardized codes and applicable modifiers | C | Comp | | Situational |
| | 235 | **Product/Service ID Qualifier**<br>**Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234)<br>**Industry:** *Product or Service ID Qualifier*<br>**Nebraska Medicaid Directive:** *Use "HC" only.*<br>**Code** — **Name**<br>HC — Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes<br>IV — Home Infusion EDI Coalition (HIEC) Product/Service Code<br>ZZ — Mutually Defined | M | ID | 2/2 | Required |
| | 234 | **Product/Service ID**<br>**Description:** Identifying number for a product or service<br>**Industry:** *Procedure Code*<br>**Nebraska Medicaid Directive:** *See Web site for national code replacements of locally assigned procedure codes and modifiers at "www.hhs.state.ne.us/med/medindex.htm".*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 513<br>**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List<br>**ExternalCodeList**<br>**Name:** SNFR<br>**Description:** Skilled Nursing Facility Rate Code | M | AN | 1/48 | Required |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners | O | AN | 2/2 | Situational |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances | O | AN | 2/2 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | related to the performance of the service, as defined by trading partners | | | | |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners | O | AN | 2/2 | Situational |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners | O | AN | 2/2 | Situational |
| SV203 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Line Item Charge Amount* | O | R | 1/18 | Required |
| SV204 | 355 | **Unit or Basis for Measurement Code**<br>**Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken<br>**Code** — **Name**<br>DA — Days<br>F2 — International Unit<br>UN — Unit | C | ID | 2/2 | Required |
| SV205 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Service Unit Count* | C | R | 1/15 | Required |
| SV206 | 1371 | **Unit Rate**<br>**Description:** The rate per unit of associate revenue for hospital accommodation<br>**Industry:** *Service Line Rate*<br>**Nebraska Medicaid Directive:** *For nursing facility, use per diem. This will be used to calculate level of care. The per diem must be reported on the line with revenue code 0101.* | O | R | 1/10 | Situational |
| SV207 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Line Item Denied Charge or Non-Covered Charge Amount* | O | R | 1/18 | Situational |

# PWK Line Supplemental Information

**Loop: 2400**
**Elements: 4**

**User Option (Usage):** Situational

To identify the type or transmission or both of paperwork or supporting information

## Nebraska Medicaid Directive:

*When a paper attachment is required by NE Medicaid, the Claim PWK segment (2300) must be used. The line level PWK segment alone is not sufficient.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| PWK01 | 755 | **Report Type Code**<br>**Description:** Code indicating the title or contents of a document, report or supporting item<br>**Industry:** *Attachment Report Type Code*<br>**Code** / **Name**<br>AS Admission Summary<br>B2 Prescription<br>B3 Physician Order<br>B4 Referral Form<br>CT Certification<br>DA Dental Models<br>DG Diagnostic Report<br>DS Discharge Summary<br>EB Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)<br>MT Models<br>NN Nursing Notes<br>OB Operative Note<br>OZ Support Data for Claim<br>PN Physical Therapy Notes<br>PO Prosthetics or Orthotic Certification<br>PZ Physical Therapy Certification<br>RB Radiology Films<br>RR Radiology Reports<br>RT Report of Tests and Analysis Report | M | ID | 2/2 | Required |
| PWK02 | 756 | **Report Transmission Code**<br>**Description:** Code defining timing, transmission method or format by which reports are to be sent<br>**Industry:** *Attachment Transmission Code*<br>**Nebraska Medicaid Directive:** *Use codes "BM" or "FX" only. The fax number is 402-471-8703.*<br>**Code** / **Name**<br>AA Available on Request at Provider Site<br>BM By Mail<br>EL Electronically Only<br>EM E-Mail<br>FX By Fax | O | ID | 1/2 | Required |
| PWK05 | 66 | **Identification Code Qualifier**<br>**Description:** Code designating the system/method of code structure used for Identification Code (67)<br>**Nebraska Medicaid Directive:** *Required if PWK02 = "BM" or "FX". This number must be the same attachment control number as submitted in the claim level PWK segment (2300 Loop).*<br>**Code** / **Name**<br>AC Attachment Control Number | C | ID | 1/2 | Situational |
| PWK06 | 67 | **Identification Code** | C | AN | 2/80 | Situational |

**Description:** Code identifying a party or other code
**Industry:** *Attachment Control Number*
**Nebraska Medicaid Directive:** *Required if PWK02 = "BM" or "FX". This number must be the same attachment control number as submitted in the claim level PWK segment (2300 Loop).*

# DTP Service Line Date

**Loop: 2400**
**Elements: 3**

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** / **Name**<br>472 / Service | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** / **Name**<br>D8 / Date Expressed in Format CCYYMMDD<br>RD8 / Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Service Date* | M | AN | 1/35 | Required |

# DTP Assessment Date

**Loop: 2400**
**Elements: 3**

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid for Home Health, Nursing Facility and Mental Health services.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** **Name**<br>866 Examination | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Assessment Date* | M | AN | 1/35 | Required |

# LIN Drug Identification

**Loop: 2410**
**Elements: 2**

**User Option (Usage):** Situational

To specify basic item identification data

## Nebraska Medicaid Directive:

*Required by NE Medicaid when HCPCS J-Code lacks specificity, is listed as "Not Otherwise Classified" (NOC), or is listed as "Not Otherwise Specified" (NOS).*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| LIN02 | 235 | **Product/Service ID Qualifier**<br>**Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234)<br>**Code** **Name**<br>N4 National Drug Code in 5-4-2 Format | M | ID | 2/2 | Required |
| LIN03 | 234 | **Product/Service ID**<br>**Description:** Identifying number for a product or service<br>**ExternalCodeList**<br>**Name:** 240<br>**Description:** National Drug Code by Format | M | AN | 1/48 | Required |

# CTP Drug Pricing

**Loop: 2410**
**Elements: 3**

**User Option (Usage):** Situational

To specify pricing information

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| CTP03 | 212 | **Unit Price**<br>**Description:** Price per unit of product, service, commodity, etc. | X | R | 1/17 | Required |
| CTP04 | 380 | **Quantity**<br>**Description:** Numeric value of quantity | X | R | 1/15 | Required |
| CTP05 | C001 | **Composite Unit of Measure**<br>**Description:** To identify a composite unit of measure(See Figures Appendix for examples of use) | O | Comp | | Required |
| | 355 | **Unit or Basis for Measurement Code**<br>**Description:** Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken | M | ID | 2/2 | Required |

| Code | Name |
|---|---|
| F2 | International Unit |
| GR | Gram |
| ML | Milliliter |
| UN | Unit |

# SVD Service Line Adjudication Information

**Loop: 2430**
**Elements: 6**

**User Option (Usage):** Situational

To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| SVD01 | 67 | **Identification Code**<br>**Description:** Code identifying a party or other code<br>**Industry:** *Payer Identifier* | M | AN | 2/80 | Required |
| SVD02 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Service Line Paid Amount* | M | R | 1/18 | Required |
| SVD03 | C003 | **Composite Medical Procedure Identifier**<br>**Description:** To identify a medical procedure by its standardized codes and applicable modifiers | O | Comp | | Situational |
| | 235 | **Product/Service ID Qualifier**<br>**Description:** Code identifying the type/source of the descriptive number used in Product/Service ID (234)<br>**Industry:** *Product or Service ID Qualifier* | M | ID | 2/2 | Required |
| | | **Code** — **Name**<br>HC — Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes<br>IV — Home Infusion EDI Coalition (HIEC) Product/Service Code<br>ZZ — Mutually Defined | | | | |
| | 234 | **Product/Service ID**<br>**Description:** Identifying number for a product or service<br>**Industry:** *Procedure Code*<br>**ExternalCodeList**<br>**Name:** 130<br>**Description:** Health Care Financing Administration Common Procedural Coding System<br>**ExternalCodeList**<br>**Name:** 513<br>**Description:** Home Infusion EDI Coalition (HIEC) Product/Service Code List<br>**ExternalCodeList**<br>**Name:** SNFR<br>**Description:** Skilled Nursing Facility Rate Code | M | AN | 1/48 | Required |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners | O | AN | 2/2 | Situational |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners | O | AN | 2/2 | Situational |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined by trading partners | O | AN | 2/2 | Situational |
| | 1339 | **Procedure Modifier**<br>**Description:** This identifies special circumstances related to the performance of the service, as defined | O | AN | 2/2 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | by trading partners | | | | |
| | 352 | **Description**<br>**Description:** A free-form description to clarify the related data elements and their content<br>**Industry:** *Procedure Code Description* | O | AN | 1/80 | Situational |
| SVD04 | 234 | **Product/Service ID**<br>**Description:** Identifying number for a product or service<br>**Industry:** *Service Line Revenue Code* | O | AN | 1/48 | Required |
| SVD05 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | O | R | 1/15 | Required |
| SVD06 | 554 | **Assigned Number**<br>**Description:** Number assigned for differentiation within a transaction set<br>**Industry:** *Bundled or Unbundled Line Number* | O | N0 | 1/6 | Situational |

# CAS Service Line Adjustment

**Loop: 2430**
**Elements: 19**

**User Option (Usage):** Situational

To supply adjustment reason codes and amounts as needed for an entire claim or for a particular service within the claim being paid

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| CAS01 | 1033 | **Claim Adjustment Group Code**<br>**Description:** Code identifying the general category of payment adjustment<br>**Code** / **Name**<br>CO Contractual Obligations<br>CR Correction and Reversals<br>OA Other adjustments<br>PI Payor Initiated Reductions<br>PR Patient Responsibility | M | ID | 1/2 | Required |
| CAS02 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | M | ID | 1/5 | Required |
| CAS03 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | M | R | 1/18 | Required |
| CAS04 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | O | R | 1/15 | Situational |
| CAS05 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS06 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS07 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |
| CAS08 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS09 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS10 | 380 | **Quantity** | C | R | 1/15 | Situational |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | **Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | | | | |
| CAS11 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS12 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS13 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |
| CAS14 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS15 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS16 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |
| CAS17 | 1034 | **Claim Adjustment Reason Code**<br>**Description:** Code identifying the detailed reason the adjustment was made<br>**Industry:** *Adjustment Reason Code*<br>**ExternalCodeList**<br>**Name:** 139<br>**Description:** Claim Adjustment Reason Code | C | ID | 1/5 | Situational |
| CAS18 | 782 | **Monetary Amount**<br>**Description:** Monetary amount<br>**Industry:** *Adjustment Amount* | C | R | 1/18 | Situational |
| CAS19 | 380 | **Quantity**<br>**Description:** Numeric value of quantity<br>**Industry:** *Adjustment Quantity* | C | R | 1/15 | Situational |

# DTP Service Adjudication Date

**Loop: 2430**
**Elements: 3**

**User Option (Usage):** Situational

To specify any or all of a date, a time, or a time period

## Nebraska Medicaid Directive:

*Required by NE Medicaid when applicable as specified in the Implementation Guide.*

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| DTP01 | 374 | **Date/Time Qualifier**<br>**Description:** Code specifying type of date or time, or both date and time<br>**Industry:** *Date Time Qualifier*<br>**Code** **Name**<br>573 Date Claim Paid | M | ID | 3/3 | Required |
| DTP02 | 1250 | **Date Time Period Format Qualifier**<br>**Description:** Code indicating the date format, time format, or date and time format<br>**Code** **Name**<br>D8 Date Expressed in Format CCYYMMDD | M | ID | 2/3 | Required |
| DTP03 | 1251 | **Date Time Period**<br>**Description:** Expression of a date, a time, or range of dates, times or dates and times<br>**Industry:** *Service Adjudication or Payment Date* | M | AN | 1/35 | Required |

# SE Transaction Set Trailer

**Loop: N/A**
**Elements: 2**

**User Option (Usage):** Required

To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| SE01 | 96 | **Number of Included Segments**<br>**Description:** Total number of segments included in a transaction set including ST and SE segments<br>**Industry:** *Transaction Segment Count* | M | N0 | 1/10 | Required |
| SE02 | 329 | **Transaction Set Control Number**<br>**Description:** Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set<br>**Industry:** *SE02 must match ST02.* | M | AN | 4/9 | Required |

# GE Functional Group Trailer

**Loop: N/A**
**Elements: 2**

**User Option (Usage):** Required

To indicate the end of a functional group and to provide control information

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| GE01 | 97 | **Number of Transaction Sets Included**<br>**Description:** Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element | M | N0 | 1/6 | Required |
| GE02 | 28 | **Group Control Number**<br>**Description:** Assigned number originated and maintained by the sender | M | N0 | 1/9 | Required |

# IEA Interchange Control Trailer

**Loop: N/A**
**Elements: 2**

**User Option (Usage):** Required

To define the end of an interchange of zero or more functional groups and interchange-related control segments

## Element Summary:

| Ref | ID | Element Name | Req | Type | Min/Max | Usage |
|---|---|---|---|---|---|---|
| IEA01 | I16 | **Number of Included Functional Groups**<br>**Description:** A count of the number of functional groups included in an interchange | M | N0 | 1/5 | Required |
| IEA02 | I12 | **Interchange Control Number**<br>**Description:** A control number assigned by the interchange sender | M | N0 | 9/9 | Required |